

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## **FY22 Contract Forms Webinar**

**May 4, 2021**



# Overview



- Foundational Information
  - Terminology
  - Contract Types
  - Chapter 257
- Forms
  - Service Summary Form
    - ICMS Reports for ALTR & Shared Living
  - Standard Contract Form (Cost Reimbursement)
    - Attachments 1, 3, & 6
  - Day, Work, & Support Roster
  - Residential Absence Policy Worksheet



# Terminology



## **Contract**

Refers only to the Standard Contract Form and associated attachments. This is a formal legal document establishing contractual relationship between State and Provider.

## **Service Engagement**

Refers to the annual process of determining rates and allotting units. Documents are for planning purposes and do not represent binding contractual agreement.

## **Chapter 257**

Refers to Chapter 257 of the Acts of 2008 which requires the Executive Office of Health and Human Services to establish rates of payment for human service programs.



# Form Types



## Contract Documents

- Standard Contract Form
- Standard Contract Form Attachments
  - Attachment 1: Program Cover Page
  - Attachment 3: Fiscal Year Program Budget
  - Attachment 6: Capital Budget

## Service Engagement Documents

- Service Summary Form



# Contract Types



There are two primary types of contracts:

## **Rate Agreement**

- Contract is an agreement for provision of service and rates of payment
- Encumbrance level may be modified without formal contract amendment

## **Maximum Obligation**

- Contract is agreement to purchase specific amount of service
- Must be accompanied by line item budget detailing reimbursable costs



# Rate Agreement: Master Agreements



- Master Agreement contracts are issued when a provider qualifies for an open enrollment procurement
  - Provider placed on qualified list
  - Eligible for referrals from DDS area offices
  - Specific rates and units managed through service engagement process
- Multi-year rate agreements remain in effect throughout the entire procurement lifetime



# Master Agreements - Programs



The following service classes are managed through master agreement contracts:

- Adult Long Term Residential Services (ALTR-14)
- Shared Living / Placement Services (PS-15)
- Employment and Day Programs (EmpDay20)
- Supplemental Day Services (SuppDay20)
- Support Services (SSQUAL-10)
- In Home Supports (IHS-16)

Once the Master Agreement contract is signed all activity will be managed through Service Engagement Document



# Rates – Chapter 257



- All programs contracted under a Master Agreement will be reimbursed with rates established by EOHHS
- Rate Regulations may be found on EHS website:
  - <https://www.mass.gov/lists/provider-payment-rates-purchase-of-service>
- DDS maintains chart of all Chapter 257 rates used by the Department which is available at DDS website
  - <https://www.mass.gov/lists/dds-pos-contracts-information>
- Specific rates will be negotiated between Area/Region and Provider





# Service Summary Form



- FY22 Service Summary Form is same as FY21 version
  - DDS has published new SSF with updated Master Agreement references
- Service engagement document used for all rate agreements:
  - Adult Long Term Residential Services
  - Shared Living
  - Employment and Day Programs
  - Supplemental Day Services
  - In Home Supports
  - Support Services
  - As Needed Support Services



# Service Summary Form



20 character unique identifier. This ID will be used to search for contract in EIM. ID will be provided to you by Regional Contract Office

Must match Doc ID from Master Agreement Contract. If unknown check reference tab on SSF.

| Department of Developmental Services |                              |  |                              |                                 |
|--------------------------------------|------------------------------|--|------------------------------|---------------------------------|
| Service Summary Form                 |                              |  | FY:                          | 2022                            |
| Doc ID:                              | INTF1914D123DDS3163H         |  | Master Agreement:            | DDSM01(A-G)(H-M)(N-Z)0000000000 |
| Activity Code:                       | 3163                         |  | Authorized Ready Pay Amount: |                                 |
| Provider Information                 |                              |  | Department Information       |                                 |
| Provider Name:                       | Provider, Inc.               |  | Region:                      | Central West                    |
| Address:                             | 123 Main Street              |  | Address:                     | 140 High Street                 |
| City, State, Zip:                    | Springfield, MA 01234        |  | City, State, Zip:            | Springfield, MA 01105           |
| Contact Person:                      | Mr. Contract Manager         |  | Contact Person:              | Lisa Chevalier                  |
| Telephone:                           | 123-456-7890                 |  | Telephone:                   | 413-208-0800                    |
| Fax:                                 | 234-567-8901                 |  | Fax:                         | 406-205-1604                    |
| Email:                               | contractmanager@provider.org |  | Email:                       | Lisa.Chevalier@state.ma.us      |
| Vendor Code:                         | VC60001123456                |  |                              |                                 |

If unsure reference matrix. Activity code is also listed in Doc ID (Last 4 numbers)

Regional Contract Office will enter Ready Pay Amount



# Service Summary Form



- The body of the Service Summary Form keeps a running tab of agreed upon units and rates
- Amendments to SSF should show the change value, not the new total
- For downward changes, enter negative units
- For Employment & Day Services in FY22 Units will be “TBD”

| Version # | Brief Description            | Dates of Service |            | Number of Units | Unit Rate | Unit Type | Estimated Expenditure |
|-----------|------------------------------|------------------|------------|-----------------|-----------|-----------|-----------------------|
| Initial   | Community Based Day Supports | 07/01/21         | - 06/30/22 | 8,543.00        | \$14.24   | Hour      | \$121,652.32          |
| 2         | Community Based Day Supports | 04/01/22         | - 06/30/22 | (430.00)        | \$14.24   | Hour      | (\$6,123.20)          |
| 3         | Community Based Day Supports | 04/15/22         | - 06/30/22 | 850.00          | \$14.24   | Hour      | \$12,104.00           |
| Totals:   |                              |                  |            | 8,963.00        |           |           | \$127,633.12          |

For each amendment enter changes on next available line. Do not delete or replace information from previous versions.



