

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## **Department of Developmental Services**

**Start Up/Capital Contracts and Occupancy Rates**

**May 11, 2021**



# Agenda



- Start Up Contracts
- Capital Contracts
- FY22 Occupancy Worksheets
- Occupancy Rate Application



## Start Up Contracts: General Overview



- Contracts are normally three (3) months
- Contract ends when the first person moves into site.
  - Contract can be extended with approval if there is a delay in the opening of the new site
- Expenses require **prior approval/authorization** of any costs/expenses
  - Providers prepare Start Up Expense Proposal Worksheet and submit to the Area and Regional Contract Office for review
- The Department cannot reimburse a provider for any costs incurred before the standard contract form is signed by both parties.
- Goods and services must be delivered within fiscal year and before the first person moves in.



# Start Up Expense Proposal Worksheet



## Major Categories on the Worksheet

- Staffing costs Attributable to the Site Opening
- DDS Staff Trainings
- Tax and Fringe
- Assessments (Medical and Clinical), Consultations and Staff Mileage
- Common Space Furniture & Appliances
- Home Furnishings
- Worksheet does not include:
  - Administrative Allocation



# FY22 Start Up Expense Proposal Worksheet:



START-UP REQUEST - ALTR(ID/ABI/MFP) Sites  
Updated 5.7.2021

START UP EXPENSE PROPOSAL WORKSHEET: JULY 1, 2021 - JUNE 30, 2022				
Organization Name:				
New Site Address:				
Name of Person Submitting:				
Telephone Number :				
Email:				
Provider's Board Approved Capitalization Limit:				
Start Up and Capital Limit: \$ 50,000	Service Type		Site Capacity	
	<input type="checkbox"/> I/DD ALTR <input type="checkbox"/> ABI/MFP		<input type="checkbox"/> 1-4 Beds <input type="checkbox"/> 5 Beds	
<b>Staffing Expenses</b>				
Staff Directly Attributed to Site Opening (Does not include staff training)	Number of Staff	Number of Hours	Avg. Rate per Hour	Cost
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
DDS Required Staff Trainings	Number of Staff	Number of Hours	Avg. Rate per Hour	Cost
				\$ -
				\$ -
				\$ -
				\$ -
Tax and Fringe (22%)				\$ -
Subtotal				\$ -
<b>Assessments (Medical and Clinical), Consultations and Staff Mileage</b>				
Description				Cost
Subtotal				\$ -
<b>Common Space Furniture &amp; Appliances</b>				
Description				Cost
Subtotal				\$ -
<b>Home Furnishings and Medical Storage</b>				
Description				Cost
Subtotal				\$ -
Subtotal Staff				\$ -
Subtotal Assessments and Mileage				\$ -
Subtotal Common Space/Appliances				\$ -
Subtotal Furnishings				\$ -
GRAND TOTAL				\$ -

\*To be completed for DDS approval prior to preparing Standard Contract Form and Attachments



# Overview of Major Costs



- Staff Costs:
  - Wages directly attributed to the opening of the new site.
  - House Manager and Direct Care staff involved in setting up home and working with individuals that will be moving into the site.
  - For medical homes, some nursing or clinical staff time maybe required.
- Staff Trainings: DDS Required
  - List specific training, # of staff to be trained, # hours of training for each staff member and average hourly rate.
- Tax and Fringe: 22%
- Assessments/Consultations
  - Consultation or outside training/s required to open the new site.



# Overview of Major Costs



- Common Space/Furniture and Appliances
  - Furniture and appliances for the common areas of the house. List items individually.
  - Items such as treadmill, exercise bike, rowing machine, weights or other sports equipment that allow individuals to get physical exercise while at home.
    - Does not include board or standard video games
    - Items must be approved by ABI/MFP Regional Director (ABI/MFP homes) or Area Director
    - \$5,000 limit
- Home Furnishings, Medical Storage
  - Medical storage unit and non disposable households furnishings
  - Moving expenses directly related to individuals moving into site
- ABI Providers: Does not include transitional costs covered by MRC



# Allowable and Non Allowable Costs



- Start Up Expense Proposal Workbook includes a Worksheet that Outlines Allowable and Non-Allowable Costs. Refer to workbook for a complete list.

