



Developmental Disabilities Supports Division

Provider Rate Study

Provider Survey Instructions

August 19, 2011

Prepared by:

BURNS & ASSOCIATES, INC.

Health Policy Consultants

3030 NORTH THIRD STREET, SUITE 200
PHOENIX, ARIZONA 85012
(602) 241-8520

TABLE OF CONTENTS

Introduction.....	3
Training Conference Call.....	3
Accessing the Survey.....	3
Overview of the Survey.....	4
Completing and Submitting the Survey.....	4
Contact Information and Revenues.....	5
Services Provided.....	5
Administrative and Program Support Costs.....	6
“Admin Staff” – Salary and Benefit Costs for Administrative and Program Support Staff.....	6
“Admin Other” – Administrative and Program Support Expenses Other Than Staff Costs.....	8
“Benefits” – Fringe Benefits for Direct Service Staff.....	10
Staff Data – General Instructions.....	12
Case Management.....	13
Staff Data.....	13
Contractor Data.....	13
Productivity and Other Factors.....	14
Supported Living.....	16
Staff Data.....	16
Productivity and Other Factors.....	16
Residence Detail.....	18
Tier III Crisis Services.....	19
Staff Data.....	19
Productivity and Other Factors.....	19
Family Living.....	21
Staff Data.....	21
Productivity and Other Factors.....	21
Nursing/ Behavior Supports Consultation/ Therapies.....	25
Staff Data.....	25
Productivity and Other Factors.....	25
Nutrition Counseling.....	28
Staff Data.....	28
Contractor Data.....	28
Productivity and Other Factors.....	28
Personal Support Companion/ Independent Living/ Community Access/ Respite/ Substitute Care.....	30
Staff Data.....	30
Productivity and Other Factors.....	30
Supported Employment and Adult Habilitation.....	32
Staff Data.....	32
Productivity and Other Factors.....	32

INTRODUCTION

As part of its transition to its renewed Medicaid waiver, the New Mexico Developmental Disabilities Supports Division (DDSD) is in the process of reviewing and revising the rates paid to providers of home and community based services. Burns & Associates, Inc. (B&A) is providing assistance in this initiative.

Part of this review includes a provider survey to collect data regarding providers' service delivery designs and costs. The information being collected in this survey will be a factor in the rate setting process and will be utilized only for this purpose. These instructions are intended to assist providers in the completion of the survey.

The following services are included in the survey:

- Case Management
- Supported Living
- Tier III Crisis Services
- Family Living
- Nursing
- Behavior Supports Consultation
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Nutritional Counseling
- Personal Support Companion
- Independent Living
- Community Access
- Respite
- Substitute Care
- Supported Employment
- Adult Habilitation

Training Conference Call

B&A is hosting a conference call to discuss the survey and instructions and to respond to questions. Following are the details:

Date and Time: Tuesday, August 23 from 1:00 PM to 4:00 PM

Call-In Number: (800) 920.7487, participant code 47298647#

Accessing the Survey

The survey has been built in Microsoft Excel, in a version compatible with Excel 97 and more current versions. The survey includes macros that must be enabled. Excel 2007 users will get a warning and should select "Enable this content." Users of older versions of Excel must have their security setting for macros set at "Medium" or lower. To view or change the 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 the level after completing the survey)
- Press the "OK" button to exit the popup menus
- Exit and restart Excel

Overview of the Survey

Broadly, the survey is designed to collect information in five primary areas:

- Administration and Program Support Staffing
- Other Administration and Program Support Costs
- Benefits for Direct Service Staff
- Direct Service Staff Hours and Wages
- Direct Service Productivity and Other Factors

All providers should complete the forms related to Administration and Program Support Staffing, Other Administration and Program Support Costs, and Benefits for Direct Service Staff.

Each individual service has its own Direct Service Staff and Direct Service Productivity and Other Factors forms. Providers only need to complete the forms for the services that they provide (and the survey will only produce the forms for those services that providers indicate that they deliver).

Throughout the survey, fields in which users may record data are shaded in light green. Examples are shaded in grey. Dark green fields are automatically calculated based on other responses.

Providers should provide information from their most recently completed fiscal year for which data is available.

Completing and Submitting the Survey

When saving the forms, please add your agency's name to the beginning of the file name; e.g., "ABC Agency DDSD Rate-Setting Provider Survey".

The deadline for submitting completed forms is September 9, 2011. Please submit completed forms to B&A at bsmith@burnshealthpolicy.com. If there are any factors that you believe should be considered but were not included in the survey, note those issues (and any other comments) in the transmittal email when submitting the survey.

If you have any questions, please contact Stephen Pawlowski with B&A at (602) 241-8519 or spawlowski@burnshealthpolicy.com.

CONTACT INFORMATION AND REVENUES

Use this sheet to record contact information for your agency. Specifically, input the following information:

- The name of your organization
- The provider ID number or numbers used by your organization to bill for services
- The name of the individual responsible for the information submitted through the survey and that individual's
 - Job title,
 - Phone number,
 - Email, and
 - Address

Additionally, this sheet requests information regarding revenues from your agency's most recently completed fiscal year. Report agency revenues using the following categories:

- *Developmental Disabilities (DD) Waiver Revenues*
- *Other DD Program Revenues* – include any other revenues that support your organization's DD programs, including ICF/ MR funding, state dollars, and grants or donations
- *Non-DD Revenues* – input revenues associated with any non-DD programs operated by your organization (e.g., behavioral health services)

The worksheet will sum these figures to calculate total agency revenue.

The final question on this sheet asks whether your agency will be reporting administrative and program support costs at the DD waiver level or for all DD programs. This question is included to ensure the appropriate funding base against which to compare administrative and program support expenses (because, for example, if waiver-related expenses are compared to total DD program revenues, the administrative rate would be understated and vice versa). If your organization is able to identify administrative and program support costs at the waiver level, select "Waiver Only" from the drop down list. Oftentimes, providers do not allocate their expenses at the fund source level, but do so at the program level (e.g., they are unable to allocate a portion of the executive director's salary to a specific funding source like the DD Waiver, but can allocate the appropriate portion to the overall DD program); in these instances, select "Total DD Program" from the list.

SERVICES PROVIDED

This form includes check boxes for each of the services included in the survey. Select those provided by your organization. When a check box has been selected, the corresponding Staff and Productivity and Other Factors worksheets for that service will be released for completion.

ADMINISTRATIVE AND PROGRAM SUPPORT COSTS

The survey includes two worksheets relating to your organization's administration and program support costs. The purpose of these pages is to collect all expenses that are not direct care costs, which are surveyed elsewhere.

