

Georgia Department of Behavioral Health and
Developmental Disabilities

Division of Developmental Disabilities

2010 Provider Survey

Distributed by Burns & Associates, Inc.

August 30, 2010

Contact: Steven Abele
602-241-8521 (office) or 602-290-1977 (cell)
sabele@burnshealthpolicy.com

Georgia Department of Behavioral Health & Developmental Disabilities Provider Survey Instructions

Introduction

These instructions accompany the Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD) Provider Survey (2010DDSurvey.xlsm) to provide assistance with completing the survey. The information being collected in this survey will assist with the rate setting activities being performed by DBHDD with the assistance of Burns & Associates, Inc. (B&A) and will be utilized only for this purpose.

This survey is designed to collect information on the following services covered by the NOW and/ or Comp waivers:

- Community Residential Alternatives (CRA),
- Community Living Supports (CLS),
- RN/LPN Services for CRA and CLS,
- Community Access Services,
- Prevocational Services,
- Supported Employment Services,
- Respite Services,
- Natural Supports Training,
- Behavioral Supports Consultation, and
- Community Guide Services

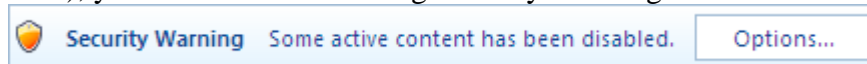
If your organization does not provide any of these services, please disregard this survey.

If you have any questions regarding the survey, or if you need more space to input information, please contact Steven Abele with Burns & Associates at 602-241-8521 or 602-290-1977 (cell) or via email at sabele@burnshealthpolicy.com.

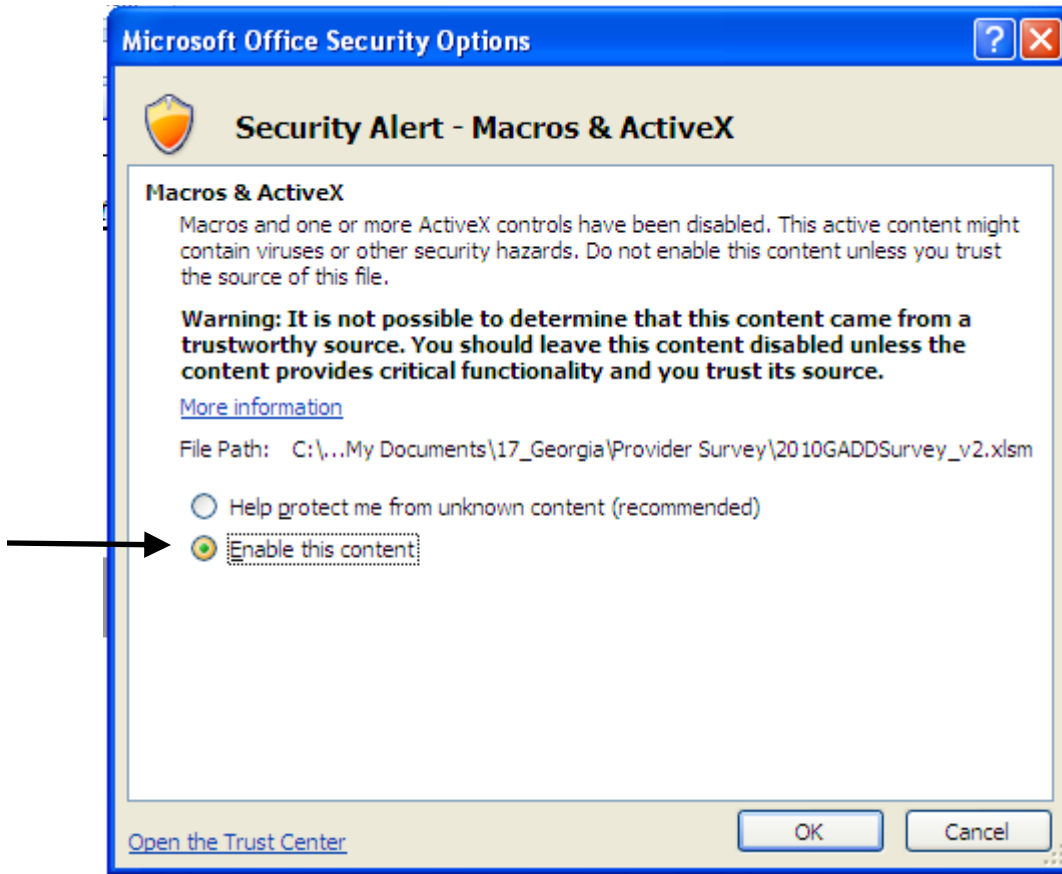
Opening the Survey

Microsoft Excel® 2007

Once the survey is opened, you must enable macros in order to complete the survey. At the top of the file (in Excel), you will see the following Security Warning:



Click on the “Options...” button to display the following pop-up:



On this pop-up menu, select “Enable this content” as displayed above. The macros limit the survey to those services provided by your organization.

Microsoft Excel® 2003 or earlier

If you do not have Excel 2007 and the file does not open properly, download the attached compatibility pack from Microsoft:

<http://www.microsoft.com/downloads/details.aspx?FamilyId=941B3470%2D3AE9%2D4AEE%2D8F43%2DC6BB74CD1466&displaylang=en>

Once the survey is opened, you must enable macros in order to complete the survey. The particular security setting for macros on your computer must be **Medium** or lower. To view or change your security setting:

- Open Microsoft Excel®,
- Select Tools (from the menu) Select Options...,
- Select the “Security” Tab in the popup menu
- Select the button (lower right hand side) titled Macro Security...
- Select the “Security Level” Tab in the new popup menu
- Select the button next to “Medium. You can choose whether or not to run potentially unsafe macros”. (Note the current security setting for your computer, if you want to reset to this level after completing the survey)
- Press the “OK” button to exit the popup menus
- Exit and restart Excel

Saving the Survey

To save the survey:

- Select “File” then “Save As” to save the document in your preferred directory. Please name the file using the following convention: [ProviderName]2010DDSurvey.xlsm (or .xls for Microsoft Excel® 2003 or earlier).

Key Dates

Survey Distributed: **August 30, 2010**
Training: **September 3, 2010** from 1:00pm – 5:00pm EDT
Training Call-In Instructions:
Dial 1 (800) 920-7487
Enter in Participant Code: 28639218#
Survey Due: **September 17, 2010**

The remainder of this document provides instructions for completing the survey.

Schedule Help

All information reported by your organization should be for your organization’s most recently completed fiscal year and should include total statewide data. For the purposes of this survey, Direct Service Staff refers to individuals that provide services to clients.

To obtain help with the completion of a particular schedule, press the control button (Ctrl) and click on the title of the Schedule below:

[Schedule 1](#)
[Schedule 1A](#)
[Schedule 1B](#)
[Schedule 2](#)
[Schedule 3](#)

[Schedule 4A](#)
[Schedule 4B](#)
[Schedule 5](#)
[Schedule 6](#)

[Schedule 7](#)
[CRA-Group Homes](#)
[CRA-Host Homes](#)
[Community Access -
Group/ Prevocational
Supported Employment
Other Services](#)
[Schedule 8](#)
[Example](#)

Throughout the survey, items that are shaded **gray** automatically populate as you complete the survey or provide examples of how the survey is to be completed.

It may be helpful to print out a complete listing of survey schedules for reference when using these instructions. However, to access the complete set of schedules in the survey, you must complete Schedule 1 Provider Service Information (see below) first. These instructions will refer to both pages (the hard copy) and areas of the worksheets that appear on the screen.

Schedule 1 Provider Service Information

Please enter your organization’s name in the box provided. This schedule includes ten check boxes for the services covered in this survey. When a check box has been selected, an additional set of tabs will appear at the bottom of the screen that include the worksheets for the service

selected. Lastly, there is a drop-down menu to indicate whether your organization is classified as a 501(c)(3) entity. If so, please provide the entity name under which IRS Form 990 is filed.

[Back to Section Listing](#)

Schedule 1A General Provider Information and Provider Certification

Please complete the blue-shaded spaces, which request the date on which your organization's fiscal year ends as well as contact information for an officer or authorized representative of the organization, the individual completing the survey, and an alternate contact.

[Back to Section Listing](#)

Schedule 1B Provider IDs

Please list all of the identification ID numbers under which your organization bills DBHDD. For the purpose of this survey, each unique combination of a nine-digit and one or two letters should be considered a separate provider ID.

On the first page (left hand side of the sheet in the columns under "Use of ID"), note by placing an "X" in the appropriate cell whether the ID is used for a group home site, host home site, other facility site (e.g., a center-based Prevocational program), group code (e.g., a mobile work crew), a central/ regional office, or something else. Place an "X" in all the columns that apply for each ID.

On the second page (right hand side of the sheet in the columns under "Services Provided Under ID"), place an "X" in all the service(s) for which your organization uses each ID.

[Back to Section Listing](#)

Schedule 2 Direct Care Benefits Provided

For Schedule 2, please enter the responses for the benefits that apply to Direct Service Staff. Do not enter information for Administrative Staff if they receive benefits that differ from Direct Service Staff.

Holidays:

- *Question 1.1:* Eligibility - this is a Yes/No answer provided in a drop down menu.
- *Question 1.2:* Waiting period - choose the appropriate timeframe from the drop-down menu for the minimum number of days an employee must be employed prior to receiving paid holidays.
- *Question 1.3:* Number of Holidays - enter the number of annual paid holidays each Direct Service Staff person receives

Paid Time Off (PTO) refers to the combination of traditional vacation time, sick time, personal days and/or floating holidays received by employees on an annual basis. Do not include any holiday reported above.

- *Question 2.1:* Eligibility - this is a Yes/No answer provided in a drop down menu.

- *Question 2.2:* Waiting period - choose the appropriate timeframe from the drop-down menu for the minimum number of days an employee must be employed prior to receiving PTO.
- *Question 2.3-2.5:* Amount of PTO - enter the minimum, maximum, and average amount of days per year received by Direct Service Staff. Please note that one day equals eight hours of time.

Extended Illness Benefit (EIB) refers to the benefit utilized by employees for sick time in excess of three (3) days. Some employers allow employees to have paid extended leave for longer-term periods of sickness or injury. Note that paid extended illness benefit leave time should be separate from paid time off as recorded above. This benefit cannot be utilized prior to the three day period except for pre-scheduled sick time (e.g. maternity, surgery, etc.). Typically employers that provide this benefit do not provide short-term disability benefits to employees.

- *Question 3.1:* Definition - indicate whether your organization provides a benefit differing from the one described above.
- *Question 3.2:* If your organization provides a differing benefit, please briefly describe the differences in the space provided.
- *Question 3.3:* Eligibility - this is a Yes/No answer provided in a drop down menu.
- *Question 3.4:* Waiting period - choose the appropriate timeframe from the drop-down menu for the minimum number of days an employee be employed prior to receiving the extended illness benefit.
- *Question 3.5-3.7:* Amount of EIB - enter the minimum, maximum, and average amount of days per year received by Direct Service Staff. Please note that one day equals eight hours of time.

Health Insurance refers to employer contributions to employee health coverage.

- *Question 4.1:* Eligibility - this is a Yes/No answer provided in a drop down menu.
- *Question 4.2:* Waiting period - choose the appropriate timeframe from the drop-down menu for the minimum number of days an employee must be employed prior to receiving the health insurance benefit.
- *Question 4.3:* Percentage Utilization - enter the approximate percentage of Direct Service Staff (both eligible and ineligible) that participate in the health insurance benefit.

Privately Funded Retirement refers to a retirement benefit (other than social security or a 401k or 403b plan) funded by the employer (and possibly by the employee) for distribution to the employee upon retirement.

- *Question 5.1:* Contribution - this is a Yes/No answer provided in a drop down menu.
- *Question 5.2(A):* Contribution Type - this is a Percentage/Fixed Dollar answer provided in a drop down menu.
- *Question 5.2(B):* Amount - enter the fixed dollar amount or percentage of salary.
- *Question 5.2(C):* Length of Service - enter the number of years of employment that are required before an employee may participate.
- *Question 5.2(D):* Participation - enter the approximate percentage of Direct Service Staff (both eligible and ineligible) that participate in this benefit.

Employer Sponsored 401k or 403b refers to the retirement savings plan(s) funded by employee's pre-tax contributions and matching employer contributions.

- *Question 6.1:* Contribution - this is a Yes/No answer provided in a drop down menu.
- *Question 6.2(A):* Contribution Type - this is a Percentage/Fixed Dollar answer provided in a drop down menu.
- *Question 6.2(B):* Amount - enter the fixed dollar amount or percentage of salary.
- *Question 6.2(C):* Length of Service - enter the number of months of employment that are required before an employee may participate.
- *Question 6.2(D):* Participation - enter the approximate percentage of Direct Service Staff (both eligible and ineligible) that participate in this benefit.

