

# Department Of Mental Health and Addiction Services

## INSTRUCTIONS FOR COMPLETION OF

### FY2012 REQUEST FOR BUDGET REVISION

#### Purpose of the Request For Budget Revision:

The Budget Revision Request provides a means for the contractor to seek approval of a change to the approved budget in the contract. The department recognizes that as the fiscal year unfolds, income and expenses may vary from the budget which was originally projected and approved at the beginning of the year. While some line item variances are acceptable without approval from the department (see below), larger variances require written department approval which can be accomplished through the Budget Revision Request process.

#### When To Submit:

A Budget Revision Request is required when the contractor seeks permission to vary from the department approved budget by more than the allowable variances stated in the contract. Those allowable variances, as stated in Part II of the contract, are as follows:

**Annual Budget Variance:** The following annual variances from the approved budget are allowable without prior department approval, however, the department must be notified of any such variances in writing:

- (1) Line item expenses within cost centers up to 20% of each line item;
- (2) Cost center to cost center shifts up to 10% of each line item or \$2,000 whichever is less;
- (3) Individual salary increases up to 15% in funded cost centers.

Variances that exceed the allowable limits specified herein and that do not have a department approved budget revision will be treated as disallowed expenses and may be required to be returned to the department.

For budget variances below these allowable thresholds, notification to the department is made through the reporting of actuals in the 8-month Interim Fiscal Report and the year end Annual Financial Report.

While Budget Revision Requests can be submitted at any time during the fiscal year, it is suggested that they be done, as needed, at midyear and/or year end. **Year end Budget Revision Requests must be submitted not later than 45 Calendar days prior to the end of the contract year. (May 15<sup>th</sup>)**

#### How To Submit:

- Please send one signed original to either:

**Department Of Mental Health and Addiction Services  
Attn: Patricia Blanchette, Purchased Service Unit  
MS#14PSU  
410 Capitol Avenue, P. O. Box 341431  
Hartford, CT 07134**

**OR**

**Your State-operated Local Mental Health Authority**

Contractors may also submit their report via the Internet (see attached address information.) When submitting via the Internet, **it is still necessary to submit an original signed hard copy via mail to the above address.**

### **How to Complete the Request:**

1. Complete one request form per program-add/copy additional worksheets as needed. If you are requesting a revision to Expenses Line 4, **Administrative and General Expenses**, also complete a form detailing that change. **If your agency has more than one program/cost center, you must complete and submit a Consolidated form reflecting the new overall budget for your agency.**
2. Fill out the following identifying information at the top of the Income Sheet:
  - **CONTRACTOR:** Enter the name of your agency in **Cell B3**.
  - **CONTRACT NUMBER:** Enter the number of the DMHAS contract you are reporting on in **Cell E3**. (e.g. MHA2999AA)
  - **PROGRAM/COST CENTER NAME:** Enter the name of the component being reported on in **Cell B5**.
  - **DPAS/MDS CODE:** Enter the DPAS code or MDS code (for Prevention programs), if applicable, in **Cell D5**. Complete the same for the Level of Care if applicable, in **Cell F5**.
3. The request is modeled on the contract's fiscal pages. Enter the currently approved budgeted amounts for each line item of income and expense in the **CURRENTLY APPROVED BUDGET** column. **These amounts must agree with the currently approved budget as shown in your approved contract, subsequent amendment or previously approved budget revision.**
4. Enter the proposed amounts for each line item of income and expense in the **REQUESTED BUDGET** column.
5. The difference between the **CURRENTLY APPROVED BUDGET** and **REQUESTED BUDGET** columns will be calculated automatically and will appear in the **CHANGE + OR –** column.
6. A written narrative, brief but meaningful, must be included to explain every line item change requested **which exceeds the allowable annual budget variance per the contract**. Use the Narrative worksheet to provide these explanations. Please be **specific** and explain why the variance occurred or will occur.
7. On the bottom of the form, the **SIGNATURE, AGENCY DIRECTOR** box must be signed by the authorized official (e.g. Executive Director/CEO). The **SUBMISSION DATE** should contain the date of the signature.

### **SPECIAL NOTES:**

- **Budget Revision Requests need not be balanced.** Requested total income need not equal requested total expenses.
- **Contractors who receive approval for Carry-forward of DMHAS Federal funds from the previous fiscal year should include that change to income on Line 14 in a budget revision. This applies only to federal funding.**
- **If your agency has more than one program/cost center, you will need to complete and submit a Consolidated form reflecting the new overall budget for your agency.**