DDS EIGHT MONTH REPORT USER'S GUIDE

The 8 Month Report is a worksheet which is a part of the 2026 Operational Plan workbook. It 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 now protected from editing. If changes need to be made to the Operational Plan, then an amended Operational Plan will need to be submitted to your assigned DDS Provider Specialist. (Please see the section on Amended Operational Plans and refer to the DDS OP Plan Guide for more details). Should it be determined that your OP Plan needs to be amended, you will submit the 8 Month Report along with the revision unless directed otherwise by your assigned DDS Provider Specialist.

Also please note that the FY 26 8 Month Report has 3 "rate factors" included. Since providers were required to submit their FY 2026 Operational Plan prior to the new rates for FY 26 being released, DDS instructed providers to project their costs using the then current rates. These rate factors automatically add a specific percentage to the costs recorded on the Operational Plan as follows:

- Day = 12.38%
- Residential = 13.79%
- Behavioral Support and Healthcare Coordination = 3.41%
- Please note that there is not a rate factor for the following services:
    - Adult Day Health/Medical
    - Customized Employment
    - Shared Living

If a provider submitted their 2026 Operational Plan with the projected rate increases included, they may change the rate factor to "0". This will utilize the actual figures entered in the 2026 Operational Plan without the rate factor increases. The rate factors are located at the top right of the Eight Month Report tab.

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 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, via email to your assigned Provider Specialist, prior to the date the report is due.

- 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.

Additional changes since the FY25 8 Month Report:

None

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 **at least two weeks** prior to the 8 Month Report deadline. The email must include the reason for 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 on page 1.
- 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 on page 1.
- 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 and February 28.
    - Missing cost centers or program types in the original Operational Plan.

NOTES and TIPS for Completing the 8 Month Report:

All costs, CSA/VSA counts, and FTEs 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.

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 via email. An amended report may need to be submitted due to costs related to the program type not being included in the FY26 Operational Plan.

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% without an acceptable explanation on the Error Check tab.
- 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.
- 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 TAB:

1. Enter CSA and VSA counts:
   - Use the total number of CSA's/VSA's authorized as of **2/28**.
   - Only enter the number of VSA's if expenses and revenue from VSA revenue was included on the Residential or Day tabs of the Operational Plan.

2. Enter actual costs incurred between 7/1 through 2/28 in column E.
   - The expenses entered must be **actual** costs.
   - Please note that American Rescue Plan Act (ARPA) expenses are not recorded on the 8 Month Report, as there is separate reporting for ARPA funding.

3. Enter anticipated costs for 7/1 through 6/30 in column H 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 ERROR CHECK tab and approved by the Region. Provide a reason for the variance and an explanation of how the variance will be addressed.

4. Enter the anticipated direct and allocated FTEs 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, 2026.

8. If you have further questions, please contact your Provider Specialist.

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. Number 10 is for DDS reviewers only. Please do not enter data in these cells.

5. If you have further technical questions, please contact your Provider Specialist.