# DMHAS Annual Financial Report
# Frequently Asked Questions (FAQs)

## *REPORT SUBMISSION*

**Who do I submit the completed report to?**

Email to your fiscal monitor an electronic version of the completed report and mail an original signed hard copy of the report should be submitted to:

**Department of Mental Health and Addiction Services**
**410 Capitol Avenue, MS #14PSU**
**Hartford, CT 06134**
**Attn: Patti Blanchette**

**When is the report due?**

**The Annual Financial Report is due no later than September 30, 2009.** Please note that both year-end budget revision requests as well as any carry forward requests for federal funds are also due no later than September 30, 2009.

**Do hospitals have to complete the entire report?**

Due to the fact that hospitals are required to submit an audited annual Medicare cost report, they are not required to complete the entire DMHAS Annual Financial Report. In particular, hospitals need not complete the Expense Schedule and Income Schedule. As of FY2008, hospitals have been required to complete both the ACTUAL and BUDGETED sections of the Actual vs. Budget Schedule, Schedule A Related Parties, Personnel Schedule as well as the Fiscal Year End Audit Reconciliation, including the All Non-DMHAS programs column.

## *SPREADSHEET TECHNICAL ISSUES*

**Is the Excel spreadsheet protected?**

**Yes, the spreadsheet is protected**. Please do not attempt to add either columns or rows to the existing worksheet. Also, do not attempt to change the label on the line items or column headings. If the customized version of the report which you received has specific information about your agency which is either missing or incorrect (e.g. program names, e-Cura codes, etc), please do not attempt to change that information. Call your fiscal monitor, they will correct the information and send you a revised form.

**I am having difficulty getting the spreadsheet to print out correctly. How can I fix it?**

The spreadsheet is set up to accommodate a large provider. **Prior to printing**, you should determine the actual number of pages you completed; otherwise you will print many, many more pages than necessary. Depending upon your printer and its print parameters you may need to make some changes. You can do so by using the File/Page Set-up commands in Excel in order to get the most presentable print out for your printer. **Please make certain the AFR is submitted to DMHAS in an Excel format. Do not delete columns or lines, the formulas will be affected.**

## *GENERAL INFORMATION (Page 3)*

**On Page Three of the report, General Information, can you define each of the items which you asked for?**

Use the following definitions for the items requested:

- Line 1 – Number of license/authorized bed or slots – defined as the total program capacity or maximum number of persons capable of being served by the program at one time.
- Line 2- Number of residence/participant as of June 30 – defined as the number of clients active in the program as of June 30, 2009.
- Line 3- Total days of care provided – defined as the total number of service days or patient days of care provided from July 1, 2008 – June 30, 2009.
- Lines 4 through 9 - **should be completed for Residential Substance Abuse Treatment programs and Methadone Maintenance programs only**, and should indicated the total number of therapy sessions provided during the year according to the type (group, individual, family) and durations indicated.
- Line 10 –Number of program participants as of June 30 – defined as the number of clients active in the program as of June 30, 2009.
- Line 11 – Total number of clients served – defined for Mental Health programs as the unduplicated count of clients served by the program from July 1, 2008 through June 30, 2009. For Addiction Services programs, defined as the duplicated count of clients served from July 1, 2008 through June 30, 2009.
- Line 12 - Total number of client visits – defined as the total number of face-to-face client contacts during the year.
- Lines 13 through 18 – see definitions for line 4 through 9 above.
- Line 19 - Total number of program participants as of June 30 – defined as number of active clients in the program as of June 30, 2009.
- Line 21 - Total number of client service hours – defined as total number of hours provided by direct care staff engaged with clients face to face, between July 1, 2008 through June 30, 2009.

## *EXPENSE SCHEDULE (Page 4)*

**How should DMHAS Bond Funds be shown on the report?**

As with previous DMHAS fiscal reporting forms, DMHAS Bond Funds should not be reflected on either the Income (page 5) or Expense (page 4) schedules of the Annual Financial Report. Bond funds should be listed on the Fiscal Year End Audit Reconciliation page in the All Non-DMHAS programs column.

**How should in-kind income and expenses be shown?**

Again as with previous DMHAS fiscal reports both in-kind income and expenditures should not be shown in the annual financial report.

**On the Expense Schedule Lines 6 through 9, what should be used for staff FTEs?**

Report the number of Full Time Equivalents (FTE) for each of the categories listed as of June 30, 2009. It is understood this may or may not be reflective of the number of FTEs throughout the fiscal year. For less than full-time employees, count employees based on their hours as a percentage of full-time, include a percentage.

**Where should executive director's salary be shown on the Expense Schedule?**

Most providers spread executive director and other administrative salaries as part of their Administrative and General Expenses to each program. If your DMHAS budget is designed in that way, then this report should reflect those allocations on Line 38 of the Expense Schedule. If, in your DMHAS contract budget, you do not use Administrative and General Expenses, but allocate a part of the executive director salary to the direct salary line, then this report should reflect that allocation on either Line 3 or 4 (as applicable) of the Expense Schedule.

**For certain items of income and expense, the instructions ask that a detailed schedule be provided if the amount is more than $3,000. How should that detail be presented?**

Any additional narratives or detailed breakouts should be provided in the form of **separate page.** This can be a Word or Excel document and it should be attached to the hard copy of the report. **Do not provide additional narratives or details within the Excel spreadsheet itself.**

## *INCOME SCHEDULE (Page 5)*

**How should DMHAS approved carry forward of federal funds from FY 2008 into FY2009 be reflected on the Income Schedule?**

Any approved carry forward of federal funds from FY08 should be shown on Page 5, Line 33, Other Grant Revenue. Attach a separate sheet identifying SID #, program name and dollar amount.

