

PROVIDING SERVICES ON CONTRACT WITH DDS -OVERVIEW

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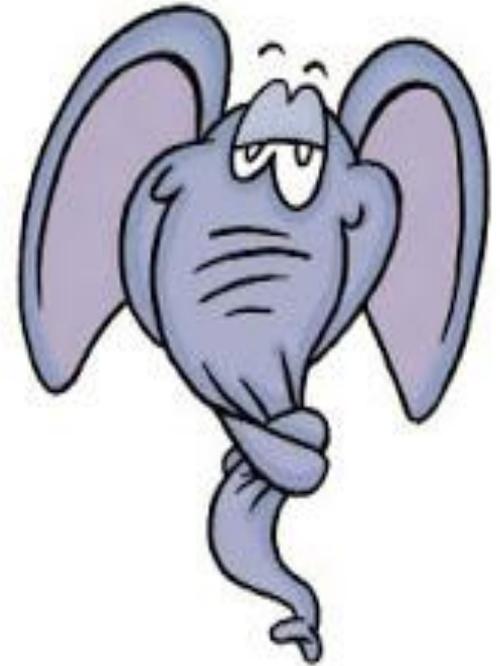
LIVING THE MISSION

The mission of the Department of Developmental Services is to partner with the individuals we support and their families to support lifelong planning and to join with others to create and promote meaningful opportunities for individuals to participate as valued members of their communities

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What is a POS (Purchase of Service) Contract

A POS contract is an agreement between a state agency and an organization for the purchase of direct human services to agency clients. The contract generally is not used for the sole purpose of purchasing administrative or clerical services, material goods, training and consulting services. POS contracts are used to contract with partnerships, as well as corporations, but not with individuals.



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Overview of Contract sections

- ❑ The standard format contains two sections to allow for maximum contract uniformity across State Agencies while ensuring the programmatic and policy flexibility needs of each Agency
- ❑ Part I includes the scope of services, contract performance, budget reports and other program and department-specific provisions
- ❑ Part II incorporates mandatory administrative policy language approved by the Office of the Attorney General and is standard to all human service contracts

Overview of Contract

- ❑ The Contract lays out all requirements and expectations for DDS Contract Providers
- ❑ Most of what is covered today is included in the Contract
- ❑ Detailed directions for completing the Contract and all required documents, as well as the Contracts, will be sent to providers by email

