

**Developmental Disabilities Administration (DDA)
Department of Health and Mental Hygiene**

201 West Preston Street, 4th Floor
Baltimore, Maryland 21201

FY 2014 COST REPORT DATA FORM

Name of Provider: Scott Key Center

Provider Number: Scott Key Center 804

Address: 1050 Rocky Springs Road
Frederick, MD 21702

Contact Person: Stacey Humelsine

Telephone Number: 301-600-6824

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Alt. Contact Person: Sean Lore

Telephone Number: 301-600-1600

E-mail Address: slore@frederickcountymd.gov

Audited Financial Statements

Enclose a copy of your organization's audited financial statements with this submission (required by regulation as of July 1, 1999).

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER

I hereby declare, under penalty or perjury, that I have read the above statements and that I have examined the accompanying Cost Report and supporting schedules prepared by:

Preparer's Name Stacey Humelsine

**for Provider Name
and Number** Scott Key Cetner 804

**Beginning Date
(MM/DD/YYYY)** 7/1/2013

**Ending Date
(MM/DD/YYYY)** 6/30/2014

and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the financial statements and records of the provider in accordance with applicable instructions, except as noted

Name of Officer or Administrator of Provider (Print)

Signature of Officer or Administrator named above

Signature of Preparer (if other than above)

Developmental Disabilities Administration (DDA)

Department of Health and Mental Hygiene

Cost Report Data Form

Schedule A: Residential Services

Provider Name Scott Key Center
 Provider Number Scott Key Center 804
 Fiscal Year 2014

Sec. #	2	3	4	5	6	
1	Operating Expenses	Direct Support Cost Center	Administrative Cost Center	Add On Components	Supplemental Services	Totals
	Salaries and Wages					
	General Employees					-
	Direct Support Employees					-
	Professional Employees					-
	Contractors					
	Contracted Staffing - General					-
	Contracted Staffing - Direct Support					-
	Contracted Staffing - Professional					-
	Client Wages					-
	Fringe Benefits					
	General Employees					
	Social Security Contributions					-
	Retirement/Pension - Note 1					-
	Health Insurance					-
	Workers Compensation					-
	Unemployment Insurance					-
	Other General Emp. Benefits - Use Schedule E		-	-	-	-
	Direct Support Employees					
	Social Security Contributions					-
	Retirement/Pension - Note 1					-
	Health Insurance					-
	Workers Compensation					-
	Unemployment Insurance					-
	Other Direct Support Emp. Benefits - Use Schedule E	-		-	-	-
	Professional Employees					
	Social Security Contributions					-
	Retirement/Pension - Note 1					-
	Health Insurance					-
	Workers Compensation					-
	Unemployment Insurance					-
	Other Prof. Emp. Benefits - Use Schedule E	-	-	-	-	-
	Client Wages					
	Social Security Contributions					-
	Retirement/Pension - Note 1					-
	Health Insurance					-
	Workers Compensation					-
	Unemployment Insurance					-
	Other Client Benefits - Use Schedule E	-	-	-	-	-
	Contract Services					-
	Utilities					-
	Food					-
	Communications					-
	Staff Development/Training					-
	Licensing and Certification Fees					-
	Travel - Staff					-
	Other expenses - Use Schedule E	-	-	-	-	-
	Rent/Lease					-
	Medical Supplies/Equipment					-
	Equipment/Supplies (non-capital)					-
	Facility/Grounds Maintenance					-
	Insurance (excluding vehicles)					-
	Depreciation					-
	Building					-
	Furniture/Equipment					-
	Transportation - Consumers					
	Public Transportation					-
	Private Driver Services (i.e. taxi, Uber, contracted)					-
	Natural Supports (transportation from family, friends, etc.)					-
	Non-Traditional Transportation					-
	Vehicles					
	Vehicle Maintenance					-
	Vehicle Depreciation					-
	Vehicle Insurance					-
	Fuel					-
	Other Transportation Expenses - Use Schedule E	-	-	-	-	-
	Grand Total	-	-	-	-	-

Note 1 - This does not include supplemental retirement matches.

Developmental Disabilities Administration (DDA)

Department of Health and Mental Hygiene

Cost Report Data Form

Provider Name Scott Key Center
Provider Number Scott Key Center 804
Fiscal Year 2014

Schedule A: Residential Services

Sec. # 2 3 4 5 6

2 Attendance

PCIS2 Attendance	1st Q	2nd Q	3rd Q	4th Q	Total
P - Present					-
V - Vacation, sickness					-
A - Requested absence					-
O - Non-reimbursable day					-
R- Reimbursable day					-
Total Payable Days (P,V)	-	-	-	-	-
Total Nonpayable Days (A,O,R)	-	-	-	-	-
Total PCIS2 Attendance Days	-	-	-	-	-
Provider Attendance Record *					
FPS Payable Days					-
FPS Non-Payable Days					-
Non-DDA Attendance					-
Total Provider Attendance Days	-	-	-	-	-
Difference in PCIS2 and Provider Payable Days**					
Difference	-	-	-	-	-

* This attendance should reconcile with the attestation. See instructions regarding the necessary certification by a CPA.