There are not always clear distinctions between direct care, program support, and administration costs and definitions of these terms vary. For the purposes of this survey, the following guidelines should be used:

- *Direct care costs* include the salaries and employee related expenses (including unemployment insurance and workers' compensation) of direct care workers, transportation expenses, the space in which programs are delivered (e.g., the room in which an Adult Habilitation program is operated), and program materials and supplies (e.g., art supplies). Direct care costs should not be reported through this worksheet.
- *Administrative costs* are those associated with the operation of your organization, but which are not program-specific. Employees that are typically considered administrative include general management, financial/accounting, and human resource staff. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered administrative.
- *Program support costs* are expenses that are neither direct care nor administrative. Such activities are program-specific, but not billable. Examples include staff responsible for training direct care workers, program development, supervision, and quality assurance. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered program support.

“Admin Staff” – Salary and Benefit Costs for Administrative and Program Support Staff

This sheet is to be used to record information regarding your organization's administrative and program support staff and not those who primarily provide direct care. All figures should be for your agency's most recently completed fiscal year. Following are descriptions of the fields included in this worksheet:

- *Title* – Input the job title for each administrative or program support employee. If your organization has multiple employees within a given job title (e.g., three Human Resource Specialists), you may list them in the same row if their time is allocated similarly (e.g., each spends 100 percent of their time on administrative functions; see the discussion below for the Percent of Time Allocated to DD column). Do not combine staff with different job titles in a single row.
- *Internal Service Coordinator* – Using the drop down list, indicate whether the individual(s) listed in each job title is an internal service coordinator for your organization, meeting the definition at 7 NMAC 26.5.7: “the community provider staff member, sometimes called the program manager or the internal case manager, who supervises, implements and monitors the service plan within the community service provider agency” and the other requirements set forth in that regulation.
- *Number of Employees* – Record the number of full-time equivalent staff in each job title employed by your organization.

- *Wages* – Input the wages actually earned in the most recently completed fiscal year by the individual(s) associated with each job title.
Note: Only report actual wages paid, rather than salary levels (e.g., if an employee was hired midyear, report the wages that they earned and not their annual salary level).
- *Cost of Optional Benefits* – Input the cost to your organization for optional benefits provided in the most recently completed fiscal year to the individual(s) associated with each job title. Optional benefits include health insurance, dental insurance, retirement, and others that are provided at your organization’s discretion.
Note: Do not include mandatory employee related expenses (ERE) such as Social Security, Medicare, unemployment insurance, and workers’ compensation. These costs will be calculated separately.
Note: Only report costs paid by your organization; exclude employee costs such as their share of health insurance premiums or retirement contributions.
- *Percent of Time Allocated to DD Waiver/ Program* – The next three columns relate to the amount of each employee’s time that is devoted to your organization’s DD waiver services or total DD program. As noted in the instructions for the Contact Information and Revenues sheet, these figures will be compared to either your agency’s waiver revenues or total DD program revenues depending upon your answer to the final question on that sheet.
 - *Direct Care* – Input the percentage of time that the employee is providing direct care services (although this sheet is only intended to capture information regarding administrative and program support staff, this column has been included because these staff, particularly in smaller agencies, may provide direct care at times).
 - *Administration* – Input the percentage of time that the employee is performing DD-related administrative functions.
 - *Program Support* – Input the percentage of time that the employee is performing DD-related program support functions.
- *Percent of Time Allocated to Other Programs* – Input the portion of each employee’s time that is allocated to programs other than those reported in the previous section. This column is included because some employees support multiple programs so it would be inappropriate to allocate their total salary and benefits costs to the DD program (e.g., an executive director may lead an agency that provides both DD and behavioral health programs so only a portion of their time should be allocated to the DD program).
Note: If your agency does not already have a methodology for allocating costs across programs, it is recommended that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the program on which they are working. After that week, each employee’s time would be allocated based on their log. For example, if an employee worked 40 hours and 10 of their hours were related to the DD program, 25 percent of that employee’s time would be allocated to direct care, administration, and/ or program support of the DD program, as appropriate, with the remaining 75 percent input in the Non-DD Programs column. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

Note: The total of the time allocated across DD programs (direct care time, administration, and program support) and other programs should equal 100 percent. If it does not, an error message will appear to the right of the table.

- *Program Support Caseload* – For program support staff that have consumer-related responsibilities (e.g., a nurse that develops medical plans for individuals), record the number of individuals for whom they are responsible. If this column is not applicable, leave it blank.

“Admin Other” – Administrative and Program Support Expenses Other Than Staff Costs

This sheet collects information for all administrative and program support costs other than staff expenses. For each category of expenses, the sheet requests the total expense during your agency’s most recently completed fiscal year and the percent of the total that should be allocated to direct services, administration, and program support for your agency’s developmental disabilities programs as well as the portion that should be allocated to your organization’s non-DD programs (see the discussion in the Admin Staff section regarding allocating costs across activities and programs). Following are descriptions of the fields included in this worksheet:

- *Line 1* – Input your agency’s rent/ depreciation costs for administration and program support space. Do not include rent/ depreciation costs associated with direct care space such as Supported Living residences or the rooms in which adult habilitation programs are conducted.
- *Line 2* – Input the number of square feet associated with the facility rent/ depreciation expense reported in Line 1.
- *Line 3* – As applicable (i.e., for leased space), input the cost per square foot for the space noted on Line 2.
- *Line 4* – Input any facility maintenance costs that are not part of the rental costs recorded on Line 1.
- *Line 5* – Report your agency’s depreciation expenses for capital items other than facilities.
- *Line 6* – Include expenses for interest paid, excluding mortgage interest, by your organization.
- *Line 7* – Input utility and similar costs that are not included as part of rental costs already reported. Do not include costs associated with Supported Living residences.
- *Line 8* – Input property and income taxes paid by your organization, but do not include payroll taxes (Social Security and Medicare).
- *Line 9* – Input your agency’s licensing, certification, and/or accreditation fees.
- *Line 10* – Input your agency’s insurance costs. Do not include workers’ compensation costs.
- *Line 11* – Record your agency’s computer expense for administrative and program support functions and staff.

- *Line 12* – Include general office supply costs, but do not include program supplies.
- *Line 13* – Record your agency’s postage costs.
- *Line 14* – Input your agency’s advertising costs.
- *Line 15* – Input your agency’s costs for memberships in business, technical, and/or professional organizations or subscriptions to business, professional, and/or technical periodicals.
- *Line 16* – Input the costs of professional and consultant services related to your agency’s operation. Do not include costs associated with contractors who provide direct care services, such as Family Support providers.
- *Line 17* – Input travel related costs (e.g., mileage reimbursement) for administrative and program support functions and staff. Do not include travel associated with direct care such as transporting individuals or reimbursing direct care staff.
- *Lines 18-24* – Input any other administrative or program support costs that do not fit into the provided categories. Please label any categories that you add and report the associated expense.

“BENEFITS” – FRINGE BENEFITS FOR DIRECT SERVICE STAFF

This worksheet requests information regarding benefits and other employee related expenses associated with direct service staff. Consider only direct service staff when completing this worksheet; do not include administrative and program support staff. Following are descriptions of the fields included in this worksheet.

