

Department Of Mental Health and Addiction Services

INSTRUCTIONS FOR COMPLETION OF

FY2012 8-MONTH INTERIM FISCAL REPORT

Purpose of the 8-Month Interim Fiscal Report:

The 8-Month Interim Fiscal Report provides a means for the department to monitor, eight months into the contract year, the degree to which the actual income and expenses for each program are consistent with the approved budget in the contract. It also provides an opportunity for the contractor to explain any significant variances from the approved budget.

When to Submit:

The 8-Month Interim Fiscal Report covers the eight month period July 1, 2011 through February 29, 2012 and must be submitted no later March 31, 2012.

How to Submit:

ALL CONTRACTORS

Submit one signed original hardcopy to:

Department of Mental Health and Addiction Services
Purchased Services Unit, Attention: Patricia Blanchette
P.O. Box 341431 MS #14PSU
410 Capitol Avenue, 4th Floor
Hartford, CT 06134

Submit an electronic version via email to your OOC Fiscal Contract Monitor.

IN ADDITION

MENTAL HEALTH PROVIDERS WHO ARE UNDER THE AUSPICES OF A STATE-OPERATED LOCAL MENTAL HEALTH AUTHORITY

OR

CONTRACTORS WHO ARE DUALY FUNDED, (for both mental health and addiction services), AND WHOSE MENTAL HEALTH SERVICES ARE UNDER THE AUSPICES OF A STATE-OPERATED LOCAL MENTAL HEALTH AUTHORITY

Also submit one signed original hardcopy and an electronic version to the Local Mental Health Authority.

How to Complete the Report:

1. Complete one report for each component or cost center in your contract and a separate report for Administrative and General Expenses. Also include a report that is a consolidated report of all DMHAS funded components or cost centers. The consolidated report must agree with the total of all individual components or cost centers. Separate CONSOLIDATED and ADMINISTRATIVE AND GENERAL EXPENSE worksheets are included.

2. Complete the following identifying information at the top of the report.
 - **CONTRACTOR NAME:** Enter the name of your agency in **Cell D1**.
 - **CONTRACT NUMBER:** Enter the number of the DMHAS contract you are reporting on in **Cell D2**. (e.g. MHA1234AA)
 - **PROGRAM NAME:** Enter the name of cost center/component being reported on in **Cell D5**.
 - **DPAS CODE:** Enter the program's DPAS code, as applicable, in **Cell D6**.
 - **LEVEL OF CARE:** Enter the program's Level of Care, as applicable, in **Cell D7**.

Please note: After entering this information in this top section, these items will automatically be printed at the top of Page 2. Also, all totals and subtotals are automatically calculated by the report.

3. The Interim Fiscal Report is modeled on the contract's fiscal pages. In the **CURRENT APPROVED BUDGET** column for each line item enter the amount in the currently approved budget. (If your FYE 2012 budget submission has not been approved by the time you are completing your 8-month reports, please use the amounts that you included on that 2012 submission. If you have questions, please call your monitor)
4. In the **8 MONTH ACTUAL** column, enter the actual income and expenses for the period 7/1/11 through 2/29/12. **PLEASE NOTE: For the DMHAS funding (lines 1-10) please show 8 months of the contracted amount. The amounts reported for all other income and expenses should be based on the ACCRUAL METHOD.** Round all entries to the nearest dollar. For the DMHAS funds, please enter the SID for each category of State and/or Federal funds per your contract.
5. In the **PROJECTED 3/1/12–6/30/12** column, enter the projected income and expenses for the period 3/1/12 through 6/30/12. Please do not insert a formula in these cells, DMHAS wants to see what you are actually projecting for the remainder of the fiscal year.
6. The report will automatically calculate the **TOTAL PROJECTED 12 MONTHS** column as the sum of the **8 MONTH ACTUAL** and **PROJECTED** columns.
7. The report will automatically calculate the **8 MONTH ACTUAL % OF BUDGET** and **12 MONTH PROJECTED % OF BUDGET** columns. These columns compute the 8 month actuals and the 12 month projected as a percentage of the **CURRENT APPROVED BUDGET** column respectively.
8. The report will automatically indicate any line item that exceeds the variance thresholds allowed by the contract and will therefore require a Budget Revision Request be submitted to the department.
9. Complete the certification / signature on Page 2.
 - **CONTRACTOR'S AUTHORIZED SIGNATURE AND TITLE:** This report must be signed by the authorized official (e.g. Executive Director).
 - **DATE:** Date of signature
10. **PLEASE NOTE: A written narrative is REQUIRED when any line item's 8 MONTH ACTUAL % OF BUDGET varies more than 10% (+ or -) from the expected level (67%) for the eight month reporting period. (for example, under 57% or over 77%.) Use the Variance Narrative worksheet to provide the explanations. Please make certain that your narrative is detailed, meaningful and addresses the issues, particularly where unexpended funds are reflected.**