COMMON TERMS

POS

Op Plan

BizNet

VSA

CSA

Waivers

ACOR

Annual Report

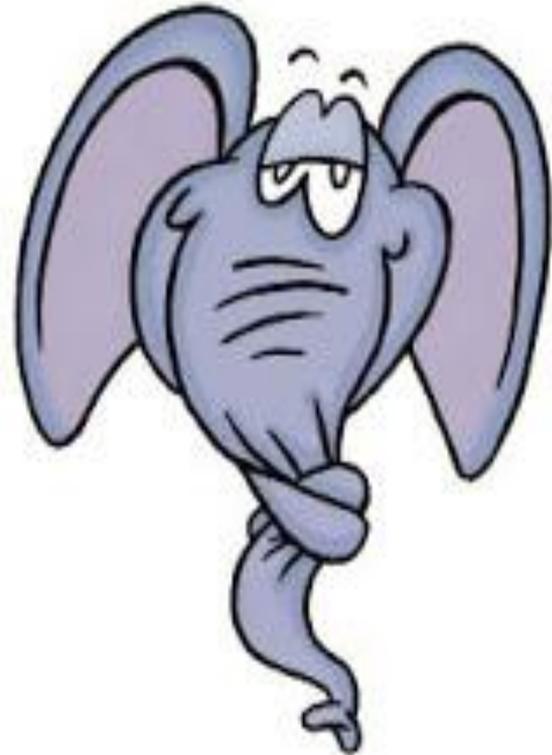
CAP – Cost Allocation Plan

LON rates

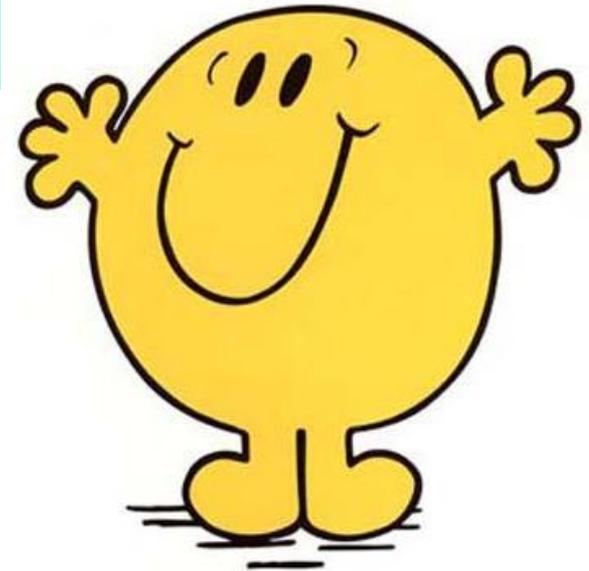
WebResDay

Contract lines and amounts

SIDs



WHAT STAYS THE SAME?



- ❖ All Providers (POS and Non-POS) are required to document all services delivered as outlined in the Waiver Documentation guideline issued by DDS
- ❖ All Providers are required to participate in the Quality Service Review process for all waiverable services.



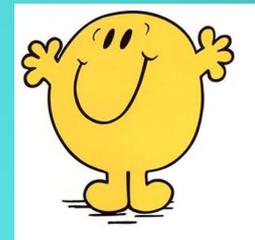
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- ❖ All Providers are required to submit a Continuous Quality Improvement Plan
- ❖ DDS participants may choose to transfer to another provider through the DDS Portability of Funds process if not satisfied with their current services



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- ❖ Qualified providers that received more than \$100,000 but less than \$ 300,000 in the fiscal year of reimbursement from DDS are required to submit an End of Year Expense Report and Agreed Upon Procedures Report prepared by a CPA



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EARN * personal strength * FRIENDS *
contribute * enjoy * LIVE * choices *
DIGNITY * TALENTS * services * serve
* PURSUE * informed * RISK * *rights*
* experience * *PASSIONS* * family *
civic * neighbors * FINANCIAL
SECURITY * advocates * relationships

WHAT'S DIFFERENT?

❖ **Contractors must submit a budget for costs to provide services on an Excel spreadsheet (Operational Plan)**

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Cost Allocation Plan (CAP)

- ❑ The Office of Policy and Management issued Cost Standards in 2007 outlining cost reporting requirements
- ❑ The CAP is a written summary of how an organization allocates allowable costs
- ❑ Must provide for allocation of Allocable as Direct Costs, Administrative & General Costs, and Salaries and Wages

Cost Allocation Plan (CAP)

- ❑ Must reasonably and equitably distribute to programs costs based upon benefits received
- ❑ Approved by Board or Members, included in policies and procedures, reviewed annually, kept on file for audit
- ❑ Major changes approved by Board or Members and must result in more equitable distribution of costs

CAP Sample

Sample Cost Allocation Plan

Period Covered: FY

I. Direct costs are allocated to the program in which the expense occurred.

II. Indirect Costs

<u>Item</u>	<u>Methodology</u>
A. Staff Compensation	
• CLA Salaries	Number of residents: CLA/SLA
• Residential management	Program participants
• Day program administration	Program participants
• Recreation administration	Program salaries
• Day Program clerical	Program staff compensation

CAP Sample

B. Non-Salary Expenses

- Supplies, Telephone, Postage, etc
 - Property management contract
 - Occupancy
 - General residential program
 - General residential occupancy
 - General day program
 - Transportation
 - Property insurance
 - Liability & Umbrella insurance
 - D& O Liability insurance
 - Client FICA
 - Client Workers' Compensation
- Staff compensation
 - Property cost
 - Building usage
 - Residential program participants
 - CLA Program locations
 - Program participants
 - Staff compensation
 - Coverage amount ratio
 - Staff compensation
 - Administrative & General
 - FICA %
 - Ratio based on policy summa

CAP Sample

III. Administrative and General Expenses

Administrative and General Costs are those that have been incurred for common or joint objectives, and cannot be readily identified with a particular final cost objective. XYZ agency allocates A & G costs using a program staff compensation ratio.

IV. Benefits

Employee benefits are those expenses as part of the compensation of staff salaries. XYZ agency allocates benefits costs using an employee benefits to staff compensation ratio.