Staffing

- *Line 1* – Input the number of direct service staff currently employed by your organization.

Holidays and Paid Time Off

The questions for holidays and paid time off (PTO, vacation and sick time) are similar:

- *Lines 2/7* – Using the drop down list, indicate whether direct service staff are eligible for the applicable benefit.
- *Lines 3/8* – Using the drop down list, choose the timeframe that is closest to the waiting period before staff become eligible for the applicable benefit.
- *Lines 4/9* – Input the minimum number of hours per week that an employee must work in order to receive the applicable benefit.
- *Lines 5/10* – Record the number of direct service staff that are currently eligible for the applicable benefit (the number should be less than the figure reported on Line 1).
- *Lines 6/11* – Record the number of holidays/ average number of PTO days that direct service staff receive.

Health Insurance and Retirement

The questions for health insurance and retirement benefits are similar:

- *Lines 12/18* – Using the drop down list, indicate whether direct service staff are eligible for the applicable benefit.
- *Lines 13/19* – Using the drop down list, choose the timeframe that is closest to the waiting period before staff become eligible for the applicable benefit.
- *Lines 14/20* – Input the minimum number of hours per week that an employee must work in order to receive the applicable benefit.
- *Lines 15/21* – Record the number of direct service staff that are currently eligible for the applicable benefit (the number should be less than the figure reported on Line 1).
- *Lines 16/22* – Record the number of direct service staff that currently participate in the applicable benefit.
- *Line 17/--* – Input your organization’s total spending on health insurance premiums for direct care staff in the most recently completed fiscal year. Do not include costs for administrative or program support staff; these expenses should have been recorded on the Admin Staff worksheet.

- *Line --/23* – Input your organization’s average retirement contribution (as a percent of wages) for those direct service staff that participate in the retirement offering.

Other Benefits

Your organization may offer other benefits to staff (e.g., dental or vision insurance). The following questions relate to these other benefits:

- *Lines 24* – Using the drop down list, indicate whether your organization provides other benefits.
- *Lines 25* – List the other benefits that are provided.
- *Lines 26* – Using the drop down list, choose the timeframe that is closest to the waiting period before staff become eligible for the applicable benefits.
- *Lines 27* – Input the minimum number of hours per week that an employee must work in order to receive the applicable benefits.
- *Lines 28* – Record the number of direct service staff that are currently eligible for the applicable benefits (the number should be less than the figure reported on Line 1).
- *Lines 29* – Record the number of direct service staff that currently participate in the applicable benefit.
- *Line 30* – Input your organization’s total spending on these benefits for direct care staff in the most recently completed fiscal year. Do not include costs for administrative or program support staff; these expenses should have been recorded on the Admin Staff worksheet.

Unemployment Insurance and Workers’ Compensation

- *Line 31* – Many organizations make quarterly payments to the New Mexico Department of Workforce Solutions for state unemployment insurance taxes based on an employer-specific tax rate, which varies according to each employer’s “experience account” (the ratio of taxes paid to benefits claimed by former employees). The tax is applied to the first \$21,900 in wages paid to each employee and the rate ranges from .03 percent to 2.4 percent. If your organization makes payments based on a tax rate, report its state unemployment insurance tax rate for 2011. Do not include the federal unemployment insurance tax.
- *Line 32* – Some organizations, including non-profits, may elect to pay the actual cost of benefits paid to former employees rather than making payments based on a computed tax rate. If your organization makes “payments in lieu of contributions”, report the total payments made in 2010. Do not include federal unemployment insurance costs.
Note: Your organization should complete either Line 31 or Line 32, but not both.
- *Line 33* – Input your workers’ compensation cost for Direct Service Staff under your 2011 policy period as a rate for each \$100 in wages paid.

STAFF DATA – GENERAL INSTRUCTIONS

As noted previously, the staff data pages are very similar for each service. This section of the instructions outlines the general questions included on the staff data page for each service. Any additional questions unique to a specific service are discussed in the following sections, which provide service-by-service instructions.

- *Job Titles* – Within each service, list the job titles of staff that provide the applicable service. Staff do not need to be listed individually; they can be grouped by job title, but complete a separate row for each job title/ classification.
- *Estimated Annual Turnover*: Using the drop down menu, indicate the estimated annual turnover experienced for this job category. The responses are in 15 percent increments. Calculate turnover by dividing the number of staff who departed from your organization and for whom a replacement was/ is needed by the number of individuals in the job title.
- *Employee/ Contractor* – Using the drop-down menu, select whether the individuals in each job category are employees of the organization or contractors. If a given job title includes both employees and contractors, complete one row for employees and another for contractors.
- *Supervisor, Non-Supervisor* – Using the drop-down menu, indicate whether the job category has supervisory duties. If a given job title includes both supervisors and non-supervisors, complete one row for supervisors and another for non-supervisors.
- *Total Hours Paid* – Input the number of hours that staff in each job title were paid. The amount reported here is inclusive of overtime hours.
- *Hourly Wage* –
 - *Minimum Per Hour*: Input the lowest hourly wage paid to employees in the job title.
 - *Maximum Per Hour*: Input the highest hourly wage paid to employees in the job title.
 - *Average Per Hour*: Input the weighted average wage paid to employees within the job title. The weighted average wage paid is calculated by dividing total wages paid by total hours worked.
- *Allocation of Time* –
 - *[Service]* – Report the percentage of time that staff are performing activities related to the service being surveyed for your agency’s DD program.
 - *Other* – Report the percentage time that staff are performing activities other than the applicable services, such as providing other services (e.g., a day habilitation worker may spend a portion of their time providing community access services), delivering services for another program (e.g., a staff person may spend a portion of their time providing behavioral health services), or performing administrative or program support activities.

Note: These columns should total 100 percent; if they do not, an error message will appear to the right.

CASE MANAGEMENT

There are three worksheets for Case Management: Employee Data, Contractor Data, and Productivity and Other Factors.

Staff Data

The Staff Data form for Case Management follows the general instructions discussed previously with the following exceptions:

- The form does not include the Employee/ Contractor drop down menu because there is a separate form to record information related to contractors. Use the Staff Data form only to record information about case managers who are employees of your organization. If your organization does not have employed case managers, do not complete this form.
- The form asks whether the individuals included in each row meet the full criteria for case managers or if they are intern or exceptions to the qualifications granted by DDSD. Use the drop down menu to indicate “Yes” if they are interns or exceptions; record “No” otherwise.

Contractor Data

This form is to be completed if your agency utilizes contractors to provide Case Management services. List only one individual per line.

