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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

Memorandum

Date:

June 9, 2010

To:

Private Residential Providers

From:

Gary M. Richter, Director, CON & Rate Setting, DSS

Vincent O'Connell, Chief, Fiscal & Administrative Services, DDS 110

Re:

Public Act 10-179 (Section 37) Implementation

Capital Repairs and Improvement Requests

Section 37 of Public Act 10-179 (PA 10-179), provides for adjustments to Community Living Arrangements (CLA) rates for the July 1, 2009 through June 30, 2010 and July 1, 2010 through June 30, 2011 rate periods for capital improvements. Specifically, PA 10-179 modified rate provisions applicable to these rate periods as highlighted in bold below:

"For the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect for the period ending June 30, 2009, shall remain in effect until June 30, 2011, except that (1) the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2009, if a capital improvement required by the Commissioner of Developmental Services for the health or safety of the residents was made to the facility during the fiscal years ending June 30, 2010, or June 30, 2011, and (2) any facility that would have been issued a lower rate for the fiscal years ending June 30, 2010, or June 30, 2011, due to interim rate status or agreement with the department, shall be issued such lower rate."

In order to implement this change, the departments of Developmental Services (DDS) and Social Services (DSS) developed the attached form for CLA operators to complete and submit a request for a rate adjustment for a health and safety related capital project (CLA Rate Adjustment Request).

The CLA Rate Adjustment Request forms should be submitted to:

Krista Pender, Director of Audit, Billing, and Rate Setting State of Connecticut – Department of Developmental Services 460 Capital Avenue Hartford, CT 06106

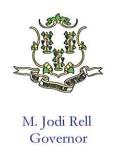
DDS will review requests to determine whether the project meets a health and safety requirement, and DSS will review project cost data and make associated rate adjustments.

Capital Improvement forms have been modified to include an additional DDS sign-off indicating that the project meets a health and safety requirement. The new capital improvement and CLA Rate Adjustment Request forms can be found on the DDS website, www.ct.gov/dds. Providers with new projects that receive a DDS health and safety sign-off must still file a CLA Rate Adjustment Request form upon project completion.

If you have any questions concerning the revised process, please contact Paula Pfistner at DSS 860-424-5666 or Krista Pender at DDS 860-418-6109.

CLA Rate Adjustment Request Per Public Act 10-179

Provider:				Date:	
CLA Name and Address:					
Project Description:					
31					*
*					
Project Approval Date:					
Approved Amount:					=
Project Completion Date:					
			0.0		
Final Project Cost		Invoice			Check#
Schedule of Attachments:	Invoice Date	Number	Vendor	Amount	Date Paid
				1	11
¥	8				
			TOTA	L:	
Proposed by:					
т торозец Бу.		By signing belo	ow, I hereby certify that the informat	tion contained in this re	quest is true and
9		accurate.			
			Private Residential Provider Sig	gnature	Date
			Print/Type Name and Title		
Approved by:		By signing belo	ow, I hereby certify that this capital	improvement project is	considered by the
		Department of residents as de	Developmental Services to be a re- etailed in CGS 17b-244.	quired project for the h	ealth or safety of the
			Commissioner Department of Developmental S	Services	Date
ē			(Or Authorized Designee)	nesenal Titus	
					6/9/2010



State of Connecticut Department of Developmental Services



Peter H. O'Meara Commissioner

Kathryn du Pree Deputy Commissioner

DEPARTMENT OF DEVELOPMENTAL SERVICES REQUEST FOR CAPITAL IMPROVEMENT TO EXISTING COMMUNITY LIVING ARRANGEMENTS

DATE (A)

APPROVAL IS REQUESTED FOR THE CAPITAL IMPROVEMENT DETAILED BELOW AT:

Property Address (B)			
Improvement Requested (C):			
Description of Need (D):			
Scope of Work (E):			
Estimated Total Project Cost (F):	\$		
Expense Incurred by: (check one)	☐ Provider	☐ CIL	
Explanation of Cost Estimate (G):			

REQUEST FOR CAPITAL IMPROVEMENTS TO EXISTING COMMUNITY LIVING ARRANGEMENTS

BID SUMMARY FORM

Provider:	Date:		
Address:			
Project Location:	Number:		
Description of Work:			
Type of Contractor (General, Trade)			
Contractors Requests to Submit Bids	Date Received	Bid Amount	
.ts			
		5	
Contract Award To:			
If exception to bidding process is requested, che	eck reason:		
Unable to solicit three bids Other:	Urgency to complete work		
If lowest bid is not selected, write justification to	for choice:		
Remarks:			
Prepared by: Provider	Approved By:	Region	

REQUEST FOR CAPITAL IMPROVEMENTS TO EXISTING COMMUNITY LIVING ARRANGEMENTS

Property Address:

(H)			
The undersigned acknowledge property and further acknowled only be made pursuant to Section promulgated thereunder.	lges that any payments b	by the State of Connecticut r	elated to this property may
PROPOSED BY:		PROPOSED BY:	
Private Residential Provider		Development Staff/Proper (if Applicable)	rty Developer
Signature (Name) (I)	(Date)	Signature (Name) (J)	(Date)
Print/Type Name		Print/Type Name	
Tel No.:		Tel.No.	
REVIEWED BY:		AFTER CONSULTATIO	N WITH:
Signature (Name) (L) (Date) Regional Director for Region Department of Developmental Services (Or Authorized Designee)		(Signature) (Name) (M) (Date) Commissioner Department of Social Services (Or Authorized Designee)	
Print/Type Name			
Tel.No:			
	APPROVED BY		
	(Signature) (Name) Commissioner Department of Develo (Or Authorized Desig		(Date)

$\frac{\text{REQUEST FOR CAPITAL IMPROVEMENTS TO EXISTING}}{\text{COMMUNITY LIVING ARRANGEMENTS}}$

By signing below, I hereby certify that this capital improvement project is considered by the Department of
Developmental Services to be a required project for the health or safety of the residents as detailed in CGS
17b-244.

(Signature) (Name) (O) (Date)
Commissioner
Department of Developmental Services
(Or Authorized Designee)