Reviewed by the Administrative Services Committee:

Approved by the Board of Directors: _____

Operational Plan

What is an OP Plan?

Operational Plan (OP) – A budget document prepared by the Contractor that details projected expenses within four expense categories – “Administrative & General”, “Benefits”, “Salary”, and “Non-Salary”.

Operational Plan

- ❑ Shows how DDS funds will be expended and provides operating budget for agency
- ❑ Broken out by Day Services, Residential Services, Other/ICF-MR/A&G and Benefits
- ❑ Excel document with formulas/calculations very similar to End of Year Expense Report
- ❑ Variance of more than 20% by cost center/major cost reporting area (Salaries and Wages, Non-Salary, A&G and Benefits) requires new OP Plan and approval by Region

Operational Plan Example

		1	2	3	4	5
DDS Region		SR	SR	SR	SR	SR
Cost Center #		200	300	400	410	415
Cost Center Name		GSE	IP	CIP	DSO	Ind Day
Model Type -----REQUIRED!	Total	GSE	ISE	DSO	DSO	DSO
Direct Support FTEs	39	12.00	1.00	18.25	4.50	2.75
Salaries	1,389,850	460,960	33,120	668,420	138,700	88,650
Employee Benefits	368,310	122,154	8,777	177,131	36,756	23,492
Nonsalary	559,712	218,484	1,822	271,579	45,204	22,623
Admin & General	336,091	116,232	6,339	161,984	31,996	19,541
Subtotal Expenses	2,653,963	917,830	50,058	1,279,114	252,655	154,307
Non-Reimbursable Costs	-					
Program Total	2,653,963	917,830	50,058	1,279,114	252,655	154,307
Other Revenue Towards DDS Purchased Openings (Non Annualized).	12,500	12,500	-	-	-	-
Sales Revenue	61,992	61,992	-	-	-	-
Total Day Costs	2,579,471	843,338	50,058	1,279,114	252,655	154,307
Vendor Service Authorizations Revenue	350,430	204,590	-	145,840	-	-
Revenue For Non-DDS Participants	-	-	-	-	-	-
Days Open Per Year	1,250	250	250	250	250	250
Total number of Contract Service Authorizations (CSA)	106	39	5	41	13	8
Total number of Vendor Service Authorizations (VSA)	15	10	-	5	-	-
Total number of Non-DDS Funded Individuals	-	-	-	-	-	-
Total Annual Cost for CSA	2,229,042	638,748	50,058	1,133,274	252,655	154,307

❖ **Contractors are required to submit the following documents at contract execution:**

- ❑ State of CT Ethics and Non-Discrimination Certification
- ❑ Gift and Campaign Contribution Certification
- ❑ Consulting Agreement Affidavit
- ❑ Workforce Analysis
 - the documents above through **BizNet**
- ❑ Corporate Resolution (Signatory Authority)
- ❑ Operational Report
 - the documents above to the Op Center Resource Manager

What is BizNet?

BizNet is a Document Vault, which allows providers to download and upload required ethics forms and other affidavits, as well as Nondiscrimination Certification and Board of Directors.

<https://www.biznet.ct.gov/AccountMaint/Login.aspx>

Required BizNet Form

OPM Ethics Form 1 – Gift & Campaign Contributions

- *Reason:* Required by statute. Applies to contracts having a value of \$50,000 or more in a calendar or fiscal year.
- Due at time of contract execution and must be updated within 14 days of the 12 month anniversary of the most recently filed certification

Required BizNet Form

OPM Ethics Form 5– Consulting Agreement Affidavit

- *Reason:* Required by statute. Applies to contracts having a value of \$50,000 or more in a calendar or fiscal year.
- It is submitted at the time of contract execution.
- Accompanies a bid or proposal with a value of \$50,000 or more.
- It is not needed for a sole source or no bid contract,
- If any of the information in this form changes, an updated certification must be submitted not later than 30 days after the effective date of the change or upon submittal of a new bid or proposal whichever is earlier

Required BizNet Form

**Nondiscrimination Certification Form B
(less than \$50,000)**

**Nondiscrimination Certification Form C
(\$50,000 or more)**

- *Reason:* Required by statute. Provider must submit one of these forms (not both), depending on the value of the contract award.