- *Individual* – List each of the individuals with whom your organization subcontracts. You do not need to provide names; ID numbers or initials can be used instead.
- *Supervisor, Non-Supervisor* – Using the drop-down menu, indicate whether the individual has supervisory duties.
- *Intern or Exception* – Use the drop down menu to indicate whether each individual is an intern or exception to the minimum qualifications for the position. Select “Yes” if they are interns or exceptions; record “No” otherwise.
- *Payment Method* – Use the drop down menu to indicate whether each contractor is paid on an hourly basis or a flat rate per case.
- *Total Hours Paid* – As applicable, input the number of hours that each individual was paid. If your organization pays contractors a flat per case rate, do not complete this column.
- *Payment Rate* – Record the hourly or per case rate paid to each individual contracting with your organization.
- *Timesheet Available* – Using the drop down menu, indicate whether your organization collects timesheets from its contracted case managers.
- *Caseload* – Record the number of cases that each contractor carries. Separately report the numbers for Adult non-Jackson Class members, Jackson Class members, and Children.

Productivity and Other Factors

This form collects information on your organization's Case Management caseloads and practices.

Agency Caseload

- *Lines 1-3* – Record the number of individuals for whom your organization provides case management who are Adult non-Jackson Class members, Jackson Class members, and Children.
- *Lines 4-6* – Record the average number of hours of case management provided per month to Adult non-Jackson Class members, Jackson Class members, and Children.
- *Line 7* – Input the average number of case manager per supervisor.
- *Line 8* – Using the drop down list, indicate whether your organization has an internal time-keeping system for employed case managers that tracks hours by client and task.

Staffing Pattern

This section requests information regarding the 'typical' week for a case manager who is not a supervisor or a trainer. If your organization does not have employed case managers, do not complete this section.

- *Line 9* – Input the number of hours per week that a case manager typically works.
- *Line 10* – Input the number of hours per week that a case manager is engaged in service delivery, other than participating in assessments.
- *Line 11* – Input the number of hours per week that a case manager participates in Interdisciplinary Team (IDT) meetings.
- *Line 12* – Input the number of hours per week that a case manager participates in client assessments.
- *Line 13* – Input the number of hours per week that a case manager is traveling between individual visits.
- *Line 14* – Input the number of hours per week that a case manager loses due to missed appointments (i.e., time that is not replaced by other activities).
- *Line 15* – Input the number of hours per week that a case manager is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 16-18* – If there are activities that are part of a case manager's typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 19* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 10 through 18 should be equal to the total number of hours worked noted in Line 9. If "No" appears in this line, review and revise the appropriate hours.

- *Line 20* – Record the number of miles per week that a case manager travels between client visits.

Staff Training

- *Line 21* – Input the number of general organization or DDSD training hours that case managers receive during their first year with your organization.
- *Line 22* – Input the number of general organization or DDSD training hours that case managers annually receive after the first year of employment.
- *Line 23* – Input the number of client-specific training hours that case managers receive annually from a professional (e.g., training from a nurse on an individual client’s medical plan).

Capital and Equipment

- *Line 24* – Using the drop down list, report whether your organization provides office space for case managers (rather than working from home or a ‘mobile office’).
 - *Line 25* – If office space is provided, indicate the average square feet per work station.
 - *Line 26* – If office space is provided, report the average number of case managers that share a work station.
- *Line 27* – Using the drop down list, report whether your organization provides computers for case managers.
 - *Line 28* – If computers are provided, report the average number of case managers that share a computer.
- *Line 29* – Using the drop down list, report whether your organization provides cellular phones for case managers.

SUPPORTED LIVING

There are three worksheets for Supported Living: Staff Data, Productivity and Other Factors, and Residence Details.

Staff Data

The Staff Data form for Supported Living follows the general instructions discussed previously with one exception:

- The form differentiates between awake hours and asleep hours for Total Hours Paid, Hourly Wage, and Allocation of Time.

Productivity and Other Factors

This form collects information on the operation of your organization's Supported Living residences.

Residence Characteristics

- *Line 1* – Record the number of residences operated by your organization.
- *Lines 2-5* – Input the number of individuals receiving care in one-person residences, two-person residences, etc.
- *Line 6* – Using the drop down list, report whether your organization operates any residences that exclusively serve individuals with involved medical needs.
- *Line 7* – Using the drop down list, report whether your organization operates any residences that exclusively serve individuals with involved behavioral needs.
- *Line 8* – Using the drop down list, report whether your organization provides computers in Supported Living residences for work-related use by staff. Answer “No” if any computers are primarily used by residents or for non-work-related purposes.
- *Line 9* – Input the average number of days per month that residents are absent due to hospitalization, vacation, or other reasons.

Day Activities

- *Line 10* – Indicate the percentage of individuals that regularly participate (at least one day per week) in paid day activities (e.g., a day habilitation program) outside of the residence.
 - *Line 11* – For individuals participating in paid day activities, indicate the average number of days per week that they participate in such activities.
 - *Line 12* – For individuals participating in paid day activities, indicate the average number of hours per day that they participate in such activities.
- *Line 13* – Indicate the percentage of individuals that receive natural/ community supports outside of the Supported Living residence (e.g., spending time with their natural family).
 - *Line 14* – For individuals that receive natural/ community supports outside of the Supported Living residence, indicate the average number of days per week that they receive such supports.

- *Line 15* – For individuals that receive natural/ community supports outside of the Supported Living residence, indicate the average number of hours per day that they receive such supports.

Vehicles

- *Line 16* – Report the total number of vehicles dedicated to residences and operated by your organization.
- *Line 17* – Input the average number of miles traveled per week per vehicle on behalf of home residents.
- *Line 18* – Input the typical size of the vehicles, in terms of passengers, utilized for individuals’ transportation. For example, for a six-passenger van, you would input “6”.
- *Line 19* – As applicable, report the average purchase price of your organization’s vehicles.

Staffing Pattern

This section requests information regarding the ‘typical’ week for a direct service staff person working during ‘awake’ hours. The survey lists a number of activities and asks how many hours per week a typical staff person is engaged in each.

- *Line 20* – Input the number of hours per week that a single staff person typically works.
- *Line 21* – Input the number of hours per week that a staff person is providing direct care.
- *Line 22* – Input the number of hours per week that a staff person is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 23-25* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 26* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 21 through 25 should be equal to the total number of hours worked noted in Line 20. If “No” appears in this line, review and revise the appropriate hours.
- *Line 27* – Using the drop down list, indicate whether asleep shifts are typically staffed by employees that also provide care during awake hours (i.e., whether staff are generally scheduled for both awake and asleep shifts).
- *Line 28* – Using the drop down list, report whether asleep hours are treated as ‘regular’ work hours that are subject to FLSA requirements such as minimum wage and overtime.

Staff Training

- *Line 29* – Input the number of general organization or DDSD training hours that case managers receive during their first year with your organization.

- *Line 30* – Input the number of general organization or DDSD training hours that case managers annually receive after the first year of employment.
- *Line 31* – Input the number of client-specific training hours that staff receive annually from a professional (e.g., training from a nurse on an individual client’s medical plan).