**If there is a difference, then Schedule G must be completed

Sites

Size of ALU/Group home	Number of Sites	Consumers Served
1 person		
2 person		
3 person		
4 person		
5 person		
6 person		
7 person		
8 person		
Other		
Total	-	-

Developmental Disabilities Administration (DDA)

Department of Health and Mental Hygiene

Cost Report Data Form

Schedule B: Day Services

Provider Name Scott Key Center
 Provider Number Scott Key Center 804
 Fiscal Year 2014

Sec. #	2	3	4	5	6	
1	Operating Expenses	Direct Support Cost Center	Administrative Cost Center	Add On Components	Supplemental Services	Totals
	Salaries and Wages					
	General Employees		223,438			223,438
	Direct Support Employees	645,129				645,129
	Professional Employees	46,969				46,969
	Contractors					
	Contracted Staffing - General					-
	Contracted Staffing - Direct Support	-				-
	Contracted Staffing - Professional	-				-
	Client Wages	-				-
	Fringe Benefits					
	General Employees					
	Social Security Contributions		16,245			16,245
	Retirement/Pension - Note 1		34,939			34,939
	Health Insurance		44,893			44,893
	Workers Compensation		527			527
	Unemployment Insurance		393			393
	Other General Emp. Benefits - Use Schedule E	-	499	-	-	499
	Direct Support Employees					
	Social Security Contributions	47,004				47,004
	Retirement/Pension - Note 1	104,496				104,496
	Health Insurance	142,672				142,672
	Workers Compensation	8,481				8,481
	Unemployment Insurance	1,750				1,750
	Other Direct Support Emp. Benefits - Use Schedule E	1,348	-	-	-	1,348
	Professional Employees					
	Social Security Contributions	2,862				2,862
	Retirement/Pension - Note 1	8,216				8,216
	Health Insurance	13,921				13,921
	Workers Compensation	205				205
	Unemployment Insurance	145				145
	Other Prof. Emp. Benefits - Use Schedule E	97	-	-	-	97
	Client Wages					
	Social Security Contributions					-
	Retirement/Pension - Note 1					-
	Health Insurance					-
	Workers Compensation					-
	Unemployment Insurance					-
	Other Client Benefits - Use Schedule E	-	-	-	-	-
	Contract Services	3,738				3,738
	Utilities					
	Food					-
	Communications					
	Staff Development/Training	-	59			59
	Licensing and Certification Fees	-	-			-
	Travel - Staff	-	-			-
	Other expenses - Use Schedule E	10,979	-	-	-	10,979
	Rent/Lease	2,409,147				2,409,147
	Medical Supplies/Equipment					-
	Facility/Grounds Maintenance					-
	Equipment/Supplies (non-capital)		4,195			4,195
	Insurance (excluding vehicles)					-
	Depreciation					-
	Building					-
	Furniture/Equipment					-
	Transportation - Consumers					
	Public Transportation					-
	Private Driver Services (i.e. taxi, Uber, contracted)					-
	Natural Supports (transportation from family, friends, etc.)					-
	Non-Traditional Transportation					-
	Vehicles					
	Vehicle Maintenance	80,040				80,040
	Vehicle Depreciation					-
	Vehicle Insurance					-
	Fuel	46,212				46,212
	Other transportation expenses - Use Schedule E	-	-	-	-	-
	Grand Total	3,573,409	325,187	-	-	3,898,596

Note 1 - This does not include supplemental retirement matches.

Developmental Disabilities Administration (DDA)

Department of Health and Mental Hygiene

Cost Report Data Form

Schedule B: Day Services

Provider Name Scott Key Center
Provider Number Scott Key Center 804
Fiscal Year 2014

Sec. #	2	3	4	5	6
2 Attendance					
PCIS2 Payable Days					
P - Present	3,829	3,498	3,222	3,848	14,397
V - Vacation, sickness	371	281	258	207	1,117
A - Requested absence	-	-	28	-	28
I - In service training day	-	-	-	-	-
W - Weather day	-	-	-	-	-
O - Non-reimbursable day	42	34	27	68	171
R - Reimbursable day					-
X - Not an operating day					-
Total Payable Days (P)	3,829	3,498	3,222	3,848	14,397
Total Nonpayable Days (V,A,I,W,O,R,X)	413	315	313	275	1,316
Total PCIS2 Attendance Days	4,242	3,813	3,535	4,123	15,713
Provider Attendance Record *					
FPS Payable Days	3,828	3,498	3,222	3,847	14,395
FPS Non-Payable Days	414	315	313	276	1,318
Non-DDA Attendance					-
Total Provider Attendance Days	4,242	3,813	3,535	4,123	15,713
Difference in PCIS2 and Provider Payable Days**					
Difference	(1)	-	-	(1)	(2)

* This attendance should reconcile with the attestation. See instructions regarding the necessary certification by a CPA.