Required BizNet Form

Workforce Analysis

- Is a spreadsheet where each agency breaks out their workforce by race and gender

WORKFORCE ANALYSIS

Contractor Name: _____

Total number of CT employees: _____

Address: _____

Full-time _____ Part-time _____

Complete the following Workforce Analysis for employees on Connecticut work sites who are:

JOB CATEGORIES	OVERALL TOTALS <small>(SUM OF ALL MALE & FEMALE)</small>	WHITE <small>(NOT OF HISPANIC ORIGIN)</small>		BLACK <small>(NOT OF HISPANIC ORIGIN)</small>		HISPANIC		ASIAN OR PACIFIC ISLANDER		AMER. INDIAN OR ALASKAN NATIVE		PEOPLE WITH DISABILITIES	
		M	F	M	F	M	F	M	F	M	F	M	F
M-Male F-Female													
Officials & Managers													
Professionals													
Technicians													
Sales Workers													
Office & Clerical													
Craft Workers <small>(skilled)</small>													
Operatives <small>(semi-skilled)</small>													
Laborers <small>(unskilled)</small>													
Service Workers													
TOTALS ABOVE													
TOTALS ONE YEAR AGO													
FORMAL, ON-THE-JOB TRAINEES (Enter figures for the same categories as shown above.)													
Apprentices													
Trainees													
EMPLOYMENT FIGURES WERE OBTAINED FROM: _____ VISUAL CHECK; _____ EMPLOYMENT RECORDS; _____ OTHER: _____													

...additional documents to be submitted at contract execution:

- ❑ Water Safety Policy
- ❑ DOL Certificate, if applicable
- ❑ GSE Locations, if applicable
- ❑ Day Program Calendar for Providers contracting such services



Email all of the documents above to the Op Center Resource Manager

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Water Safety Procedure

- Is mandated for all DDS operated, funded, and/or licensed/qualified programs involved in aquatic activities.
- All of the forms contained in the DDS Water Safety procedure shall be used without deviation in all programs and settings unless otherwise specified.
- Alternate procedures will not be accepted for use by DDS.

DOL Certificate

- The Fair Labor Standards Act
- Certificate Authorizing Special Minimum Wage Rates
- **Must** be in place if you are paying anyone less than minimum wage

2/2

U.S. Department of Labor
Wage and Hour Division
National Certification Program - 514
230 South Dearborn Street, Room 614
Chicago, Illinois 60604

**CERTIFICATE AUTHORIZING SPECIAL MINIMUM WAGE RATES
UNDER SECTION 14(c) OF THE FAIR LABOR STANDARDS ACT**

Certificate Number: 03-04833-S-009

For Branch Location:

Provider Name:

Type of Certificate:
Community Rehabilitation Program
(Work Center)

This special certificate authorizes the employment of workers with disabilities in accordance with the requirements of 29 CFR Part 526, effective 10/01/2011.

This certificate will remain in effect until 09/30/2013 provided that all applicable provisions of the Fair Labor Standards Act, the Walsh-Healey Public Contract Act, the McNamara-O'Hara Service Contract Act, and the Contract Work Hours and Safety Standards Act and the regulations issued pursuant thereto are fully complied with. If an application for renewal has been properly and timely filed with the Wage and Hour Division prior to 09/30/2013, this special minimum wage certificate will remain in effect until the application for renewal has been granted or denied.

The attached certificate does not constitute a statement of compliance by the Department of Labor nor does it convey a good faith defense to the employer should violations of the Fair Labor Standards Act, the Walsh-Healey Public Contract Act, the McNamara-O'Hara Service Contract Act, or the Contract Work Hours and Safety Standards Act occur.

Please contact the following Wage Specialist should you have any questions regarding the issuance of this certificate:

Name of wage specialist: Nancy Medlock Phone: 312-568-7292

See the reverse of this certificate and the applicable regulations for further information.

NOTICE TO WORKERS WITH DISABILITIES PAID AT SPECIAL MINIMUM WAGES

The Fair Labor Standards Act (FLSA) provides that workers with disabilities whose disabilities impact their ability to perform the type of work being done in the establishment may be employed at wage rates below the minimum otherwise required by the FLSA. Such employment is permitted only under certificates issued by the Department of Labor and must reflect the productivity of the individual worker as related to the productivity of a worker who does not have disabilities for the work being performed, and the wages being paid to experienced workers performing the same or similar work in the vicinity. Such wages are referred to as "commensurate wage rates." This establishment has a certificate authorizing the payment of commensurate wages to workers with disabilities. Workers who do not have disabilities for the work being performed, including workers who may otherwise have disabilities, must receive at least the statutory minimum wage.