Residence Detail

This worksheet requests information related to the individuals residing in each residence as well as the staffing schedule for each. The survey includes room for eight residences. If your organization offers more than that, please copy and paste additional homes.

Resident Information

- *Lines 1a-1e* – For each residence, please list the consumers currently residing there by their ID number (do not include names). Then, for each consumer:
 - Input the number of hours of nursing services they receive annually.
 - Input the number of hours of nutritional counseling services they receive annually.

Staffing Schedule

- *Line 2* – Input the number of staff regularly assigned to the residence. Do not include temporary or “floating” staff that work in the residence only on occasion.
- *Lines 3a-3g* – For each group home, record the number of scheduled staffing hours for each day of the week. As an example, consider the following schedule:

12:00 AM – 6:00 AM	one asleep staff (1 staff * 6 hours = 6 asleep hours)
6:00 AM – 8:00 AM	two awake staff to fix breakfast, prepare residents for their day activities, etc. (2 staff * 2 hours = 4 awake hours)
8:00 AM – 3:00 PM	no staffing as residents are participating in their day activities
3:00 PM – 5:00 PM	one awake staff as residents are returning home (1 staff * 2 hours = 2 awake hours)
5:00 PM – 10:00 PM	two awake staff to fix dinner, assist with chores, etc. (2 staff * 5 hours = 10 awake hours)
10:00 PM – 12:00 AM	one asleep staff (1 staff * 2 hours = 2 asleep hours)

In this example, 16 awake hours and 8 sleep hours would be reported.
- *Line 4* – Input the total number of hours of individual-specific training received by residence staff (e.g., receiving instruction from a nurse regarding a client’s Comprehensive Aspiration Risk Management Plan). The total should reflect the number of direct service staff hours and not the trainer’s hours; for example, if a nurse provides two hours of training to three direct service staff persons, six hours should be input to reflect the number of direct service staff hours dedicated to this training.

TIER III CRISIS SERVICES

There are two worksheets for Tier III Crisis Services: Staff Data and Productivity and Other Factors.

Staff Data

The Staff Data form for Tier III Crisis Services follows the general instructions discussed previously with one exception:

- Within the Allocation of Time section, the form separately asks for time related to services provided in an alternative residence and in an individual's residence.

Productivity and Other Factors

This form collects information on your organization's caseloads and practices. There are separate columns for services delivered in an alternative residence and those provided in an individual's residence.

Agency Caseload

- *Line 1* – Record the number of individuals that received Tier III crisis services from your organization in the most recently completed fiscal year.
- *Lines 2* – Input the typical number of days of that an individual receives crisis services.
- *Line 3* – Input the typical number of awake hours of support that an individual receives per day when receiving crisis services.
- *Line 4* – Input the typical number of asleep hours of support that an individual receives per day when receiving crisis services.

Day Activities

- *Line 5* – Indicate the percentage of individuals that participate in day activities outside of the home while receiving crisis services.
- *Line 6* – For individuals engaged in activities outside of the home, indicate the average number of hours per day that they are participating in these activities.

Staffing Pattern

This section requests information regarding the 'typical' week for a direct service staff person providing crisis services. The survey lists a number of activities and asks how many hours per week a typical staff person is engaged in each.

- *Line 7* – Input the number of hours per week that a direct service staff person typically works.
- *Line 8* – Input the number of hours per week that a direct service staff person is engaged in service delivery.
- *Line 9* – Input the number of hours per week that a direct service staff person participates in Interdisciplinary Team (IDT) meetings.

- *Line 10* – Input the number of hours per week that a direct service staff person participates in client assessments.
- *Line 11* – Input the number of hours per week that a direct service staff person travels between client visits.
- *Line 12* – Input the number of hours per week that a direct service staff person loses due to missed appointments (i.e., time that is not replaced by other activities).
- *Line 13* – Input the number of hours per week that a direct service staff person spends on recordkeeping activities, other than documentation that occurs during the course of service provision. Do not include documentation associated with the completion of formal assessments.
- *Line 14* – Input the number of hours per week that a direct service staff person is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 15-17* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 18* – This line calculates whether all staff hours have been allocated; the sum of the activities listed on Lines 8 through 17 should be equal to the total number of hours worked noted on Line 7. If “No” appears in this line, review and revise the appropriate hours.
- *Line 19* – Record the number of miles per week that a direct service staff person travels between client sessions.
- *Line 20* – Record the number of miles per week that a direct service staff person travels while transporting clients.

Staff Training

- *Line 20* – Input the number of general organization or DDSD training hours that direct service staff receive during their first year with your organization.
- *Line 21* – Input the number of general organization or DDSD training hours that direct service staff annually receive after the first year of employment.
- *Line 22* – Input the number of client-specific training hours that direct service staff receive annually from a professional (e.g., training from a nurse on an individual client’s medical plan).

FAMILY LIVING

There are two worksheets for Family Living: Staff Data and Productivity and Other Factors.

Staff Data

The Staff Data form for Family Living follows the general instructions discussed previously with one exception:

- Within the Allocation of Time section, the form separately asks for time related to supervising Family Living providers and providing training to Family Living providers.

This form should be used only for staff that support Family Living providers; do not include the home providers themselves.

Productivity and Other Factors

This form collects information on your organization's Family Living providers.

Home Characteristics

- *Line 1* – Record the number of Family Living providers contracting with your organization.
- *Lines 2-3* – Input the number of individuals receiving care in one-person residences and two-person residences.
- *Line 4* – Input the average number of days per month that individuals receiving Family Support are absent due to hospitalization, vacation, or other reasons.
- *Line 5* – Report the average cost to recruit and provide pre-placement training to a Family Living provider.
- *Line 6* – Input the average number of years that a Family Living provider contracts with your organization.

Services Provided to Individuals

- *Line 7* – Record the average number of miles driven per year by Family Living providers to transport individuals. If your organization does not collect this information, leave this cell blank.
- *Line 8* – Indicate the percentage of individuals that regularly participate (at least one day per week) in paid day activities (e.g., a day habilitation program) outside of the residence.
 - *Line 9* – For individuals participating in paid day activities, indicate the average number of days per week that they participate in such activities.
 - *Line 10* – For individuals participating in paid day activities, indicate the average number of hours per day that they participate in such activities.
- *Line 11* – Indicate the percentage of individuals that receive natural/ community supports outside of the Family Living residence (e.g., spending time with their natural family).