**If there is a difference, then Schedule G must be completed

3		
Sites	Number of Sites	Consumers Served
Total	1	69

Developmental Disabilities Administration (DDA)

Department of Health and Mental Hygiene

Cost Report Data Form

Provider Name Scott Key Center
 Provider Number Scott Key Center 804
 Fiscal Year 2014

Schedule C: Supported Employment Services

Sec #	2	3	4	5	6	
1	Operating Expenses	Direct Support Cost Center	Administrative Cost Center	Add On Components	Supplemental Services	Totals
	Salaries and Wages					
	General Employees		214,761			214,761
	Direct Support Employees	573,317				573,317
	Professional Employees	7,398				7,398
	Contractors					
	Contracted Staffing - General					-
	Contracted Staffing - Direct Support	-				-
	Contracted Staffing - Professional	-				-
	Client Wages	-				
	Fringe Benefits					
	General Employees					
	Social Security Contributions		15,583			15,583
	Retirement/Pension - Note 1		34,578			34,578
	Health Insurance		44,892			44,892
	Workers Compensation		514			514
	Unemployment Insurance		301			301
	Other General Emp. Benefits - Use Schedule E		495	-	-	495
	Direct Support Employees					
	Social Security Contributions	41,822				41,822
	Retirement/Pension - Note 1	95,112				95,112
	Health Insurance	126,551				126,551
	Workers Compensation	5,894				5,894
	Unemployment Insurance	1,239				1,239
	Other Direct Support Emp. Benefits - Use Schedule E	1,239		-	-	1,239
	Professional Employees					
	Social Security Contributions	437				437
	Retirement/Pension - Note 1	1,450				1,450
	Health Insurance	2,457				2,457
	Workers Compensation	19				19
	Unemployment Insurance	15				15
	Other Prof. Emp. Benefits - Use Schedule E	17	-	-	-	17
	Client Wages					
	Social Security Contributions					-
	Retirement/Pension - Note 1					-
	Health Insurance					-
	Workers Compensation					-
	Unemployment Insurance					-
	Other Client Benefits - Use Schedule E	-	-	-	-	-
	Contract Services	1,056				1,056
	Utilities					-
	Food					-
	Communications					-
	Staff Development/Training	-	-			-
	Licensing and Certification Fees	-				-
	Travel - Staff	-	237			237
	Other Expenses - Use Schedule E	-	482	-	-	482
	Rent/Lease	1,540,274				1,540,274
	Medical Supplies/Equipment					-
	Equipment/Supplies (non-capital)					-
	Facility/Ground/Home Maintenance					-
	Insurance (excluding vehicles)					-
	Depreciation					-
	Building					-
	Furniture/Equipment					-
	Transportation - Consumers					
	Public Transportation					-
	Private Driver Services (i.e. taxi, Uber, contracted)	514				514
	Natural Supports (transportation from family, friends, etc.)					-
	Non-Traditional transportation					-
	Vehicles					-
	Vehicle Maintenance	27,630				27,630
	Vehicle Depreciation					-
	Vehicle Insurance					-
	Fuel	22,566				22,566
	Other Transportation Expenses - Use Schedule E	-	-	-	-	-
	Grand Total	2,449,007	311,842	-	-	2,760,849

Note 1 - This does not include supplemental retirement matches.

Developmental Disabilities Administration (DDA)

Department of Health and Mental Hygiene

Cost Report Data Form

Provider Name Scott Key Center
 Provider Number Scott Key Center 804
 Fiscal Year 2014

Schedule C: Supported Employment Services

Sec # 2 3 4 5 6

2 Attendance

PCIS2 Payable Days	1st Q	2nd Q	3rd Q	4th Q	Total
P - Present	2,478	2,231	2,137	2,517	9,363
V - Vacation, sickness	220	191	128	124	663
A - Requested absence	9	-	-	-	9
O - Non-reimbursable day	243	501	1,041	615	2,400
R - Reimbursable day	-	-	-	-	-
Total Payable Days (P)	2,478	2,231	2,137	2,517	9,363
Total Nonpayable Days (V,A,O,R)	472	692	1,169	739	3,072
Total PCIS2 Attendance Days	2,950	2,923	3,306	3,256	12,435
Provider Attendance Record *					
FPS Payable Days	2,468	2,229	2,137	2,516	9,350
FPS Non-Payable Days	482	694	1,169	740	3,085
Non-DDA Attendance					-
Total Provider Attendance Days	2,950	2,923	3,306	3,256	12,435
Difference in PCIS2 and Provider Payable Days**					
Difference	(10)	(2)	-	(1)	(13)

* This attendance should reconcile with the attestation. See instructions regarding the necessary certification by a CPA.

**If there is a difference, then Schedule G must be completed

3

Sites

Consumers Served
Total 45

Developmental Disabilities Administration (DDA)

Department of Health and Mental Hygiene

Cost Report Data Form

Schedule D: Community Supported Living Arrangement Services

Provider Name Scott Key Center
 Provider Number Scott Key Center 804
 Fiscal Year 2014