State Unemployment Insurance:

- *Question 7.1:* 2010 Unemployment Insurance Rate - enter your Georgia state unemployment insurance rate for 2010.

Workers' Compensation:

- *Question 8.1:* Workers' Compensation Cost - enter your workers' compensation cost for Direct Service Staff under your 2010 policy period as a rate for each \$100 in wages paid.

Health Insurance and Other Benefits Provided:

The second page (bottom half of the worksheet) of Schedule 2 relates to the Health Insurance and Other Benefits premiums your organization paid on behalf of eligible Direct Service Staff. Your organization may be able to obtain this information from the last statement from your insurance carrier. If your organization provides multiple options for a given benefit (e.g. PPO and HMO option for health insurance), record the weighted average amounts.

Fields are provided for the following:

- Health Insurance
- Dental
- Vision
- Life Insurance
- Long Term Disability
- Short Term Disability
- Employee Assistance Program – Organizational specific program that provides assistance to enrolled employees (if applicable)
- Other 1 and Other 2 – Other benefits provided to employees and not specifically identified above; please specify these benefits

For each applicable benefit, please provide:

- *Number of Employees Enrolled:* Enter the number of employees enrolled in each benefit category as of the last billing period.
- *Total Monthly Premium:* Enter the average total per-employee premium (the combined organization and employee cost).

- *Employer Paid Portion:* Enter the amount or the percentage of the total monthly premium paid by the employer for each benefit category. This number should be a per-employee average.

[Back to Section Listing](#)

Schedule 3 Administrative and Program Support Expense Schedule

Schedule 3 collects administrative and program support costs. Please utilize income statements and other accounting records from your most recently completed fiscal year to complete this information. There are two options for completing this schedule, depending on whether your organization allocates administrative and program support costs across lines of business.

Schedule 3A:

If your organization does not allocate administrative and program support costs across lines of business, complete this schedule. These costs will then be allocated across your lines of business using a formula based upon requested revenue figures. Record total organizational expenses (i.e., across all lines of business) using the listed cost categories.

At the bottom of the schedule, list revenues by line of business. The first field is labeled for DD-related revenues from DBHDD. Note that DD-related revenue should exclude collection of consumers' SSI. Also, exclude costs associated with group home facilities and supplies; these expenses are not reimbursed by DBHDD and should be excluded from the amounts reported. The remaining revenue fields (for Source 1, Source 2, etc.) require you to enter the revenue source (e.g., BH-related revenue from DBHDD) and the amount. For DBHDD-DD and other lines of business, please record only 'revenue earned'; that is, revenue (and expenses) related to donations and fundraising should be excluded. Please specify the other sources of revenue.

Schedule 3B:

If your organization does allocate administrative and program support expenses by line of business, or if DD-related revenue from DBHDD is the only source of income for your organization, complete Schedule 3B. The schedule has columns for four lines of business (Source 1, Source 2, etc.). At the top of each of these columns enter the name of each line of business (e.g., BH-related revenue from DBHDD). Then, for each line of business, record expenses using the listed cost categories. At the bottom of the schedule, record the "revenue earned" for each line of business. Record only 'revenue earned'; revenue (and expenses) related to donations and fundraising should be excluded.

Definitions

For the purposes of Schedule 3, administrative and program support expenses are defined as follows:

Administrative Costs are those associated with the agency director, assistant director, secretarial support for these positions, and financial, accounting, audit, human resource, and legal staff. Associated costs include salaries, fringe benefits (including employee health, life, accident, and disability insurance, employer contributions to employee

pensions, payroll taxes, and workers' compensation), consulting expenses, equipment, supplies, occupancy, telephone, and travel related as well as taxes, insurance, and all other administrative and operating type expenditures.

Program Support Costs: includes salaries, fringe benefits (including employee health, life, accident, and disability insurance, employer contributions to employee pensions, payroll taxes, and workers' compensation), consulting expenses, equipment, supplies, occupancy, and travel costs of personnel and materials required to facilitate Direct Service related activities including (but not limited to):

- Education and Training Expenses
- Program Development and Consultation
- Quality Related Activities
- Records and Documentation Expenses
- Supervisory Expenses

To complete the line items for Administrative Expenses use the following definitions:

- *Compensation of Officers:* Include wages, incentives, stipends, bonuses, etc. for officers employed by the organization.
- *Wages for Non-Officer Admin Staff:* Include wages, differentials, incentives, stipends, bonuses, etc. for all other administrative staff that are not officers of the organization.
- *Employee Related Expenses (Admin Staff):* Include paid time off, extended illness benefit, health, dental, vision, disability, workers compensation insurance, and other insurance as well as FICA taxes (social security and Medicare) and employer contributions to retirement plans.

The remaining expenses exclude employee compensation and fringe benefits.

- *Advertising:* Include expenses for advertising for your organization.
- *Board Expense:* Costs associated with meetings of the Board of Directors and any related sub-committees.
- *Computer Expense:* Costs associated with computer equipment primarily utilized by administrative personnel.
- *Consultant Fees:* Costs of professional and consultant services related to the organization's administration rendered by persons who are members of a particular profession or possess a special skill, and who are not officers or employees of the organization.
- *Certification Fees:* Certification and accreditation fees associated with the ongoing operations of the organization.
- *Depreciation:* Include expenses incurred for depreciation for buildings, equipment, vehicles, and other capital items used for administrative functions.
- *Rent Payments for Admin Office(s):* Include the actual rent paid for buildings in which administrative office(s) are located.
- *Dues and subscriptions:* Costs of the organization's membership in business, technical, and/or professional organizations or subscriptions to business, professional, and technical periodicals used for administrative purposes.

- *Repairs and Maintenance (for Administrative Offices)*: Include actual expenses incurred for repairs and maintenance for administrative buildings and equipment.
- *Insurance*: Include expenses for all insurance coverage purchase for your organization.
- *Interest Expense (Excluding Mortgage)*: Include expenses for interest paid, excluding mortgage interest, by your organization.
- *Legal and Accounting*: Include expenses for legal and accounting functions for your organization.
- *Office Supplies*: Costs incurred for materials and supplies necessary to support the duties and responsibilities of administrative staff.
- *Telephone/Communications*: Include expenses for telephone and communications for administrative functions for your organization.
- *Taxes and Licenses*: Include expenses for taxes and licenses for your organization.
- *Utilities for Admin Office(s)*: Include expenses for utilities for buildings in which administrative office(s) are located.

To complete the line items for Program Support Expenses use the following definitions:

- *Wages for Developmental Disabilities Professional Support Staff*: Include wages, differentials, incentives, stipends, bonuses, etc. for all DDPs that perform duties relating to quality, training, program oversight (including supervision of the formation of client plans for services), functional assessments, and the supervision of high intensity cases.
- *Wages for Non-Developmental Disabilities Professional Support Staff*: Include wages, differentials, incentives, stipends, bonuses etc for all non-DDP staff that perform program support activities and are not routinely directly serving clients.
- *Employee Related Expenses (Program Support)*: Include paid time off, extended illness benefit, health, dental, vision, disability, workers' compensation insurance, and other insurance as well as FICA taxes (social security and Medicare) and employer contributions to retirement plans.

The remaining expenses must exclude employee compensation and fringe benefits.

- *Computer Expense*: Costs associated with computer equipment primarily utilized by Program Support personnel.
- *Consultant Fees*: Costs of professional and consultant services related to Program Support functions (such as education and training, program development, and quality assurance) rendered by persons who are members of a particular profession or possess a special skill, and who are not officers or employees of the organization.
- *Depreciation*: Include expenses incurred for depreciation for program support buildings, equipment, and vehicles.
- *Rent Payments for Program Support Office(s)*: Include the actual rent for buildings in which program support office(s) are located.
- *Dues and subscriptions*: Costs of the organization's membership in professional organizations or subscriptions to professional periodicals used for program support purposes.
- *Repairs and Maintenance for Program Support Office(s)*: Include actual expenses incurred for repairs and maintenance for program support buildings and equipment.

- *Office Supplies:* Costs incurred for materials and supplies necessary to support the duties and responsibilities of program support staff.
- *Telephone/Communications:* Include expenses for telephone and communications for program support.
- *Utilities for Program Support Office(s):* Include expenses for utilities for buildings in which program support office(s) are located.

For any expense not specifically listed that accounts for 10% or more of administrative or program support expenses, please indicate the category and expense in the space provided. Examples of additional categories include, but are not limited to, equipment rental, printing and duplicating, vehicle maintenance, travel expenses, etc.

[Back to Section Listing](#)

Schedule 4A Program Support Developmental Disability Professional Staff Wages

This schedule requests a listing of the organizational specific job categories for employees that are designated DDPs that are primarily engaged in program support activities. This schedule should include those DDPs that spend most of their time engaged in program support (e.g., overseeing the delivery of services and supports, supervising the formulation of client service plans, performing functional assessments, and supervising high intensity cases) and not those DDPs that only provide direct client services.

- *Job Title:* List the organizational specific job category.
- *Estimated Annual Turnover:* Using the drop down menu, indicate the estimated annual turnover experienced for this job category. The responses are in 20% increments. Please use the following formula to calculate turnover:

$$[(\text{Number of Employees Paid}) \div (\text{Number of Employees at Year End})] - 1$$

Where 'Number of Individuals Paid' is the count of individuals that worked within the job classification during the year and 'Number of Employees at Year End' is the count of employees working within the job classification at the end of the year.

If your organization does not track this information by individual job classification, the value can be calculated for the entire organization and used for all job classifications.

- *Employee, Contractor:* Using the drop-down menu, select whether the individuals in each job category are employees of the organization or contractors. If both employee and contractor apply, list each on separate lines.
- *Total Hours Paid:* Input the number of hours each job category was paid. The amount reported here is inclusive of overtime hours.
- *Overtime Hours Paid:* Input the number of overtime hours each job category was paid.
- *Minimum Per Hour:* Input the lowest hourly wage paid to employees in each job category
- *Maximum Per Hour:* Input the highest hourly wage paid to employees in each job category
- *Weighted Average Wages Per Hour:* Input the weighted average wage paid among all employees within this job category. This wage should reflect the base regular hourly wage paid (including shift differential) to the individuals in the job category, excluding any overtime. The weighted average wage paid is calculated by dividing total regular (non-overtime) wages paid by total regular (non-overtime) hours worked.

An example of the wage and salary reporting for a single job classification has been provided at the end of this document, or you can move directly to the example by pressing the control button (Ctrl) and clicking on the link here: [Example](#).

[Back to Section Listing](#)

Schedule 4B Service Levels & Allocation of DDPs' Program Support Time

This schedule requests various statistics regarding your organization's service levels as well as the duties and responsibilities of the DDPs employed by your organization. The schedule is split into two halves over two pages.

The top half asks for information regarding the population of individuals served:

- *Average Number of Individuals in Service*: For each service provided by your organization, enter the average number of individuals receiving services during the year. Note that throughout the year individuals may have begun receiving services from your organization while other individuals may have ceased receiving services. The information requested is the average number of individuals receiving services during the year.
- *Average Number of Individuals with Exceptional Rates*: For each service provided by your organization, enter the average number of individuals receiving services at an exceptional rate that has been approved by DBHDD.
- *Average Number of Homes*: As applicable, enter the average number of group homes and host homes supported by your organization over the past year.
- *Average Number of Groups*: As applicable, enter the average number of consumer groups supported by your organization for group service (e.g., the number of prevocational groups operated by your organization) over the past year.

The bottom half of the schedule requests that you indicate, for each DDP job category, how staff time is allocated (to the nearest 5%) across administrative, program support, and direct service activities. *Use the service category fields to record program support time and not direct client service for these categories.* The right-most data input column is available to record direct client service time for all services. The schedule will automatically sum the percentages and note (as "Error") when the total does not equal 100%.

[Back to Section Listing](#)

Schedule 5 – Direct Service Staff Wages

For each service that your organization provides, the survey requests completion of a separate Schedule 5. There is a different schedule for each service that your organization reports providing. The schedules are designated by the service abbreviation in the worksheet title (e.g., Schedule 5-CRA(GH) is for Community Residential Alternative group home services).