- *Line 12* – For individuals that receive natural/ community supports outside of the Family Living residence, indicate the average number of days per week that they receive such supports.
- *Line 13* – For individuals that receive natural/ community supports outside of the Family Living residence, indicate the average number of hours per day that they receive such supports.
- *Line 14* – Report the average number of hours of nursing services that each individual receives annually for ‘base’ nursing services, as outlined in DDSD’s draft Nursing Grid. The functions included in Annual Assessment and Basic Response are:
 - Completion of e-CHAT, MAAT, Aspiration Risk Screening Tool, and other assessments deemed necessary
 - Participation in the annual Interdisciplinary Team IDT meeting
 - Training of direct service staff on individuals’ medical emergency response plan
 - Response to PRN medication issues
- *Line 15* – Report the percentage of individuals that receive nursing services in addition to those activities listed on Line 14.
- *Line 16* – For those individuals that require additional nursing services (reported on Line 14), input the number of additional hours of services that they receive annually (do not include the ‘base’ hours reported on Line 14).
- *Line 17* – Report the average number of hours of nutritional counseling services that each individual receives annually.

Training, Supervision, and Supports for Family Living Homes

- *Line 18* – Report the average caseload for Family Living home supervisors.
- *Line 19* – Report the average number of supervision visits that a Family Living home receives annually.
- *Line 20* – Input the average number of hours that a supervision visit lasts.
- *Line 21* – Record the average distance traveled for a supervision visit.
- *Line 22* – Input the average number of annual training hours that your organization delivers to Family Living providers. This should include only formal training, and not, for example, instructions provided during a supervision visit.
 - *Line 23* – Report the percentage of training sessions that are provided to a group of Family Living providers (e.g., multiple providers participating in a training session at your organization’s facility) compared to individual training sessions (e.g., delivered in the Family Living provider’s home).
 - *Line 24* – As applicable, report the average number of Family Living providers that participate in a group training session.

- *Line 25* – Report the average number of Substitute Care hours utilized by Family Living homes per year.

Staffing Pattern for a Family Living Home Supervisor/ Trainer

These two sections request information regarding the ‘typical’ week for a Family Living Home Supervisor and Trainer, respectively. The survey lists a number of activities and asks how many hours per week a typical staff person is engaged in each.

- *Line 26/38* – Input the number of hours per week that a single supervisor/ trainer typically works.
- *Line 27/39* – This line should reflect the number of hours per week that a supervisor/ trainer is engaged in supervision/ training services. For a supervisor, it is automatically calculated by multiplying Line 19 (number of visits per week) by Line 20 (number of hours per visit) by 5 (days per week).
- *Line 28 (supervisors only)* – Input the number of hours per week that a supervisor is participating in Interdisciplinary Team (IDT) meetings.
- *Line 29 (supervisors only)* – Input the number of hours per week that a supervisor is participating in client assessments.
- *Line 30/40* – Input the number of hours per week that a supervisor/ trainer is traveling between supervision visits/ training sessions.
- *Line 31/41* – Input the number of hours per week that a supervisor/ trainer loses due to missed appointments (i.e., time that is not replaced by other activities).
- *Line 32/42* – Input the number of hours per week that a supervisor/ trainer spends on recordkeeping activities, other than documentation that occurs during the course of a supervision visit or training session. Do not include documentation associated with the completion of formal assessments.
- *Line 33/43* – Input the number of hours per week that a supervisor/ trainer is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 34-36/44-46* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 37/47* – These lines calculate whether all staff hours have been allocated; the sum of the activities listed in Lines 27/39 through 36/46 should be equal to the total number of hours worked noted in Line 26/38. If “No” appears in this line, review and revise the appropriate hours.

Payments Made to Family Living Providers

- *Line 48* – Report the average monthly payment per individual made by your organization to contracting Family Living providers; do not include any funding deriving from individuals' SSI payments.
- *Line 49* – Report the lowest monthly payment per individual made by your organization to contracting Family Living providers; do not include any funding deriving from individuals' SSI payments.
- *Line 50* – Report the highest monthly payment per individual made by your organization to contracting Family Living providers; do not include any funding deriving from individuals' SSI payments.

Staff Training

The following questions relate to agency staff only, do not include Family Living providers.

- *Line 51* – Input the number of general organization or DDSD training hours that supervisors/ trainers receive during their first year with your organization.
- *Line 52* – Input the number of general organization or DDSD training hours that supervisors/ trainers annually receive after the first year of employment.
- *Line 53* – Input the number of client-specific training hours that staff receive annually from a professional (e.g., training from a nurse on an individual client's medical plan).

NURSING/ BEHAVIOR SUPPORTS CONSULTATION/ THERAPIES

The forms for Nursing, Behavior Supports Consultation (BSC), and Therapies are similar. There are two worksheets for each service: Staff Data and Productivity. These forms should be completed by any agency responsible for the delivery of a given service (e.g., Supported Living and Family Living providers should complete the Nursing forms).

Staff Data

The Staff Data forms for Nursing, Behavior Supports Consultation, and Therapies follow the general instructions discussed previously with the following exceptions:

- There is a column for the average caseload for the staff included on each line.
- The Nursing form includes a group of columns related to on-call time. If your organization pays nurses to remain on-call, report how they are paid (i.e., by the hour or per day), the payment rate (which will be per hour or per day based on the response in the preceding column), and your organization's total expense for on-call nurses.
- The Behavior Supports Consultation and Therapy forms include drop-down lists to record the professional qualifications of the staff included on each line.

Productivity and Other Factors

Unless noted, the Line citations apply to each of the services included in this section. The Nursing form includes separate columns for registered nurses and licensed practical nurses. On the Therapy forms, the survey distinguishes between services delivered in a clinic-based setting versus those delivered in a natural environment as well as between urban and rural areas.

Agency Caseload and Service Design

- *Line 1* – Record the number of individuals receiving the applicable service from your organization.
- *Line 2 (all except nursing)* – Record the number of hours to complete an initial assessment and the applicable written evaluation and plan.
- *Line 3 (all except nursing)* – Record the number of hours to update an individual's assessment and written evaluation and plan.
- *Line 4 (all except nursing)* – Input the average number of clients that a staff sees weekly.
- *Line 5 (all except nursing)* – Input the average number of hours that a client visit lasts.

Staffing Pattern

This section requests information regarding the 'typical' week for the applicable staff person. The first line number applies to the Nursing form while the second line number applies to each of the other services.

- *Line 2/6* – Input the number of hours per week that the applicable staff type works.