Allowable Start-Up Costs	Non Allowable Start-Up Costs – Funded thru Occupancy or Operational Rates after site enters state service
Basic Supplies	Basic supplies bought in bulk for use after site opening
Staff wages directly attributed to site opening. House Manager and DC staff involved in site set up. Medical staff assessments.	Staff wages after the first person moves into site.
DDS required training. Includes staff time to attend, training materials, and registration fees.	Trainings and orientations not required by DDS.
Tax and fringe benefits for staff wages directly attributed to site opening and attending DDS required training.	Tax and fringe benefits for staff wages after first person moves in and attending trainings and orientations not required by DDS.
Mileage directly attributed with site opening and allowable trainings.	Mileage not directly attributed to site opening or allowable trainings.
Storage space for medication.	Any office supplies, electronic or otherwise
Reasonably priced common area furniture. For sites with outdoor space this includes outdoor furniture and a grill.	Any office furniture, computers, laptops, printers.





# Capital Items



- Start Up Expense Proposal Worksheet may contain items that are considered Capital
- Capital Items are outlined in 808 CMR 1.02
  - an asset or group of assets of nonexpendable personal property having a useful life of more than one year, and the acquisition cost exceeds the provider's capitalization level, or
  - a repair, or a group of repairs, betterments or improvements of non-movable assets which costs more than \$500 in aggregate
- Capitalization Level
  - Is set by a provider's Board of Directors. Cannot exceed \$5,000 which is the capitalization threshold authorized by the federal government.
  - This level is entered in the Start Up Expense Proposal Worksheet
- Capital items are acquired through solicitation of bids consistent with generally accepted accounting principles.
  - Provider maintains documentation of three (3) bids



## OSD: POS Capital Items Procurement Policy



- 808 CMR 1.04(5) Inventory of Equipment and Furnishings and Other Goods
  - Provider is to maintain on file a written inventory of the property in accordance with generally accepted accounting principles.
- Depreciation expense associated with capital items of furnishings and equipment purchased by Department is reflected as a non-reimbursable expense in the Uniform Financial Report (UFR)
- Capital Items acquired with Commonwealth funds under a capital budget are subject to the following disposition standards:
  - If the item has been fully depreciated, it shall be retained by the Contractor
  - If the item has not been fully depreciated, the item and its title is returned to the Department, or, transferred to another contractor.



# Capital Budget: Attachment 6



## PURCHASE OF SERVICE - ATTACHMENT 6: CAPITAL BUDGET For Purchase of Capital Assets with Commonwealth Funds

Program Name:	Document ID#:	MMARS Activity Code:	Program Type:	UFR Prog. #:
Item to Be Purchased	Need For Item	Quantity	Estimated Unit Cost	Estimated Total Cost
Dining Rom Table/ Dining Room Chairs	For new Site at 123 Main Street For new Site at 123 Main Street	1 6	\$2,500 \$500	\$2,500 \$3,000

DEPARTMENT USE ONLY: Check the appropriate box:

**Total Cost:**

**\$5,500**

Capital items purchased by the contractor: ☒

Capital items purchased by the Commonwealth (object code M11): ☐

Start Up Expense Proposal Worksheet includes Dining Room Table and Chairs. The total for these like items is \$5,500. Provider's capitalization level is \$5,000.



## Capital Budget: Attachment 6



- Provider completes final section and signs/dates

I, \_\_\_\_\_, an authorized signatory for \_\_\_\_\_ (the contractor), hereby certify that the contractor's capitalization level established for financial statement purposes by the board of directors is: an asset or group of assets of non-expendable personal property having a useful life of more than one year and an acquisition cost of \$ \_\_\_\_\_

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Title)

\_\_\_\_\_ (Date)



## Capital Items



- Items must be Moveable
- If not moveable, the item is not appropriate for a Capital Budget
- Total available for Start Up/Capital Contracts: \$50,000
- If Replacement Costs
  - Ongoing replacement costs for furniture and equipment are included in the occupancy rate.
  - In limited cases, the Area Office may determine that a specialized piece of capital equipment for a new resident is appropriate for a Capital Budget.



