

2015 DSS

Room & Board

Pages 28 & 29

Presentation



Role of Myers and Stauffer LLC

Responsibilities under the DSS Contract for CLA's:

- **Maintain R&B Database**
- **Desk Review of Annual Reports**
- **Calculate R&B Rates**
- **Perform Reviews as Requested**

Change Initiated in 2014

CLA provider will be required to provide copies of Room & Board Expense schedules for the following line items:

- Line 15a1 – Dietary Food and Kitchen Supplies
- Line 15a2 – Dining & Ordering Out
- Line 15b – Housekeeping Supplies
- Line 15c – Laundry
- Line 15d – Plant Maintenance, Operations and Repairs
- Line 15e1 – Heat
- Line 15e2 – Light & Power
- Line 15e3 – Water & Sewer
- Line 15e4 – Cable TV

All schedules must agree to the Annual Report

Change Initiated in 2014

CLA providers will be required to submit Real Property Addition and Movable Equipment documentation for the 10 highest additions* in dollar amount (**excluding additions paid for with grants or donations**).

Documentation includes:

- Copies of invoices
- Copies of cancelled checks or bank statements to support payment
- Copies of 3 bids for additions in excess of \$2,500 (Real Property additions only)

The expense schedules and property addition documentation are to be uploaded with the Annual Report.

* Agencies with numerous improvements may be required during desk review to submit additional documentation.

Reminder for New Developments

Regardless if the home is a new development or a replacement home. The following is required:

- Development Agreements must be submitted for all new homes
- Must complete R&B Application for each new location
- Will receive their own “Interim Rate”
- Will receive a new Vendor ID once DSS Fiscal Unit receives rate letter
- Will be issued their own DDS License #
- Will be issued their own Cost Center Code
- Must be reported SEPARATELY on the Annual Report under corresponding Cost Center Code in conjunction with dates on licensure changes
- Clients must be reported under new Vendor ID as they transition over

New Location = New License = New Rate



Amended Pages Reminder

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

TO: CLA Providers
FROM: Chris LaVigne, Director, Reimbursement & CON
DATE: March 6, 2015
SUBJECT: Amended Cost Reports

Dear CLA Provider:

This notice is being sent to clarify the Department's procedures on submitting amended cost report pages. In an effort to emphasize accuracy and integrity of the timely submitted Annual Report of Residential and Day Services cost reports, the Department will no longer accept amended cost report pages in the following circumstances:

- Amended pages to the cost report year ending 6/30/2014 must be submitted by 7/1/2015. Exceptions for submissions after the due date will require prior approval from the Department of Social Services, Office of Reimbursement and CON.
- For cost reports prior to the cost year ending 6/30/2014, effective immediately, amended pages will no longer be accepted, processed, filed or reviewed by the DSS Office of Reimbursement or its current contractor, Myers and Stauffer, LLC.
- Amended pages received prior to this notice will be reviewed if received as part of a timely submitted rate appeal.
- Exceptions to this policy may be made on a case-by-case basis when amendments are related to overstated costs that require amending under the terms of the False Claims Act.

Appeal Letter Process

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request;

AND

- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov.

Memo from LTSS Application Center



Special Notice about State Supplement Applications For Rated Housing Providers

Important new information,
Effective August 1, 2015

**Please MAIL new applications to one of three
DSS Long-Term Services and Supports (LTSS)
Application Centers**

****New Rated Housing Application Process at DSS****

To better serve our applicants, clients and facility providers, DSS operates three Long-Term Services and Supports (LTSS) Application Processing Centers. **The centers will receive and process new applications from specific cities and towns for rated housing applicants.** Rated housing facilities include Residential Care Homes, Boarding Homes and Group Homes.