For purposes of payment of commensurate wages under a certificate, a worker with a disability is defined as an individual whose earning or productive capacity is impaired by a physical or mental disability, including those relating to age or injury, for the work to be performed. Disabilities which may, but will not necessarily, affect productive capacity include blindness, mental illness, mental retardation, cerebral palsy, alcoholism, and drug addiction. The following, when by themselves, do not constitute disabilities for purposes of paying commensurate wages: or probation.

Each worker with a disability, and where appropriate, the parent or guardian of such worker, shall be informed orally and in writing by the employer of the terms of the certificate under which such worker is employed.

Complaints or questions regarding the terms and conditions of employment under a certificate may be directed to the Wage and Hour Division, U.S. Department of Labor. Action will be taken to address an individual's concerns, including where appropriate, a formal investigation of the employer. Workers with disabilities paid at special minimum wages may also petition the Administrator of the Wage and Hour Division of the U.S. Department of Labor for a review of their wage rates by an Administrative Law Judge. No particular form of petition is required, except that it must be signed by the worker with a disability or his or her parent or guardian and should contain the name and address of the employer. Petitions should be mailed to: Administrator, Wage and Hour Division, U.S. Department of Labor, Room 8-3062, 200 Constitution Avenue, N.W., Washington, D.C., 20210.

Wage and Hour Representative: Sharlyn Simon Title: National Certification Program Manager Date Certificate Printed: 11/28/2011

Cert. ID: Form HH-328 Rev. January 2002

Day Program Calendar

July 2011							August 2011							September 2011												
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S						
					1	2		1	2	3	4	5	6					1	2	3						
3	4	5	6	7	8	9	7	8	9	10	11	12	13	4	5	6	7	8	9	10						
10	11	12	13	14	15	16	14	15	16	17	18	19	20	11	12	13	14	15	16	17						
17	18	19	20	21	22	23	21	22	23	24	25	26	27	18	19	20	21	22	23	24						
24	25	26	27	28	29	30	28	29	30	31				25	26	27	28	29	30							
31																										
October 2011							November 2011							December 2011												
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S						
					1			1	2	3	4	5					1	2	3							
2	3	4	5	6	7	9	6	7	8	9	10	11	12	4	5	6	7	8	9	10						
9	10	11	12	13	14	16	13	14	15	16	17	18	19	11	12	13	14	15	16	17						
16	17	18	19	20	21	23	20	21	22	23	24	25	26	18	19	20	21	22	23	24						
23	24	25	26	27	28	30	27	28	29	30				25	26	27	28	29	30	31						
30	31																									
January 2012							February 2012							March 2012												
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S						
1	2	3	4	5	6	7				1	2	3	4					1	2	3						
8	9	10	11	12	13	14	5	6	7	8	9	10	11	4	5	6	7	8	9	10						
15	16	17	18	19	20	21	12	13	14	15	16	17	18	11	12	13	14	15	16	17						
22	23	24	25	26	27	28	19	20	21	22	23	24	25	18	19	20	21	22	23	24						
29	30	31					26	27	28	29				25	26	27	28	29	30	31						
April 2012							May 2012							June 2012												
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S						
1	2	3	4	5	6	7				1	2	3	4	5						1	2	3				
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9						
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16						
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23						
29	30						27	28	29	30	31			24	25	26	27	28	29	30						
Week Days:							261								Denotes Holiday											
Less Holidays							-10								Denotes Training											
Less Training							-1																			
Service Days							250																			

- ❖ Contractors are required to comply with all contract requirements as outlined in Part 1 and Part 2 of the contract

- ❖ Contractors Communicate mostly with Resource Manager (all contractors have an assigned regional and Operations Center Resource Manager)

- ❖ Contract Service Authorizations are based on the DDS Fiscal Year (7/1-6/30) and contract duration.

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WebResDay

- ❖ Contractors record services provided on the DDS web-based attendance program called WebResDay by the 5th of each month.
- ❖ Payment is based on this utilization data in WebResDay. Timely submission is crucial for timely payment.