# Forms



- Once the Start Up Expense Proposal Worksheet is approved and authorization processed by the Area Office, the provider completes and submits to the region:
- Start Up Contracts: Activity Codes 3153 and 3751
  - Standard Contract Form: Maximum Obligation
  - Attachment 1 and Attachment 3
- Capital Budget: Activity Code 3191
  - Standard Contract Form: Maximum Obligation
  - Attachment 1 and Attachment 6
- Prior to payment: Provider will be asked to submit receipts and invoices/purchase orders to regional contracts office



- Resources:
  - 808 CMR 1.00 Compliance, Reporting and Auditing
  - DDS POS Web Site: [DDS Contracts Information | Mass.gov](#)
  - Start Up Expense Proposal Worksheet: Includes Instructions and Allowable/Disallowable Costs
  - Capital Asset Purchasing Guidelines and Start Up Contracts



# Occupancy Worksheet Lifecycle



- Purpose: Compute and document FY22 occupancy contract rates.
- Contract rate is computed from information from all sites in the contract.
- Regions will mail pre-populated Occupancy Worksheets to providers by May 21.
- Most providers only need to update offsets, date, and sign.
- Send the worksheets back to the Region and to Central Office.
- Regions will review and finalize contracts as soon as possible.
- Central Office will review the worksheets for technical accuracy and consistency. CO review will not delay contracting, and post-contract review is likely to occur during the summer.
- Worksheets with evident errors or that require confirmation will be returned to providers.





# Occupancy Worksheet Review



- Central Office will generate initial FY22 Occupancy Worksheets based on the recent FY21 Worksheets and newly approved Occupancy Rate Applications.
- **All providers** must update their offsets (charges for care). Some providers may need to edit their UFR adjustments, but most will not have changed since January.
- New and replacement site rates may only be added after the provider has received a signed occupancy rate assignment from Central Office. Central Office will include these sites in the initial worksheets if rates have been assigned as of the worksheet production date.
- Maintenance adjustments are frozen at the current values and cannot be changed by providers.
- Area Office pre-authorization in writing is required for capital improvements to existing sites



# Occupancy Worksheet: Basic Information



## FY 2022 ALTR Occupancy Worksheet

Please update the signature date before submission if this spreadsheet has been changed

ACME Human Services	VC6000999999	INTF2144L444DDS3713M					Please send one copy of the regional contract
Provider Name	Vendor Code	Occupancy Contract #					
Central West: South Valley		INTF2144R444DDS3713M					
Region / Area / ABI office responsible for contract		Enter Primary DDS Operational Contract #					
<b>General Information</b>	<b>Totals</b>	<b>Site 01</b>	<b>Site 02</b>	<b>Site 03</b>	<b>Site 04</b>	<b>Site 05</b>	
ICMS Site ID		M1234	ALT-999	M001	0015	9876	
Addr. Line 1		10 Main St	25 Elm St	2 Otis Terrace	5 Front Rd	1123 Cherry St	
Addr. Line 2 (Use as needed to identify site)							
City/Town		Glastonbury	Amesbury	Erewton	Chelmsford		
Zip Code		01234	01913	01888	01111		
Site Building Type		1 unit building	2-4 unit building	1 unit building	1 unit building		
Own / Lease / Capital Lease		Own	Lease	Own	Own		
Total Site Capacity regardless of purchaser	17	5	4	4	4		

**Building Type is NOT the # of bedrooms. It's the # of apartments**

Site Building Type: Counts housing units in building, not the bedrooms in a unit. If the site is a "2-4 unit building" or a "5 or more unit building", an apartment or building number is necessary.

If you begin to enter an address, the pink cells must be completed.



