



Connecticut Department of Developmental Services

Group Employment/Day Supports

Level of Need (LON) Rate Transition Plan

**Agency Receiving Increased Funding**

**Budget Plan**

**Provider:**

**DDS Region:**

**Transition Meeting Date:**

**Executive Director/Principal of the Entity:**

**Summary of Budget Plan:**

**Specific Budget Areas to be addressed:**

**Administrative & General Areas:**

Narrative:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current FY2013 Budget | FY2014 Budget Increase | Annualized Increase |
| A&G |  |  |  |
|  |  |  |  |

**Organizational and Programmatic Areas:**

Narrative:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current FY2013 Budget | FY2014 Budget Increase | Annualized Increase |
|  |  |  |  |
|  |  |  |  |

**Staff Salaries/ Benefits:**

Narrative:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current FY2013 Budget | FY2014 Budget Increase | Annualized Increase |
| Salaries/Wages |  |  |  |
| Benefits |  |  |  |

**Increase Utilization:**

Narrative:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program | Current FY2013 Utilization Percentage | Projected FY2014 Utilization Percentage | FY2014 Budget Increase | Annualized Increase |
| DSO |  |  |  |  |
| GSE |  |  |  |  |
| SHE |  |  |  |  |
| SEI |  |  |  |  |

**Increase/Decrease Number of Consumers:**

Narrative:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Program | Current Number of FY2013 Program Participants | Projected Number of FY2014 Program Participants | Net Addition or reduction of Program Participants in FY2014 | Net Addition or reduction of Program Participants in FY2014 | Annualized Increase/ decrease due to changes in the number of program participants |
| DSO |  |  |  |  |  |
| GSE |  |  |  |  |  |
| SHE |  |  |  |  |  |
| SEI |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Program | Current Number of FY2013 Program Participants | Current FY2013 Staffing Ratio Percentage | Projected Number of FY2014 Program Participants | Net Addition or reduction of Program Participants | Projected FY2014 Staffing Ratio Percentage | Annual Effect on Budget due to changes in staff ratios |
| DSO |  |  |  |  |  |  |
| GSE |  |  |  |  |  |  |
| SHE |  |  |  |  |  |  |
| SEI |  |  |  |  |  |  |

**Other:**

Narrative:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current FY2013 Budget | FY2014 Budget Reduction/Revenue Enhancement | Annualized Reduction/Revenue Enhancement |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
|  |

Total proposed Annualized Revenue Enhancements

Signature of DDS Regional Resource Administrator or designee\*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Provider\*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_