**How should DMHAS Audit Offsets be reflected on the Income Schedule?**
**How should DMHAS Medicaid Rehab Option Offsets be reflected on the Income Schedule?**

Any offsets should be shown on Page 5, Line 33, Other Grant Revenue. Attach a separate sheet identifying SID #, program name and dollar amount.

**How should DMHAS One time Supplemental payments be reflected on the Income Schedule?**

You may report your one time supplemental DMHAS payments on either Line 33, Other Grant Revenue of the Income Schedule **or** on the Fiscal Year End Audit Reconciliation page in the "All Non-DMHAS Programs" column. These dollars SHOULD NOT BE INCLUDED IN LINES 11-27 of the Income Schedule. Please be sure to also allocate the expenses associated with these dollars. The expense should reflect the actual cost, such as heat, light and oil, a computer, or whatever you purchased with the funds. The allocation of the cost should be in keeping with your agency Cost Allocation Plan.

**In Sum:**

DMHAS will accept accounting for one time supplemental funds not tied to the contract two different ways:

1. Account for funds and costs in the Fiscal Year End Audit Reconciliation page in the column labeled "All Non-DMHAS Programs."
2. Account for the income on the Income Schedule line 33, "Other Grant Revenue". Account for the associated costs on the Expense Schedule and allocate to line item and program per your Cost Allocation Plan.

Specific questions can be directed to your fiscal monitor.

## *RELATED PARTIES SCHEDULE A*

Per OPM Cost Standards only actual costs to the related party can be claim against the DMHAS contract. This form must be completed; if you are unable to determine the related party's cost, include an estimate and write in "Estimate".

## *ADMINISTRATIVE AND GENERAL EXPENSES SCHEDULE B*

In addition to listing A & G expenses for all DMHAS programs, the All Non-DMHAS programs column must be completed as well. Please note the Error check at the bottom of the page which should reflect "OK". Anything other than "OK" indicates an error has been made and the report will be unacceptable.

## *ACTUAL VS BUDGETED SCHEDULE*

**On the Actual vs. Budgeted Budget Schedule, do we need to provide narrative to explain significant income or expenditure variances from the approved budgeted amounts?**

No. However, if the variances exceed the allowable thresholds as stated in the DMHAS contract, a Budget Revision Request is required. The Budget Revision Request should include narratives to explain the changes being requested.

## *PERSONNEL SCHEDULE*

1. **Q:** How should providers report "Total Hours per Week" when hours worked for a position vary from week to week?

   **A:** When hours worked vary from week to week, report the total actual hours per week that is most commonly worked for that position. Your response should provide a reasonable estimate of the hours worked for that position or an average.

2. **Q:** Some per diems that work in multiple programs tend never to work in the same program twice. Should the wages for these per diems be broken out, per program, for the year?

   **A:** Per diems should be listed by the position and not by person. Please enter "Per Diem" in the "name" field and the corresponding position in the "Position" field. List the remaining detail (i.e. % Direct Client Care, Actual Wages) by program, as you would for any other row.

3. **Q:** How should a provider report on a position that has been eliminated in the middle of the state fiscal year when it was originally budgeted on July 1st?

   **A:** Please report the position as directed, listing the originally budgeted amount, actual rate per hour, and actual salary through June 30th, and list "Vacant" in the "Name" field. Please provide detail in your narrative of when the position was eliminated.

4. **Q:** How should a provider report on a position where the regular hours have been reduced over the state fiscal year (e.g. from 40 to 30) for cost cutting or other reasons? Should a provider, upon reporting, make that distinction?

   **A:** When hours change over the course of the year, the total actual DMHAS hours worked per week should reflect what is worked as of June 30th. Please provide detail in your narrative, supporting the change.

5. **Q:** How does a provider report on a position that it had not planned on needing. For example, the budget did not include a particular position on July 1st, but as the year progressed, the provider realized it needed the additional staff.

   **A:** Please report the position as directed, listing $0 as the budgeted salary, and actual salary through June 30th. Please provide detail in your narrative of when the position was filled.

6. **Q:** How should a provider report a position that could not be filled as a salaried position and was instead filled as a contractual position (and counted for in expenses as contractual)? Should a distinction be made when a position is contractual?

**A:** Contractual positions should not be reported in the Personnel Schedule. Please report any contractual positions under Line 19 of the Expense Schedule. Please provide detail in your narrative of the contractual positions.

7. **Q:** How should providers report on incentive compensation that is paid out after merit evaluations based on employee performance?

   **A:** Please report any incentive compensation under "Other Personnel Costs" and include an explanation in the Personnel Narrative.

8. **Q:** Should providers report accruals by program or should they be broken out by position?

   **A:** If accruals are reported by position, it is not necessary to break them out by program. If accruals are not reported by position, please report any accruals under "Other Personnel Costs" and include an explanation in the Personnel Narrative.

9. **Q:** Is there any alternative for providers to report multiple employees working the same position during the year? It seems to be misleading because in viewing the personnel schedule; it appears as if we paid the listed employee the entire budgeted salary.

   **A:** Please report either the current employee's names or, if you prefer, list "multiple" in the name section to designate more than one employee filled the position during the year.

10. **Q**: Should the Grand Total Actual Administrative and General from the Personnel schedule tie to the Total of Line 1 of Schedule B, including "Non-DMHAS Programs"?

    **A:** No, the totals should not agree. The Grand Total Actual Administrative and General Line on the Personnel schedule should agree with the sum of the Administrative and General of all Programs on Schedule B, excluding the "Non-DMHAS Programs" column (Line 1).

## *ADDITIONAL HELP*

**Who should I call if I have questions or problems?**

- If you have questions about usage of this EXCEL spreadsheet, problems with entering information or if the specific information already entered about your agency is incorrect, please call your Fiscal Monitor**.**