# UFR Information



Reported on UFR for Location: Default Year = 2013->	2013				
UFR Line 13E - Facility & Program Equipment Expenses	79,042.00	<del>\$19,677.00</del>	\$22,465.00	\$36,000.00	<del>\$900.00</del>
UFR Line 14E - Facility & Program Depreciation	20,030.00	<del>\$2,500.00</del>	\$2,500.00	\$15,000.00	
UFR Line 15E- Facility Operations Maintenance & Furn	73,278.00	\$	<b>Fixed for sites funded under ALTR reg as of 4/15/2014</b>		
UFR Line 16E - Facility General Liability Insurance	5,801.00				
UFR Line 24E - Food	56,024.00	<del>\$12,510.00</del>	\$15,487.00	\$15,500.00	<del>\$14,521.00</del>
<b>Total Reported UFR Expenditures</b>	<b>234,175.00</b>	<b>61,843</b>	<b>40,934</b>	<b>96,163</b>	<b>35,235</b>
<b>Adjustments to UFR</b>					
UFR Line 13E - Facility & Program Equipment Expenses	-	\$0.00	\$0.00		\$0.00
UFR Line 14E - Facility and Program Depreciation	1,700.00	\$1,700.00	\$0.00		\$0.00
UFR Line 15E- Facility Operations Maintenance & Furn	2,470.00	\$600.00	\$620.00	\$1,250.00	\$0.00
UFR Line 16E - Facility General Liability Insurance	320.00	\$0.00	\$320.00		\$0.00
UFR Line 24E - Food	1,000.00	\$0.00			\$1,000.00
<b>Total Post-UFR Adjustments</b>	<b>5,490.00</b>	<b>2,300</b>	<b>940</b>	<b>1,250</b>	<b>1,000</b>

The FY13 UFR is the basis for funding sites that existed when the 2014 ALTR regulation took effect. Rates are increased every two years.

UFR adjustments for pre-authorized expenses may be made as needed.

Adjustments for Capital improvements always require prior authorization!



# Adding Expenses from New or Re-priced Sites



47	[7]	Summary of Projected Annual Occupancy Expenses	
48		Mortgage Interest / PILT/ Rent	33,048
49		Total Depreciation	0
50			
51		Utilities	6,000
52		Maintenance	5,000
53		Property & Casualty Insurance	900
54		Non-Capital Household Expenses	600
55		Food	5,900

23	Adjustments to UFR		
24	UFR Line 13E - Facility & Program Equipment Expenses		\$33,048.00
25	UFR Line 14E - Facility and Program Depreciation		\$0.00
26	UFR Line 15E- Facility Operations Maintenance & Furn		\$11,600.00
27	UFR Line 16E - Facility General Liability Insurance		\$900.00
28	UFR Line 24E - Food		\$5,900.00
29	Total Post-UFR Adjustments		51,448

When new sites are added, information from section 7 of the the Occupancy Rate Application (ORA) should be entered into the “Adjustments to the UFR” lines.

ORA Section 7	Occupancy Worksheet Adjustments to UFR
Mortgage Interest / PILT/ Rent (row 48)	UFR 13E (row 24)
Total Depreciation (row 49)	UFR 14E (row 25)
Utilities + Maintenance + Non-Capital Expenses (sum of rows 51, 52, and 54)	UFR 15E (row 26)
P & C Insurance (row 53)	UFR 16E (row 27)
Food (row 55)	UFR 24E (row 28)



# Occupancy Worksheet: Expense & Rate Calculation



Expense and Rate Calculations					
Net Expense for Site	239,665.00	\$ 64,143	\$ 41,874	\$ 97,413	\$ 36,235
Daily Rate (3 decimal places shown to explain rate assignment)		\$ 35.147	\$ 29	\$ 67	\$ 25
Calculated FY21 Daily Class Rate		\$ 39.33	\$ 30.42	\$ 71.49	\$ 25.84
Applicable Monthly Rate Cap (Basis for Calc Total Payment when yellow)		\$ 1,763.00	N/A	\$ 1,629.00	N/A
Calculated Total Payment Level	232,108.85	\$ 71,777.25	\$ 44,413.20	\$ 78,192.00	\$ 37,726.40
Pick other Purchaser from list		MCB			
Enter capacity purchased by other contract: ->		1			
Net Payment Level for Site	217,753.40	\$ 57,421.80	\$ 44,413.20	\$ 78,192.00	\$ 37,726.40
		Cap Not Exceeded		Rate Cap Invoked	