Sec. #	2	3	4	5	6	
1	Operating Expenses	Direct Support Cost Center	Administrative Cost Center	Add On Components	Supplemental Services	Totals
	Salaries and Wages					
	General Employees					-
	Direct Support Employees					-
	Professional Employees					-
	Contractors					
	Contracted Staffing - General					-
	Contracted Staffing - Direct Support					-
	Contracted Staffing - Professional					-
	Client Wages					-
	Fringe Benefits					
	General Employees					
	Social Security Contributions					-
	Retirement/Pension - Note 1					-
	Health Insurance					-
	Workers Compensation					-
	Unemployment Insurance					-
	Other General Emp. Benefits - Use Schedule E		-	-	-	-
	Direct Support Employees					
	Social Security Contributions					-
	Retirement/Pension - Note 1					-
	Health Insurance					-
	Workers Compensation					-
	Unemployment Insurance					-
	Other Direct Support Emp. Benefits - Use Schedule E	-		-	-	-
	Professional Employees					
	Social Security Contributions					-
	Retirement/Pension - Note 1					-
	Health Insurance					-
	Workers Compensation					-
	Unemployment Insurance					-
	Other Prof. Emp. Benefits - Use Schedule E	-	-	-	-	-
	Client Wages					
	Social Security Contributions					-
	Retirement/Pension - Note 1					-
	Health Insurance					-
	Workers Compensation					-
	Unemployment Insurance					-
	Other Client Benefits - Use Schedule E	-	-	-	-	-
	Contract Services					-
	Utilities					-
	Food					-
	Communications					-
	Staff Development/Training					-
	Licensing and Certification Fees					-
	Travel - Staff					-
	Other Expenses - Use Schedule E	-	-	-	-	-
	Rent/Lease					-
	Medical Supplies/Equipment					-
	Equipment/Supplies (non-capital)					-
	Facility/Ground/Home Maintenance					-
	Depreciation					-
	Building					-
	Furniture/Equipment					-
	Insurance (excluding vehicles)					-
	Transportation - Consumers					
	Public Transportation					-
	Private Driver Services (i.e. taxi, Uber, contracted)					-
	Natural Supports (transportation from family, friends, etc.)					-
	Non-Traditional transportation					-
	Vehicles					-
	Vehicle Maintenance					-
	Vehicle Depreciation					-
	Vehicle Insurance					-
	Fuel					-
	Other Transportation Expenses - Use Schedule E	-	-	-	-	-
	Grand Total	-	-	-	-	-

Note 1 - This does not include supplemental retirement matches.

Developmental Disabilities Administration (DDA)

Department of Health and Mental Hygiene

Cost Report Data Form

Provider Name Scott Key Center
 Provider Number Scott Key Center 804
 Fiscal Year 2014

Schedule D: Community Supported Living Arrangement Services

Sec. # 2 3 4 5 6

2 Attendance

PCIS2 Payable Days	1st Q	2nd Q	3rd Q	4th Q	Total
P - Present					-
N - Nursing Home					-
H - Hospital					-
J - Jail or incarceration					-
F - Facility					-
R - Respite care					-
B - Behavior Respite					-
X - Service Not Received					-
Z - Other					-
Total Payable Days (P,N,H,J,F,R,B,Z)	-	-	-	-	-
Total Nonpayable Days (X)	-	-	-	-	-
Total PCIS2 Attendance Days	-	-	-	-	-
Provider Attendance Record *					
FPS Payable Days					-
FPS Non-Payable Days					-
Non-DDA Attendance					-
Total Provider Attendance Days	-	-	-	-	-
Difference in PCIS2 and Provider Payable Days**					
Difference	-	-	-	-	-

* This attendance should reconcile with the attestation. See instructions regarding the necessary certification by a CPA.

**If there is a difference, then Schedule G must be completed

3 Sites

House Size	Number of Sites	Consumers Served
1 person		
2 person		
3 person		
Other		
Total	-	-

Cost Report Data Form

Fiscal Year 2014

Sec. #

Residential Services Operating Expenses

Operating Expenses	Direct Support Cost Center	Administrative Cost Center	Add On Components	Supplemental Services	Totals
Other					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
Other expenses - Use Schedule E	-	-	-	-	-
Fringe Benefits					
General Employee Fringe Benefits					
					-
					-
Other General Emp. Benefits - Use Schedule E	-	-	-	-	-
Direct Support Fringe Benefits					
					-
					-
Other Direct Support Emp. Benefits - Use Schedule E	-	-	-	-	-
Professional Employee Fringe Benefits					
					-
					-
Other Prof. Emp. Benefits - Use Schedule E	-	-	-	-	-
Client Fringe Benefits					
					-
					-
Other Client Benefits - Use Schedule E	-	-	-	-	-
Transportation					
					-
					-
					-
					-
Other Transportation Expenses - Use Schedule E	-	-	-	-	-

Cost Report Data Form

Provider Number Scott Key Center 804

Schedule E: Detail of Other Expenses

B

Operating Expenses

Developmental Disabilities Administration (DDA)
Department of Health and Mental Hygiene
Cost Report Data Form

Provider Name Scott Key Center
Provider Number Scott Key Center 804
Fiscal Year 2014

Schedule E: Detail of Other Expenses

Sec. #
C

**Supported Employment
Operating Expenses**

	Direct Support Cost Center	Administrative Cost Center	Add On Components	Supplemental Services	Totals
Other					
Telephone		482			482
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
Other expenses - Use Schedule E	-	482	-	-	482
Fringe Benefits					
General Employee Fringe Benefits					
Life Insurance-General-Supported Employment		495			495
					-
					-
Other General Emp. Benefits - Use Schedule E	-	495	-	-	495
Direct Support Fringe Benefits					
Life Insurance-Direct-Supported Employment	1,239				1,239
					-
					-
Other Direct Support Emp. Benefits - Use Schedule E	1,239	-	-	-	1,239
Professional Employee Fringe Benefits					
Life Insurance-Professional-Supported Employment	17				17
					-
					-
Other Prof. Emp. Benefits - Use Schedule E	17	-	-	-	17
Client Fringe Benefits					
					-
					-
					-
Other Client Benefits - Use Schedule E	-	-	-	-	-
Transportation					
					-
					-
					-
					-
Other Transportation Expenses - Use Schedule E	-	-	-	-	-