Health & Safety Request Process

Memorandum

To: Private CLA Residential Providers

Re: Public Act 10-179 (Section 37) Implementation (Continued for through SFY 2016)
Capital Repairs and Improvement Requests

Section 37 of Public Act 10-179 (PA 10-179), provides for adjustments to Community Living Arrangements (CLA) rates for the July 1, 2009 through June 30, 2010 and July 1, 2010 through June 30, 2011 rate periods for capital improvements. Specifically, PA 10-179 modified rate provisions applicable to these rate periods as highlighted in bold below:

“For the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect for the period ending June 30, 2009, shall remain in effect until June 30, 2011, except that (1) the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2009, **if a capital improvement required by the Commissioner of Developmental Services for the health or safety of the residents was made to the facility during the fiscal years ending June 30, 2010, or June 30, 2011,** and (2) any facility that would have been issued a lower rate for the fiscal years ending June 30, 2010, or June 30, 2011, due to interim rate status or agreement with the department, shall be issued such lower rate.”

In order to implement this change, the departments of Developmental Services (DDS) and Social Services (DSS) developed the attached form for CLA operators to complete and submit a request for a rate adjustment for a health and safety related capital project (CLA Rate Adjustment Request).

The CLA Rate Adjustment Request forms should be submitted to:

Sandra McNally, DDS Operations Center
State of Connecticut – Department of Developmental Services
460 Capital Avenue
Hartford, CT 06106

DDS will review requests to determine whether the project meets a health and safety requirement, and DSS will review project cost data and make associated rate adjustments.

Health & Safety Request Form

**CLA Rate Adjustment Request
Per Public Act 10-179**

Provider:

Date:

CLA Name and Address:

Project Description:

Project Approval Date:

Approved Amount:

Project Completion Date:

Final Project Cost

Schedule of Attachments:	Invoice Date	Invoice Number	Vendor	Amount	Check # Date Paid

TOTAL: _____

DSS Room & Board – Page 28

Parent Organization	Report for Year Ended			Page of
	R&B Total	6/30/2015		28 31
Excludes the cost of land				
1. Real Property Depreciation	\$ -	\$ -	\$ -	\$ -
2. Rental Payments on Leased Single Unit Structures				
a. CIL Rent or Mortgage Payment *	\$ -	\$ -	\$ -	\$ -
b. All Other Rental Payments	\$ -	\$ -	\$ -	\$ -
c. Total Rental (2a + 2b)	\$ -	\$ -	\$ -	\$ -
3. Interest on Real Property	\$ -	\$ -	\$ -	\$ -
4. Less Non-Reimbursable and Other Costs (e.g., HUD Subsidies and Revenue Offsets) (see Room & Board Schedule)	\$ -	\$ -	\$ -	\$ -
5. Net Actual Property Costs (1 + 2c + 3 - 4)	\$ -	\$ -	\$ -	\$ -
6. Percentage of Square Footage Used for A&G Activities				
7. Prorated Portion of Actual Costs (5 - (5 x 6))	\$ -	\$ -	\$ -	\$ -
8. Approved Property Costs				
a. CHFA		-	\$ -	\$ -
b. Recognition of Actual Debt Service			\$ -	\$ -
c. Rental Payments Approved by DSS		\$ -	\$ -	\$ -
d. Total Approved Property (8a + 8b + 8c)		-	\$ -	\$ -
9. Movable Equipment Depreciation (excluding Motor Vehicles)	\$ -	\$ -	\$ -	\$ -
10. Rental Payments on Leased Real Estate in Multi-Unit Building Structures	\$ -	\$ -	\$ -	\$ -
11. Property and Real Estate Taxes (excluding Motor Vehicles)	\$ -	\$ -	\$ -	\$ -
12. Interest on Movable Equipment (excluding Motor Vehicles)	\$ -	\$ -	\$ -	\$ -
13. Interest on Working Capital	\$ -	\$ -	\$ -	\$ -

* The higher of CIL Rent (at line 2a.) or CIL Interest and CIL Depreciation (at lines 1 and 3) may be reported.