General Instructions and Definitions

Include all staff that provide direct services for a given service category. Do not include DDPs that only provide program support. The specific fields are:

- *Job Title*: List the organizational specific job category.
- *Estimated Annual Turnover*: Using the drop down menu, indicate the estimated annual turnover experienced for this job category. The responses are in 20% increments. Please use the following formula to calculate turnover:
$$[(\text{Number of Employees Paid}) \div (\text{Number of Employees at Year End})] - 1$$
Where ‘Number of Individuals Paid’ is the count of individuals that worked within the job classification during the year and ‘Number of Employees at Year End’ is the count of employees working within the job classification at the end of the year.
If your organization does not track this information by individual job classification, the value can be calculated for the entire organization and used for all job classifications.
- *Employee, Contractor*: Using the drop-down menu, select whether the individuals in each job category are employees of the organization or contractors. If both employee and contractor apply, list each on separate lines.
- *Supervisor, Non-Supervisor*: Using the drop-down menu, indicate whether the job category has supervisory duties. If both apply, list each on separate lines.
- *Total Hours Paid*: Input the number of hours each job category was paid. The amount reported here is inclusive of overtime hours.
- *Overtime Hours Paid*: Input the number of overtime hours each job category was paid.
- *Minimum Per Hour*: Input the lowest hourly wage paid to employees in each job category
- *Maximum Per Hour*: Input the highest hourly wage paid to employees in each job category
- *Weighted Average Wages Per Hour*: Input the weighted average wage paid among all employees within this job category. This wage should reflect the base regular hourly wage paid (including shift differential) to the individuals in the job category, excluding any overtime. The weighted average wage paid is calculated by dividing total regular (non-overtime) wages paid by total regular (non-overtime) hours worked.

An example of the calculation of the wage and salary reporting for a single job classification has been provided at the end of this document, or you can move directly to the example by pressing the control button (Ctrl) and clicking on the link here: [Example](#).

Service-Specific Instructions

- *Community Residential Alternatives*: Do not include nursing services as these categories are captured elsewhere in the survey.
- *Community Living Supports*: Do not include nursing services as these categories are captured elsewhere in the survey.

[Back to Section Listing](#)

Schedule 6 – Utilization of Direct Service Staff

For each job classification that your organization reports on Schedule 5, you are asked to report the percentage of time (to the nearest 10%) that staff members spend on various activities. The listed activities vary depending on the service. Each schedule also includes a column for time that does not fit into the listed activities. The schedule will automatically sum the percentages and note (as “Error”) when the total does not equal 100%.

In the right-most column record the number of hours per year that an employee in the job category spends, on average, in formal client assessments (e.g., the SIS or behavioral management assessments) and planning (e.g., ISP) meetings and activities.

Service-Specific Instructions

- *Behavioral Supports Consultation Services*: Do not include time developing behavioral management assessments in the column “Client Assessment/ Planning Time (Hours per Year per FTE)”

[Back to Section Listing](#)

Schedule 7 – Direct Service Staff Time and Base Assumptions

For each service that your organization delivers, this schedule requests various information regarding caseloads, staffing, transportation, staff activities, etc. There is a different schedule for each service that your organization reports providing. The schedules are designated by the service abbreviation in the worksheet title (e.g., Schedule 7-CRA(GH) is for Community Residential Alternative group home services).

Each schedule includes additional space for additional factors that your organization believes should be considered.

Community Residential Alternative, Group Homes

This schedule collects information on the group home setting of the Community Residential Alternative service. Information on the host home setting is collected on a separate schedule.

- *Number of [varying size] homes operated by your organization*: For each size home, input the total number that your organization operates.
- *Number of “full time” individuals served in these group homes*: Input the average total number of “full time” residents residing in your organization’s group homes. “Full time” individuals is calculated by dividing the total number of days billed to DBHDD for individuals (in all homes) by 324 (the maximum number of annual units available per individual).
- *Average number of absences per consumer per month*: Input the average number of days per month that group home residents are absent due to hospitalization, vacation, or other reasons.
- *Are monthly plans for staff coverage and/or the actual staff coverage available electronically*: Using the drop-down menu, indicate whether monthly plans for staff coverage and/or the actual staff coverage are available.
- *Average number of direct service support staff hours per week for [varying size] group homes*: As applicable input the average number of staff hours per week for each size group home. Report only direct care staff including DDPs that are providing direct care but exclude therapists, nurses, behavioral health consultants, and DDPs that are only providing program support.
- *Percentage of individuals with daily activity outside the home*: Indicate the percentage of individuals regularly engaged (at least one day per week) in daily activities outside of the home.

- *For clients engaged in daily activities outside of the home, number of days per week they participate:* For individuals engaged in daily activities outside of the home, indicate the average number of days per week that they are outside of the home.
- *For clients engaged in daily activities outside of the home, number of hours per day they participate:* For individuals engaged in daily activities outside of the home, indicate the average number of hours per day that they are outside of the home.
- *Percentage of individuals receiving OT, PT and/ or ST services per week:* Indicate the average percentage of individuals, across all of your organization's group homes, that routinely receive occupation, physical or speech therapy services each week.
- *For clients receiving OT, PT, or ST, average number of units per client per week:* For those clients that receive therapy services, indicate the average number of units per individual they receive per week.
- *Percentage of individuals receiving behavioral health consultation services per week:* Indicate the average percentage of individuals, across all of your organization's group homes, that receive behavioral health consultation services each week.
- *For clients receiving behavioral health consultation, average number of units per client per week:* For those clients that receive behavioral health consultation services, indicate the average number of units per individual they receive per week.
- *Percentage of individuals receiving RN services per week:* Indicate the average percentage of individuals, across all of your organization's group homes, that receive RN services each week.
- *Percentage of individuals receiving LPN services per week:* Indicate the average percentage of individuals, across all of your organization's group homes, that receive LPN services each week.
- *For clients receiving RN services, average number of units per client per week:* For those clients that receive RN services, indicate the average number of units per individual they receive per week.
- *For clients receiving LPN services, average number of units per client per week:* For those clients that receive LPN services, indicate the average number of units per individual they receive per week.
- *Dedicated vehicle(s) for your organization's group home(s):* Using the drop down menu, indicate whether there are dedicated vehicle(s) for your organization's group home(s).
- *If there are dedicated vehicles, average number per group home:* If applicable, enter the average number of dedicated vehicles per group home.
- *Typical vehicle size (in terms of passengers):* If applicable, input the typical size of the vehicles, in terms of passengers, utilized for individuals' transportation.
- *Average number of miles traveled on behalf of clients, per vehicle:* Enter the average number of miles per week traveled on behalf of the clients, per vehicle.
- *Non-direct service time, for each staff member (hours):* Enter the amount of time, in hours, that are spent per week for each staff member to perform required non-direct service duties. Examples of these activities include (but are not limited to) staff meetings, filing employer required paperwork (not related to service delivery), and other activities that do not involve providing direct service to individuals. Do not include time spent on client assessments, ISP sessions or training programs.

- *Annual training time provided by employer, for each staff member, first year (hours):* Enter the annual training time provided by the employer for each staff member, during the first year of employment.
- *Annual training time provided by employer, for each staff member, after first year (hours):* Enter the annual training time provided by the employer for each staff member, after the first year of employment.

Additional space has been provided if there are additional factors that your organization believes should be considered.

[Back to Section Listing](#)

Community Residential Alternative, Host Homes

This schedule collects information on the host home setting of the Community Residential Alternative service. Information on the group home setting is collected on a separate schedule.

- *Number of [varying size] homes operated by your organization:* For each size home, input the total number that your organization supports.
- *Average number of absences per consumer per month:* Input the average number of days per month that host home residents are absent due to hospitalization, vacation, or other reasons.
- *Typical number of years a host home provides services:* Input the length of time (in years) that the average host home provides services to your organization.
- *Average client caseload per host home monitoring staff member:* For staff that monitor host homes, input the average number of clients in host homes overseen by each staff member (e.g. a host home supervisor oversees 8 homes and there is a total of 16 clients in these homes).
- *Average number of monitoring visits per host home per year:* Input the average number of monitoring visits your organization provides per host home per year.
- *Average length of monitoring visits:* Indicate the average length (in hours) of monitoring visits provided by your organization.
- *Average travel distance per monitoring visit (miles):* Input the average number of miles that a staff member travels for a monitor visit.
- *Average travel time per monitoring visit (hours):* Input staff members' average travel time for a monitoring visit.
- *Is recordkeeping included in direct service time:* Indicate whether recordkeeping is included in direct service time (i.e. is recordkeeping done during the course of the provision of service/ does your organization bill for recordkeeping?).
- *Recordkeeping time, per staff:* Using the provided drop down menu, indicate the number of hours per shift that is used for recordkeeping.
- *Percentage of individuals receiving OT, PT and/ or ST services per week:* Indicate the average percentage of individuals, across all of your organization's host homes, that receive occupation, physical or speech therapy services each week.
- *For clients receiving OT, PT, or ST, average number of units per client per week:* For those clients that receive therapy services, indicate the average number of units per individual they receive per week.

- *Percentage of individuals receiving behavioral health consultation services per week:* Indicate the average percentage of individuals, across all of your organization's host homes, that receive behavioral health consultation services each week.
- *For clients receiving behavioral health consultation, average number of units per client per week:* For those clients that receive behavioral health consultation services, indicate the average number of units per individual they receive per week.
- *Percentage of individuals receiving RN services per week:* Indicate the average percentage of individuals, across all of your organization's host homes, that receive RN services each week.
- *Percentage of individuals receiving LPN services per week:* Indicate the average percentage of individuals, across all of your organization's host homes, that receive LPN services each week.
- *For clients receiving RN services, average number of units per client per week:* For those clients that receive RN services, indicate the average number of units per individual they receive per week.
- *For clients receiving LPN services, average number of units per client per week:* For those clients that receive LPN services, indicate the average number of units per individual they receive per week.
- *Percentage of individuals receiving other services per week:* If your organization provides other services to clients residing in host homes, indicate the service (in the space on the right side of the sheet) and the average percentage of individuals, across all of your organization's host homes, that routinely receive each services each week.
- *Estimated monthly travel provided by host home on behalf of each client:* Input the estimated number of miles traveled by the host home on behalf of each client each month.
- *Average annual training hours provided to host homes, first year:* Enter the average number of annual training hours provide by your organization to each host home during the first year of operation.
- *Average annual training hours provided to host homes, after first year:* Enter the average number of annual training hours provide by your organization to each host home, after their first year of operation.
- *Average per consumer daily rate paid to host homes (dollars):* Enter the average daily rate paid to your organization's host homes.
- *Lowest per consumer daily rate paid to host homes (dollars):* Enter the lowest daily rate paid to your organization's host homes.
- *Highest per consumer daily rate paid to host homes (dollars):* Enter the highest daily rate paid to your organization's host homes.
- *Non-direct service time, for each staff member (hours):* Enter the amount of time, in hours, that are spent per week for each staff member to perform required non-direct service duties. Examples of these activities include (but are not limited to) staff meetings, filing employer required paperwork (not related to service delivery), and other activities that do not involve providing direct service to individuals. Do not include time spent on client assessments, ISP sessions or training programs.
- *Annual training time provided by employer, for each staff member, first year:* Enter the annual training hours provided by the employer for each staff member during the first year of employment.

- *Annual training time provided by employer, for each staff member, after first year:* Enter the annual training time provided by the employer for each staff member after the first year of employment.

Additional space has been provided if there are additional factors that your organization believes should be considered.

[Back to Section Listing](#)

Community Access (Group) and Prevocational Services

The following instructions apply to Section 7 for Community Access (Group) and Prevocational services. For Prevocational services, the survey requests separate responses for facility-based programs operated by your organization and mobile-crew or similar programs.

- *Average number of groups operated by your organization:* Input the average number of groups that your organization operates.
- *Average number of groups with scheduled staff to individual ratio of::* For all of the groups operated by your organization, please record how many have a staffing ratio of one staff to three or fewer clients (1:3), between more than 1:3 and 1:5, between more than 1:5 and 1:7, and more than 1:7.
- *Number of days the program operates:* Input the total number of days your organization's programs operate during the year.
- *Average number of individuals served by your organization:* Input the average number of individuals that receive the specified service from your organization.
- *Typical annual attendance for a client:* Input the typical number of days that clients attend the program during the year.
- *Length of typical program:* Input the average length of a typical program in hours per day.
- *Average attendance time for a client:* Input the average number of hours per day that a client attends the program.
- *Does your organization provide transportation to and from the program:* Using the drop-down menu, indicate whether your organization transports clients to and from their program.
- *Typical vehicle size:* If applicable, input the typical size of the vehicles, in terms of passengers, utilized for clients' transportation.
- *Estimated percentage of clients transported to/from program:* Input the estimated percentage of clients for whom your organization regularly provides transportation to and from the program.
- *Average number of transportation operated by your organization:* Input the average number of transportation routes for each program. A single route would be the vehicle leaving the program site at the beginning of the day, picking up clients, and taking them to the program. Taking the clients home at the end of the day would be a second route. A single program may have more than one route (e.g. an eight-person group may provide transportation to five clients using two routes, one serving two consumers and the other serving three).
- *Average distance of transportation route:* Input the average distance in miles of transportation routes provided by your organization.