# SSF Attachments For ALTR & Shared Living



- The site / individual detail report will show all the rate information for each site / individual
- Be sure to check all of the highlighted information to make sure it matches what was negotiated with Area Director
- Amendments will show both the previous units and the amount changing due to the amendment

| Date Range            | Model                     | Rate Value | SU Type | Billing Days | Site Capacity  | Purchased Capacity | Billing Units | Value        |
|-----------------------|---------------------------|------------|---------|--------------|----------------|--------------------|---------------|--------------|
| 7/1/2021 to 6/30/2022 | I08.0C FY21               | \$1,619.56 | Day     | 347          | 4              | 4                  | 1,388         | \$561,987.32 |
| Site Model Totals:    |                           |            |         |              |                |                    | 1,388         | \$561,987.32 |
|                       | Model                     | Rate Value | SU Type |              | Previous Units | Units Changed      | Total Units   | Value        |
| add-on                | DCII FY21                 | \$21.02    | Hour    |              | 0              | 1,050              | 1,050         | \$22,071.00  |
| add-on                | MedClin RN FY21           | \$60.80    | Hour    |              | 0              | 26                 | 26            | \$1,580.80   |
| add-on                | MedClin Clinician FY21    | \$53.22    | Hour    |              | 0              | 52                 | 52            | \$2,767.44   |
| add-on                | VehUpgrd<br>VanToWCV FY21 | \$13.51    | Day     |              | 0              | 181                | 181           | \$2,445.31   |
| Total Add-On Value:   |                           |            |         |              |                |                    |               | \$28,864.55  |
| Total Site Value:     |                           |            |         |              |                |                    |               | \$590,851.87 |



# SSF Attachments For ALTR & Shared Living



- Rates and units entered on SSF should match information on ICMS Rate Computation Report
- Need to show removal of units at old rate and addition of units at new rate

## Rate History and Reconciliation

| Rate#   | Dates of Service      | Previous Units | Changed Units | Total Units | Blended Rate | Total          |
|---------|-----------------------|----------------|---------------|-------------|--------------|----------------|
| 1       | 7/1/2017 to 2/28/2018 | 4,511          | -1,714        | 2,797       | \$419.10     | \$1,172,222.70 |
| 2       | 3/1/2018 to 6/30/2018 | 0              | 1,390         | 1,390       | \$544.52     | \$756,882.80   |
| Totals: |                       | 4,511          | -324          | 4,187       |              | \$1,929,105.50 |

| Version # | Brief Description                    | Dates of Service    | Number of Units | Unit Rate | Unit Type | Estimated Expenditure |
|-----------|--------------------------------------|---------------------|-----------------|-----------|-----------|-----------------------|
| Initial   | Adult Long Term Residential Services | 07/01/17 - 02/28/18 | 4,511.00        | \$419.10  | Day       | \$1,890,560.10        |
| 2         | Adult Long Term Residential Services | 03/01/18 - 06/30/18 | (1,714.00)      | \$419.10  | Day       | (\$718,337.40)        |
| 3         | Adult Long Term Residential Services | 03/01/18 - 06/30/18 | 1,390.00        | \$544.52  | Day       | \$756,882.80          |
| Totals:   |                                      |                     | 4,187.00        |           |           | \$1,929,105.50        |



# Cost Reimbursement Contract



- Contract that reimburses provider based on an accounting of actual costs incurred
- Contract is based on a line item budget that details program costs
- Contracts have a maximum obligation that cannot be exceeded without formal amendment
- Service Class Examples:
  - Financial Assistance / Stipends
  - Furnishings and Equipment
  - Agency with Choice
  - See Matrix for full list of activity codes



# Cost Reimbursement Forms



## Forms to Complete

- Standard Contract Form
- Attachment 1: Program Cover Page
- Attachment 3: Fiscal Year Program Budget
- Attachment 6: Capital Budget (if applicable)
  - For contracts that only purchase capital items, Attachment 3 is not needed (ex: 3191 contracts)



# Standard Contract Form



- Required contract document for all Commonwealth Departments
- Must be submitted for both new and amended contracts
- Requires original signature
- Includes:
  - Identifying contract information
  - Whether contract is new or amended
  - Terms and conditions
  - Compensation
  - Start date and end date
  - Certifications

***There is a new Standard Contract Form published June 30, 2020. This version of the form must be used for all contracts in FY22.***





# Standard Contract Form: Header



Must match W9 on file with  
Comptroller

|  |  |  |  |
|--|--|--|--|
| <u>CONTRACTOR LEGAL NAME:</u><br>(and d/b/a):  |  | <u>COMMONWEALTH DEPARTMENT NAME:</u>       |  |
| <u>Legal Address:</u> (W-9, W-4, T&C):   |  | <u>MMARS Department Code:</u>              |  |
| <u>Contract Manager:</u>   |  | <u>Business Mailing Address:</u>           |  |
| <u>E-Mail:</u>   |  | <u>Billing Address</u> (if different):     |  |
| <u>Phone:</u>  |  | <u>Contract Manager:</u>                   |  |
| <u>Fax:</u>  |  | <u>E-Mail:</u>                             |  |
| <u>Contractor Vendor Code:</u>   |  | <u>Phone:</u>                              |  |
| <u>Vendor Code Address ID</u> (e.g. "AD001"): AD__<br>(Note: The Address ID must be set up for <u>EFT</u> payments.) |  | <u>Fax:</u>                                |  |
|  |  | <u>MMARS Doc ID(s):</u>                    |  |
|  |  | <u>RFR/Procurement or Other ID Number:</u> |  |