- *Line 3/7* – Input the number of hours per week that the applicable staff type is engaged in service delivery. For all staff other than nurses, this line is automatically calculated by multiplying Line 3 (number of visits per week) by Line 4 (number of hours per visit).
- *Line 4/8* – Input the number of hours per week that the applicable staff type typically participates in annual IDT meetings.
- *Line 5/9* – Input the number of hours per week that the applicable staff type typically participates in interim IDT meetings (when the group convenes outside of the regular annual meeting).
- *Line 6/10* – Input the number of hours per week that the applicable staff type is typically conducting an assessment for which they are professionally responsible (e.g., a nurse completing an e-CHAT or a behavior health consultant completing a Positive Behavior Supports Assessment).
- *Line 7/11* – Input the number of hours per week that the applicable staff type typically participates in assessments other than those for which they are professionally responsible.
- *Line 8/12* – Input the number of hours per week that the applicable staff type spends conducting client-specific trainings for paraprofessional staff (e.g., covering an individual’s Positive Behavior Supports Assessment with the direct service staff in the individual’s Supported Living residence).
- *Line 9/13* – Input the number of hours per week that the applicable staff type is traveling between supervision visits/ training sessions.
- *Line 10/14* – Input the number of hours per week that the applicable staff type loses due to missed appointments (i.e., time that is not replaced by other activities).
- *Line 11/15* – Input the number of hours per week that the applicable staff type spends on recordkeeping activities, other than documentation that occurs during the course of service provision. Do not include documentation associated with the completion of formal assessments.
- *Line 12/16* – Input the number of hours per week that the applicable staff type is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 13-15/17-19* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 16/20* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 3/7 through 15/19 should be equal to the total number of hours worked noted in Line 2/6. If “No” appears in this line, review and revise the appropriate hours.
- *Line 17/21* – Record the number of miles per week that the applicable staff type travels between client sessions.

- *Line 18/22* – Record the number of miles per week that the applicable staff type travels while transporting clients.

Staff Training

- *Line 19/23* – Input the number of general organization or DDSD training hours that the applicable staff type receives during their first year with your organization.
- *Line 20/24* – Input the number of general organization or DDSD training hours that the applicable staff type annually receives after the first year of employment.

NUTRITION COUNSELING

There are three worksheets for Nutrition Counseling: Employee Data, Contractor Data, and Productivity and Other Factors.

Staff Data

The Staff Data form for Nutrition Counseling follows the general instructions discussed previously with the following exceptions:

- There is a column for the average caseload for the staff included on each line.
- The form does not include the Employee/ Contractor drop down menu because there is a separate form to record information related to contractors. Use the Staff Data form only to record information about nutrition counselors who are employees of your organization. If your organization does not have employed nutrition counselors, do not complete this form.

Contractor Data

This form is to be completed if your agency utilizes contractors to provide Nutrition Counseling services. List only one individual per line.

- *Individual* – List each of the individuals with whom your organization subcontracts. You do not need to provide names; ID numbers or initials can be used instead.
- *Supervisor, Non-Supervisor* – Using the drop-down menu, indicate whether the individual has supervisory duties.
- *Payment Method* – Use the drop down menu to indicate whether each contractor is paid on an hourly basis or a flat rate per case.
- *Total Hours Paid* – As applicable, input the number of hours that each individual was paid. If your organization pays contractors a flat per case rate, do not complete this column.
- *Payment Rate* – Record the hourly or per case rate paid to each individual contracting with your organization.
- *Timesheet Available* – Using the drop down menu, indicate whether your organization collects timesheets from its contracted nutrition counselors.

Productivity and Other Factors

This form collects information on your organization's Nutrition Counseling practices.

Agency Caseload and Service Design

- *Line 1* – Record the number of individuals receiving Nutrition Counseling services from your organization.
- *Lines 2* – Record the number of hours to complete an initial assessment and a nutrition plan.

Staffing Pattern

This section requests information regarding the ‘typical’ week for a nutrition counselor. If your organization does not have employed nutrition counselors, do not complete this section.

- *Line 3* – Input the number of hours per week that a nutrition counselor type typically works.
- *Line 4* – Input the number of hours per week that a nutrition counselor is engaged in service delivery.
- *Line 5* – Input the number of hours per week that a nutrition counselor spends conducting client-specific trainings for paraprofessional staff.
- *Line 6* – Input the number of hours per week that a nutrition counselor spends on recordkeeping activities, other than documentation that occurs during the course of service provision. Do not include documentation associated with the completion of formal assessments.
- *Line 7* – Input the number of hours per week that a nutrition counselor is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Line 8-10* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 11* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Line 4 through 10 should be equal to the total number of hours worked noted in Line 3. If “No” appears in this line, review and revise the appropriate hours.

Staff Training

- *Line 12* – Input the number of general organization or DDSD training hours a nutrition counselor receives during their first year with your organization.
- *Line 13* – Input the number of general organization or DDSD training hours that a nutrition counselor annually receives after the first year of employment.

PERSONAL SUPPORT COMPANION/ INDEPENDENT LIVING/ COMMUNITY ACCESS/ RESPITE/ SUBSTITUTE CARE

The forms for Personal Support Companion, Independent Living, Community Access, Respite, and Substitute Care are similar. There are two worksheets for each service: Staff Data and Productivity.

Staff Data

The Staff Data forms for Personal Support Companion, Independent Living, Community Access, Respite, and Substitute Care follow the general instructions discussed previously.

Productivity and Other Factors

Unless noted, the Line citations apply to each of the services included in this section.

Agency Caseload and Service Design

- *Line 1* – Record the number of individuals receiving the applicable service from your organization.
- *Line 2* – Input the average number of client visits that a direct service staff person conducts per week.
- *Line 3* – Input the average number of hours that a client visit lasts.
- *Line 4 (Personal Support Companion and Independent Living only)* – Report the percent of time during a visit, on average, that is directed to habilitative activities (as opposed to personal care). Habilitation is defined as services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization and adaptive skills necessary to reside successfully in community settings.
- *Line 5 (Personal Support Companion and Independent Living only)* – Report the percent of time during a visit, on average, that is directed to personal care. Personal care services are defined as assisting individuals with their activities of daily living (e.g., eating, bathing, toileting).

Note: Lines 4 and 5 should sum to 100 percent.

Staffing Pattern

This section requests information regarding the ‘typical’ week for the direct service staff. The first line number applies to the Personal Support Companion and Independent Living forms, the second line number refers to the Respite and Substitute Care forms, and the third number relates to the Community Access form.

- *Line 6/4/4* – Input the number of hours per week that a direct service staff person typically works.
- *Line 7/5/5* – Input the number of hours per week that a direct service staff person is engaged in service delivery. This line is automatically calculated by multiplying Line 2 (number of visits per week) by Line 3 (number of hours per visit).

- *Line 8/--/6 (not included on the Respite and Substitute Care forms)* – Input the number of hours per week that a direct care staff person is participating in IDT meetings.
- *Line 9/--/7 (not included on the Respite and Substitute Care forms)* – Input the number of hours per week that a direct service staff person participates in client assessments.
- *Line 10/6/8* – Input the number of hours per week that a direct service staff person is traveling between individual visits.
- *Line 11/7/9* – Input the number of hours per week that a direct service staff person loses due to missed appointments (i.e., time that is not replaced by other activities).
- *Line 12/8/10* – Input the number of hours per week that a direct service staff person spends on recordkeeping activities, other than documentation that occurs during the course of service provision. Do not include documentation associated with the completion of formal assessments.
- *Line 13/9/11* – Input the number of hours per week that a direct service staff person is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Line --/--/12 (Community Access only)* – Input the number of hours per week that a direct service staff person is performing program development activities, such as developing community relationships to create opportunities for individuals.
- *Lines 14-16/10-12/13-15* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 17/13/16* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 7/5/5 through 16/12/15 should be equal to the total number of hours worked noted in Line 6/4/4. If “No” appears in this line, review and revise the appropriate hours.
- *Line 18/14/17* – Record the number of miles per week that a direct service staff person travels between client sessions.
- *Line 19/15/18* – Record the number of miles per week that a direct service staff person travels while transporting clients.