- *Do groups/individuals participate in outings:* Using the drop-down menu, indicate whether groups participate in community outings. (Not applicable to Prevocational Services.)
- *Average number of outings (per week):* As applicable, input the average number of community outings in which groups participate in per week. (Not applicable to Prevocational Services.)
- *Average distance traveled during an outing:* As applicable, input the average distance traveled, in miles, during a community outing. (Not applicable to Prevocational Services.)
- *Average costs for supplies per client, per day:* Input the average costs for supplies per client, per day in dollars.
- *Approximate Square Footage / client:* Input the approximate square footage per client (i.e., the size of the facility divided by the number of clients in the program).
- *Approximate operating cost per square foot:* Enter in the approximate operating cost per square foot associated with the program facility, including rent, utilities, furniture and equipment, etc.
- *Is recordkeeping included in direct service time:* Indicate whether recordkeeping is included in direct service time (i.e. is recordkeeping done during the course of the provision of service/ does your organization bill for recordkeeping?).
- *Recordkeeping time, per staff:* Using the provided drop down menu, indicate the number of hours per shift that is used for recordkeeping.
- *Program preparation time, per staff member:* Using the drop-down menu, indicate the amount of time that staff member spend on program preparation each day.
- *Non-direct service time, for each staff member:* For each service, enter the amount of time, in hours, that are spent per week for each staff member to perform required non-direct service duties. Examples of these activities include (but are not limited to) staff meetings, filing employer required paperwork (not related to service delivery), etc.
- *Annual training time provided by employer, for each staff member, first year:* For each service, enter the annual training hours provided by the employer for each staff member during the first year of employment.
- *Annual training time provided by employer, for each staff member, after first year:* for each service, enter the annual training hours provided by the employer for each staff member after the first year of employment.

Additional space has been provided if there are additional factors that your organization feels should be considered for each service.

[Back to Section Listing](#)

Supported Employment Services

The survey includes separate Section 7s for Supported Employment-Individual and Supported Employment Group. Each has two pages; page one is similar for both service models while the second page has more differences. This subsection starts with the similar questions and then covers the service-model specific instructions.

General Instructions

Questions? Contact Steven Abele with Burns & Associates at (602) 241-8521 or sabele@burnshealthpolicy.com

- *Average number of individuals served by your organization:* For each service model, input the average number of individuals that receive services from your organization.
- *Average number of individuals in a job:* Of the total number of individuals served by your organization, record the average number of clients in a paid job.
- *Average number of individuals in the following supported employment activities:* For the clients receiving services from your organization, record where in the supported employment process they are, using the following definitions.
 - Pre-employment assessment and counseling - services provided and activities performed to determine the nature and scope of services to be included in the individual's plan for supports and services. Services include employment evaluation and employment counseling and guidance.
 - Pre-employment job training - training services to individuals to assist them in developing specific vocational skills and improve their ability to secure and maintain employment.
 - Job search and readiness - activities that support and assist an individual in searching for and developing skills to obtain and maintain an appropriate job. Job search assistance may include help in resume preparation, identifying appropriate job opportunities, developing interview skills, and describing employer expectations.
 - Job placement assistance - activities that result in the individual working in a job that is consistent with the vocational goal and includes: a referral to a specific job resulting in an interview, job site development, work site analysis for needed accommodations, and direct job placement
 - Job maintenance - activities provided to an individual who has been placed in employment in order to stabilize the placement and enhance job retention. Services include job coaching and job stabilization such as work adjustment counseling. This category is further divided clients for whom your organization is billing job maintenance and those that are not billed.
 - Other – space is provided to record other supported employment services
- *Average number of groups in group employment with a job:* For the groups in employment, input the number for whom your organization bills job maintenance and those for whom job maintenance is not billed. (Not applicable to Individual services.)
- *Average caseload per staff:* Input the average monthly caseload per supported employment staff member. Do not include staff that only provide transportation or personal assistance.
- *Distribution of direct staff time:* Input the percentage of supported employment staff members' time using the same definitions of activities not previously. This question also includes job development, transportation, and personal assistance. Job development is defined as making contacts with employers to identify and develop employment opportunities either for a particular individual (client-specific) or for individuals with developmental disabilities more generally (non-client specific).
- *Average weekly one-on-one supervision time for each staff member:* For each service, input the total hours of one-on-one supervision that each staff member receives each week. (Not applicable to Behavioral Supports Consultation.)
- *Is recordkeeping included in direct service time:* Indicate whether recordkeeping is included in direct service time (i.e. is recordkeeping done during the course of the provision of service/ does your organization bill for recordkeeping?).

- *Recordkeeping time, per staff:* Using the provided drop down menu, indicate the number of hours per shift that is used for recordkeeping.
- *Non-direct service time, for each staff member:* For each service, enter the amount of time, in hours, that are spent per week for each staff member to perform required non-direct service duties. Examples of these activities include (but are not limited to) staff meetings, filing employer required paperwork (not related to service delivery), etc.
- *Annual training time provided by employer, for each staff member, first year:* For each service, enter the annual training hours provided by the employer for each staff member during the first year of employment.
- *Annual training time provided by employer, for each staff member, after first year:* for each service, enter the annual training hours provided by the employer for each staff member after the first year of employment.

Additional Instructions for Supported Employment Services for Individuals

Supported Employment services for individuals is divided between clients with a job for whom your organization bills for job maintenance and clients for whom job maintenance is not billed.

- *Average number of client visits per staff per day:* Input the average number of clients that a staff person visits in one day.
- *Average visit length:* Input the average length of time (in hours) that a staff person spends with a client during a visit.
- *Average miles traveled transporting clients each day:* Input the number of miles that a staff member drives each day while transporting clients (e.g., to a job interview).
- *Average miles traveled between client visits each day:* Input the average number of miles that direct service staff travel between client visits each day.
- *Average time spent traveling between client visits each day:* Indicate the number of hours spent traveling between client visits each day.
- *Average number of appointments missed by clients, per staff member:* Indicate the average number of appointments missed by clients per staff member.
- *Average number of individuals receiving personal assistance:* Input the number of clients who receive personal assistance services.
- *For clients receiving personal assistance, average number of hours received per individual:* If a client receives personal assistance services, indicate the average number of hours of service that an individual receives per week.

Additional Instructions for Supported Employment Services for Groups

Supported Employment services for Groups is divided between groups with a job for whom your organization bills for job maintenance and those for whom job maintenance is not billed as well as supported employment groups without a job.

- *Average length of group employment:* For groups in a job, indicate the number of hours per day that they work, excluding transportation to and from the worksite. (Not applicable to groups without a job.)
- *Average number of groups in group employment without a job:* Record the number of supported employment groups without a job.
- *Average number of groups with scheduled staff to individual ratio of:* For all of the groups operated by your organization, please record how many have a staffing ratio of one staff to three or fewer clients (1:3), between more than 1:3 and 1:5, between more

than 1:5 and 1:7, and more than 1:7. Do not include staff that provide only transportation or personal assistance.

- *Average number of individuals receiving personal assistance:* Input the number of clients who receive personal assistance services.
- *For clients receiving personal assistance, average number of hours received per individual:* If a client receives personal assistance services, indicate the average number of hours of service that an individual receives per week.
- *Estimated percentage of clients transported to/from program:* Input the estimated percentage of clients for whom your organization regularly provides transportation to and from the program.
- *Average number of transportation routes per group:* Input the average number of transportation routes for each program. A single route would be the vehicle leaving the program site at the beginning of the day, picking up clients, and taking them to the program. Taking the clients home at the end of the day would be a second route. A single program may have more than one route (e.g. an eight-person group may provide transportation to five clients using two routes, one serving two consumers and the other serving three).
- *Average distance of transportation route:* Input the average distance in miles of transportation routes provided by your organization.
- *Program preparation time, per staff member:* Using the drop-down menu, indicate the amount of time that staff member spend on program preparation each day.

Additional space has been provided if there are additional factors that your organization feels should be considered.

[Back to Section Listing](#)

Other Community-Based Services

The following instructions apply to Section 7 for several services. This subsection includes general instructions and then additional service-specific instructions. This subsection applies to the following:

- Community Living Supports (CLS)
- Nursing
- Community Access, Individual
- Respite
- Natural Supports Training
- Behavioral Supports Consultation
- Community Guide

General Instructions

- *Average number of individuals served by your organization:* For each service, input the average number of individuals that receive the specified service from your organization. (See the end of this subsection for additional instructions for Community Living Supports.)

- *Average number of client visits per staff per day:* For each service, input the average number of clients that a staff person visits in one day. (Not applicable to daily CLS or daily respite.)
- *Average visit length:* For each service, input the average length of time (in hours) that a staff person spends with a client during a visit. (See the end of this subsection for additional instructions for Community Living Supports.)
- *Average miles traveled transporting clients each day:* For each service, input the number of miles that a staff member drives each day while transporting clients (e.g., to appointments, shopping, etc.). (This question is not included for nursing services.)
- *Average miles traveled between client visits each day:* For each service, input the average number of miles that direct service staff travel between client visits each day. (Not applicable to daily CLS or daily respite.)
- *Average time spent traveling between client visits each day:* For each service, indicate the number of hours spent traveling between client visits each day. (Not applicable to daily CLS or daily respite.)
- *Average number of appointments missed by clients, per staff member:* For each service, indicate the average number of appointments missed by clients per staff member.
- *Average weekly one-on-one supervision time for each staff member:* For each service, input the total hours of one-on-one supervision that each staff member receives each week. (Not applicable to Behavioral Supports Consultation.)
- *Non-direct service time, for each staff member:* For each service, enter the amount of time, in hours, that are spent per week for each staff member to perform required non-direct service duties. Examples of these activities include (but are not limited to) staff meetings, filing employer required paperwork (not related to service delivery), etc.
- *Annual training time provided by employer, for each staff member, first year:* For each service, enter the annual training hours provided by the employer for each staff member during the first year of employment.
- *Annual training time provided by employer, for each staff member, after first year:* for each service, enter the annual training hours provided by the employer for each staff member after the first year of employment.

Additional Instructions for Community Living Supports

- *Average number of individuals receiving 24-hour Community Living Support:* Input the average number of individuals that receive 24-hour CLS.
- *Average number of personal retainer days (hospitalization/ vacation specified in ISP) per client per year:* Input the average number of personal retainer days (which must be specified in the ISP and may total seven days for hospitalization and 30 days for vacation) for which your organization receives payment per client
- *Average visit length:* For this question, exclude those receiving 24-hour CLS when calculating the average visit length.

Additional Instructions for Nursing Services

- For each question, answer separately for RN and LPN services associated with Community Residential Services for group homes and host homes and for CLS.

Additional Instructions for Community Access, Individual

- *Is recordkeeping included in direct service time:* Using the dropdown menu, indicate whether recordkeeping is included in direct service time (i.e. is recordkeeping done during the course of the provision of service/ does your organization bill for recordkeeping?).
- *Recordkeeping, per staff (hours):* Using the provided drop down menu, indicate the number of hours per shift that is used for recordkeeping.
- *Client-specific program development, per staff member (hours):* Input the number of hours per month that a staff member spends on client-specific program development activities (e.g., developing community relationships to create opportunities for a single client).
- *Non-client specific program development, per staff member (hours):* Input the number of hours per month that a staff member spends on non-client specific program development activities (e.g., developing community relationships to create opportunities for multiple clients).

Additional Instructions for Behavioral Supports Consultation

- *Is recordkeeping included in direct service time:* Using the dropdown menu, indicate whether recordkeeping is included in direct service time (i.e. is recordkeeping done during the course of the provision of service/ does your organization bill for recordkeeping?).
- *Recordkeeping, per staff (hours):* Using the provided drop down menu, indicate the number of hours per shift that is used for recordkeeping.

Additional space has been provided if there are additional factors that your organization believes should be considered for each service.

[Back to Section Listing](#)

Schedule 8 – Units Provided v. Units Billed

This schedule applies only to Community Access-Group and Prevocational Services. In a December 17, 2009 memorandum, DBHDD clarified that providers had two options for billing for these services and remaining within annual per-client budget limits after the de-bundling of services. Providers are able to bill either:

- At the rate inferred by the number of hours of service that they are authorized; e.g., with a \$10,454 annual limit, a client receiving 90 hours of service per month has an inferred rate of \$2.42 per 15 minute unit ($\$10,454 / 12 \text{ months} / 360 \text{ units}$), or
- Billing the maximum rate of \$3.04 for the number of units up to the number that would equal the client's budget limit even if the provider actually delivered a greater number of units of service; e.g. with a \$10,454 annual limit, a provider could bill approximately 287 units per month ($\$10,454 / 12 \text{ months} / \3.04) even if 360 units were actually provided.