List RFR ID number of  
procurement associated with  
contract. Obtain from region if  
unsure. Example: "AWC-19"

Only list 20 digit ID. Obtain from  
regional contract office. ID stays  
the same over life of contract



# Standard Contract Form: New/Amend



Fill out ONLY ONE section. For amendments, “New Contract” section must be blank

Always select Department Procurement unless specifically directed otherwise

Select Amendment to Scope or Budget unless directed otherwise

| <u>NEW CONTRACT</u>   | <u>CONTRACT AMENDMENT</u>   |
|---|---|
| <b>PROCUREMENT OR EXCEPTION TYPE:</b> (Check one option only) <ul style="list-style-type: none"><li><input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department)</li><li><input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget)</li><li><input checked="" type="checkbox"/> <u>Department Procurement</u> (includes State or Federal grants <u>815 CMR 2.00</u>) (Attach RFR and Response or other procurement supporting documentation)</li><li><input type="checkbox"/> <u>Emergency Contract</u> (Attach justification for emergency, scope, budget)</li><li><input type="checkbox"/> <u>Contract Employee</u> (Attach <u>Employment Status Form</u>, scope, budget)</li><li><input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification, scope and budget)</li></ul> | Enter Current Contract End Date <u>Prior</u> to Amendment: <u>      </u> 20 <u>      </u> .<br>Enter Amendment Amount: \$ <u>      </u> . (or “no change”)<br><b>AMENDMENT TYPE:</b> (Check one option only. Attach details of Amendment changes.) <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget)</li><li><input type="checkbox"/> <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget)</li><li><input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget)</li><li><input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)</li></ul> |
| The following <u>COMMONWEALTH TERMS AND CONDITIONS</u> (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.<br><input type="checkbox"/> Commonwealth Terms and Conditions <input checked="" type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services   |   |

Check Commonwealth Terms and Conditions for Human and Social Services

Enter Contract End Date from most recent version of contract

Enter value of amendment  
(change value, not new total)



# Standard Contract Form: Compensation Type & Start Date



All Cost Reimbursement contracts are Maximum Obligation

Enter contract total. Must match multiyear total from Attachment 1

Enter Brief Description

Check statutory/legal

**COMPENSATION:** (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.

☒ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)

☐ **Maximum Obligation Contract** Enter Total Maximum Obligation for total duration of this Contract (or *new* Total if Contract is being amended). \$ \_\_\_\_\_

**PROMPT PAYMENT DISCOUNTS (PPD):** Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days \_\_\_ % PPD; Payment issued within 15 days \_\_\_ % PPD; Payment issued within 20 days \_\_\_ % PPD; Payment issued within 30 days \_\_\_ % PPD. If PPD percentages are left blank, identify reason: \_\_\_ agree to standard 45 day cycle ☒ statutory/legal or Ready Payments (G.L. c. 29, § 23A); \_\_\_ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

**BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT:** (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.)

**ANTICIPATED START DATE:** (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

\_\_\_ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.

\_\_\_ 2. may be incurred as of \_\_\_\_\_, 20\_\_\_\_, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.

\_\_\_ 3. were incurred as of \_\_\_\_\_, 20\_\_\_\_, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

Start Dates – Situation for each option:

1. Amend to add money during the fiscal year.
2. Renew/extend contract to the next fiscal year. Check box and write start date (usually 7/1).
3. Special situations only—Region will direct you if this option is needed.

**Make sure to change the check from 2 to 1 and remove start date the first time you amend the contract in the next year**



# Standard Contract Form: End Date & Signature



End date generally June 30 of current fiscal year. Multiyear contract will have end date in future year.

**CONTRACT END DATE** Contract performance shall terminate as of \_\_\_\_, 20\_\_, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

**CERTIFICATIONS:** Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached [Contractor Certifications](#) (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable [Commonwealth Terms and Conditions](#), this Standard Contract Form including the [Instructions and Contractor Certifications](#), the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in [801 CMR 21.07](#), incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

**AUTHORIZING SIGNATURE FOR THE CONTRACTOR:**

X: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature and Date Must Be Handwritten At Time of Signature)  
Print Name: \_\_\_\_\_  
Print Title: \_\_\_\_\_

**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**

X: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature and Date Must Be Handwritten At Time of Signature)  
Print Name: \_\_\_\_\_  
Print Title: \_\_\_\_\_

Sign and Date

Signature date must be prior to Effective Date if checked option 2 above. If signatory changed, also submit updated Authorized Signatory Form



# Attachment 1: Program Cover Page



- Provides general contractor and program information
- Creates historical starting point for all future amendments
- Includes:
  - Document ID #
  - UFR Program #
  - RFR Information
  - Anticipated contract duration
  - Fiscal terms
  - Pricing options
  - Current maximum obligation
  - Funding






