

DDS EIGHT MONTH REPORT USER'S GUIDE

The 8 Month Report is an Excel spreadsheet composed of two tabs, the 8 Month Report and the DDS Review Page. Providers are to complete the 8 Month Report tab only.

All costs, CSA/VSA counts, and FTES's Providers entered on the FY16 Operation Plan have been pre-populated into the applicable cells on the 8 Month Report for each program type that costs were entered in the Operational Plan. If you notice any issues with the pre-populated data, please contact your assigned Provider Specialist.

Additional changes since the FY15 8 Month Report:

- Line 1 - Direct Salaries actual costs are now reported separately.
- Line 2 - Allocated Direct Salaries actual costs are now reported separately.
- Line 3 – Benefits – No change.
- Line 4 – Non-salary – No change.
- Line 5 – Admin & General – No change.
- Line 6 - Annual Cost of Program was line 5, Total Service Cost on prior 8 Month Reports. Language changed to match the language on the Operational Plan.
- Line 7 - Op Plan anticipated utilization pre-populated from the Operational Plan.
- Line 8 - Actual utilization. The report will inform you of the percentage of utilization you have used based on 8 Month Actual Costs. For example, if you budgeted \$81,000 in DSO costs for the entire fiscal year, at 100% utilization your actual expenses at the 8 Month mark would need to be \$54,000. This was added so the providers can make fiscal decisions using expenses based off of anticipated utilization within the 8 Month period not only in the form of a percentage but in terms of actual expenses based on utilization.
- Line 9 - Estimated cost is only applicable to columns A and B. The estimated cost is the anticipated cost based off the utilization percentage that was entered on the Operational Plan. For example: If a DSO program costs \$100,000 annually at 100% utilization and the anticipated utilization on the Operational Plan is entered at 80%, the estimated annual cost would be \$80,000. Columns C and F are actual costs.
- Line 10 - Less unallowable costs – No change.
- Line 11 - Less OTHER operating and non-operating revenue – No change.
- Line 12 - Less Fee for Service revenue – No change.

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- Line 13 - Less Non-DDS revenue was added to match the Operational Plan.
- Line 14 - Sales revenue line added and only applicable to DSO, GSE, and SHE programs.
- Total Cost - DSO, GSE, and SHE programs, Line 15. All other programs, Line 14. This is the total cost after reductions from revenue sources listed in lines 10, 11, 12, 13, 14 when applicable.

Amended Operational Plans: An amended Operational Plan may need to be submitted due to various reasons.

- If an amended Operational Report is required and initiated by the Provider, the Provider must notify their assigned Provider Specialist via email prior to the 8 Month Report deadline. The email must include the reason for the amending the Operational Plan. The amended Operational Plan must be submitted prior to the 8 Month Report deadline. If an extension is required, see instructions for extension requests listed in number 10 below.
- If an amended report is initiated by DDS, your Provider Specialist will send you a request explaining the reason(s) why and the date the amended report needs to be submitted. If an extension is required, see instructions for extension requests listed in number 10 below.
- Examples of situations that require the Provider to submit an amended Operational Plan prior to the 8 Month Report deadline:
 - Additional cost centers or program types were added between July 1, 2015 and February 28, 2016.
 - Missing cost centers or program types in the original FY16 Operational Plan.

Cells that require data entry by the Provider are outlined in green and shaded. Only enter data into those cells for the program types provided.

- If you enter 8 Month and fiscal year end data and there is no data pre-populated from the Operational Plan in column A, please contact your Provider Specialist. An amended report will need to be submitted due to costs related to the program type not being included in the FY16 Operational Plan.

Common reasons 8 Month Reports are not accepted by DDS:

- Provider Name and/or FEIN not entered
- Report is not signed and dated by the Provider and/or the title of the signer is not entered.
- No reason and/or explanation of how it will be addressed entered in the comment section for variances (+20%, -20%) between Operational Plan costs and 8 Month actuals.
- No reason and/or explanation of how it will be addressed entered in the comment section for variances between Operational Plan CSA/VSA count and 8 Month actuals.
- No reason and/or explanation of how it will be addressed entered in the comment section for variances between Operational Plan FTE count and Year End anticipated actuals.
- Cost variances with vague explanations in the comment section
- A&G over 15%

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- No 8 Month or anticipated year-end actual data entered for programs that had costs entered in the base Operational Plan. This is usually due to a program closing since the Operational Plan was submitted. Whatever the reason, provide your explanation in the comment section.
- Costs from programs not entered on the Residential or Day tabs of the Operational Plan are not reported on the 8 Month Report. An example of this would be programs with costs reported on the Other tab of the Operational Plan.
- Actual costs, FTE's, CSA's, VSA's for Individual Day Non-Voc (IDN) and Voc (IDV) must be combined and reported under Individual Day only.
- DSO actual costs, CSA's, VSA's, FTE's must include DSH costs, CSA's, VSA's, FTE's.
- GSE actual costs, CSA's, VSA's, FTE's must include GSH costs, CSA's, VSA's, FTE's.
- Do not include transportation CSA's when entering CSA's.

INSTRUCTIONS FOR COMPLETING THE 8 MONTH REPORT:

1. Enter the Provider Name and FEIN in the cells at the top of the report.
2. Enter CSA and VSA counts:
 - Use the total number of CSA's/VSA's authorized as of **2/28/2016**.
 - Only enter the number of VSA's if expenses and revenue from VSA revenue was included on the Residential or Day tabs of the FY16 Operational Plan.
3. Enter actual costs incurred between 7/1/2015 through 2/28/16 in column C.
 - The expenses entered must be **actual** costs.
4. Enter anticipated costs for 7/1/15 through 6/30/16 in column F based on 8 Month actual costs.
 - Variances between Operational Plan expenses and year end expenses in column H over 20% or less than (-20%) need to be addressed in the comment section on the bottom of the report. Provide a reason for the variance and an explanation of how the variance will be addressed.
5. Enter the anticipated direct and allocated FTE's for the fiscal year ending 6/30 based on 8 Month actuals.

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- Variances between Operational Plan FTE's and year end FTE's need to be addressed in the comment section on the bottom of the report. Provide a reason for the variance and an explanation of how the variance will be addressed.
6. Attest that the information is accurate by typing your name, title, and the date. The report will not be accepted without this information.
 7. Submit the 8 Month Report electronically to your assigned Provider Specialist via email no later than March 31, 2016.
 8. **Extension Requests:** Any provider that is unable to submit the 8 Month Report 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 report not submitted by the original submission date or the approved extension date will be considered late.
 9. If you have further questions, please contact David David at 860-418-6040 or by email at David.David@ct.gov

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