Operations Memo 2017-12

To: Purchase of Services Contracted Private Providers

From: Peter Mason, Director DDS Operations Center

CC: Jordan A. Scheff, Acting Commissioner, Mary Fuller, Chief Fiscal Officer, Regional Directors, Private ARDs, Resource Administrators, ARC of CT, CT Community Nonprofit Alliance

Date: April 19, 2017


The fiscal year 2018 Op Plan Software and Operational Plan User's Guide are attached and will be available on the DDS Website. The 2018 Op Plan loads onto a Microsoft Office Excel 2010 Spreadsheet and requires no additional software. The spreadsheet utilizes macros to complete various calculations. Set the security level of Excel to the lowest level when first loading the spreadsheet onto the computer. Refer to the instructions for more detail.

Changes have been made to the Op Plan file for FY 2018. See below for a general list of the changes.

1. Residential Tab
   - Added Shared Living to the drop down under service types.

2. Day Tab
   - Added Senior Supports to the drop down under service types.
   - Added Transitional Services to the drop down under service types.

3. A&G Worksheet
   - Extended the column width of Column D.

4. Benefits Tab
   - Extended the column width of Column C.

In an effort to reduce workload Providers may now combine most cost centers for like services (other than CLA and CRS). Prior to this year all cost centers were assigned to a specific Region. Started in FY 2015, cost centers for like services may be combined and reported in the Prime Region. For example, if an agency has 5 DSO’s in 3 Regions, and the North Region is Prime, they can now report 1 DSO cost center in the NR with all fiscal data combined. Individual Day Supports must have a separate cost center but Individualized Day Vocational and Individualized Day Non-Vocational should be combined into the same cost center. CLA and CRS are still required to be reported separately and assigned to a specific Region.
Providers will still have the option of reporting Vendor Service Authorization (VSA) revenue in either the DDS contracted programs or in its own cost center. Providers opting to separate the VSA revenue participants from DDS contracted programs must now do so in its own cost center on the “Other” spreadsheet. As a reminder, all CLA and CRS programs must be broken out into a separate cost center for each setting.

In an effort to simplify the submittal process, providers should electronically submit to their assigned Provider Specialist the following:

- A letter of transmittal, certifying that the Op Plan electronically submitted is a true and correct copy of the Op Plan for FY 2018.
- The 2018 Op Plan
- Staffing schedules

Refer to the “User’s Guide” for instructions regarding how to install and complete the Op Plan 2018.

Please note: Due to the late issuance of the Op Plan Software, submission has been extended until May 31, 2017. If necessary, providers may request an extension. Please follow the directions below when submitting an extension request.

Extension Requests: Any provider that is unable to submit the Operational Plan by the deadline must submit an extension request prior to the date the report is due.

- Any extension request less than two weeks from the original submission deadline must be sent via email to your assigned Provider Specialist prior to the submission deadline.
- Any extension request more than two weeks from the original deadline must be sent via email to Pat.Dillon@ct.gov prior to the submission deadline. Please Cc your assigned Provider Specialist when submitting your request. Your request must include the reason precipitating your extension request and the submission date being requested.
- Any Operational Plan not submitted by the original submission date or the approved extension date will be considered late.

General questions regarding the Operational Plan should be communicated to your assigned Provider Specialist.

If you have technical questions regarding the Operational Plan, please contact David David at 860-418-6040 or by email at David.David@ct.gov