# Attachment 1: Program Cover Page



Use the anticipated UFR number

Use activity code

|  |  |
|--|--|
| Contractor Name:   | Department Name:   |
| Program Type:  | Document ID #:   |
| Program Name:  | UFR Program #:   |
| Program Address:   | MMARS Program Code:                                      |
| City/State/Zip:  | Other Reference Information (Information Purposes Only): |
| Contact Person:  | Contact Person:  |
| Telephone:   | Telephone:   |
| RFR INFORMATION: Attached  RFR Reference # _____<br>legislative exemption emergency collective purchase interim  amendment |  |
| SCOPE OF SERVICES: Bidders Response Attached  Description of Services Attached  |  |
| TOTAL ANTICIPATED CONTRACT DURATION: _____ to _____  |  |
| INITIAL DURATION: _____ to _____   |  |
| OPTIONS TO RENEW: _____ options to renew for _____ years each option   |  |

Leave blank

Use the original date range

Use original start date to current end date

Must match RFR ID from SCF





# Attachment 1: Program Cover Page Fiscal Terms



Include one row with contract total for each previous year

One row for each version during year

Include future years if extending to next fiscal year

|  | FUNDING SUMMARY  |  |  |        |              |        |
|--|--|--|--|--------|--------------|--------|
|  | Prior Years  |  | Current Year   |        | Future Years |        |
|  | FY   | Amount   | FY   | Amount | FY           | Amount |
| PRICE IS ESTABLISHED THROUGH: (CHECK 1,2, OR 3)  |  |  |  |        |              |        |
| <b>OPTION 1: PRICE AGREEMENT</b> (list price)<br>\$ _____<br>rate regulation (if any) _____                  |  |  |  |        |              |        |
| <b>OPTION 2: SUMMARY BUDGET</b> (T lines only)<br>unit rate _____<br>cost reimbursement _____<br>other _____ |  |  |  |        |              |        |
| <b>OPTION 3: COMPLETE BUDGET</b><br>cost reimbursement _____<br>unit rate _____<br>other _____               |  |  |  |        |              |        |
|  | Total: \$  |  | Total: \$  |        | Total: \$    |        |
|  | Multi-Year Total:  |  |  |        |              | \$     |
| <b>CURRENT MAX OBLIGATION</b><br>\$ _____<br>\$ _____<br>\$ _____  | <b>UNIT RATE: \$</b> _____<br><b>UNIT RATE: \$</b> _____<br><b>UNIT RATE: \$</b> _____ | <b>per</b> _____<br><b>per</b> _____<br><b>per</b> _____ | <b># BILLABLE UNITS:</b> _____<br><b># BILLABLE UNITS:</b> _____<br><b># BILLABLE UNITS:</b> _____ |        |              |        |

Check Cost reimbursement under option 3

Leave blank

Multi-year total must match maximum obligation on SCF



# Attachment 1: Program Cover Page



Sample completed Fiscal Terms:

Contract active since FY18. There were 4 versions during FY21. Contract is being extended into FY22

## FISCAL TERMS

|   |  | FUNDING SUMMARY                             |            |              |            |              |            |
|---|--|---|------------|--------------|------------|--------------|------------|
|   |  | Prior Years                                 |            | Current Year |            | Future Years |            |
|   |  | FY  | Amount     | FY           | Amount     | FY           | Amount     |
| <p><b>PRICE ESTABLISHED THROUGH : ( CHECK 1 , 2 , OR 3 )</b></p> <p><input type="checkbox"/> <b>OPTION 1 : PRICE AGREEMENT</b> ( list price )</p> <p>    \$ _____</p> <p>        rate regulation ( if any ) _____</p> <p><input type="checkbox"/> <b>OPTION 2 : SUMMARY BUDGET</b> ( * lines only )</p> <p>    <input type="checkbox"/> unit rate</p> <p>    <input type="checkbox"/> cost reimbursement</p> <p>    <input type="checkbox"/> other _____</p> <p><input checked="" type="checkbox"/> <b>OPTION 3 : COMPLETE BUDGET</b></p> <p>    <input type="checkbox"/> unit rate</p> <p>    <input checked="" type="checkbox"/> cost reimbursement</p> <p>    <input type="checkbox"/> other _____</p> |  | 18  | 265,000.00 | 21           | 285,000.00 | 22           | 310,000.00 |
|   |  | 19  | 275,000.00 | 21           | (25,000)   |              | -          |
|   |  | 20  | 285,000.00 | 21           | (25,000)   |              | -          |
|   |  |   | -          | 21           | 75,000     |              | -          |
|   |  |   | -          |              | -          |              | -          |
|   |  |   | -          |              | -          |              | -          |
|   |  |   | -          |              | -          |              | -          |
|   |  |   | -          |              | -          |              | -          |
|   |  |   | -          |              | -          |              | -          |
|   |  |   | -          |              | -          |              | -          |
|   |  |   | -          |              | -          |              | -          |
|   |  |   | -          |              | -          |              | -          |
|   |  |   | -          |              | -          |              | -          |
|   |  |   | -          |              | -          |              | -          |
|   |  |   | -          |              | -          |              | -          |
|   |  | <b>Total</b>                                | 825,000.00 | <b>Total</b> | 310,000.00 | <b>Total</b> | 310,000.00 |
|   |  | <b>Multi - Year Total : \$ 1,445,000.00</b> |            |              |            |              |            |





# Attachment 3: Fiscal Year Program Budget



- Reflects total annual program costs associated with the fiscal year operation of the program
- Required where payment is based on submission of program budget
- Includes:
  - Line item detail of all program costs
  - Current, Amended, and New Subtotals
  - Budget Total



