

- 1 This spreadsheet has three tabs, Instructions, Expense Report, and DDS Review Page. Providers should only complete the Expense Report tab.
- 2 Complete the Provider, FEIN, Report Type, and Date cells at the top of the report.
- 3 For each of the five program models (CLA, CRS, I.H.S., CTH, Day) that you provide service via the POS Contract, complete the cells outlined in green.
 - A. For the number of CSAs and VSAs, use the total number that are authorized on the last date of the time period cover by the report.
 - i. Only enter the number of VSAs if the expenses and revenue were included on the "Residential" or "Day" tabs in the Op. Plan.
 - B. In Column (A), Total Amount Reported on Op. Plan, enter data for each of the four categories from the following tabs on the Op. Plan:
 - i. **For CLA:** Sum tab, Salaries = cell C13, Benefits = cell C14, Non-Salary = cell C15, and A&G = cell C16
 - ii. **For CRS:** Sum tab, Salaries = cell D13, Benefits = cell D14, Non-Salary = cell D15, and A&G = cell D16
 - iii. **For I.H.S.:** Sum tab, Salaries = cell E13, Benefits = cell E14, Non-Salary = cell E15, and A&G = cell E16
 - iv. **For CCH:** Sum tab, Salaries = cell F13, Benefits = cell F14, Non-Salary = cell F15, and A&G = cell F16
 - v. **For Day:** Sum tab, Salaries = cell G13, Benefits = cell G14, Non-Salary = cell G15, and A&G = cell G16
 - C. In Column (C), Actual Costs, enter the amount associated with each of the four categories for the time period of the report.
 - D. In Column (F), End of Fiscal Year Budget Amount, enter the new budget amount for 7/1-6/30 based upon the 8 month actuals and projected/planned expenditures including reductions and COLA.
- 4 For each of the five program models, if the Variance Percent. (Col. H), for All Costs (Rows 1- 8), is Less than -20% or Greater than 20%, explain the cause of the discrepancy, and how it will be addressed in the space provided at the bottom of the report. Attach additional sheets if necessary.
- 5 For each model, the # of CSA's/VSA's should match the Initial or Last Submitted OP Plan. If not, explain the cause of the discrepancy.
- 6 For each model, the # of direct FTE's from the Initial or Last Submitted OP Plan should match the # of FTE's on the End of Fiscal Year Budget Amount. If not, explain the cause of the discrepancy.
- 7 Verify that an amended OP Plan is not required. If submitting with the report the amounts should match the End of Fiscal Year Budget Amount.
- 8 Certify that the cost-of-living funds have been applied for the purposes included in Section 27 of Public Act 12-104. Explain use of funds in the space allotted.
- 9 Attest that the information is accurate, sign by typing name in signature box, and type in date.
- 10 Electronically submit the completed Expense Report to the DDS Operations Center Resource Manager II with a copy to Sandra.McNally@ct.gov and Pat.Dillon@ct.gov.