

## 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 ERROR CHECK. Both tabs are connected to and populated in applicable areas by the base/amended Operational Plan. Note that the data on the Operational Plan tabs is protected from editing. If changes need to be made to the Operational Plan, an amended Operational Plan will need to be submitted to your assigned DDS Provider Specialist. If an amended Operational Plan is required, the provider must send a request via email to their Provider Specialist prior to the 8 Month Report deadline. Please include the reason(s) that Operational Plan needs to be amended. Amended Operational Plans will not be accepted by DDS without an explanation for the changes and approved by your assigned DDS Provider Specialist. When submitting your amended Operational Plan, the 8 Month Report should also be completed unless directed to do otherwise by your assigned DDS Provider Specialist.

Providers are to complete the 8 Month Report tab and use the ERROR CHECK prior to submission to DDS to ensure no required data is missing and provide any required explanations in the comment sections. DDS will not accept the submission of any 8 Month Reports with any "NO" answers on the ERROR CHECK unless an acceptable explanation is included in the applicable comment section. See the last section of this guide for instructions regarding the ERROR CHECK tab.

**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](mailto: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.

All costs, CSA/VSA counts, and FTES's Providers entered on the 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 at least two weeks prior to the due date of the 8 Month Report.

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Additional changes since the FY16 8 Month Report:

1. Added an ERROR CHECK Tab to the file. Providers should correct any errors or missing data prior to submitting the 8 Month Report to DDS. DDS will not accept the submission of any 8 Month Reports with "NO" answers on questions 1-7 of the ERROR CHECK Tab unless an acceptable explanation is included in the applicable comment section. DDS will not accept the submission of any 8 Month Reports with "NO" answers in questions 8 and 9 without DDS Prime Region Staff approval.
2. Added two additional waiver services not included on the FY17 Operational Plan:
  - Added a section for Shared Living – For providers providing Shared Living support, please enter the 8 month actuals in column E, and anticipated year end expenses in column H. Do not enter initial/amended Operational Plan expenses.
  - Added a section for Senior Supports – For providers providing Senior Supports, please enter the 8 month actuals in column E, and anticipated year end expenses in column H. Do not enter initial/amended Operational Plan expenses. Providers who included Senior Supports expenses under a DSO cost center on the FY17 Operational Plan should ensure that 8 month actual expenses for those individuals are removed from the DSO section of the 8 Month Report and included in the Senior Supports section of the 8 Month Report.
3. Providers will obtain approval from their assigned DDS Prime Region Staff for any budget variance that exceeds twenty percent (20%) of the major cost categories, but does not increase or decrease the maximum financial commitment. For any "NO" answers under number 8 of the ERROR CHECK tab, "Was the Variance Percentage, Column H, Cost of Program, Number 6, within the acceptable 20% range for each model?", the provider shall obtain approval from their assigned DDS Prime Region Staff. Do not send reports to your DDS Provider Specialist without approval from your Prime Region. Your DDS Provider Specialist cannot accept reports with "NO" answers in number 8 of the ERROR CHECK tab without approval from the Prime Region.
4. Providers will obtain approval from their assigned Prime Region if the 8 Month A&G is above 18%. For any "NO" answers under number 9.D of the ERROR CHECK tab, the provider shall obtain approval from their assigned DDS Prime Region Staff. Do not send reports to your DDS Provider Specialist without approval from your Prime Region. Your DDS Provider Specialist cannot accept reports with "NO" answers in number 9.D of the ERROR CHECK tab without approval from the Prime Region.

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

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- 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, 2016 and February 28, 2017.
  - Missing cost centers or program types in the original FY17 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. For FY17, Shared Living and Senior Supports are exempt.

Common reasons 8 Month Reports are not accepted by DDS:

- 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 End of Year costs..
- 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 explanation of variances between Operational Plan FTE count and Year End anticipated actuals.
- Cost variances with vague explanations in the comment section
- A&G over 18%
- 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 reported on the 8 Month Report. An example of this would be programs with costs reported on the Other tab of the Operational Plan incorrectly reported on the 8 Month Report under actual costs. Actual program costs reported under the Other cost center are not reported on the 8 Month Report.
- 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.