# Attachment 3: Fiscal Year Program Budget



## B. PURCHASE OF SERVICE - ATTACHMENT 3: FISCAL YEAR PROGRAM BUDGET

FY \_\_\_\_\_ Contractor Name: \_\_\_\_\_ If Federal Funds, CFDA #: \_\_\_\_\_ (12/19/2003)

|               |               |             |              |             |
|---------------|---------------|-------------|--------------|-------------|
| Program Name: | Document ID#: | MMARS Code: | Program Type | UFR Prog. # |
|---------------|---------------|-------------|--------------|-------------|

|             | Program Component  | Current |        | Amend. Change |        | New |        | COST REIMBURSEMENT ONLY |        |                   |
|-------------|--|---------|--------|---------------|--------|-----|--------|-------------------------|--------|-------------------|
|             |  | FTE     | Amount | FTE           | Amount | FTE | Amount | **Offset                | Source | Reimbursable Cost |
| UFR Title # | Direct Care/Program Support Staff/Overtime/Shift Differential & Relief(Titles 101-141) |         |        |               |        |     |        |                         |        |                   |
|             |  |         |        |               |        |     |        |                         |        |                   |
|             |  |         |        |               |        |     |        |                         |        |                   |
|             |  |         |        |               |        |     |        |                         |        |                   |
|             |  |         |        |               |        |     |        |                         |        |                   |

Fill in UFR Title # and UFR Position Title. Only use titles defined in UFR Preparation Manual

New FY Contracts: Fill in initial FTE and Amount

Amendments: Enter Total FTE and Amount from previous version

For Amendments Only: Enter change value of amendment (not new total)

Enter sum of Current and Amend. Change columns

Enter offsets as negatives. Subtract Offsets from Total to establish Reimbursable Cost



# Attachment 3: Fiscal Year Program Budget



Continue to fill in lines as shown on previous slide

|           |                                      |   |    |  |  |  |  |
|-----------|--------------------------------------|---|----|--|--|--|--|
| 410 & 390 | Other Direct Administrative Expenses |   |    |  |  |  |  |
| T         | Total Direct Administrative Exp.     |   |    |  |  |  |  |
| T         | SUBTOTAL PROGRAM COSTS               |   |    |  |  |  |  |
| 410       | Agency Admin. Support Allocation     | % | \$ |  |  |  |  |
| T         | PROGRAM TOTAL                        |   |    |  |  |  |  |

COMMERCIAL FEE, if applicable (FYI; not to be included in the price paid by the Commonwealth) N/A for Cost Reimbursement | % | \$  
\*\* A \$ Subtotal of offsets which are for non-reimbursable costs.

Program total must match FY total from Attachment 1 Funding Summary



# Attachment 3: Fiscal Year Program Budget



- Example: Part 1 (Staff Expenses)

| UFR<br>Title<br># | Program Component<br>Direct Care / Program<br>Support Staff<br>Overtime/Shift<br>Differential & Relief f | Current      |                   | Amended / Change |                  | New          |                   | COST REIMBURSEMENT ONLY |               |                      |
|-------------------|--|--------------|-------------------|------------------|------------------|--------------|-------------------|-------------------------|---------------|----------------------|
|                   |  | FTE          | Amount            | FTE              | Amount           | FTE          | Amount            | ** Offset               | Source        | Reimbursable<br>Cost |
| 102               | Program Director   | 0.250        | 20,000.00         | 0.063            | 5,000.00         | 0.313        | 25,000.00         | -                       |               | 25,000.00            |
| 135               | D. C./ Prog. Staff II  | 5.000        | 150,000.00        | 1.000            | 30,000.00        | 6.000        | 180,000.00        | (15,000.00)             | 3rd Party Pay | 165,000.00           |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
| -                 | -  | -            | -                 | -                | -                | -            | -                 | -                       |               | -                    |
|                   | <b>SUBTOTAL STAFF</b>  | <b>5.250</b> | <b>170,000.00</b> | <b>1.063</b>     | <b>35,000.00</b> | <b>6.313</b> | <b>205,000.00</b> | <b>(15,000.00)</b>      |               | <b>190,000.00</b>    |
| 150               | Payroll Taxes  |              | 17,000.00         |                  | -                |              | 17,000.00         | -                       |               | 17,000.00            |
| 151               | Fringe Benefits  |              | 25,000.00         |                  | -                |              | 25,000.00         | -                       |               | 25,000.00            |
| <b>T</b>          | <b>Total Direct Care /<br/>Program Staff</b>   | <b>5.250</b> | <b>212,000.00</b> | <b>1.06</b>      | <b>35,000.00</b> | <b>6.313</b> | <b>247,000.00</b> | <b>(15,000.00)</b>      |               | <b>232,000.00</b>    |



# Attachment 3: Fiscal Year Program Budget



- Example: Part 2 (Below the Line Expenses and Total)