WebResDay

- ❑ Login to DDS Applications Menu to access WebResDay (this is the same location as QSR)
- ❑ Contact Kurt Hildenbrandt to setup user name and password
 - ❑ (860)418-6033
 - ❑ kurt.hildenbrandt@ct.gov

❖ Contractors are required to submit an Eight Month Financial Expense Report due March 31

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EIGHT MONTH REPORT

- ❑ Report shows Budgeted Amount by Program Type (CLA, CRS, IHS, CTH, DAY)
- ❑ Report Shows Actual costs for 8 months from 7/1-2/29
- ❑ Report calculates variance between budgeted amount and actual amount, allows provider to explain variances in excess of 20%
- ❑ Similar to Op Plan with less detail required
- ❑ May be revised to include Final Op Plan (status pending)

PROVIDER:			REPORT TYPE:	8 Month	
F.E.I.N.:			DATE:		

		(A)	(B)	(C)	(D)	(E)
		Total Amount Reported on Operational Plan for the time period	Amount Associated with Costs incurred during the time period	Actual Costs incurred during the time period	VARIANCE	VARIANCE %
MODEL	BUDGET CATEGORY	7/1-6/30	7/1-2/29	7/1-2/29	(B) - (C)	(D) / (B)
DAY						
# of CSAs	1. SALARIES & WAGES:		0.00		0.00	0.00%
16	2. BENEFITS:		0.00		0.00	0.00%
# of VSAs	3. NON-SALARY:		0.00		0.00	0.00%
	4. ADMIN & GENERAL:		0.00		0.00	0.00%
	5. TOTAL SERVICE COST:	0.00	0.00	0.00	0.00	0.00%
	6. Less UNALLOWABLE COSTS:		0.00		0.00	0.00%
	7.a. Less OTHER Operating and Non-Operating REVENUE:		0.00		0.00	0.00%
	7.b. Less FEE for SERVICE REVENUE:		0.00		0.00	0.00%
	7.c. Less SALES REVENUE:		0.00		0.00	0.00%
	8. TOTAL COST:	0.00	0.00	0.00	0.00	0.00%

For each model, if the Var. Percent. (Col. E) for Total Cost (#8) is Less than -20% or Greater than 20%, explain the cause of the discrepancy, and how it will be addressed.

❖ Contractors are required to attend two annual meetings (Annual Performance with the Region and Fiscal Meetings with the Region and Operations Center)



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END OF YEAR REPORTING



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- ❖ Contractors that received less than \$ 100,000 of reimbursement in the fiscal year from DDS are required to submit an End of Year Expense Report
- ❖ Contractors that received more than \$100,000 but less than \$ 300,000 in the fiscal year of reimbursement from DDS are required to submit an End of Year Expense Report and Agreed Upon Procedures Report prepared by a CPA **(same as Non-POS Providers!)**

❖ Contractors that received more than \$300,000 in the fiscal year of reimbursement from DDS are required to submit an Annual Report and Audited Financial Statements completed by a CPA.
Non-profit Agencies are required to submit a State Single Audit completed by a CPA.

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Annual Report

- ❑ Accuracy is important so that financial impact of financial decisions can be properly calculated
- ❑ The information you submit will help DDS to plan for the future rates
- ❑ Accuracy establishes the credibility of the provider in discussions of financial issues

Annual Report Filing Requirements

- ❑ Two complete copies of the Annual Report of Residential and Day Services for the Department of Social Services and Department of Developmental Services by Oct. 15
- ❑ Cost Reporting from 7/1-6/30 (DDS Fiscal Year)
- ❑ One original with signatures and notaries
- ❑ One additional copy
- ❑ One Data CD

Note: will not be due until 10/15/2014

Annual Report Sections

- ❑ General Information
- ❑ Related Party Disclosures (does not supersede DDS Ethics Protocol)
- ❑ Executive Director Salary
- ❑ Leases, Donated Capital Assets, Pending Litigation, etc.
- ❑ Cost Center Information
- ❑ Interest Expense and Allocation
- ❑ A&G Worksheet
- ❑ Cost Center Worksheets
 - ❑ CLA, CRS, IHS, CCH, DAY, OTHER, FEE FOR SERVICE, BENEFITS, ROOM & BOARD, STATEMENT OF REVENUE, RECONCILIATION TO FINANCIAL STATEMENTS