Schedule 8 requests that your organization list the client ID for each individual to whom Community Access-Group or Prevocational Services were delivered, the number of units of service these clients received over the past fiscal year, the number of units that were billed over the past fiscal year, and the per-unit billing rate.

[Back to Section Listing](#)

Wage & Salary Example:

10 individual FTEs for a single job classifications were paid during the year at the following wage and paid the following hours during the year:

<u>Position</u>	<u>Wage</u>	<u>Hours</u>	<u>FTE</u>	<u>OT Hours</u>
FTE1	\$10.00	2,600	1.25	520
FTE2	\$10.50	2,080	1.00	
FTE3	\$10.50	2,080	1.00	
FTE4	\$10.50	2,600	1.25	520
FTE5	\$11.00	1,040	0.50	
FTE6	\$11.00	1,040	0.50	
FTE7	\$11.00	2,080	1.00	
FTE8	\$11.00	2,080	1.00	
FTE9	\$12.00	2,080	1.00	
FTE10	\$12.00	2,080	1.00	
Total		19,760	9.50	1,040

To enter the data for this job classification using this example:

Number of Full-Time Equivalents*	Number of Full-Time Equivalents		Weighted Average Wages Per Hour (Regular Time)			FTEs that are Overtime Hours
	Paid at Minimum Per Hour	Paid at Maximum Per Hour	Minimum Per Hour	Maximum Per Hour	Average Per Hour**	

Formula (described in instructions)

<i>Total hours ÷ 2,080</i>	<i>Count of FTE paid at min.</i>	<i>Count of FTE paid at min.</i>	<i>Minimum wage paid</i>	<i>Maximum wage paid</i>	<i>Weighted Avg wage paid</i>	<i>Number of OT hours ÷ 2,080</i>
----------------------------	----------------------------------	----------------------------------	--------------------------	--------------------------	-------------------------------	-----------------------------------

Application to Example:

$19,760 \div 2,080$	$1.25 (@ \$10.00)$	$2 (@ \$12.00)$	$\$10.00$	$\$12.00$	$(10.00 * 1.25 + 10.50 * 3.25 + 11.00 * 4 + 12.00 * 2) \div 9.50$	$1,040 \div 2,080$
---------------------	--------------------	-----------------	-----------	-----------	---	--------------------

Values entered:

9.50	1.25	2	\$10.00	\$12.00	\$10.91	0.50
------	------	---	---------	---------	---------	------

* Note that the calculation for Number of Full-Time Equivalents includes hours paid for overtime.

**Note that the average per hour has been rounded to the nearest \$0.01.

[Back to Section Listing](#)

Georgia Department of Behavioral Health & Developmental Disabilities
Division of Developmental Disabilities

2010 Provider Survey

Distributed by Burns & Associates, Inc.

August 30, 2010

Contact: Steven Abele
602-241-8521 (office) or 602-290-1977 (cell)
sabele@burnshealthpolicy.com

Schedule 1
General Provider Information

Provider Name

Please Indicate the Services Provided by Your Organization (Check Appropriate Boxes)

Community Residential Alternatives	<input checked="" type="checkbox"/>
Community Living Support	<input checked="" type="checkbox"/>
RN/LPN Services (CRA or CLS)	<input checked="" type="checkbox"/>
Community Access	<input checked="" type="checkbox"/>
Prevocational Services	<input checked="" type="checkbox"/>
Supported Employment	<input checked="" type="checkbox"/>
Respite	<input checked="" type="checkbox"/>
Natural Support Training	<input checked="" type="checkbox"/>
Behavioral Supports Consultation	<input checked="" type="checkbox"/>
Community Guide	<input checked="" type="checkbox"/>

Is your organization classified as a 501(c)(3)?

If so, please list the name under which your organization's IRS Form 990 is filed:

Schedule 1A
Provider Certification and
General Provider Information

Provider Name

Organization Fiscal Year End

I have examined the accompanying survey prepared by and for _____, and to the best of my knowledge and belief, the information is a true, accurate, and complete statement prepared to reflect the operations of the organization and is considered a "good faith" effort on this organization's part to participate in the rate setting process for the Georgia Department of Behavioral Health & Developmental Disabilities.

Enter Name of Owner, Officer, or Authorized Representative		
(Last)	(First)	
Title	Telephone Number	Fax Number
E-mail Address		
Complete Address:		
Address (1)		
Address (2)		
City	GA	Zip Code

Report Prepared by:		Title
(Last)	(First)	
Address		
City, State, Zip Code		
Telephone Number	Fax Number	
E-mail Address	Provider Website (if applicable)	

Alternate Contact:		Title
(Last)	(First)	
Address		
City, State, Zip Code		
Telephone Number	Fax Number	
E-mail Address		

Schedule 2
Direct Care Benefits Provided

Provider Name

Questions Related to Benefits for Direct Service Staff

Holidays

- 1.1 Are Direct Service Staff Eligible for Holiday pay? (Yes/No)
- 1.2 If Direct Service Staff **are** Eligible for Holiday pay, what is the waiting period before staff are eligible?
- 1.3 For Full-Time Direct Service Staff, how many holidays do employees receive? (Days per year)

Paid Time Off (PTO)

- 2.1 Are Direct Service Staff Eligible to Receive PTO, in addition to Holidays? (Yes/No)
- 2.2 If Direct Service Staff **are** Eligible for PTO, what is the waiting period before staff are eligible?
- 2.3 For Full-Time Direct Service Staff, what is the **minimum** amount of PTO received? (Days per year)
- 2.4 For Full-Time Direct Service Staff, what is the **maximum** amount of PTO received? (Days per year)
- 2.5 For Full-Time Direct Service Staff, what is the **average amount** of PTO received? (Days per year)

Extended Illness Benefit (EIB)

- 3.1 Does your organization definition/use of EIB differ from that defined in this survey (see instructions)? (Yes/No)
- 3.2 If so, briefly explain the difference:
- 3.3 Are Direct Service Staff Eligible to Receive EIB? (Yes/No)
- 3.4 If Direct Service Staff **are** Eligible for EIB, what is the waiting period before staff are eligible?
- 3.5 For Full-Time Direct Service Staff, what is the **minimum** amount of EIB received? (Days per year)
- 3.6 For Full-Time Direct Service Staff, what is the **maximum** amount of EIB received? (Days per year)
- 3.7 For Full-Time Direct Service Staff, what is the **average amount** of EIB received? (Days per year)

Health Insurance

- 4.1 Are Direct Service Staff Eligible to Receive Health Insurance? (Yes/No)
- 4.2 If Direct Service Staff **are** Eligible for Health Insurance, what is the waiting period before staff are eligible?
- 4.3 Indicate the approximate percentage of Direct Service Staff (eligible and not eligible) that utilize Health Insurance.

Privately Funded Retirement Plan (Other than a 401k or 403b, see instructions)

- 5.1 Does your organization contribute to a privately funded retirement plan for your Direct Service Staff?
- 5.2 If your organization **does** contribute to a privately funded retirement plan for your Direct Service Staff:
 - (A) Is the amount a fixed dollar amount or a percentage of salary?
 - (B) What is the fixed dollar amount or percentage of salary?
 - (C) What length of service is required for participation (in years)?
 - (D) Approximately what percentage of Direct Service Staff (eligible and not eligible) participate in this benefit?

Employer Supported 401k or 403b

- 6.1 Does your organization contribute to a 401k or 403b plan for your Direct Service Staff?
- 6.2 If your organization **does** contribute to a 401k or 403b plan for your Direct Service Staff:
 - (A) Is the amount a fixed dollar amount or a percentage of salary?
 - (B) What is the fixed dollar amount or percentage of salary?
 - (C) What length of service is required for participation (in months)?
 - (D) Approximately what percentage of the total Direct Service Staff (eligible and not eligible) participate in this benefit?
- 7 What is your Georgia state unemployment insurance rate for 2010?
- 8 What is your workers' compensation cost for Direct Service Staff under your 2010 policy period (express as a rate for each \$100 in wages paid)?

Schedule 2
Direct Care Benefits Provided

Provider Name

Questions Related to Health Insurance and Other Benefits Provided by the Employer

	Coverage Type	Number of Employees Enrolled	Total Monthly Premium per Employee	Employer-paid portion (fill in one)	
				(as a % of total)	(as a \$ amt)
	Example #1	5	\$ 700.00	80%	
	Example #2	5	\$ 700.00		\$ 560.00
Health Insurance	Single Coverage				
	Employee + Spouse				
	Employee + Child				
	Family Coverage				
Dental	Single Coverage				
	Employee + Spouse				
	Employee + Child				
	Family Coverage				
Vision	Single Coverage				
	Employee + Spouse				
	Employee + Child				
	Family Coverage				
Life Insurance	Single Coverage				
LT Disability	Single Coverage				
ST Disability	Single Coverage				
Employee Assistance Program	Single Coverage				
	Employee + Spouse				
	Employee + Child				
	Family Coverage				
Other (1)	Single Coverage				[SPECIFY OTHER BENEFIT 1 HERE]
	Employee + Spouse				
	Employee + Child				
	Family Coverage				
Other (2)	Single Coverage				[SPECIFY OTHER BENEFIT 2 HERE]
	Employee + Spouse				
	Employee + Child				
	Family Coverage				

Comments:

Schedule 3A
Administrative and Program Support Expense Schedule

Provider Name

Use This Schedule if Your Organization Does Not Allocate Administrative and Program Support Expenses Across Lines of Business, Otherwise Use Schedule 3B

Administrative Expenses		Program Support Expenses		
Compensation of Officers		Compensation for Developmental Disability Professional		
Wages for Non-Officer Admin Staff		Wages for Non-DDP Support Staff		
Employee related expenses (Admin Staff)		Employee Related Expenses (Program Support)		
Advertising				
Board Expense				
Computer Expense		Computer Expense		
Consultant Fees		Consultant Fees		
Certification Fees				
Depreciation		Depreciation		
Rent Payments for Admin Office(s)		Rent Payments for Program Support Office		
Dues and subscriptions		Dues and subscriptions		
Repairs and Maintenance for Admin Office(s)		Repairs and Maintenance for Program Support Office(s)		
Insurance				
Interest Expense (Excluding Mortgage)				
Legal and Accounting				
Office Supplies		Office Supplies		
Telephone/Communications/Postage		Telephone/Communications/Postage		
Taxes and Licenses				
Utilities for Admin Office(s)		Utilities for Program Support Office(s)		
Other admin expenses (if total is greater than 10% of all admin expenses, detail below)		Other program support expenses (if total is greater than 10% of all program support expenses, detail below)		
Other #1 _____		Other #1 _____		
Other #2 _____		Other #2 _____		
Other #3 _____		Other #3 _____		
Other #4 _____		Other #4 _____		
Other #5 _____		Other #5 _____		
Other #6 _____		Other #6 _____		
Other #7 _____		Other #7 _____		
TOTAL Admin Expenses	\$ -	TOTAL Program Support Expenses	\$ -	Total Admin & Program Support
				\$ -

	DBHDD - DD	Revenue from other Lines of Business not associated with DBHDD-DD:				TOTAL
		[Source 1]	[Source 2]	[Source 3]	[Source 4]	
Total revenue received						\$ -

Schedule 3B
Administrative and Program Support Expense Schedule

Provider Name

Use This Schedule if Your Organization Does Allocate Administrative and Program Support Expenses Across Lines of Business, Otherwise Use Schedule 3A

Allocate Administrative Expenses Across All Lines of Business

	DBHDD - DD	[Source 1]	[Source 2]	[Source 3]	[Source 4]	Total
Compensation of Officers						\$ -
Wages for Non-Officer Admin Staff						\$ -
Employee related expenses (Admin Staff)						\$ -
Advertising						\$ -
Board Expense						\$ -
Computer Expense						\$ -
Consultant Fees						\$ -
Certification Fees						\$ -
Depreciation						\$ -
Rent Payments for Admin Office(s)						\$ -
Dues and subscriptions						\$ -
Repairs and Maintenance (for Administrative Office(s))						\$ -
Insurance						\$ -
Interest Expense (Excluding Mortgage)						\$ -
Legal and Accounting						\$ -
Office Supplies						\$ -
Telephone/Communications/Postage						\$ -
Taxes and Licenses						\$ -
Utilities for Admin Office(s)						\$ -
Other admin expenses (if total is greater than 10% of all admin expenses, detail below)						
Other #1 _____						\$ -
Other #2 _____						\$ -
Other #3 _____						\$ -
Other #4 _____						\$ -
Other #5 _____						\$ -
Other #6 _____						\$ -
Other #7 _____						\$ -
TOTAL Admin Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule 3B
Administrative and Program Support Expense Schedule