| Title              | OCCUPANCY                              |        |            |      |           |       |            |             |        |                      |
|--------------------|--|--------|------------|------|-----------|-------|------------|-------------|--------|----------------------|
| 301                | Program Facilities                     |        | 8,000.00   |      | -         |       | 8,000.00   | -           |        | 8,000.00             |
| ***390             | Fac. Oper/Main/Furn                    |        | 3,500.00   |      | -         |       | 3,500.00   | -           |        | 3,500.00             |
| T                  | Total Occupancy                        |        | 11,500.00  |      | -         |       | 11,500.00  | -           |        | 11,500.00            |
| UFR<br>TITL<br>E # | Other Direct Care /<br>Program Support |        | Amount     |      | Amount    |       | Amount     | Offset      | Source | Reimbursable<br>Cost |
| 212                | Prov. Of Material Good                 |        |            |      | 40,000.00 |       | 40,000.00  | -           |        | 40,000.00            |
|                    | -                                      |        |            |      | -         |       | -          | -           |        | -                    |
|                    | -                                      |        |            |      | -         |       | -          | -           |        | -                    |
|                    | -                                      |        | -          |      | -         |       | -          | -           |        | -                    |
| -                  | -                                      |        |            |      | -         |       | -          | -           |        | -                    |
| -                  | -                                      |        |            |      | -         |       | -          | -           |        | -                    |
| -                  | -                                      |        |            |      | -         |       | -          | -           |        | -                    |
| -                  | -                                      |        | -          |      | -         |       | -          | -           |        | -                    |
| -                  | -                                      |        |            |      | -         |       | -          | -           |        | -                    |
| -                  | -                                      |        | -          |      | -         |       | -          | -           |        | -                    |
| -                  | -                                      |        |            |      | -         |       | -          | -           |        | -                    |
| -                  | -                                      |        | -          |      | -         |       | -          | -           |        | -                    |
| T                  | Care / Program<br>Support              | 5.25   | -          | 1.06 | 40,000.00 | 6.31  | 40,000.00  | -           |        | 40,000.00            |
| Title              | Direct Admin Expense                   |        |            |      |           |       |            |             |        |                      |
| 216                | Program Support                        |        |            |      | -         |       | -          | -           |        | -                    |
| ***410<br>& 390    | Other Direct<br>Administrative         |        | -          |      | -         |       | -          | -           |        | -                    |
| T                  | Total Direct Admin<br>Expenses         |        | -          |      | -         |       | -          | -           |        | -                    |
| T                  | Subtotal Program<br>Costs              |        | 223,500.00 |      | 75,000.00 |       | 298,500.00 | (15,000.00) |        | 283,500.00           |
| T                  | Agency Admin.<br>Support Allocation    | 10.60% | 26,500.00  |      | -         | 8.15% | 26,500.00  | -           |        | 26,500.00            |
| T                  | PROGRAM TOTAL#                         | 5.25   | 250,000.00 | 1.06 | 75,000.00 | 6.31  | 325,000.00 | (15,000.00) |        | 310,000.00           |

29 Budget Total



# Attachment 6: Capital Budget



- Documents capital expenditures required to support the delivery of contracted human and social services
- Items may only be included after approval from Regional Contract office
- Includes:
  - List of capital items
  - Need for item
  - Quantity
  - Estimated Costs



# Attachment 6: Capital Budget



## 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 |
|                      |               |                      |                     |                      |

DEPARTMENT USE ONLY: Check the appropriate box:

Capital items purchased by the contractor: ☒

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

Total Cost: \$ \_\_\_\_\_

List each capital purchase in it's own row

Select Items purchased by contractor



# Day, Work & Support Roster



- No change to Roster format for FY22
- Used for all unit rate Day, Employment, and Support service programs
  - Community Based Day Supports
  - Supported Employment
  - Individual Home Supports
  - Support Services
- One roster per rate
  - Multi-rate engagements must use separate rosters for each rate





# Day, Work & Support Roster



- Roster serves multiple purposes:
  - Tracking names of individuals enrolled to program
  - Tracking authorized service levels
  - Determining amounts used for Service Summary Form
- The “negotiated units” listed on the roster for a specific individual are not a cap on hours individual can receive
  - Providers will be reimbursed for units of services as long as they are authorized
  - Authorized units are the “maximum” units, not “negotiated”
- Purpose of “negotiated units” is to account for contract level utilization, not to establish individual budgets or caps.



# Day, Work & Support – Header



|                       |                          |  |  |  |  |                                |         |
|-----------------------|--------------------------|--|--|--|--|--------------------------------|---------|
| <b>FISCAL YEAR</b>    | 2022                     |  |  |  |  | <b>Amendment #</b>             | Initial |
| <b>Provider Name:</b> | Provider, Inc            |  |  |  |  | <b>Activity code:</b>          | 3163    |
| <b>Doc ID:</b>        | INTF22112012D123DDS3163D |  |  |  |  | <b>Unit Rate:</b>              | \$15.40 |
| <b>Date:</b>          | 5/4/2021                 |  |  |  |  | <b>Unit Type:</b>              | HOUR    |
| <b>Site Address:</b>  | 123 Main Street          |  |  |  |  | <b>Program Weeks:</b>          | 50      |
|                       |                          |  |  |  |  | <b>Utilization Adjustment:</b> | 95%     |

Standard Program Rate  
for service

Enter total weeks program is in operation.  
Day and Employment programs will start FY22 with a maximum of 50 weeks.