- Select applicable monthly regional rate cap from dropdown, if one applies.
- If a cap is selected, a message on line 40 indicates if the expenses result in a rate below the cap, or if the rate cap is invoked, which limits the calculated payment level.
- If some individuals are funded by another provider or through another DDS contract, select the provider and enter the capacity they purchase. Net Payment Level is the portion paid by this DDS contract.





## Occupancy Worksheet: Offsets



Projected FY21 Payments from Other Sources for DDS Consumers (Offsets)					
Charges for Care (SSI, SSDI, other)	\$ 67,058.00	\$8,037.00	\$29,568.00		\$29,453.00
Section 8	\$ 8,166.00		\$2,856.00		\$5,310.00
SNAP (Food Stamps)	\$ 10,933.00	\$1,560.00	\$2,208.00		\$7,165.00
Other Offsets	\$ -				
Total Offsets	\$ 86,157.00	9,597	34,632	-	41,928

**Red Flag:**  
**No Offsets**

- Update Charges for Care for FY22 and Offsets
  - Offsets are funds paid by third parties toward the of a site. DDS is the payer or last resort and by law only pays for the net cost after third party payments are deducted.
  - Only list offsets for individuals supported through this DDS contract.
  - Providers with sites without offsets or unusually low offsets will be asked for clarification.



## Occupancy Worksheet Rate and Totals



<b>Maintenance Cost Adjustment</b>	<b>\$6,542.00</b>			
<b>Net Payment after DDS offsets</b>	<b>\$ 138,138.40</b>	<b>\$ 47,825</b>	<b>\$ 9,781</b>	<b>\$ 78,192</b>
<b>Monthly Billing Rate (net payment after offsets / 12)</b>	<b>\$ 11,511.53</b>			

- Net Payment after adjustment for capacity purchased by other parties, and after DDS offsets are deducted is listed for each site and for the entire contract.
- The Monthly Billing rate is based on 1/12 of the net payment for this contract.



# Completing the Occupancy Worksheet



<b>Marge Inovera</b>		<b>Please send one copy of the completed spreadsheet to the designated regional contract manager, and another copy to:</b>		
Provider Contact for this form				
<a href="mailto:cfo@acmehs.org">cfo@acmehs.org</a>				
Contact Email				
<b>05/04/2021</b>		<a href="mailto:Cesar.A.Barreto-Gonzalez@mass.gov">Cesar.A.Barreto-Gonzalez@mass.gov</a>		
Date Completed				
Please update the signature date before submitting if this spreadsheet has been changed.				

- Sign and Date the Worksheet!
- The date is important for version control if you revise the worksheet. This helps you and DDS.
- Don't forget to enter the email address of the person who can answer questions about your worksheet.
- Send the worksheet to the region and also to Cesar Barreto, as instructed.





# Occupancy Rate Application, ORA



An Occupancy Rate Application is used to compute the occupancy rate for a specific ALTR site

The ORA used to be called the New Site Occupancy application, or NSO. DDS changed the name in December because a site doesn't necessarily need to be "new" to require an occupancy rate. Example: A site is transitioning from one provider to another provider

The new form hasn't changed much from the former ones

The newest version (v2021\_05\_01) will be required for all FY22 applications

The provider will complete all relevant "blue box" entries. "Yellow boxes" are automatically computed from the blue box data

## **Occupancy Rate Application for New and Replacement Sites FY 2022**

101 CMR 420

v2021\_05\_01



# Occupancy Rate Application, ORA



After a provider and DDS decide an ALTR site is needed, and approval for a specific location is obtained from EOHHS, the provider will complete an ORA

***Within 60 days of the first DDS individual's move-in*** the provider will submit the completed ORA and necessary documents such as leases, deeds – anything that translates to \$ - to their area, region, or ABI contact

The ORA and related documentation are forwarded to DDS central office within one week of DDS contact receipt. That week may be used to correct missing or incorrect information



# Occupancy Rate Application, ORA



The ORA document is more than just an “Application”

There are also tabs for:

- “Instructions” quick instructions for completing the application (Detailed instructions on another document)
- “OSD Service Life of Assets” for depreciation purposes
- “CMR Reference” information about Related Party transactions
- “Rates” rate bands and regional caps
- “Cities & Regions” the 351 MA official town names with regional associations
- “Approval Cover” approved rate assignment, sent to the provider and relevant ABI, regional, and area contacts



# Completing the Occupancy Rate Application ORA – Sections 1 & 2



## Sections 1 & 2

- “Agency Area Contact Name” & “Title”: the DDS Area or ABI contact info
- “DDS Area Office/State Agency”:
  - From the dropdown menu select: the Area or ABI office (or other State Agency if not DDS)
  - also select one box from the list below the dropdown menu
- “Site Building Type”, select one of three choices. Note: “unit” is a unit of housing (the *site*) not a bedroom

[1]	Agency Area Contact Name:	<input type="text"/>	<-----	Title:	<input type="text"/>	<-----	DDS Area Office / State Agency:	<div><div>▼ ▼ ▼ ▼</div><input type="text"/></div>
	Name of Provider Agency:	<input type="text"/>	<----->	20-Character DocID:	<input type="text"/>	Enter Proposed 20-Character DocID	SELECT ONE->	<div><input type="checkbox"/> DDS 3153 <input type="checkbox"/> DDS ABI <input type="checkbox"/> MCB <input type="checkbox"/> MRC</div>
[2]	Property Address :	Street:	<input type="text"/>			<-----		
		Please enter any apartment/unit number, if one exists						
		City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>	<-----
		Site Building Type:	single unit building			Region:		



# Completing the Occupancy Rate Application ORA – Section 3 - Capacity



## Section 3 Capacity:

**Total Capacity** is the total number of individuals, not staff, who *can* live at the site, regardless of funding source

**Capacity Purchased under this contract** is the number of individuals living at the site who will be funded by the agency checked in the Section 1 box

Capacity purchased can be = to, or less than, Total Capacity, but not more than Total Capacity

[3] Total Capacity:						

Capacity Purchased Under This Contract:





# Completing the Occupancy Rate Application ORA – Section 4 – Site Acquisition



Section 4, select how the site is being acquired by the provider. For leased sites check whether or not the lessor is a related party.

Also include owner of record name and address.

[4]	Acquisition Type (select 1):	Select ONE finance type:	<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Capital Lease	Is lessor a related party? <a href="#">808 CMR 1.05(8)</a>	Please select Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner of Record:	Enter Owner ->			
			Existing / New checkboxes below are for purchased units only.		
			<input type="checkbox"/> Existing Structure <input type="checkbox"/> New Construction	Ready to move in?	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Completed



# Completing the Occupancy Rate Application ORA – Section 5 – Acquisition Detail



Section 5 - More detail about site acquisition financing.

EOHHS siting location approval date if available from DDS area or region. Provider may put another date in that box, for example 1/1/21, to reveal whether a rate cap is invoked in Section 7 of the application.

Check whether FCF/CEDAC funding is applied for by site developer

[5] Acquisition Detail:

## Existing House Information:

Purchase Date:	
Purchase Price:	
Amount Financed:	
Interest Rate:	
Term of Loan (yrs):	
PILT (if N/A, enter 0):	
Annual Interest:	0

## New Construction Information:

Land Cost:	
Land Financed:	
Construction Cost:	
Construction Financed:	
Completion Date:	
Interest Rate:	
Term of Loan (yrs):	
Annual Interest:	0

## Lease / Capital Lease Information:

Check lease or capital lease, not both	
Annual Lease Amount:	0

Date EOHHS site approval was granted:

01/01/16

Applying to CEDAC for FCF?