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- 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 CSA and VSA counts:
  - Use the total number of CSA's/VSA's authorized as of **2/28/2017**.
  - Only enter the number of VSA's if expenses and revenue from VSA revenue was included on the Residential or Day tabs of the FY17 Operational Plan.
2. Enter actual costs incurred between 7/1/2016 through 2/28/17 in column E.
  - The expenses entered must be **actual** costs.
  - For providers providing Senior Supports: If costs for Senior Supports were included under a DSO cost center on the FY17 Operational Plan, the 8 month actual expenses for Senior Supports must be separated from the DSO cost center and entered in the Senior Supports section of the 8 Month Report. Do not enter initial/amended Operational Plan expenses. Any variance of +/- 20% in the DSO section due to the removal of costs associated with Senior Supports should be explained in the comment section on the ERROR CHECK tab.
  - For providers providing Shared Living: Please enter the 8 month actuals in column E. Do not enter initial/amended Operational Plan expenses.
3. Enter anticipated costs for 7/1/16 through 6/30/17 in column H based on 8 Month actual costs.
  - For providers providing Senior Supports and Shared Living anticipated year end expenses in column H. Do not enter initial/amended Operational Plan expenses.
  - 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 ERROR CHECK tab and approved by the Region. Provide a reason for the variance and an explanation of how the variance will be addressed.

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4. Enter the anticipated direct and allocated FTE's for the fiscal year ending 6/30 based on 8 Month actuals.
5. Attest that the information is accurate by typing your name, title, and the date. The report will not be accepted without this information.
6. Click on the ERROR CHECK tab. Review the tab per the instructions below.
7. Submit the 8 Month Report electronically to your assigned Provider Specialist, or your assigned DDS Prime Region staff if applicable, via email no later than March 31, 2017.
8. If you have further questions, please contact David David at 860-418-6040 or by email at [David.David@ct.gov](mailto:David.David@ct.gov)

### **INSTRUCTIONS FOR THE 8 MONTH REPORT ERROR CHECK TAB:**

1. The 8 Month Report ERROR CHECK tab consists of 9 questions that the provider must ensure are answered with either a YES or N/A for each program that costs were entered on the Residential and/or Day Operational Plan tabs.
2. Below each question is a grid of each available program type and a comment section. All program costs entered on the Operational Plan tabs will need data entered in the 8 Month Actual, (column E), and End of Year anticipated cost, (column H), section(s) on the 8 Month Report tab. If the required 8 Month Actual and End of Year anticipated cost section(s) data on the 8 Month Report tab is not entered, the applicable program will be designated with a yellow highlighted, NO answer.
3. Each "NO" answer must be corrected or explained in the comment section below the corresponding program grid prior to submission to DDS. All explanations entered in the comment section should include the reason for the "NO" answer and how the agency will address or correct what caused the "NO" answer. Any 8 Month Report submitted with "NO" answers without an explanation in the applicable comment section will not be accepted by DDS.
4. For any "NO" answers under number 8, "Was the Variance Percentage, Column H, Cost of Program, Number 6, within the acceptable 20% range for each model?", the provider shall obtain approval from their assigned DDS Prime Region Staff. Please ensure that an adequate explanation is included in the comment section. Do not send reports to your DDS Provider Specialist without approval from

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your Prime Region. Your DDS Provider Specialist cannot accept reports with “NO” answers in number 8 of the ERROR CHECK tab without approval from the Prime Region.

- When sending the 8 Month Report to the Prime Region for review, please email the report to the assigned Resource Manager 2, Resource Administrator, and Cc your assigned DDS Provider Specialist. You can find the Resource Manager Assignments here: [RM Provider Assignments](#).
  - Once the Prime Region approves the variance, the Prime Region Staff will email the 8 Month Report to the assigned DDS Provider Specialist to finish the review.
5. Providers will obtain approval from their assigned Prime Region if the 8 Month A&G is above 18%. For any “NO” answers under number 9.D of the ERROR CHECK tab, the provider shall obtain approval from their assigned DDS Prime Region Staff. Do not send reports to your DDS Provider Specialist without approval from your Prime Region. Your DDS Provider Specialist cannot accept reports with “NO” answers in number 9.D of the ERROR CHECK tab without approval from the Prime Region.
- When sending the 8 Month Report to the Prime Region for review, please email the report to the assigned Resource Manager 2, Resource Administrator, and Cc your assigned DDS Provider Specialist. You can find the Resource Manager Assignments here: [RM Provider Assignments](#).
  - Once the Prime Region approves the variance, the Prime Region Staff will email the 8 Month Report to the assigned DDS Provider Specialist to finish the review.
6. Number 10 is for DDS reviewers only. Please do not enter data in these cells.
7. If you have further questions, please contact David David at 860-418-6040 or by email at [David.David@ct.gov](mailto:David.David@ct.gov)