Utilization adjustment will reduce units based on anticipated program utilization. Negotiate with Area based on program history and anticipated utilization. Day and Employment contracts will start FY22 with a maximum of 95%



# Day, Work & Support – Individual Info



| DDS Area Office | Indicate if ASD eligible | SSN (last 4 digits) | Last Name | First Name |
|-----------------|--------------------------|---------------------|-----------|------------|
| CWFH            |                          | 000-00-1234         | Smith     | John       |
| CWFH            | ASD                      | 000-00-2345         | Rodriguez | Maria      |
| CWHC            |                          | 000-00-3456         | King      | Eleanor    |
| CWFH            |                          | 000-00-4567         | Winslow   | Desmond    |
|                 |                          |                     |           |            |
|                 |                          |                     |           |            |
|                 |                          |                     |           |            |

Select Area of tie from dropdown

Enter "ASD" if individual ONLY has ASD eligibility, otherwise leave blank



# Day, Work & Support – Units and Allocations



| First Name | Start Date | End Date      | Engagement Data    |                  |                     |
|------------|------------|---------------|--------------------|------------------|---------------------|
|            |            |               | Max Units per Week | Negotiated Units | Total Allocation    |
| John       | 7/1/2021   | 6/30/2022     | 30.0               | 1,425            | \$ 21,945.00        |
| Maria      | 7/1/2021   | 6/30/2022     | 12.0               | 570              | \$ 8,778.00         |
| Eleanor    | 7/1/2021   | 6/30/2022     | 30.0               | 1,425            | \$ 21,945.00        |
| Desmond    | 7/1/2021   | 6/30/2022     | 24.0               | 1,140            | \$ 17,556.00        |
|            |            | <b>Total:</b> | <b>96.0</b>        | <b>4,560</b>     | <b>\$ 70,224.00</b> |

Enter total weekly authorization for service

Negotiated Units = (Units per Week)  
\* (Program Weeks) \* (Utilization Adjustment)



# Day, Work & Support – Name Only Changes



| First Name | Start Date | End Date      | Engagement Data    |                  |                     | Comments | Name Only Change<br>Enter "X" |
|------------|------------|---------------|--------------------|------------------|---------------------|----------|-------------------------------|
|            |            |               | Max Units per Week | Negotiated Units | Total Allocation    |          |                               |
| John       | 7/1/2021   | 6/30/2022     | 30.0               | 1,425            | \$ 21,945.00        |          |                               |
| Maria      | 7/1/2021   | 6/30/2022     | 12.0               | 570              | \$ 8,778.00         |          |                               |
| Eleanor    | 7/1/2021   | 6/30/2022     | 30.0               | 1,425            | \$ 21,945.00        |          |                               |
| Desmond    | 7/1/2021   | 6/30/2022     | 24.0               | 1,140            | \$ 17,556.00        |          |                               |
| Carl       | 10/1/2021  | 6/30/2022     | 30.0               | 0                | \$ -                |          | X                             |
|            |            | <b>Total:</b> | <b>126.0</b>       | <b>4,560</b>     | <b>\$ 70,224.00</b> |          |                               |

You may add individuals to the roster without adding negotiated units by entering "X" in the "Name Only Change" column

Service Authorization will still be captured, but will not add units to the engagement



# Day, Work & Support – Unit Change Amendment



- Consider following situation:
  - Two individuals have been added “name only” during year
  - Area conducts utilization review
  - Result of both factors is that Area wants to amend 1200 units into engagement



# Day, Work & Support – Unit Change Amendment



| First Name | Start Date | End Date      | Engagement Data    |                  |                     | Comments | Name Only Change<br>Enter "X" |
|------------|------------|---------------|--------------------|------------------|---------------------|----------|-------------------------------|
|            |            |               | Max Units per Week | Negotiated Units | Total Allocation    |          |                               |
| John       | 7/1/2021   | 6/30/2022     | 30.0               | 1,425            | \$ 21,945.00        |          |                               |
| Maria      | 7/1/2021   | 6/30/2022     | 12.0               | 570              | \$ 8,778.00         |          |                               |
| Eleanor    | 7/1/2021   | 6/30/2022     | 30.0               | 1,425            | \$ 21,945.00        |          |                               |
| Desmond    | 7/1/2021   | 6/30/2022     | 24.0               | 1,140            | \$ 17,556.00        |          |                               |
| Carl       | 10/1/2021  | 6/30/2022     | 30.0               | 0                | \$ -                |          | X                             |
| Louise     | 1/17/2022  | 6/30/2022     | 24.0               | 0                | \$ -                |          | X                             |
|            |            | <b>Total:</b> | <b>150.0</b>       | <b>4,560</b>     | <b>\$ 70,224.00</b> |          |                               |

Name Only checks should remain – roster will still show zero units and allocation for added individuals



# Day, Work & Support – Unit Change Amendment



| Unit Change ONLY Amendment |             |                     |   |
|----------------------------|-------------|---------------------|---|
| Date                       | Units       | Total Allocation    | Comment                                   |
| 3/1/2022                   | 1200        | \$ 18,480.00        | Units for CM, LH & Utilization Adjustment |
|                            |             | \$ -                |   |
|                            |             | \$ -                |   |
|                            |             | \$ -                |   |
| <b>Total</b>               | <b>1200</b> | <b>\$ 18,480.00</b> |   |

Enter total units to be added to engagement in “Unit Change ONLY Amendment” box

This box allows for addition of units to roster without having to apportion changes by individual





# Day, Work & Support – Unit Change Amendment



| <b>Roster Summary</b>        | <b>Units</b> | <b>Allocation</b>   |
|------------------------------|--------------|---------------------|
| <b>Subtotal Roster:</b>      | <b>4,560</b> | <b>\$ 70,224.00</b> |
| <b>Subtotal Unit Change:</b> | <b>1,200</b> | <b>\$ 18,480.00</b> |
| <b>Total:</b>                | <b>5,760</b> | <b>\$ 88,704.00</b> |

Changes made in the body of the roster and unit change box are summarized at the bottom of the roster