Staff Training

- *Line 20/16/19* – Input the number of general organization or DDSD training hours that direct service staff receive during their first year with your organization.
- *Line 21/17/20* – Input the number of general organization or DDSD training hours that direct service staff annually receive after the first year of employment.
- *Line 22/18/21* – Input the number of client-specific training hours that direct service staff receive annually from a professional (e.g., training from a nurse on an individual client’s medical plan).

SUPPORTED EMPLOYMENT AND ADULT HABILITATION

The forms for Supported Employment and Adult Habilitation are similar. There are two worksheets for each service: Staff Data and Productivity.

Staff Data

The Staff Data forms for Personal Supported Employment and Adult Habilitation follow the general instructions discussed previously with the following exceptions:

- For the Allocation of Time, the Supported Employment form differentiates between services delivered to individuals and to groups and includes an additional category for Job Development.
- For Supported Employment, the form asks how much of employees' service time is spent on specific job-related activities and how much is spent on personal care activities.

Productivity and Other Factors

The Supported Employment form includes separate columns for individual and group services and group services are further divided between facility-based and community-based programs. The Adult Habilitation form also includes separate columns for facility-based and community-based programs.

Agency Caseload

- *Line 1* – Record the number of individuals receiving the applicable service from your organization.
- *Line 2* – For group services only, input the number of individuals who are typically served in groups of three or fewer individuals per staff person (i.e., ratio ≤ 3).
- *Line 3* – For group services only, input the number of individuals who are typically served in groups of more than three but five or fewer individuals per staff person (i.e., $3 < \text{ratio} \leq 5$).
- *Line 4* – For group services only, input the number of individuals who are typically served in groups of more than five but seven or fewer individuals per staff person (i.e., $5 < \text{ratio} \leq 7$).
- *Line 5* – For group services only, input the number of individuals who are typically served in groups of more than seven individuals per staff person (i.e., ratio > 7).

Service Design

The first line number applies to the Supported Employment form, the second to the Adult Habilitation form

- *Line 6 (For individual services on the Supported Employment form only)* – Input the average number of client visits that a direct service staff person conducts per day.
- *Line 7 (For individual services on the Supported Employment form only)* – Input the average number of hours that a client visit lasts.

- *Line 8/6 (For group services delivered in a facility only)* – Report the number of days per year that the facility is open and providing services.
- *Line 9/7 (For group services delivered in a facility only)* – Report the number of days per year than an individual typically attends the facility.
- *Line 10/8 (For group services delivered in a facility only)* – Report the number of hours per day that the facility is open and providing services.
- *Line 11/9 (For group services delivered in a facility only)* – Report the number of hours per day that an individual typically receives services at the facility.
- *Line 12/10 (For group services delivered in a facility only)* – Record the square footage of facility space in which individuals receive services. Include only program-related space; do not include administrative space.
- *Line 13/11 (For group services delivered in a facility only)* – Record the operating cost per square foot of the facility space in which individuals receive services.
- *Line 14/12 (For group services only)* – Use the drop down list to record whether your organization provides transportation to and from their residence for individuals other than those in a Supported Living or other residential service provided by your organization.
- *Line 15/13 (For group services only)* – If the response on Line 14/12 is “Yes”, input the percent of individuals receive transportation to and from their residence from your organization.
- *Line 16/14 (For group services only)* – Report the average daily cost of supplies per client. Include only the cost associated with service-specific supplies; do not include office supplies or related costs.

Vehicles

- *Line 17/15 (For group services only)* – Report the total number of vehicles dedicated to the applicable service and operated by your organization. Do not include any vehicles already reported on the Supported Living form.
- *Line 18/16 (For group services only)* – For the vehicles noted on Line 17/15, input the average number of miles traveled per vehicle per week on behalf of individuals.
- *Line 19/17 (For group services only)* – Input the typical size of the vehicles, in terms of passengers, noted on Line 17/15. For example, for a six-passenger van, you would input “6”.
- *Line 20/18 (For group services only)* – As applicable, report the average purchase price of the vehicles noted on Line 17/15.

Staffing Pattern

This section requests information regarding the ‘typical’ week for the direct service staff. The first line number applies to the Supported Employment form while the second line number applies to the Adult Habilitation form.

- *Line 21/19* – Input the number of hours per week that a direct service staff person typically works.
- *Line 22/20* – Input the number of hours per week that a direct service staff person is engaged in service delivery. For Supported Employment individual services, this line is automatically calculated by multiplying Line 6 (number of visits per week) by Line 7 (number of hours per visit).
- *Line 23/21* – Input the number of hours per week that a direct care staff person is participating in Interdisciplinary Team (IDT) meetings.
- *Line 24/22* – Input the number of hours per week that a direct service staff person participates in client assessments.
- *Line 25/-- (For individual services only)* – Input the number of hours per week that a direct service staff person is traveling between individual visits.
- *Line 26/23 (For group services only)* – Input the number of hours per week that a direct service staff person is transporting individuals to and from their residence. Do not include Supported Living staff.
- *Line 27/-- (For individual services only)*, input the number of hours per week that a direct service staff person loses due to missed appointments (i.e., time that is not replaced by other activities).
- *Line 28/24* – Input the number of hours per week that a direct service staff person spends on recordkeeping activities, other than documentation that occurs during the course of service provision. Do not include documentation associated with the completion of formal assessments.
- *Line 29/25* – Input the number of hours per week that a direct service staff person is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Line 30/26* – Input the number of hours per week that a direct service staff person is performing program development activities, such as developing community relationships to create opportunities for individuals.
- *Lines 31/27 (For group services only)* – Input the number of hours per week that a direct service staff person is engaged in set-up and clean-up activities.
- *Lines 32-34/28-30* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 35/31* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 22/20 through 34/30 should be equal to the total number of hours worked noted in Line 21/19. If “No” appears in this line, review and revise the appropriate hours.
- *Line 35/-- (For individual services only)* – Record the number of miles per week that a direct service staff person travels between client sessions.

Staff Training

- *Line 37/32* – Input the number of general organization or DDSD training hours that direct service staff receive during their first year with your organization.
- *Line 38/33* – Input the number of general organization or DDSD training hours that direct service staff annually receive after the first year of employment.
- *Line 39/34* – Input the number of client-specific training hours that direct service staff receive annually from a professional (e.g., training from a nurse on an individual client’s medical plan).