Cost Report Data Form

Provider Name	Scott Key Center
Provider Number	Scott Key Center 804
Fiscal Year	2014

Schedule E: Detail of Other Expenses

$$\frac{C}{D}$$

Operating Expenses

Operating Expenses	Direct Support Cost Center	Administrative Cost Center	Add On Components	Supplemental Services	Totals
Other					
Other expenses - Use Schedule E	-	-	-	-	-
Fringe Benefits					
General Employee Fringe Benefits					
Other General Emp. Benefits - Use Schedule E	-	-	-	-	-
Direct Support Fringe Benefits					
Other Direct Support Emp. Benefits - Use Schedule E	-	-	-	-	-
Professional Employee Fringe Benefits					
Other Prof. Emp. Benefits - Use Schedule E	-	-	-	-	-
Client Fringe Benefits					
Other Client Benefits - Use Schedule E	-	-	-	-	-
Transportation					
Other Transportation Expenses - Use Schedule E	-	-	-	-	-

Developmental Disabilities Administration (DDA)
Department of Health and Mental Hygiene

Cost Report Data Form

Provider Name Scott Key Center
Provider Number Scott Key Center 804
Fiscal Year 2014

Schedule F: Net Operating Income

Sec. #

	FPS/CSLA Payments	Non-DDA Revenue	Client Fees (Contribution to Care + R&B)**	Local Share Funding	Totals
1 Operating Revenue					
Residential					-
Day	906,001			705,108	1,611,109
SE	408,030				408,030
CSLA					-
Subtotal	1,314,031	-	-	705,108	2,019,140
All Other DDA Program Revenue***					
All Non-DDA Program Revenue****					929,564
Total Revenue	1,314,031	-	-	705,108	2,948,704 *

* This total should reconcile with the audited financial statements. See instructions regarding the necessary certification by a CPA.

**This amount should reconcile with the attestation. If client fees (CTC + R&B) do not reconcile with expected contributions, please complete Schedule H.

***All other program revenue, such as FSS, ISS, IFC, etc. should be included in this line.

****Used for Non-DDA Programs

	Direct Support Cost Center	Administrative Cost Center	Add On Components	Supplemental Services	Totals
2 Operating Expenses					
Schedule A Totals: Residential	-	-	-	-	-
Schedule B Totals: Day	3,573,409	325,187	-	-	3,898,596
Schedule C Totals: SE	2,449,007	311,842	-	-	2,760,849
Schedule D Totals: CSLA	-	-	-	-	-
Subtotal	6,022,416	637,029	-	-	6,659,445
All Other DDA Program Operating Expenses**					
All DDA Programs Non-Operating Expenses***					
All Non-DDA Program Expenses****					
Total Expenses	6,022,416	637,029	-	-	6,659,445 *

* This total should reconcile with the audited financial statements. See instructions regarding the necessary certification by a CPA.

**All other program expenses, such as FSS, ISS, IFC, etc. should be included in this line.

***All non-operating expenses, such as interest expense, pension changes, or swap adjustments, for all DDA programs.

****Used for Non-DDA Programs

	Residential	Day	Supported Employment	CSLA	All Other DDA Programs	Totals
3 Net Operating Income/(Loss) for DDA Services						
Revenue	-	1,611,109	408,030	-	-	2,019,140
Expenditures	-	3,898,596	2,760,849	-	-	6,659,445
Net Operating Income	-	(2,287,487)	(2,352,818)	-	-	(4,640,305)

4 Explanation of Total Revenues/Expenses on Audited Financial Statements

Use the box below to describe any discrepancies between the totals on the cost report and the totals on the audited financial statements

Rent is not included on CAFR as expense. Rent is calculated/generated based on the building improvements for the year. OPEB is included in the CAFR but excluded

Developmental Disabilities Administration (DDA)
Department of Health and Mental Hygiene

Cost Report Data Form

Provider Name Scott Key Center
Provider Number Scott Key Center 804
Fiscal Year 2014

Schedule G: Attendance Reconciliation

Difference in Payable Days per Service

Quarter	1st Q	2nd Q	3rd Q	4th Q	Total # of Differences
Residential	-	-	-	-	-
Day	(1)	-	-	(1)	2
Supported Employment	(10)	(2)	-	(1)	13
CSLA	-	-	-	-	-
Total # of Differences	11	2	-	2	15

Note: For any day in which PCIS2 attendance differs from provider-recorded attendance, please provide an explanation for the variance.

Ref #	PCIS2 ID	Service	Date of Service	Fiscal Quarter	Site	PCIS2 Attendance Category	Actual Attendance Category	Explanation
1	212047375	SE	5/12/2014	Q4	SKC	P	V	Attendance not properly recorded in PCIS2
2	213646249	Day	5/16/2014	Q4	SKC	P	V	Attendance not properly recorded in PCIS2
3	212047375	SE	11/25/2013	Q2	SKC	P	V	Attendance not properly recorded in PCIS2
4	212047375	SE	11/26/2013	Q2	SKC	P	V	Attendance not properly recorded in PCIS2
5	212047375	SE	7/15/2013	Q1	SKC	P	V	Attendance not properly recorded in PCIS2
6	212047375	SE	7/16/2013	Q1	SKC	P	V	Attendance not properly recorded in PCIS2
7	212047375	SE	7/17/2013	Q1	SKC	P	V	Attendance not properly recorded in PCIS2
8	212047375	SE	7/18/2013	Q1	SKC	P	V	Attendance not properly recorded in PCIS2
9	212047375	SE	7/19/2013	Q1	SKC	P	V	Attendance not properly recorded in PCIS2
10	212047375	SE	7/22/2013	Q1	SKC	P	V	Attendance not properly recorded in PCIS2
11	212047375	SE	7/24/2013	Q1	SKC	P	V	Attendance not properly recorded in PCIS2
12	212047375	SE	7/29/2013	Q1	SKC	P	V	Attendance not properly recorded in PCIS2
13	212047375	SE	7/30/2013	Q1	SKC	P	V	Attendance not properly recorded in PCIS2
14	212047375	SE	7/31/2013	Q1	SKC	P	V	Attendance not properly recorded in PCIS2
15	212727688	Day	7/25/2013	Q1	SKC	V	P	Attendance recorded in PCIS2 as absent, but room attendance sheet is "P"
16	216159849	Day	7/12/2013	Q1	SKC	P	V	Attendance not properly recorded in PCIS2
17	216159849	Day	7/18/2013	Q1	SKC	P	V	Attendance not properly recorded in PCIS2
18								
19								
20								
21								
22								
23								
24								
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Developmental Disabilities Administration (DDA)
Department of Health and Mental Hygiene

Cost Report Data Form

Provider Name Scott Key Center
Provider Number Scott Key Center 804
Fiscal Year 2014

Schedule G: Attendance Reconciliation

Difference in Payable Days per Service

Quarter	1st Q	2nd Q	3rd Q	4th Q	Total # of Differences
Residential	-	-	-	-	-
Day	(1)	-	-	(1)	2
Supported Employment	(10)	(2)	-	(1)	13
CSLA	-	-	-	-	-
Total # of Differences	11	2	-	2	15

Note: For any day in which PCIS2 attendance differs from provider-recorded attendance, please provide an explanation for the variance.

Ref #	PCIS2 ID	Service	Date of Service	Fiscal Quarter	Site	PCIS2 Attendance Category	Actual Attendance Category	Explanation
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
51								
52								
53								
54								
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Developmental Disabilities Administration (DDA)
Department of Health and Mental Hygiene

Cost Report Data Form

Provider Name Scott Key Center
Provider Number Scott Key Center 804
Fiscal Year 2014

Schedule G: Attendance Reconciliation

Difference in Payable Days per Service

Quarter	1st Q	2nd Q	3rd Q	4th Q	Total # of Differences
Residential	-	-	-	-	-
Day	(1)	-	-	(1)	2
Supported Employment	(10)	(2)	-	(1)	13
CSLA	-	-	-	-	-
Total # of Differences	11	2	-	2	15

Note: For any day in which PCIS2 attendance differs from provider-recorded attendance, please provide an explanation for the variance.

Ref #	PCIS2 ID	Service	Date of Service	Fiscal Quarter	Site	PCIS2 Attendance Category	Actual Attendance Category	Explanation
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
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118								
119								
120								

Developmental Disabilities Administration (DDA)
Department of Health and Mental Hygiene
Cost Report Data Form

Provider Name
Provider Number
Fiscal Year

Scott Key Center
 Scott Key Center 804
 2014

Schedule H: CTC Reconciliation

Note: Use this form only if your expected Contribution to Care (as reported in PCIS2) and your actual collections do not match.

Net Contribution to Care

Total Net Contribution in PCIS2 (CTC + R&B)	
Actual Collections + Reported Variances	-
Quality Check	Totals Match

Reported Variances

Expected Net Contribution (CTC + R&B)	-
Actual Collection (CTC + R&B)	-
Total Variances	-

CTC Reconciliation

Ref #	Individual (PCIS2 ID)	Month (MM)	Expected Contribution	Actual Contribution	Balance	Notes
1					-	
2					-	
3					-	
4					-	
5					-	
6					-	
7					-	
8					-	
9					-	
10					-	
11					-	
12					-	
13					-	
14					-	
15					-	
16					-	
17					-	
18					-	
19					-	
20					-	
21					-	
22					-	
23					-	
24					-	
25					-	
26					-	
27					-	
28					-	
29					-	
30					-	
31					-	
32					-	
33					-	
34					-	

Developmental Disabilities Administration (DDA)
Department of Health and Mental Hygiene
Cost Report Data Form

Provider Name
Provider Number
Fiscal Year

Scott Key Center
Scott Key Center 804
2014

Schedule H: CTC Reconciliation

Note: Use this form only if your expected Contribution to Care (as reported in PCIS2) and your actual collections do not match.

Net Contribution to Care	
Total Net Contribution in PCIS2 (CTC + R&B)	
Actual Collections + Reported Variances	-
Quality Check	Totals Match

Reported Variances	
Expected Net Contribution (CTC + R&B)	-
Actual Collection (CTC + R&B)	-
Total Variances	-

CTC Reconciliation

Ref #	Individual (PCIS2 ID)	Month (MM)	Expected Contribution	Actual Contribution	Balance	Notes
35					-	

Developmental Disabilities Administration (DDA)
Department of Health and Mental Hygiene
Cost Report Data Form

Provider Name
Provider Number
Fiscal Year

Scott Key Center
 Scott Key Center 804
 2014

Schedule H: CTC Reconciliation

Note: Use this form only if your expected Contribution to Care (as reported in PCIS2) and your actual collections do not match.

Net Contribution to Care

Total Net Contribution in PCIS2 (CTC + R&B)	
Actual Collections + Reported Variances	-
Quality Check	Totals Match

Reported Variances

Expected Net Contribution (CTC + R&B)	-
Actual Collection (CTC + R&B)	-
Total Variances	-

CTC Reconciliation

Ref #	Individual (PCIS2 ID)	Month (MM)	Expected Contribution	Actual Contribution	Balance	Notes
36					-	
37					-	
38					-	
39					-	
40					-	
41					-	
42					-	
43					-	
44					-	
45					-	
46					-	
47					-	
48					-	
49					-	
50					-	
51					-	
52					-	
53					-	
54					-	
55					-	
56					-	
57					-	
58					-	
59					-	
60					-	
61					-	
62					-	
63					-	
64					-	
65					-	
66					-	
67					-	
68					-	
69					-	

Developmental Disabilities Administration (DDA)
Department of Health and Mental Hygiene
Cost Report Data Form

Provider Name
Provider Number
Fiscal Year

Scott Key Center
Scott Key Center 804
2014

Schedule H: CTC Reconciliation

Note: Use this form only if your expected Contribution to Care (as reported in PCIS2) and your actual collections do not match.

Net Contribution to Care	
Total Net Contribution in PCIS2 (CTC + R&B)	
Actual Collections + Reported Variances	-
Quality Check	Totals Match

Reported Variances	
Expected Net Contribution (CTC + R&B)	-
Actual Collection (CTC + R&B)	-
Total Variances	-

CTC Reconciliation

Ref #	Individual (PCIS2 ID)	Month (MM)	Expected Contribution	Actual Contribution	Balance	Notes
70					-	

Developmental Disabilities Administration (DDA)
Department of Health and Mental Hygiene
Cost Report Data Form

Provider Name
Provider Number
Fiscal Year

Scott Key Center
 Scott Key Center 804
 2014

Schedule H: CTC Reconciliation

Note: Use this form only if your expected Contribution to Care (as reported in PCIS2) and your actual collections do not match.

Net Contribution to Care

Total Net Contribution in PCIS2 (CTC + R&B)	
Actual Collections + Reported Variances	-
Quality Check	Totals Match

Reported Variances

Expected Net Contribution (CTC + R&B)	-
Actual Collection (CTC + R&B)	-
Total Variances	-

CTC Reconciliation

Ref #	Individual (PCIS2 ID)	Month (MM)	Expected Contribution	Actual Contribution	Balance	Notes
71					-	
72					-	
73					-	
74					-	
75					-	
76					-	
77					-	
78					-	
79					-	
80					-	
81					-	
82					-	
83					-	
84					-	
85					-	
86					-	
87					-	
88					-	
89					-	
90					-	
91					-	
92					-	
93					-	
94					-	
95					-	
96					-	
97					-	
98					-	
99					-	
100					-	
101					-	
102					-	
103					-	
104					-	

Developmental Disabilities Administration (DDA)
Department of Health and Mental Hygiene
Cost Report Data Form

Provider Name
Provider Number
Fiscal Year

Scott Key Center
Scott Key Center 804
2014

Schedule H: CTC Reconciliation

Note: Use this form only if your expected Contribution to Care (as reported in PCIS2) and your actual collections do not match.

Net Contribution to Care	
Total Net Contribution in PCIS2 (CTC + R&B)	
Actual Collections + Reported Variances	-
Quality Check	Totals Match

Reported Variances	
Expected Net Contribution (CTC + R&B)	-
Actual Collection (CTC + R&B)	-
Total Variances	-

CTC Reconciliation

Ref #	Individual (PCIS2 ID)	Month (MM)	Expected Contribution	Actual Contribution	Balance	Notes
105					-	

Developmental Disabilities Administration (DDA)
Department of Health and Mental Hygiene
Cost Report Data Form

Provider Name
Provider Number
Fiscal Year

Scott Key Center
 Scott Key Center 804
 2014

Schedule H: CTC Reconciliation

Note: Use this form only if your expected Contribution to Care (as reported in PCIS2) and your actual collections do not match.

Net Contribution to Care

Total Net Contribution in PCIS2 (CTC + R&B)	
Actual Collections + Reported Variances	-
Quality Check	Totals Match

Reported Variances

Expected Net Contribution (CTC + R&B)	-
Actual Collection (CTC + R&B)	-
Total Variances	-

CTC Reconciliation

Ref #	Individual (PCIS2 ID)	Month (MM)	Expected Contribution	Actual Contribution	Balance	Notes
106					-	
107					-	
108					-	
109					-	
110					-	
111					-	
112					-	
113					-	
114					-	
115					-	
116					-	
117					-	
118					-	
119					-	
120					-	
121					-	
122					-	
123					-	
124					-	
125					-	
126					-	
127					-	
128					-	
129					-	
130					-	
131					-	
132					-	
133					-	
134					-	
135					-	
136					-	
137					-	
138					-	
139					-	

Developmental Disabilities Administration (DDA)
Department of Health and Mental Hygiene
Cost Report Data Form

Provider Name
Provider Number
Fiscal Year

Scott Key Center
Scott Key Center 804
2014

Schedule H: CTC Reconciliation

Note: Use this form only if your expected Contribution to Care (as reported in PCIS2) and your actual collections do not match.

Net Contribution to Care	
Total Net Contribution in PCIS2 (CTC + R&B)	
Actual Collections + Reported Variances	-
Quality Check	Totals Match

Reported Variances	
Expected Net Contribution (CTC + R&B)	-
Actual Collection (CTC + R&B)	-
Total Variances	-

CTC Reconciliation

Ref #	Individual (PCIS2 ID)	Month (MM)	Expected Contribution	Actual Contribution	Balance	Notes
140					-	

Developmental Disabilities Administration (DDA)
Department of Health and Mental Hygiene
Cost Report Data Form

Provider Name Scott Key Center
Provider Number Scott Key Center 804
Fiscal Year 2014

Schedule I: Wage Expenditure Percentage

	Expenses	% Direct Support Exp/Total Opex
Direct Support Expenses	1,796,053	0
Total Operating Expenses	6,659,445	

Sec. #		3	4	5	6	
1	Classification of Expenditures	Direct Support Cost Center	Administrative Cost Center	Add On Components	Supplemental Services	Totals
*	Salaries and Wages					
	General Employees		438,199	-	-	438,199
	Direct Support Employees	1,218,447		-	-	1,218,447
	Professional Employees	54,367	-	-	-	54,367
	Contractors					
	Contracted Staffing - General		-	-	-	-
	Contracted Staffing - Direct Support	-		-	-	-
	Contracted Staffing - Professional	-	-	-	-	-
	Client Wages	-	-	-	-	-
*	Fringe Benefits					
	General Employees					
	Social Security Contributions		31,827	-	-	31,827
	Retirement/Pension - Note 1		69,516	-	-	69,516
	Health Insurance		89,785	-	-	89,785
	Workers Compensation		1,041	-	-	1,041
	Unemployment Insurance		694	-	-	694
	Other General Emp. Benefits - Use Schedule E		994	-	-	994
	Direct Support Employees					
	Social Security Contributions	88,826		-	-	88,826
	Retirement/Pension - Note 1	199,607		-	-	199,607
	Health Insurance	269,223		-	-	269,223
	Workers Compensation	14,374		-	-	14,374
	Unemployment Insurance	2,989		-	-	2,989
	Other Direct Support Emp. Benefits - Use Schedule E	2,587		-	-	2,587
	Professional Employees					
	Social Security Contributions	3,299		-	-	3,299
	Retirement/Pension - Note 1	9,666	-	-	-	9,666
	Health Insurance	16,378	-	-	-	16,378
	Workers Compensation	223	-	-	-	223
	Unemployment Insurance	160	-	-	-	160
	Other Prof. Emp. Benefits - Use Schedule E	114	-	-	-	114
	Client Wages					
	Social Security Contributions	-	-	-	-	-
	Retirement/Pension - Note 1	-	-	-	-	-
	Health Insurance	-	-	-	-	-
	Workers Compensation	-	-	-	-	-
	Unemployment Insurance	-	-	-	-	-
	Other Client Benefits - Use Schedule E	-	-	-	-	-
	Contract Services	4,794	-	-	-	4,794
	Utilities	-	-	-	-	-
	Food	-				-
	Communications	-				-
	Staff Development/Training	-	59	-	-	59
	Licensing and Certification Fees	-	-	-	-	-
	Travel - Staff	-	237	-	-	237
	Other expenses - Use Schedule E	10,979	482	-	-	11,461
	Rent/Lease	3,949,422	-	-	-	3,949,422
	Medical Supplies/Equipment	-				-
	Equipment/Supplies (non-capital)	-	4,195	-	-	4,195
	Insurance (excluding vehicles)	-	-	-	-	-
	Depreciation					
	Building	-	-	-	-	-
	Furniture/Equipment	-	-	-	-	-
	Transportation - Consumers					
	Public Transportation	-		-	-	-
	Private Driver Services (i.e. taxi, Uber, contracted)	514		-	-	514
	Natural Supports (transportation from family, friends, etc.)	-		-	-	-
	Non-Traditional transportation	-		-	-	-
	Vehicles	-		-	-	-
	Vehicle Maintenance	107,670		-	-	107,670
	Vehicle Depreciation	-		-	-	-
	Vehicle Insurance	-		-	-	-
	Fuel	68,778		-	-	68,778
	Other Transportation Expenses - Use Schedule E	-		-	-	-
	Grand Total	6,022,416	637,029	-	-	6,659,445