Provider Name

Use This Schedule if Your Organization Does Allocate Administrative and Program Support Expenses Across Lines of Business, Otherwise Use Schedule 3A

Allocate Program Support Expenses Across All Lines of Business

	DBHDD - DD	[Source 1]	[Source 2]	[Source 3]	[Source 4]	Total
Compensation for Developmental Disability Professionals						\$ -
Wages for Non-DDP Support Staff						\$ -
Employee Related Expenses (Program Support)						\$ -
Computer Expense						\$ -
Consultant Fees						\$ -
Depreciation						\$ -
Rent Payments for Program Support Office						\$ -
Dues and subscriptions						\$ -
Repairs and Maintenance for Program Support Office(s)						\$ -
Office Supplies						\$ -
Telephone/Communications/Postage						\$ -
Utilities for Program Support Office(s)						\$ -
Other program support expenses (if total is greater than 10% of all program support expenses, detail below)						
Other #1 _____						\$ -
Other #2 _____						\$ -
Other #3 _____						\$ -
Other #4 _____						\$ -
Other #5 _____						\$ -
Other #6 _____						\$ -
Other #7 _____						\$ -
TOTAL Program Support Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Total Admin & Program Support \$ -

	DBHDD - DD	Revenue from other Lines of Business not associated with DBHDD-DD:				TOTAL
		[Source 1]	[Source 2]	[Source 3]	[Source 4]	
Total revenue received						\$ -

**Schedule 4A DDP
 Program Support Developmental Disability Professionals
 Staff Compensation**

Provider Name

All Providers are to Complete This Schedule

Program Support Developmental Disability Professionals Job Categories - Compensation

Program Support DDP Staff Job Titles (List organization specific job categories)	Estimated Annual Turnover	Employee, Contractor	Total Hours Paid	Overtime Hours Paid	Minimum Per Hour	Maximum Per Hour	Weighted Average Per Hour
Example: DDP Level I	21-40%	Employee	10,500.00	100.00	\$ 11.00	\$ 14.00	\$ 11.80

**Schedule 4B DDP
Service Levels and DDPs' Duties**

Provider Name

All Providers are to Complete This Schedule

Service Levels & Allocation of DDPs' Program Support Time

	Service Levels								
	Community Residential Alternative - Group Home	Community Residential Alternative - Host Home	Community Living Support - 15 Min	Community Living Support - Daily	Community Access Service - Group	Community Access Service - Individual	Pre-vocational Services	Respite	
Average Number of Individuals in Service									
Average Number of Individuals with Exceptional Rates									
Average Number of Homes									
Average Number of Groups									

	Allocation of DDP Time									
	Employee Contractor	Avg. Number of FTEs	Admin Time	Program Support (Not Direct Client Service)						
			Community Residential Alternative - Group Home	Community Residential Alternative - Host Home	Community Living Support - 15 Min	Community Living Support - Daily	Community Access Service - Group	Community Access Service - Individual	Pre-vocational Services	Respite
Example: DDP Level I	E	5.0	5%	55%	20%					

**Schedule 4B DDP
Service Levels and DDPs' Duties**

Provider Name

All Providers are to Complete This Schedule

Service Levels & Allocation of DDPs' Program Support Time

	Service Levels								
	Supported Employment Individual	Supported Employment Group	Therapies	Community Guide Services	Natural Supports Training	Behavioral Supports Consultation	Other Service Not Listed		
Average Number of Individuals in Service									
Average Number of Individuals with Exceptional Rates									
Average Number of Homes									
Average Number of Groups									

		Allocation of DDP Time									
		Program Support (Not Direct Client Service)							Direct Client Service	Total Time Reported	
	Employee Contractor	Avg. Number of FTEs	Supported Employment Individual	Supported Employment Group	Therapies	Community Guide Services	Natural Supports Training	Behavioral Supports Consultation	Other Service Not Listed		
Example: DDP Level I	E	5.0							10%	10%	Yes

Schedule 5-CRA(GH)
Direct Service Staff Wages

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Residential Alternative Services - Group Home**

Direct Service Staff Job Categories - Wages

Direct Service Staff Job Title (List organization specific job categories)	Estimated Annual Turnover	Employee or Contractor	Supervisor or Non-Supervisor	Total Hours Paid	Overtime Hours Paid	Minimum Per Hour	Maximum Per Hour	Weighted Average Per Hour
Example: DSS Level I	21 - 40%	Employee	Non-Supervisor	10,500.00	100.00	\$ 11.00	\$ 14.00	\$ 11.80

Schedule 6-CRA(GH)
Utilization of Direct Service Staff

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Residential Alternative Services - Group Home**

Direct Service Staff Job Categories - Services Provided

Direct Service Staff Job Title	Employee Contractor	Supervisor Non-Supervisor	Avg. Number of FTEs	Indicate how much time on average the listed Job Title performs the listed services/ activities			
				Group Home	Other Services/ Activities Not Listed	Total Time Reported	Client Assessment/ Planning Time (Hours per Year per FTE)
Example: DSS Level I	E	N	5.0	70%	30%	Yes	10.00

Schedule 7-CRA(GH)
Direct Care Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Residential Alternative Services - Group Home**

	Unit	Example	Group Home			
Number of 1-person group homes operated by your organization	Count	0.0				
Number of 2-person group homes operated by your organization	Count	2.0				
Number of 3-person group homes operated by your organization	Count	2.0				
Number of 4-person group homes operated by your organization	Count	4.0				
Number of group homes with 4+ persons operated by your organization	Count	0.0				
Number of "full time" individuals served in these group homes	Count	23.0				
Average number of absences (due to hospitalization, vacation, etc.) per consumer per month	Days	3.0				
Are monthly plans for staff coverage and/or the actual staff coverage available electronically	Yes/No	No				
For the following, include only direct care staff, do not count therapists and other professionals						
Average number of direct service support staff hours per week for 1-person group homes	Per Week	200.0				
Average number of direct service support staff hours per week for 2-person group homes	Per Week	350.0				
Average number of direct service support staff hours per week for 3-person group homes	Per Week	400.0				
Average number of direct service support staff hours per week for 4-person group homes	Per Week	500.0				
Average number of direct service support staff hours per week for group homes with 4+ persons	Per Week	500.0				
Percentage of individuals with daily activity outside the home	Percent	50.0%				
For clients engaged in daily activities outside of the home, number of days per week they participate	Per Week	4.0				
For clients engaged in daily activities outside of the home, number of hours per day they participate	Per Week	7.0				
Percentage of individuals receiving OT, PT and/ or ST services per week	Percent	25%				
For clients receiving OT, PT, or ST, average number of units per client per week	Units	4.0				
Percentage of individuals receiving behavioral health consultation services per week	Percent	40%				
For clients receiving behavioral health consultation, average number of units per client per week	Units	4.0				
Percentage of individuals receiving RN services per week	Percent	10%				
Percentage of individuals receiving LPN services per week	Percent	15%				
For clients receiving RN services, average number of units per client per week	Units	2.0				
For clients receiving LPN services, average number of units per client per week	Units	6.0				
Dedicated vehicle(s) for your organization's group home(s)	Yes/No	Yes				
If there are dedicated vehicles, average number per group home	Value	1				
Typical vehicle size (in terms of passengers)	Value	6				
Average number of miles traveled on behalf of clients, per vehicle	Per Week	100				
Non-direct service time, for each staff member (hours)	Per Week	2.50				
Annual training hours provided by employer, for each staff member, first year	Per Year	40.0				
Annual training hours provided by employer, for each staff member, after first year	Per Year	20.0				

Other Factors for Consideration:

Comments:

Schedule 5-CRA(HH)
Direct Service Staff Wages

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Residential Alternative Services - Host Home**

Direct Service Staff Job Categories - Wages

Direct Service Staff Job Title (List organization specific job categories)	Estimated Annual Turnover	Employee or Contractor	Supervisor or Non-Supervisor	Total Hours Paid	Overtime Hours Paid	Minimum Per Hour	Maximum Per Hour	Weighted Average Per Hour
Example: DDP Level I	21 - 40%	Employee	Non-Supervisor	10,500.00	100.00	\$ 11.00	\$ 14.00	\$ 11.80

Schedule 6-CRA(HH)
Utilization of Direct Service Staff

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Residential Alternative Services - Host Home**

Direct Service Staff Job Categories - Services Provided

Direct Service Staff Job Title	Employee Contractor	Supervisor Non-Supervisor	Avg. Number of FTEs	Indicate how much time on average the listed Job Title performs the listed services/ activities					
				Host Home (Family Training)	Host Home (Supervision & Monitoring)	Other Host Home Services/ Activities Not Listed	Non Host Home Services/ Activities	Total Time Reported	Client Assessment/ Planning Time (Hours per Year per FTE)
Example: DDP Level I	E	N	5.0	60%	20%	10%	10%	Yes	10.00

Schedule 7-CRA(HH)
Direct Care Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Residential Alternative Services - Host Home**

	Unit	Example:	Host Home			
Number of 1-person host homes supported by your organization	Count	15				
Number of 2-person host homes supported by your organization	Count	15				
Number of 2+ person host homes supported by your organization	Count	15				
Average number of absences (due to hospitalization, vacation, etc.) per consumer per month	Days	2.0				
Typical number of years a host home provides services for your organization	Value	6.0				
Average client caseload per host home monitoring staff member	Value	150.0				
Average number of monitoring visits per host home per year	Per Year	16.0				
Average length of monitoring visits	Hours	12.00				
Average travel distance per monitoring visit (miles)	Value	20				
Average travel time per monitoring visit (hours)	Value	0.5				
Is recordkeeping included in direct service time	Yes/No	Yes				
Recordkeeping time, per staff (hours)	Per Day	0.25				
Percentage of individuals receiving OT, PT and/ or ST services per week	Value	25%				
For clients receiving OT, PT, or ST, average number of units per client per week	Units	4.0				
Percentage of individuals receiving behavioral health consultation services per week	Percent	40%				
For clients receiving behavioral health consultation, average number of units per client per week	Units	4.0				
Percentage of individuals receiving RN services per week	Percent	10%				
Percentage of individuals receiving LPN services per week	Percent	15%				
For clients receiving RN services, average number of units per client per week	Units	2.0				
For clients receiving LPN services, average number of units per client per week	Units	6.0				
Percentage of individuals receiving [OTHER SERVICE 1] per week	Percent	10%				[SPECIFY OTHER SERVICE 1 HERE]
For clients receiving [OTHER SERVICE 1], average number of units per client per week	Units	4.0				[SPECIFY OTHER SERVICE 1 HERE]
Percentage of individuals receiving [OTHER SERVICE 2] per week	Percent	10%				[SPECIFY OTHER SERVICE 2 HERE]
For clients receiving [OTHER SERVICE 2], average number of units per client per week	Units	4.0				[SPECIFY OTHER SERVICE 2 HERE]
Estimated monthly travel provided by host home on behalf of each client (miles)	Per Month	200				
Average annual training hours provided to each host home, first year	Per Year	20.0				
Average annual training hours provided to each host home, after first year	Per Year	10.0				
Average per consumer daily rate paid to host homes (dollars)	Per Day	\$36.50				
Lowest per consumer daily rate paid to host homes (dollars)	Per Day	\$30.00				
Highest per consumer daily rate paid to host homes (dollars)	Per Day	\$50.00				
Non-direct service time, for each staff member (hours)	Per Week	2.50				
Annual training hours provided by employer, for each staff member, first year	Per Year	40.0				
Annual training hours provided by employer, for each staff member, after first year	Per Year	20.0				

Other Factors for Consideration:

Comments:

Schedule 5-CLS
Direct Service Staff Wages

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Living Support Services**

Direct Service Staff Job Categories - Wages

Direct Service Staff Job Title (List organization specific job categories)	Estimated Annual Turnover	Employee or Contractor	Supervisor or Non-Supervisor	Total Hours Paid	Overtime Hours Paid	Minimum Per Hour	Maximum Per Hour	Weighted Average Per Hour
Example: DSS Level I	21 - 40%	Employee	Non-Supervisor	10,500.00	100.00	\$ 11.00	\$ 14.00	\$ 11.80

Schedule 6-CLS
Utilization of Direct Service Staff

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Living Support Services**

Direct Service Staff Job Categories - Services Provided

Direct Service Staff Job Title	Employee Contractor	Supervisor Non-Supervisor	Avg. Number of FTEs	Indicate how much time on average the listed Job Title performs the listed services/ activities				
				Community Living Support (15 min)	Community Living Support (Daily)	Other Services/ Activities Not Listed	Total Time Reported	Client Assessment/ Planning Time (Hours per Year per FTE)
Example: DSS Level I	E	N	5.0	70%	20%	10%	Yes	10.00

