

DDS EXPENSE REPORT INSTRUCTIONS

1. This spreadsheet has three tabs, Instructions, Expense Report and DDS Review Page. Providers should only complete the Expense Report tab.
2. Complete the Provider, FEIN, Report Type and Date cells at the top of the report.
3. For each of the five program models (CLA, CRS, I.H.S., CTH, DAY) that you provide service via the POS Contract, complete the cells outlined in green.
 - A. For the number of CSAs and VSAs, use the total number that are authorized on the last date of the time period covered by the report.
 - i. Only enter the number of VSAs if the expenses and revenue were included on the “Residential” or “Day” tabs in the Op. Plan.
 - B. In Column (A), Total Amount Reported on Op. Plan, enter data for each of the four categories from the following tabs on the Op. Plan:
 - i. **FOR CLA:** Sum tab, Salaries = cell C13, Benefits = cell C14, Non-Salary = cell C15 and A&G – cell C16
 - ii. **FOR CRS:** Sum tab, Salaries = cell D13, Benefits = cell D14, Non-Salary = cell D15 and A&G – cell D16
 - iii. **For I.H.S.:** Sum tab, Salaries = cell E13, Benefits = cell E14, Non-Salary = cell E15 and A&G – cell E16
 - iv. **For CTH:** Sum tab, Salaries = cell F13, Benefits = cell F14, Non-Salary = cell F15 and A&G – cell F16
 - v. **For Day:** Sum tab, Salaries = cell G13, Benefits = cell G14, Non-Salary = cell G15 and A&G – cell G16
 - C. In Column (C), Actual Costs, enter the amount associated with each of the four categories for the time period of the report.
4. For each of the five program models, if the Variance Percent., (Col. E), for Total Cost, (Row 8), is Less than -15% or Greater than 15%, explain the cause of the discrepancy and how it will be addressed on the four lines provided at the bottom of the report.

Electronically submit the completed Expense Report to the DDS Operations Center Resource Manager II with a copy to Sandra.McNally@ct.gov and Pat.Dillon@ct.gov.