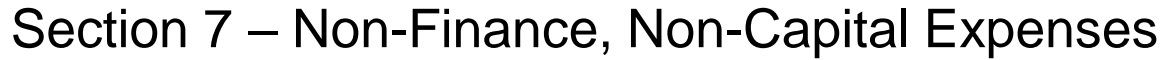
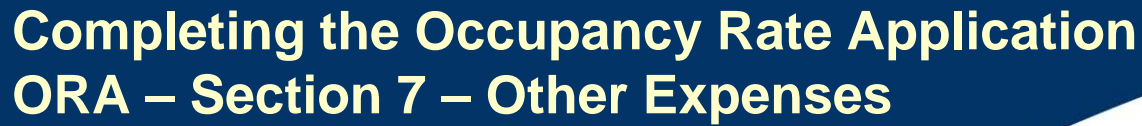
☐ Applied or Intend to apply for FCF



- For the purchase of an existing house input Assessed Land Value
- Use Lines B - H when capital improvements are made to a site. For “Useful Service Life” refer to “OSD Service Life of Assets” tab
- Start-up items are not allowed

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Input 12 month estimates for site Utilities, Maintenance, P&C insurance, non-capital HH, Food. Estimates are subject to caps based on site building type and total capacity

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# Completing the Occupancy Rate Application ORA – Section 7 - Rate



## Section 7 – Rate

*“Monthly Rate/Person”:*

**“Calculated** monthly rate/person” is the per person rate calculation based on provider data

**“Regional Cap** applied”: When the Calculated Rate exceeds the maximum allowable rate for the site location, a Cap is applied

*“Monthly Rate for Total ALTR-Funded Capacity”:* **Calculated or capped** monthly rate/person x ALTR funded capacity, before offsets

Monthly Rate /Person	Calc. rate / person > Regional Max Rate:	\$1,763
	Regional Cap applied:	\$1,629
Monthly Rate for Total ALTR- Funded Capacity	Total Monthly Billing for ALTR-funded capacity with Regional Cap applied:	\$8,145
Agency Use Only- leave blank for no override		



# Completing the Occupancy Rate Application ORA – Sections 8 & 9



## Section 8

- Provider site cost attestation
- Provider Application Preparer name, title, date

## Section 9

- Estimate of **annual** (an entire FY) offsets
- Actual or projected first individual move-in date

[8] I hereby certify that the figures above represent a good faith estimate of anticipated costs associated with the referenced location and that the figures will be subject to review, reconciliation and possible recoupment in the event that actual costs are less than reimbursement levels (as described in the regulation, 101 CMR 420). I also certify that this residence meets the particular needs of the individuals proposed for placement at this site.

Application Preparer:

< ENTER NAME

Title:

Date:

BY TYPING MY NAME HERE, I AGREE THAT I HAVE REVIEWED AND APPROVED THE CONTENT OF THIS DOCUMENT.

TITLE?

?

Commonwealth Agency

Central Office Rep:

< ENTER NAME

Date:

BY TYPING MY NAME HERE, I INDICATE THAT I HAVE REVIEWED THE CONTENT FOR COMPLETENESS.

TITLE?

?

[9] Move-in information

Projected move in/start date:

?

Estimate of Annual Offsets (SSI/Food Stamps,etc.) :

?

Projected # of months used in first fiscal year:

?



# Completing the Occupancy Rate Application ORA – After the rate is set



After the rate is set:

- DDS Central Office Contracts sends the ORA “Approval Cover”(a tab on the ORA) to provider, regional, and area contacts. The final “Application” is another tab on the ORA
- Provider has 30 calendar days from that contact date to appeal the rate. Appeals must be in writing and contain specific reasons and documentation that support the appeal
- Provider works with regional contact to have new site added to the Occupancy Worksheet



# Final Questions



## Questions