❖ Providers are required to Cost Settle 100% of the difference between revenues received from DDS and expenses incurred by the agency for DDS services



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Financial Reporting Index with due dates and links

Financial Reporting and Contract Documents Index for Providers			
Updated 9/12/12 (EB)			Financial Reports Contract Documents
Reports Submitted at the Beginning of the Fiscal Year to Central Office			
<u>Document</u>	<u>Date Due</u>	<u>Where Required</u>	<u>Submit To</u>
Directions to submit FY12 Contract			
Affidavit(s)	6/15 (Contract execution) & every 12 months anniversary of most recent & within 30 days of change	Part II Section E, # 5, 8,	BizNet
Non-Discrimination Certification			
Day Program Calendar	6/15 (Contract execution)	Part I, Sect. C Program Reporting Requirements,	CO
Dept. of Labor Certificate (if pay below min. wage)	6/15 (Contract execution) & at Cert. renewal	Part I, Sect. A Descript. of Programs, #3 subsect.	CO
Group Supported Employment Locations	6/15 (Contract execution)	Part I, Section C. Program Reporting Requireme	CO
Operational Report (OP-Plan - Initial)	5/1	Part I, Section C. Program Reporting Requireme	CO
Operational Report (OP-Plan - Final)	7/15		CO
Operational Report (OP-Plan - Amended) - if change in excess of \$100,000	As needed	Part I, Section D. Fiscal Requirements, # 5	CO
*Summary of Budget (In lieu of OP-Plan if < \$300,000)	5/1 for Day, 5/15 for Res annually	Part I, Section C. Program Reporting Requireme	CO
Staffing Pattern	With initial and amended Op. Plans	Part I, Section B. Supports and Services, # 2, subs	CO
~ Changes Over Previous Schedule have been approved	As Required		
Water Safety Policy	6/15, (Contract execution)	Part I, Section B. # 2 Contractor's Requirements,	CO
Workforce Analysis	6/15, (Contract execution)	Part II, Section C. Contractor Obligations, subsec	CO
Reports Submitted During the Year to Central Office			
<u>Document</u>	<u>Date Due</u>	<u>Where Required</u>	<u>Submit To</u>
Background Checks	Upon Request	Part II, Section B. Client Related Safeguards, # 4,	CO
Eight Month Expense Report	3/31	Part I, Sect. C Program Reporting Requirements,	CO
Operational Report (OP-Plan)			CO
~ Initial Operational Report	5/1	Part I, Section C. Program Reporting Requireme	CO
~ Amended Operational Report	Each Amendment in excess of \$100,000	Part I, Section D. Fiscal Requirements, # 5	CO

DDS Home Page

DDS DEPARTMENT OF DEVELOPMENTAL SERVICES

Home

About Us

Topics A-Z

Forms

Contact Us



Terrence W. Macy,
Ph.D.
Commissioner

- Office of the Commissioner
- Individuals and Families
- Consumer Corner
- Provider Gateway
- Divisions
- Regions
- DDS News
- Video Library
- Boards & Councils
- Ombudsperson
- Acronyms



Welcome!

- ▶ Mission **NEW**
- ▶ Community of Providers
- ▶ Employment and Day Services
- ▶ DDS Help Line
- ▶ DDS Five Year Plan

Living the Mission

To Report Abuse and Neglect

"It's Everyone's JOB!"



Featured Links

- Budget Updates
- Supports and Services
- Provider Profiles
- Respectful Language
- Camp Harkness
- Division of Autism
- Eligibility Services
- Employment and Day Services

Other Resources

- Alerts & Advisories
- Birth to Three
- DDS Manual
- Waiver Information
- Emergency & Safety Information
- Employment Information
- HIPAA Release of Information
- Information Services



The Index

Location

The screenshot shows the website for the State of Connecticut Department of Developmental Services (DDS). At the top, there is a navigation bar with the state logo, the text "State of Connecticut", the Governor's name "Governor Dannel P. Malloy", and a search box. Below this is a dark blue header with the "DDS" logo and the text "DEPARTMENT OF DEVELOPMENTAL SERVICES". A secondary navigation bar contains links for "Home", "About Us", "Topics A-Z", "Forms", and "Contact Us".

The main content area features a "PROVIDER GATEWAY" section. On the left, there is a profile for Terrence W. Macy, Ph.D., Commissioner, with a list of links: "Office of the Commissioner", "Individuals and Families", "Consumer Corner", "Provider Gateway", "Divisions", "Regions", "DDS News", "Video Library", "Boards & Councils", "Ombudsperson", and "Acronyms". Below this list are logos for "Consumer Corner" and "CTHealthJobs.org".

The "PROVIDER GATEWAY" section includes a sub-navigation bar with links for "Contacts", "Forms A-Z", and "Resources". Below this is a grid of 12 blue buttons arranged in two columns. The left column contains: "ADD/REMOVE SERVICES", "BECOME A PROVIDER", "COMMUNICATIONS", "CONTRACTS", "DDS APPS MENU", and "EMPLOYMENT FIRST". The right column contains: "FINANCIAL REPORTING", "INDIVIDUAL BUDGETS", "PROVIDER PROFILES", "RATE TRANSITIONS", "RATES", and "RFP". Two orange arrows are overlaid on the image: one points from the left towards the "COMMUNICATIONS" button, and another points from the right towards the "FINANCIAL REPORTING" button.

At the bottom left, there is a "Printable Version" link.

Vendor Profile Form/W-9

- ❑ Must complete to get setup to receive electronic payments from the State Comptroller via CORE
- ❑ Submit to Sandy McNally at DDS Operations Center
sandy.mcnally@ct.gov

STATE OF CONNECTICUT - AGENCY VENDOR FORM

SP-26NB Rev. 4/03

IMPORTANT: ALL parts of this form must be completed, signed and returned by the vendor.

READ & COMPLETE CAREFULLY

COMPLETE VENDOR LEGAL BUSINESS NAME

Taxpayer ID # (TIN): SSN FEIN

WRITE/TYPE SSN/FEIN NUMBER ABOVE

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE)

BUSINESS ENTITY: CORPORATION LLC CORPORATION LLC PARTNERSHIP LLC SINGLE MEMBER ENTITY
 NON-PROFIT PARTNERSHIP INDIVIDUAL/SOLE PROPRIETOR

NOTE: IF INDIVIDUAL/SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME BLOCK ABOVE.

BUSINESS TYPE: A. SALE OF COMMODITIES B. MEDICAL SERVICES C. ATTORNEY FEES D. RENTAL OF PROPERTY (REAL ESTATE & EQUIPMENT)

E. OTHER (DESCRIBE IN DETAIL)

UNDER THIS TIN, WHAT IS THE PRIMARY TYPE OF BUSINESS YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE) →

UNDER THIS TIN, WHAT OTHER TYPES OF BUSINESS MIGHT YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE) →

NOTE: IF YOUR BUSINESS IS A PARTNERSHIP, YOU MUST ATTACH THE NAMES AND TITLES OF ALL PARTNERS TO YOUR BID SUBMISSION.

NOTE: IF YOUR BUSINESS IS A CORPORATION, IN WHICH STATE ARE YOU INCORPORATED?

VENDOR ADDRESS STREET CITY STATE ZIP CODE

Add Additional Business Address & Contact information on back of this form.

VENDOR E-MAIL ADDRESS

VENDOR WEB SITE

REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS. SAME AS VENDOR ADDRESS ABOVE.

REMIT ADDRESS STREET CITY STATE ZIP CODE

CONTACT INFORMATION: NAME (TYPE OR PRINT)

HELPFUL LINKS:

Provider Gateway

<http://www.ct.gov/dds/cwp/view.asp?a=3166&q=391042&ddsNav=|>

Resources:

<http://www.ct.gov/dds/cwp/view.asp?a=3166&q=504270>

Corporate Resolution Samples:

http://www.das.state.ct.us/Purchase/Info/Vendor_Authorization_Guidelines_Samples.pdf

BizNet log in and directions

<https://www.biznet.ct.gov/AccountMaint/Login.aspx>

<http://www.ct.gov/dds/cwp/view.asp?a=3166&Q=506374>

WebResDay Log-in

<https://www.ddsapp.ct.gov/DDSGateway/Login.aspx>

Financial Reporting Index with Due Dates and Links:

[Financial Reporting Index with Due Dates and Links](#)



Q & A