Schedule 7-CLS
Direct Care Service Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Living Support Services**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service.				
	Unit	Example	Community Living Support (15 min)	Community Living Support (Daily)	
Average number of individuals served by your organization	Count	40.0			
Average number of individuals receiving 24-hour Community Living Support	Count	2.0			
Average number of personal retainer days (hospitalization/ vacation specified in ISP) per client per year	Per Year	18.0			
Average number of client visits per staff per day	Per Day	4.0			
Average visit length (excluding those receiving 24 hour Community Living Support)	Hours	1.50			
Average miles traveled transporting clients each day	Per Day	5			
Average miles traveled between client visits each day	Per Day	15			
Average time spent traveling between client visits each day (hours)	Per Day	1.00			
Average number of appointments missed by clients, per staff member	Per Week	1.0			
Average weekly one-on-one supervision time for each staff member (hours)	Per Week	2.00			
Non-direct service time, for each staff member (hours)	Per Week	1.50			
Annual training time provided by employer, for each staff member, first year (hours)	Per Year	25.0			
Annual training time provided by employer, for each staff member, after first year (hours)	Per Year	10.0			

Other Factors for Consideration:

Comments:

Schedule 5-RN-LPN
Direct Service Staff Wages

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
RN or LPN Services in Community Residential Alternatives or Community Living Support Services**

Direct Service Staff Job Categories - Wages

Direct Service Staff Job Title (List organization specific job categories)	Estimated Annual Turnover	Employee or Contractor	Supervisor or Non-Supervisor	Total Hours Paid	Overtime Hours Paid	Minimum Per Hour	Maximum Per Hour	Weighted Average Per Hour
Example: RN Level I	21 - 40%	Employee	Non-Supervisor	10,500.00	100.00	\$ 11.00	\$ 14.00	\$ 11.80

Schedule 6-RN-LPN
Utilization of Direct Service Staff

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
RN or LPN Services in Community Residential Alternatives or Community Living Support Services**

Direct Service Staff Job Categories - Services Provided

Direct Service Staff Job Title	Employee Contractor	Supervisor Non-Supervisor	Avg. Number of FTEs	Indicate how much time on average the listed Job Title performs the listed services/ activities					
				Community Residential Alternative - Group Home	Community Residential Alternative - Host Home	Community Living Support	Other Services/ Activities Not Listed	Total Time Reported	Client Assessment/ Planning Time (Hours per Year per FTE)
Example: RN Level I	E	N	5.0	70%	20%		10%	Yes	10.00

Schedule 7-RN-LPN
Direct Service Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
RN or LPN Services in Community Residential Alternatives or Community Living Support Services**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service.								
	Unit	Example:	Community Residential Alternative - Group Home		Community Residential Alternative - Host Home		Community Living Support		
			RN	LPN	RN	LPN	RN	LPN	
Average number of individuals served by your organization	Count	40.0							
Average number of client visits per staff per day	Per Day	4.0							
Average visit length	Hours	1.50							
Average miles traveled between client visits each day	Per Day	15							
Average time spent traveling between client visits each day (hours)	Per Day	1.00							
Average number of appointments missed by clients, per staff member	Per Week	1.0							
Average weekly one-on-one supervision time for each staff member (hours)	Per Week	2.00							
Non-direct service time, for each staff member (hours)	Per Week	1.50							
Annual training time provided by employer, for each staff member, first year (hours)	Per Year	25.0							
Annual training time provided by employer, for each staff member, after first year (hours)	Per Year	10.0							

Other Factors for Consideration:

Comments:

Schedule 5-CA
Direct Service Staff Wages

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Access Services**

Direct Service Staff Job Categories - Wages

Direct Service Staff Job Title (List organization specific job categories)	Estimated Annual Turnover	Employee or Contractor	Supervisor or Non-Supervisor	Total Hours Paid	Overtime Hours Paid	Minimum Per Hour	Maximum Per Hour	Weighted Average Per Hour
Example: DSS Level I	21 - 40%	Employee	Non-Supervisor	10,500.00	100.00	\$ 11.00	\$ 14.00	\$ 11.80

Schedule 6-CA
Utilization of Direct Service Staff

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Access Services**

Direct Service Staff Job Categories - Services Provided

Direct Service Staff Job Title	Employee Contractor	Supervisor Non-Supervisor	Avg. Number of FTEs	Indicate how much time on average the listed Job Title performs the listed services/ activities				
				Community Access Group	Community Access Individual	Other Services/ Activities Not Listed	Total Time Reported	Client Assessment/ Planning Time (Hours per Year per FTE)
Example: DSS Level I	E	N	5.0	70%	20%	10%	Yes	10.00

Schedule 7-CA(Group)
Direct Service Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Access Services, Group**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service.				
	Unit	Example:	Community Access Group		
Average number of groups operated by your organization	Count	2.0			
Average number of groups with scheduled staff to individual ratio of:					
<1:3	Count	0.0			
> 1:3 and ≤1:5	Count	1.0			
> 1:5 and ≤1:7	Count	0.0			
> 1:7	Count	1.0			
Number of days the program operates	Per Year	250			
Average number of individuals served by your organization	Count	40.0			
Typical annual attendance for a client (days)	Per Year	210			
Length of typical program (hours)	Per Day	7.00			
Average attendance time for a client (hours)	Per Day	5.00			
Does your organization provide transportation to and from the program	Yes/No	Yes			
Typical vehicle size (in terms of passengers)	Value	6			
Estimated percentage of clients your organization transports to and from the program	Percent	50%			
Average number of transportation routes operated by your organization	Value	1.0			
Average distance of transportation route	Miles	40			
Average number of clients per route	Count	4.0			
Do groups participate in outings	Yes/No	Yes			
Average number of outings (per week)	Value	1.0			
Average distance traveled during an outing	Miles	15			
Average costs for supplies per client, per day	Value	\$2.50			
Approximate square footage per client	Value	125			
Approximate operating cost per square foot (including rent)	Value	\$12.00			
Is recordkeeping included in direct service time	Yes/No	Yes			
Recordkeeping time, per staff (hours)	Per Day	0.25			
Program preparation time, per staff member (hours)	Per Day	0.50			
Non-direct service time, for each staff member (hours)	Per Week	1.00			
Annual training time provided by employer, for each staff member, first year (hours)	Per Year	25.0			
Annual training time provided by employer, for each staff member, after first year (hours)	Per Year	15.0			

Other Factors for Consideration:

Comments:

Schedule 7-CA(Indiv)
Direct Service Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Access Services, Individual**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service.					
	Unit	Example:	Community Access Individual			
Average number of individuals served by your organization	Count	40.0				
Average number of client visits per staff per day	Per Day	4.0				
Average visit length	Hours	1.50				
Average miles traveled transporting clients each day	Per Day	5				
Average miles traveled between client visits each day	Per Day	15				
Average time spent traveling between client visits each day (hours)	Per Day	1.00				
Average number of appointments missed by clients, per staff member	Per Week	1.0				
Is recordkeeping included in direct service time	Yes/No	Yes				
Recordkeeping time, per staff (hours)	Per Day	0.25				
Average weekly one-on-one supervision time for each staff member (hours)	Per Week	2.00				
Client-specific program development, per staff member (hours)	Per Month	3.00				
Non-client specific program development, per staff member (hours)	Per Month	1.00				
Non-direct service time, for each staff member (hours)	Per Week	1.50				
Annual training time provided by employer, for each staff member, first year (hours)	Per Year	25.0				
Annual training time provided by employer, for each staff member, after first year (hours)	Per Year	10.0				

Other Factors for Consideration:

Comments:

Schedule 8-CA(Group)
Units Provided v. Units Billed

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Access Services, Group**

Units Provided v. Units Billed

Client ID	Units Delivered	Units Billed	Per Unit Billing Rate							
Ex. 1234567891011	4320.00	3438.00	\$3.04							

Schedule 5-PV
Direct Service Staff Wages

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Prevocational Services**

Direct Service Staff Job Categories - Wages

Direct Service Staff Job Title (List organization specific job categories)	Estimated Annual Turnover	Employee or Contractor	Supervisor or Non-Supervisor	Total Hours Paid	Overtime Hours Paid	Minimum Per Hour	Maximum Per Hour	Weighted Average Per Hour
Example: DSS Level I	21 - 40%	Employee	Non-Supervisor	10,500.00	100.00	\$ 11.00	\$ 14.00	\$ 11.80

Schedule 6-PV
Utilization of Direct Service Staff

Provider Name

Please Complete This Schedule ONLY If Your Organization Provides: Prevocational Services

Direct Service Staff Job Categories - Services Provided

Direct Service Staff Job Title	Employee Contractor	Supervisor Non-Supervisor	Avg. Number of FTEs	Indicate how much time on average the listed Job Title performs the listed services/ activities				
				Prevocational Service, Facility (15 min)	Prevocational Service, Crew (15 min)	Other Services/ Activities Not Listed	Total Time Reported	Client Assessment/ Planning Time (Hours per Year per FTE)
Example: DSS Level I	E	N	5.0	70%		30%	Yes	10.00

Schedule 7-PV
Direct Service Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Prevocational Services**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service.				
	Unit	Example:	Prevocational Service, Facility	Prevocational Service, Crew	
Average number of groups operated by your organization	Count	2.0			
Average number of groups with scheduled staff to individual ratio of:					
<1:3	Count	0.0			
> 1:3 and ≤1:5	Count	1.0			
> 1:5 and ≤1:7	Count	0.0			
> 1:7	Count	1.0			
Number of days the program operates	Per Year	250			
Average number of individuals served by your organization	Count	40.0			
Typical annual attendance for a client (days)	Per Year	210			
Length of typical program (hours)	Per Day	7.00			
Average attendance time for a client	Per Day	5.00			
Does your organization provide transportation to and from the program	Yes/No	Yes			
Typical vehicle size (in terms of passengers)	Value	6			
Estimated percentage of clients your organization transports to and from the program	Percent	50%			
Average number of transportation routes operated by your organization	Value	1.0			
Average distance of transportation route	Miles	40.0			
Average number of clients per route	Count	4.0			
Average costs for supplies per client, per day	Value	\$2.50			
Approximate square footage per client	Value	125			
Approximate operating cost per square foot (including rent)	Value	\$12.00			
Is recordkeeping included in direct service time	Yes/No	Yes			
Recordkeeping time, per staff (hours)	Per Shift	0.25			
Program preparation time, per staff member (hours)	Per Day	0.50			
Non-direct service time, for each staff member (hours)	Per Week	1.00			
Annual training time provided by employer, for each staff member, first year (hours)	Per Year	25.00			
Annual training time provided by employer, for each staff member, after first year (hours)	Per Year	15.00			

Other Factors for Consideration:

Comments:

Schedule 8-PV
Units Provided v. Units Billed

Provider Name

Please Complete This Schedule ONLY If Your Organization Provides:
Prevocational Services

Units Provided v. Units Billed

Client ID	Units Delivered	Units Billed	Per Unit Billing Rate						
Ex. 1234567891011	4320.00	3438.00	\$3.04						

Schedule 5-SE
Direct Care Staff Wages

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Supported Employment Services**

Direct Service Staff Job Categories - Wages

Direct Service Staff Job Title (List organization specific job categories)	Estimated Annual Turnover	Employee or Contractor	Supervisor or Non-Supervisor	Total Hours Paid	Overtime Hours Paid	Minimum Per Hour	Maximum Per Hour	Weighted Average Per Hour
Example: DSS Level I	21 - 40%	Employee	Non-Supervisor	10,500.00	100.00	\$ 11.00	\$ 14.00	\$ 11.80

Schedule 6-SE
Utilization of Direct Services Staff

Provider Name

Please Complete This Schedule ONLY If Your Organization Provides: Supported Employment Services

Direct Service Staff Job Categories - Services Provided

Direct Service Staff Job Title	Employee Contractor	Supervisor Non-Supervisor	Avg. Number of FTEs	Indicate how much time on average the listed Job Title performs services							Client Assessment/ Planning Time (Hours per Year per FTE)
				Supervision of Direct Services Staff	Transporting Clients	Personal Assistance for Clients	Other Supported Employment Services, Individual	Other Supported Employment Service, Group	Other Service Not Listed	Total Time Reported	
Example: DSS Level I	E	N	5.0		10%	30%	10%	40%	10%	Yes	10.00

Schedule 7-SE(Indiv)
Direct Service Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Supported Employment Services, Individual**