DSS Room & Board – Page 29

Parent Organization		Report for Year Ended	Page of
	R&B Total	6/30/2015	29 31
14. Insurance (Property and 1/3 G	\$ -	\$ -	\$ -
15. Support Supplies and Services			
a. Dietary			
1. Food and Kitchen Supplies	\$ -	\$ -	\$ -
2. Dining and Ordering Out	\$ -	\$ -	\$ -
b. Housekeeping Supplies	\$ -	\$ -	\$ -
c. Laundry	\$ -	\$ -	\$ -
d. Plant Maintenance	\$ -	\$ -	\$ -
e. Utilities			
1. Heat	\$ -	\$ -	\$ -
2. Light & Power	\$ -	\$ -	\$ -
3. Water & Sewer	\$ -	\$ -	\$ -
4. Cable	\$ -	\$ -	\$ -
5. Other (see Room & Board Schedule)	\$ -	\$ -	\$ -
f. Equip. Under \$2,500/Equip. Rental/Other (see Room & Board Schedule)	\$ -	\$ -	\$ -
g. Maintenance Salaries and Benefits	\$ -	\$ -	\$ -
h. Maintenance Cost Funded through Debt Reserve	\$ -	\$ -	\$ -
i. Total Support Supplies and Services (15a thru 15h)	\$ -	\$ -	\$ -
16. HUD Audit Fees	\$ -	\$ -	\$ -
17. Subtotal Room and Board Expenses (9 thru 14 + 15i + 16)	\$ -	\$ -	\$ -
18. Less Other Operating and Non-Operating			
a. Revenue (not included in Line 4, see Room & Board Schedule)	\$ -	\$ -	\$ -
b. Less Interest Income	\$ -	\$ -	\$ -
19. Subtotal of Net Expenses (17 - 18)	\$ -	\$ -	\$ -
20. Actual and Imputed Client Days			
a. Days open per year			
b. Total openings			
c. Imputed 90% occupancy			
21. Total Direct R&B Cost (4 + 7 + 8d + 17)	\$ -	\$ -	\$ -

FOR RESIDENTS ONLY!
 Dining Out
 Limited to \$520/per
 client/per year

**REMINDER: Telephone
 & Internet is not a DSS
 R&B Expense.**

CABLE
 Limited to \$100/month
**BASIC OR EXTENDED
 BASIC ONLY!**

If using CHFA Reserve
 Funds – Report on
 Line 15.h with a self-
 disallowance on Line
18.a

DSS Room & Board – Insurance Expense Schedule

6/30/2015

Cost Center #	Program/Address	Property - Boiler	Property - Flood	Property Insurance	CIL Property	*** Renter's Insurance	Total General Liability	Umbrella	Prof. Liability	Other	* Total Insurance	Allowable R&B Insurance Cost **
											\$ -	\$ -
											-	-
											-	-
											-	-
											-	-
											-	-
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											-	-
	Total *	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

REMINDER: All Policy Premiums
 need to reconcile to Total
 Insurance Policies.

PLEASE REMEMBER:

* Policy Premiums should reconcile to Total Insurance Policy/ies. If not, please provide a reconciliation to agree premiums to Total Insurance Expense per category.

Attach Declaration pages for each policy reported (only pages including premium amounts, premium break-outs, and the property insured).

** Only Property and 1/3 of General Liability should be reported on Page 29, Line 14 for Room and Board

*** Please note, rental properties which have leases inclusive of Property Insurance will be reimbursed for one-third of General Liability Insurance and Personal Property Insurance (Renter's Insurance) only.



Capital Repair & Improvements

<u>Between</u>	<u>Requirements</u>	<u>Depreciation</u>
\$0 - \$2,499	No prior approval	Expense on Annual Report
\$2,500 - \$7,499	No prior approval **	5 years
\$7,500 - Over	Prior Approval Required **	Per Useful Life Chart

Oil Tank and Roof Repairs

<u>Between</u>	<u>Requirements</u>	<u>Depreciation</u>
\$0 - \$2,499	No prior approval	Expense on Annual Report
\$2,500 - Over	Prior Approval Required **	10 years – Roof 20 years – Oil Tank

**** 3 Bids must be obtained for ALL Capital Improvements over \$2,500**

All improvements are subject to review, 20% reduction for non-compliance

Annual Report is the Annual Report of Residential and Day Services for DSS and DDS

R&B Questions

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