# Residential Absence Policy Worksheet



- Absence Policy Worksheet is tool used to demonstrate eligibility for absence unit billing in a residential program
- Documents Needed:
  - Start of FY ICMS Report (Site/Individual Detail Report)
  - Current ICMS Report (if different from start of FY)
  - Record of all billing submitted to date
- Absence Policy process is same under new rate structure
  - New rates still based on 95% utilization factor
  - New Worksheet Version 2.0
  - “Capacity” has been changed to “Enrollment”
  - Changes in enrollment are tied to changes in number of individuals actively living at sites
    - Not based on the “purchased capacity” of the site in ICMS



# Absence Policy Worksheet – Header



## Worksheet Version 2.0

|                              |                |
|------------------------------|----------------|
| <b>Contractor Legal Name</b> | Provider, Inc. |
|------------------------------|----------------|

|                    |                      |
|--------------------|----------------------|
| <b>Contract ID</b> | INTF2261R123DDS3153D |
|--------------------|----------------------|

|                                    |    |
|------------------------------------|----|
| <b>Initial Contract Enrollment</b> | 10 |
|------------------------------------|----|

|                            |          |
|----------------------------|----------|
| <b>Contract Start Date</b> | 7/1/2021 |
|----------------------------|----------|

|                    |      |
|--------------------|------|
| <b>Fiscal Year</b> | 2022 |
|--------------------|------|

|                              |     |
|------------------------------|-----|
| <b>Cumulative UF Balance</b> | 180 |
|------------------------------|-----|

|                        |   |
|------------------------|---|
| <b>Total AAP Units</b> | 0 |
|------------------------|---|

|                             |      |
|-----------------------------|------|
| <b>Total Billable Units</b> | 3473 |
|-----------------------------|------|

|                               |   |
|-------------------------------|---|
| <b>Total Units Adjustment</b> | 5 |
|-------------------------------|---|

Total program enrollment at start of FY (will not change over course of year)

Total remaining absence days. Will update as billing is entered

Absence units billed to-date

Total Billable Units should match billable units on ICMS Report. Due to rounding there may be some discrepancy. Use Adjustment box to add or remove units as necessary to equal ICMS report.



# Absence Policy Worksheet – Monthly Data



| Enrollment and Billing |                        |               |                |       |                          |              |                 |                            |
|------------------------|------------------------|---------------|----------------|-------|--------------------------|--------------|-----------------|----------------------------|
| Month                  | Enrollment Change Date | Calendar Days | Total Enrolled | Units | Change to Annual UF Days | Units Billed | Days Not Billed | Utilization Factor Balance |
| July                   | 07/01/21               | 31            | 10             | 310   |                          | 297          | 13              | 167.00                     |
|                        |                        |               |                |       |                          |              |                 |                            |
|                        |                        |               |                |       |                          |              |                 |                            |
|                        |                        |               |                |       |                          |              |                 |                            |
| Totals for Month       |                        |               |                | 310   | 0.00                     |              |                 |                            |

Maximum possible attendance for month

Enter actual attendance for month. Include any billed absence units

Worksheet calculates number of absences

Shows remaining balance of absences. Current month's absences are removed from balance



# Absence Policy Worksheet – Enrollment Change



Worksheet must be adjusted for changes in program enrollment. Changes are made based on dates when individuals enter or leave the program. They are not based on contract/amendment dates

| Enrollment and Billing |                        |               |                |       |                          |              |                 |                            |
|------------------------|------------------------|---------------|----------------|-------|--------------------------|--------------|-----------------|----------------------------|
| Month                  | Enrollment Change Date | Calendar Days | Total Enrolled | Units | Change to Annual UF Days | Units Billed | Days Not Billed | Utilization Factor Balance |
| October                | 10/01/21               | 15            | 10             | 150   |                          | 280          | 14              | 141.00                     |
|                        | 10/16/21               | 16            | 9              | 144   | -12.00                   |              |                 |                            |
|                        |                        |               |                |       |                          |              |                 |                            |
|                        |                        |               |                |       |                          |              |                 |                            |
| Totals for Month       |                        |               |                | 294   | -12.00                   |              |                 |                            |

Date that program enrollment changed (individual moves in to, or leaves program)

Enter new TOTAL enrollment

Unit information will update based on enrollment change



# Absence Policy Worksheet - Eligibility



## Red Light

There are still pre-paid absences available. Not eligible to request absence units yet

|                        |      |
|------------------------|------|
| Fiscal Year            | 2022 |
| Cumulative UF Balance  | 141  |
| Total AAP Units        | 0    |
| Total Billable Units   | 3227 |
| Total Units Adjustment | 5    |

|                                    |
|------------------------------------|
| Approved Absence Policy Status     |
| More than 20% of UF Days Remaining |

## Green Light

All pre-paid absences have been exhausted. Eligible to request billable absence units

|                        |      |
|------------------------|------|
| Fiscal Year            | 2022 |
| Cumulative UF Balance  | -29  |
| Total AAP Units        | 0    |
| Total Billable Units   | 3227 |
| Total Units Adjustment | 5    |

|                                |
|--------------------------------|
| Approved Absence Policy Status |
| ELIGIBLE                       |



# Additional Resources



- DDS POS Website
  - <https://www.mass.gov/lists/dds-pos-contracts-information>
- Activity Code Matrix
  - Lists all DDS service codes and which forms are required for each
- Regulated Rate Table
  - Lists all C257 rates by Activity Code
- DDS Purchase of Service Manual
  - DDS Contracting Policies
  - Bidding and Procurement Processes
  - Service Code Definitions
- UFR Guidance & Preparation Manual
  - <https://www.mass.gov/service-details/information-and-resources-on-the-uniform-financial-reports>