	Please indicate the amount of time or value for the given factor by service.				
	Unit	Example:	Supported Employment, Individual		
Productivity / Other Factors					
Average number of individuals served by your organization	Count	50.0			
Average number of individuals in a job	Count	10.0			
Average number of individuals in following stages of supported employment					
Pre-employment assessment and counseling	Count	5.0			
Pre-employment job training	Count	20.0			
Job search and readiness	Count	10.0			
Job placement	Count	5.0			
In a job - not billed as job maintenance	Count	5.0			
In a job - billed as job maintenance	Count	5.0			
Other 1 (specify)	Count				[SPECIFY OTHER SERVICE 1 HERE]
Other 2 (specify)	Count				[SPECIFY OTHER SERVICE 2 HERE]
Average caseload per staff (excluding staff providing only transportation/ personal assistance):	Per Year	40.0			
Distribution of direct staff time (hours) (excluding staff providing only transportation/ personal assistance):					
Pre-employment assessment and counseling	Per Week	10%			
Pre-employment job training	Per Week	20%			
Job development					
Client specific	Per Week	20%			
Non-client specific	Per Week	5%			
Job search and readiness	Per Week	15%			
Job placement	Per Week	5%			
In a job - not billed as job maintenance	Per Week	5%			
In a job - billed as job maintenance	Per Week	5%			
Transportation	Per Week	5%			
Personal assistance	Per Week	10%			
Average weekly one-on-one supervision time for each staff member (hours)	Per Week	2.00			
Is recordkeeping included in direct service time	Yes/No	Yes			
Recordkeeping time, per staff (hours)	Per Day	0.25			
Non-direct service time, for each staff member (hours)	Per Week	1.00			
Annual training time provided by employer, for each staff member, first year (hours)	Per Year	25.0			
Annual training time provided by employer, for each staff member, after first year (hours)	Per Year	15.0			

Schedule 7-SE(Indiv)
Direct Service Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Supported Employment Services, Individual**

			For individuals with a job billed as job maintenance	For individuals not billed as job maintenance		
Average number of client visits per staff per day	Per Day	4.0				
Average visit length	Hours	1.50				
Average miles traveled transporting clients each day	Per Day	5				
Average miles traveled between client visits each day	Per Day	15				
Average time spent traveling between client visits each day (hours)	Per Day	1.00				
Average number of appointments missed by clients, per staff member	Per Week	1.0				
Average number of individuals receiving personal assistance	Count	20.0				
For clients receiving personal assistance, average number of hours of received per	Per Week	8.00				

Other Factors for Consideration:

Comments:

Schedule 7-SE(Group)
Direct Care Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Supported Employment Services, Group**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service.				
	Unit	Example:	Supported Employment, Group		
Average number of individuals served by your organization	Count	50.0			
Average number of individuals in a job	Count	10.0			
Average number of individuals in following stages of supported employment					
Pre-employment assessment and counseling	Count	5.0			
Pre-employment job training	Count	20.0			
Job search and readiness	Count	10.0			
Job placement	Count	5.0			
In a job - not billed as job maintenance	Count	5.0			
In a job - billed as job maintenance	Count	5.0			
Other 1 (specify)	Count				[SPECIFY OTHER SERVICE 1 HERE]
Other 2 (specify)	Count				[SPECIFY OTHER SERVICE 2 HERE]
Average number of groups in group employment with a job					
Not billed as job maintenance	Count	2.0			
Billed as job maintenance	Count	2.0			
Average caseload per staff (excluding staff providing only transportation/ personal assistance):	Per Month	40.0			
Distribution of direct staff time (hours) (excluding staff providing only transportation/ personal assistance):					
Pre-employment assessment and counseling	Per Week	10%			
Pre-employment job training	Per Week	20%			
Job development					
Client specific	Per Week	20%			
Non-client specific	Per Week	5%			
Job search and readiness	Per Week	15%			
Job placement	Per Week	5%			
In a job - not billed as job maintenance	Per Week	5%			
In a job - billed as job maintenance	Per Week	5%			
Transportation	Per Week	5%			
Personal assistance	Per Week	10%			
Average weekly one-on-one supervision time for each staff member (hours)	Per Week	2.00			
Is recordkeeping included in direct service time	Yes/No	Yes			
Recordkeeping time, per staff (hours)	Per Day	0.25			
Non-direct service time, for each staff member (hours)	Per Week	1.00			
Annual training time provided by employer, for each staff member, first year (hours)	Per Year	25.0			
Annual training time provided by employer, for each staff member, after first year (hours)	Per Year	15.0			

Schedule 7-SE(Group)
Direct Care Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Supported Employment Services, Group**

			For groups with a job billed as job maintenance	For groups with a job not billed as job maintenance	For groups without a job
Average length (hours) of group employment (excluding transportation to/ from worksite)	Per Day	7.00			
Average number of groups in group employment without a job	Count	5.0			
Average number of groups with scheduled staff to individual ratio of (excluding staff providing only transportation/ personal assist):					
<1:3	Count	1.0			
> 1:3 and ≤1:5	Count	2.0			
> 1:5 and ≤1:7	Count	4.0			
> 1:7	Count	8.0			
Average number of individuals receiving personal assistance per individual	Per Week	8.00			
Estimated percentage of clients your organization transports to/ from the program	Percent	50%			
Average number of transportation routes operated by your organization	Value	1.0			
Average distance of transportation route	Miles	40.0			
Program preparation time, per staff member (hours)	Per Day	0.50			

Other Factors for Consideration:

Comments:

Schedule 5-RS
Direct Service Staff Wages

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Respite Services**

Direct Service Staff Job Categories - Wages

Direct Service Staff Job Title (List organization specific job categories)	Estimated Annual Turnover	Employee or Contractor	Supervisor or Non-Supervisor	Total Hours Paid	Overtime Hours Paid	Minimum Per Hour	Maximum Per Hour	Weighted Average Per Hour
Example: DSS Level I	21 - 40%	Employee	Non-Supervisor	10,500.00	100.00	\$ 11.00	\$ 14.00	\$ 11.80

Schedule 6-RS
Utilization of Direct Service Staff

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Respite Services**

Direct Service Staff Job Categories - Services Provided

Direct Service Staff Job Title	Employee Contractor	Supervisor Non-Supervisor	Avg. Number of FTEs	Indicate how much time on average the listed Job Title performs the listed services/ activities				
				Respite (15 min)	Respite, Overnight (Daily)	Other Services/ Activities Not Listed	Total Time Reported	Client Assessment/ Planning Time (Hours per Year per FTE)
Example: DSS Level I	E	N	5.0	70%	20%	10%	Yes	10.00

Schedule 7-RS
Direct Service Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Respite Services**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service.				
	Unit	Example:	Respite (15 min)	Respite, Overnight (Daily)	
Average number of individuals served by your organization	Count	40.0			
Average number of client visits per staff per day	Per Day	4.0			
Average visit length	Hours	1.50			
Average miles traveled transporting clients each day	Per Day	5			
Average miles traveled between client visits each day	Per Day	15			
Average time spent traveling between client visits each day (hours)	Per Day	1.00			
Average number of appointments missed by clients, per staff member	Per Week	1.0			
Average weekly one-on-one supervision time for each staff member (hours)	Per Week	2.00			
Non-direct service time, for each staff member (hours)	Per Week	1.50			
Annual training time provided by employer, for each staff member, first year (hours)	Per Year	25.0			
Annual training time provided by employer, for each staff member, after first year (hours)	Per Year	10.0			

Other Factors for Consideration:

Comments:

Schedule 5-NST
Direct Service Staff Wages

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Natural Support Training Services**

Direct Service Staff Job Categories - Wages

Direct Service Staff Job Title (List organization specific job categories)	Estimated Annual Turnover	Employee or Contractor	Supervisor or Non-Supervisor	Total Hours Paid	Overtime Hours Paid	Minimum Per Hour	Maximum Per Hour	Weighted Average Per Hour
Example: DSS Level I	21 - 40%	Employee	Non-Supervisor	10,500.00	100.00	\$ 11.00	\$ 14.00	\$ 11.80

Schedule 6-NST
Utilization of Direct Service Staff

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Natural Support Training Services**

Direct Service Staff Job Categories - Services Provided

Direct Service Staff Job Title	Employee Contractor	Supervisor Non-Supervisor	Avg. Number of FTEs	Indicate how much time on average the listed Job Title performs the listed services/ activities				
				Natural Support Training	Other Services/ Activities Not Listed	Total Time Reported		Client Assessment/ Planning Time (Hours per Year per FTE)
Example: DSS Level I	E	N	5.0	70%	30%	Yes		10.00

Schedule 7-NST
Direct Care Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Natural Support Training Services**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service.					
	Unit	Example:	Natural Support Training (15 Min)			
Average number of individuals served by your organization	Count	40.0				
Average number of client visits per staff per day	Per Day	4.0				
Average visit length	Hours	1.50				
Average miles traveled transporting clients each day	Per Day	5				
Average miles traveled between client visits each day	Per Day	15				
Average time spent traveling between client visits each day (hours)	Per Day	1.00				
Average number of appointments missed by clients, per staff member	Per Week	1.0				
Average weekly one-on-one supervision time for each staff member (hours)	Per Week	2.00				
Non-direct service time, for each staff member (hours)	Per Week	1.50				
Annual training time provided by employer, for each staff member, first year (hours)	Per Year	25.0				
Annual training time provided by employer, for each staff member, after first year (hours)	Per Year	10.0				

Other Factors for Consideration:

Comments:

Schedule 5-BSC
Direct Service Staff Wages

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Behavioral Supports Consultation Services**

Direct Service Staff Job Categories - Wages

Direct Service Staff Job Title (List organization specific job categories)	Estimated Annual Turnover	Employee or Contractor	Supervisor or Non-Supervisor	Total Hours Paid	Overtime Hours Paid	Minimum Per Hour	Maximum Per Hour	Weighted Average Per Hour
Example: DSS Level I	21 - 40%	Employee	Non-Supervisor	10,500.00	100.00	\$ 11.00	\$ 14.00	\$ 11.80

Schedule 6-BSC
Utilization of Direct Service Staff

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Behavioral Supports Consultation Services**

Direct Service Staff Job Categories - Services Provided

Direct Service Staff Job Title	Employee Contractor	Supervisor Non-Supervisor	Avg. Number of FTEs	Indicate how much time on average the listed Job Title performs the listed services/ activities				Client Assessment/ Planning Time (Hours per Year per FTE)
				Behavioral Supports Consultation	Other Services/ Activities Not Listed	Total Time Reported		
Example: DSS Level I	E	N	5.0	70%	30%	Yes	10.00	

Schedule 7-BSC
Direct Service Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Behavioral Supports Consultation Services**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service.					
	Unit	Example:	Behavioral Supports Consultation			
Average number of individuals served by your organization	Count	40.0				
Average number of client visits per staff per day	Per Day	4.0				
Average visit length	Hours	1.50				
Average miles traveled transporting clients each day	Per Day	5				
Average miles traveled between client visits each day	Per Day	15				
Average time spent traveling between client visits each day (hours)	Per Day	1.00				
Average number of appointments missed by clients, per staff member	Per Week	1.0				
Is recordkeeping included in direct service time	Yes/No	Yes				
Recordkeeping time, per staff (hours)	Per Day	0.25				
Non-direct service time, for each staff member (hours)	Per Week	1.50				
Annual training time provided by employer, for each staff member, first year (hours)	Per Year	25.0				
Annual training time provided by employer, for each staff member, after first year (hours)	Per Year	10.0				

Other Factors for Consideration:

Comments:

Schedule 5-CG
Direct Service Staff Wages

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Guide Services**

Direct Service Staff Job Categories - Wages

Direct Service Staff Job Title (List organization specific job categories)	Estimated Annual Turnover	Employee or Contractor	Supervisor or Non-Supervisor	Total Hours Paid	Overtime Hours Paid	Minimum Per Hour	Maximum Per Hour	Weighted Average Per Hour
Example: DSS Level I	21 - 40%	Employee	Non-Supervisor	10,500.00	100.00	\$ 11.00	\$ 14.00	\$ 11.80

Schedule 7-CG
Direct Service Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Community Guide Services**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service.					
	Unit	Example:	Community Guide Services			
Average number of individuals served by your organization	Count	40.0				
Average number of client visits per staff per day	Per Day	4.0				
Average visit length	Hours	1.50				
Average miles traveled transporting clients each day	Per Day	5				
Average miles traveled between client visits each day	Per Day	15				
Average time spent traveling between client visits each day (hours)	Per Day	1.00				
Average number of appointments missed by clients, per staff member	Per Week	1.0				
Average weekly one-on-one supervision time for each staff member (hours)	Per Week	2.00				
Non-direct service time, for each staff member (hours)	Per Week	1.50				
Annual training time provided by employer, for each staff member, first year (hours)	Per Year	25.0				
Annual training time provided by employer, for each staff member, after first year (hours)	Per Year	10.0				

Other Factors for Consideration:

Comments: