



Provider Cost Survey Instructions

June 28, 2007

**ReBAR Project
Seniors and People with Disabilities
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Table of Contents

Rebar Project	1
Overview	1
2007 Project Activities	1
Provider Cost Survey: Overview	3
Survey Objectives	3
Survey Development	3
Survey Participation	3
Use of Survey Information	3
Survey Scope	4
Service Definitions	4
Survey Tool	5
Instructions Format	6
Returning the Survey	6
Survey Timeline and Logistical Information	7
Important Survey Dates	7
Questions???	8
Before You Begin	9
Schedule-by-Schedule Instructions	11
Introduction	11
General Organization Information and Certification Schedule	12
Schedule 1: General Provider Information	12
Schedule 2: Direct Service Staff Benefits Provided	13
Schedule 3: Administrative and Indirect Expense	15
Schedule 3A: Direct Service Staff Recruitment & Hiring Expenses	20
Schedule 4: Direct Service Staff Wage & Salary Anticipated Adjustments	21
Schedule 5: ReBAR Transportation Costs and Sources of Funding	22
Schedules for DD50 Adult Residential Facility Services	23
DD50A: Direct Service Staff Wages for Adult Residential Facility Services	23
DD50B: Utilization of Direct Service Staff	24
DD50C: Direct Service Staff Time & Base Assumptions – Regular Facilities	25
DD50D: Direct Service Staff Time & Base Assumptions – Medical Facilities	27
DD50E: Direct Service Staff Time & Base Assumptions – Other Specialty Facilities	28
Schedules for DD51 Supported Living Services	31
DD51A: Direct Service Staff Wages for Supported Living Services	31
DD51B: Utilization of Direct Service Staff	32
Overview of Schedules DD51C, DD51D, and DD51E	33
DD51C: Direct Service Staff Time & Base Assumptions – Up to 8 Hours Per Site	33
DD51D: Direct Service Staff Time & Base Assumptions – More than 8 but Less the 24 Hours Per Day	35
DD51E: Direct Service Staff Time & Base Assumptions – Services Furnished 24 Hours Per Day	36

Schedules for DD54 Employment and Community Inclusion Services	38
DD54A: Direct Service Staff Wages for Employment and Community Inclusion Services	39
DD54B: Utilization of Direct Service Staff	40
DD54C1: Employment & Community Inclusion Group Services – Program Census.....	41
DD54C2: Direct Service Staff Time & Base Assumptions – Group Services	41
DD54D: Direct Service Staff Time & Base Assumptions – 1:1 Services	43
Glossary	47
Attachment: Provider Cost Survey Schedules	51

ReBAR Project

Overview

The ReBAR Project (“Restructuring Budgets, Assessments and Rates”) is a five-year project to develop and test a new system for the funding of certain Comprehensive Waiver services for individuals with developmental disabilities. Initial funding restructuring is targeted to begin in 2011 for Adult Residential Facility (DD50), Supported Living (DD51), and Employment and Community Inclusion (DD54) Services. Children’s Group Home services will be included at a later date. A \$2.44 million federal Centers for Medicare & Medicaid Services (CMS) System Transformation Grant supports this project.

The Project’s goal is to replace Oregon’s current 25-year old “slot-based” funding system with a new system that will establish individual budget allocations (IBAs) based on support needs for some 3,500 Comprehensive Waiver participants, standardize rates for services delivered, and support a statewide network of community provider organizations. Information and updates concerning the ReBAR Project are available on the [project’s website](#) (click).

2007 Project Activities

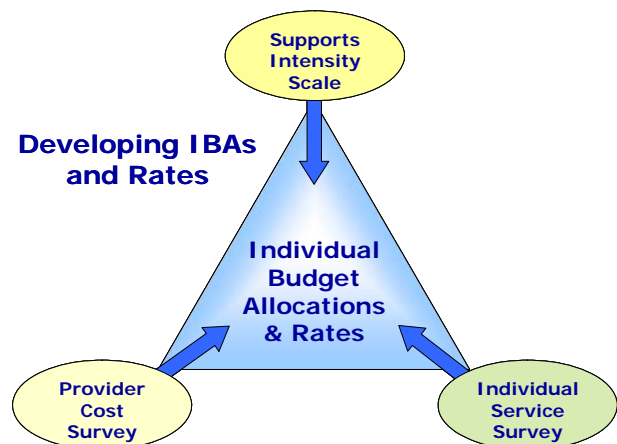
In 2007, the ReBAR Project is conducting three major data collection activities in order to collect essential information that will contribute to restructuring funding.

SIS Pilot Test. Starting in June and continuing through August 2007, the Project is conducting a **Pilot Test** in eleven counties to secure information about the support needs of a sample of 400 Comprehensive Waiver participants. This information is being collected through interviews that employ the American Association on Intellectual and Developmental Disabilities (AAIDD) **Supports Intensity Scale** (SIS) assessment tool. The individuals in the sample are supported by 75 provider organizations.

Provider Cost Survey. This survey is designed to compile information about provider organization costs in delivering Comprehensive Waiver services. The 75 provider organizations are asked to complete and return the Provider Cost Survey (PCS) by August 8, 2007. This document contains the instructions for completing this survey.

Individual Service Survey. Finally, provider organizations also are asked to complete the Individual Service Survey (ISS) for each of the 400 individuals in the SIS Pilot Test sample. The ISS will provide important information about the amount of support that these individuals receive. The goal is to complete the ISS in early September. Separate instructions for completing this survey are being disseminated concurrently with these instructions

When these data collection activities are complete, work will start in Fall 2007 on developing the new approach to funding.



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Provider Cost Survey: Overview

Survey Objectives

The ReBAR Provider Cost Survey is designed to secure information about the costs that provider organizations incur in delivering DD50 (Adult Residential Facility), DD51 (Supported Living), and DD54 (Employment and Community Inclusion) Services to Comprehensive Waiver participants. The survey also requests that provider organizations provide information about additional factors that affect the provision of these services.

Information obtained from this survey will be linked to the Pilot Test SIS assessment and Individual Service Survey results to provide a systematic understanding of the interplay among individual support needs, the amount of staff time that is devoted to supporting individuals, and provider costs. Provider Cost Survey information will play an especially critical role in informing the development of payment rates for waiver services.

Survey Development

Project consultants in collaboration with the Department of Human Services (DHS) ReBAR Project Team developed the survey. The project consultants are Burns & Associates (Phoenix, Arizona), Oregon Consulting Services, and the Human Services Research Institute (HSRI). In May 2007, the draft survey tool was shared with the ReBAR Project Rate Setting Resource Team and Stakeholder Group; both groups include provider organization representatives. Additional feedback concerning the survey was provided through the Oregon Rehabilitation Association (ORA) and the Community Providers Association of Oregon (CPAO). This feedback was enormously valuable and resulted in several changes and improvements to the draft survey tool.

Survey Participation

DHS urges the participation in this survey of all 75 provider organizations that serve the individuals in the ReBAR Project Pilot Test. These organizations constitute an excellent cross-section of Oregon developmental disabilities service providers. They include larger and smaller organizations that operate in both urban and rural areas and furnish one or more types of waiver services. Participation by all organizations in this survey will provide a solid foundation of information to support funding restructuring.

DHS and the ReBAR Project Team recognize and appreciate that completion of this survey will require considerable time and effort by each organization. ***Your organization's participation in this survey is vital to the overall success of the ReBAR Project.***

The next section of the instructions (***Survey Timeline and Logistical Information***) identifies key survey dates and where to direct questions about completing the survey.

Use of Survey Information

The information that your organization submits in response to this survey will only be used in conjunction with ReBAR Project activities. This information will not be used to change the payments that your organization currently receives for these services. Organization-specific information submitted in response to this survey will be treated confidentially and will not be publicly-reported. Survey results will be reported in the

aggregate and/or in a fashion that masks the identity of each organization that participates in the survey.

Survey Scope

The Provider Cost Survey requests that provider organizations furnish certain organization-wide cost information and other specific information about the DD50, DD51, and/or DD54 Comprehensive Waiver services that the organization furnishes. These services are defined below. Other types of Comprehensive Waiver services (e.g., adult foster care) are outside the scope of the ReBAR project and, hence, not included in this survey. There are two important features of the survey to keep in mind:

- √ With respect to DD50, DD51, and DD54 services, organizations are asked to provide information about their delivery of these services *in all counties*, not just the ReBAR Pilot Test Counties.
- √ **Survey information is to be reported for the year that ended June 30, 2006.** Survey Schedule 4 provides the opportunity for organizations to report changes that may have affected certain costs in the year ending June 30, 2007.

Service Definitions

The ReBAR project has adopted the following working definitions of DD50, DD51, and DD54 services:

DD 50 – Adult Residential Facility Services

The provision of care, training and supervision on a 24-hour basis (including overnight and on weekends) in a provider-operated, licensed group home or other living arrangement where people with disabilities reside.

DD 51 – Supported Living Services

The provision of care, training and supervision by agency staff to individuals who reside in certified settings where individuals live in their own homes or apartments by themselves or with housemates. Support may be provided up to and including daily, overnight and on weekends, as determined by the individual's needs.

DD 54 – Employment and Community Inclusion

General: The provision of support outside an individual's living arrangement by an agency certified to provide employment or community inclusion services that improve the individual's productivity, integration and independence in the community. Support may be provided through any or a combination of all of the following services:

1:1 Supported Employment The provision of support to assist an individual to keep paid employment or a job in a setting that provides opportunities for the person to work with and around persons without disabilities. Support includes 1:1 intermittent monitoring, training/coaching and/or intervention at a public or private sector worksite, using and enhancing natural business and co-worker supports where possible. Personal care is provided or arranged as needed.

Supported Employment – Initial Services The provision of support to assist an individual in choosing, obtaining and learning a paid job or a career that matches the person's interests and abilities. Initial services may include employment assessment, career planning, job development, job placement and training to the point of job stabilization.

Supported Employment – Crew/Enclave The provision of continuous on-the-job training, coaching and supervision for a group of 2-8 paid workers with disabilities in settings that provide opportunities for integration with workers and/or community members without disabilities.

Employment – Facility Based The provision of support, training and paid work in a small business or workshop setting where more than eight persons with developmental disabilities are served and the majority of workers are persons with disabilities.

Habilitation – Facility Based The provision of care, support, supervision and non-employment related training in a non-residential facility where more than eight persons with developmental disabilities are served and the majority of individuals at the facility are persons with disabilities. Services are designed to assist an individual to acquire, retain or improve self-help, social, and adaptive skills.

Community Inclusion – Small Group The provision of continuous support, instruction and supervision for a group of 2-8 individuals with disabilities in an integrated community setting in order to provide opportunities for integration, contribution and/or independence away from the person's living arrangement, building on and utilizing as much natural and community support as possible.

1:1 Community Inclusion The provision of 1:1 staff support and instruction related to engagement of the individual in the community and instruction in skills the individual may wish to acquire, retain, or improve that are related to integration, community contribution and/or independence away from the person's living arrangement, building on and utilizing as much natural and community support as possible.

As used in this survey, the term "**1:1 Services**" means staff support that is dedicated exclusively to supporting a single individual. The term "**Group Services**" means staff support that is furnished to two or more individuals together at the same time. Other terms are defined in "**Schedule-by-Schedule Instructions**" Section. All definitions are also located in the *Glossary*.

Survey Tool

The Provider Cost Survey tool is contained in an electronic Microsoft Excel[®] workbook file (named 2007ReBARPCSurvey.xls). The survey is completed by entering information into worksheets in the workbook. Please review the "**Before You Begin**" Section of the instructions (page 9) before opening and completing the survey. This section has information about steps you may need to take to prepare your computer in order to complete the survey. For reference, a print out of the survey worksheets/schedules is located in the Attachment to these instructions. **Do not submit the survey using the printed schedules. Only use the electronic survey tool.**

The survey tool consists of several schedules that are located in separate worksheets. The first series of schedules (up through "Schedule 5") ask for organization-wide information. All organizations will complete this series of schedules. The remaining schedules/worksheets ask for information that is specific to your organization's delivery of DD50, DD51, *and/or* DD54 services, as appropriate. How many of these schedules you will need to complete depends on the specific services that your organization furnishes. The "**Schedule-by-Schedule Instructions**" Section (starting on page 11) contains detailed instructions for completing each survey schedule.

Instructions Format

These instructions are contained in an Adobe® “PDF” file. Each section and subsection is bookmarked so that you can quickly go to the section of the instructions that is specific to each survey schedule. When you open the file, select “bookmarks” in the Adobe reader to view the listing of instruction sections. Clicking on the bookmark section will take you to that part of the instructions. The document also contains hyperlinks between parts of the instructions and to the ReBAR Project website. Hyperlinks are in [blue text](#). Clicking on the blue text activates the hyperlink.

Returning the Survey

Again, please complete and return the survey on or before August 8, 2007. Before returning the survey, be sure to rename the Survey workbook file as directed in the *“Before You Begin”* Section. Please e-mail the completed survey tool as an attachment concurrently to both Burns & Associates (ORReBAR@burnshealthpolicy.com) and HSRI (pcsrebar@hsri.org). In the case of HSRI, please include “pcs rebar” in the subject line of your e-mail message.

Survey Timeline and Logistical Information

Important Survey Dates

June 28, 2007: Survey Release

This is the date upon which the survey tool and these instructions are disseminated to the provider organizations that are asked to participate in the survey. The survey tool and instructions also are posted on the ReBAR Project website [Project Activity page](#).

July 6, 2007: Confirmation of Participation in the Survey

On or before July 6, 2007, each provider organization is asked to:

- √ Confirm its participation in the survey and identify the individual at the organization who will have lead responsibility for completing the survey. Please provide this person's name, telephone number, and e-mail address. E-mail this information directly to HSRI at pcsrebar@hsri.org (please include the phrase "pcs rebar" in the subject line of your e-mail). Follow-up information concerning the survey (including any necessary clarifications to these instructions) will be sent to this individual. Once your organization has completed the survey, HSRI will review the survey response to make sure that it is complete. If there are questions about the response, the designated individual will be contacted.
- √ Please notify the ReBAR Project Team (see below) whether one or more individuals from your organization will attend the July 11, 2007 Technical Assistance Session.

July 11, 2007: Technical Assistance Session

The ReBAR Team is hosting a Technical Assistance Session ("How to Complete the Provider Cost Survey (PCS) and the Individual Service Survey (ISS)") at Chemeketa Community College in Salem from 10:00 AM to 4:00 PM on July 11, 2007. The project consultants will make presentations and answer questions about each survey. Two additional sites have been arranged where provider organizations can sit in on the technical assistance session via video conference. The video conference sites are:

- √ Portland Community College, Sylvania Campus
- √ Central Oregon Community College, Bend

The ReBAR Team is also working on securing a site in Southern Oregon. More information about this session will be sent to each Pilot Provider Agency separately.

SPACE IS AVAILABLE AT THESE LOCATIONS ON A FIRST COME, FIRST SERVED BASIS ONLY. Each room has a capacity limit. You must register for the location you would like to attend. If that location is full, you may register to attend a session at one of the other locations **OR** the session in Salem at Chemeketa Community College, which has a larger room capacity.

To Register for the location you would like to attend, e-mail or call:

Charity Pedersen, Administrative Support Staff, ReBAR Project
(503-947-5099)
rebar.project@state.or.us

August 8, 2007: Survey Responses Due

Provider organizations are asked to return the completed survey on or before August 8, 2007. Instructions for how to return the survey are located in the previous section.

Questions???

In the event that you have questions about how to complete the survey, please direct them to the ReBAR Project Team staff member who is assigned to your provider organization during the Pilot Test. This information is included in the e-mail message transmitting this survey to your organization. Your question(s) will be addressed by the assigned ReBAR Team member. As necessary, questions will be referred to the project consultants.

Before You Begin

The Provider Cost Survey is contained in a Microsoft Excel® workbook file that is labeled: 2007ReBARSurvey.xls. The workbook is virus-free. The survey workbook uses "macros"; these macros will not harm your computer. Before you begin completing the survey, you should take two steps:

Update Computer Security Settings (if necessary)

Before opening the survey workbook file, you may need to update your computer's security settings. To be able to open and complete this survey, your computer must allow macros to be enabled. The particular security setting for macros on your computer must be **Medium** or lower. If you are unsure of the setting for your computer or if you need to change the security setting, proceed with the following steps:

- Open Microsoft Excel®
- Select **T**ools (from the menu), then
- Select **O**ptions..., then
- Select the "**S**ecurity" Tab in the pop up menu, then
- Select the button (lower right hand side) titled "**M**acro Security"..., then
- Select the "**S**ecurity Level" Tab in the new pop up menu, then
- Select the radio button next to "**M**edium". 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), then
- Press the "**O**K" button to exit the pop up menus, then
- Exit and restart Excel. You will then be able to open the survey using the steps below.

Once you complete the survey, repeat the procedure above in order to restore the prior security level setting for your computer.

Preparing the Survey

To open and complete the survey:

1. Double click on the 2007ReBARPCSurvey.xls workbook file to open the Provider Cost Survey. When the workbook is opened, a Security Warning may pop up on the screen. If so, select "**E**nable Macros" to continue.
2. On the tool bar, select "File" then "Save As" to save the file in your preferred directory. For submission of the survey, rename the workbook file using the following naming convention:

[ProviderName]2007ReBARPCSurvey.xls

For example, AcmeServices2007ReBARPCSurvey.xls

3. The workbook contains several worksheets including "General", "Schedule 1", "Schedule 2", and so on. Upon opening the workbook, the "General" worksheet should be the active sheet. If it is not, please click on the "General" tab at the bottom on the far left-hand side.
4. In order to activate the worksheets that are specific to DD50, DD51, and DD54 Services, select the "Schedule 1" tab. Check the box next to the type or type(s) of services that your organization provides to activate the worksheets

Problems???

If you encounter any *technical* problems opening or working with the survey workbook file, please call Jon Fortune at HSRI at 503-924-3783, ext. 13. Questions concerning how to complete an item or schedule should be directed to the ReBAR Team assigned to your provider organization for the Pilot Test.

Schedule-by-Schedule Instructions

Introduction

This section contains the instructions for completing each Provider Cost Survey schedule. Again, if you require clarification about how to complete a schedule/item, please contact the DHS ReBAR Project Team that is assigned to your provider organization for the ReBAR Pilot Test. As necessary, questions will be referred to the project consultants. If you encounter technical problems when working with the survey workbook file, call Jon Fortune at HSRI at 503-924-3783, ext. 13.

Please keep in mind that the survey is due on or before August 8, 2007.

Source of Data

All the information that is reported in response to this survey by your organization should be for the fiscal year that ended on June 30, 2006. Your responses should be based on actual expenditures for that fiscal year, unless a different year-end is otherwise specified (in the organization year end field in the first page of the survey – the “General” schedule). The data should reflect organization-wide expenditures, including expenditures for developmental disabilities services that were delivered in counties that were not selected for ReBAR Project Pilot Test.

Entering and Saving Data

Throughout the survey, items that are shaded **gray** are automatically populated as you complete the survey or are protected to prevent entry into cell. In addition, as work through the survey it is a good idea to save your work periodically to prevent losing any information you may have entered. In many cases, you are asked to respond by making a selection from a **drop down** list. The drop down list is activated by placing your cursor in the cell for the item. A radio button will appear. Clicking on the button displays the list.

Each schedule includes a “comment” text field. At your option, you may use this field to provide additional information about the topic that is addressed by the schedule.

Survey Structure

The Provider Cost Survey consists of two sets of schedules:

- √ The first seven schedules (General Organization Information through Schedule 5) request organization-wide or cross-cutting information (in the case of Schedule 5). All respondents should complete these schedules.
- √ The remaining schedules request information that is specific to the delivery of DD50, DD51, and DD54 Services. Only complete the schedules for the types of services that your organization provides.

The DD50, DD51, and DD54 schedule sets each begin with two schedules that request information about direct service staff wages and the percentage of their time that such staff is assigned to providing the service. The remaining schedules in each set ask for additional specific information about the delivery of the service. Depending on the types of services that your organization furnishes, you may need to complete one or all of these remaining schedules.

Schedule Help

To obtain help with the completion of a particular schedule, click on the title of the schedule below:

[General](#)

[Schedule 1](#)

[Schedule 2](#)

[Schedule 3](#)

[Schedule 3A](#)

[Schedule 4](#)

[Schedule 5](#)

[Schedule DD50A](#)

[Schedule DD50B](#)

[Schedule DD50C](#)

[Schedule DD50D](#)

[Schedule DD50E](#)

[Schedule DD51A](#)

[Schedule DD51B](#)

[Schedule DD51C](#)

[Schedule DD51D](#)

[Schedule DD51E](#)

[Schedule DD54A](#)

[Schedule DD54B](#)

[Schedule DD54C1](#)

[Schedule DD54C2](#)

[Schedule DD54D](#)

You also can navigate to the instructions for a particular schedule by clicking on the appropriate document bookmark.

General Organization Information and Certification Schedule

Please provide your organization's business and contact information requested in the space provided. This information and the other information provided throughout this survey will be used only for the purpose of supporting the development of reimbursement rates, rate models, and rate-setting methodology. No information obtained through this survey will be publicly reported in a fashion that identifies your organization.

The "Provider ID (FEIN)" is the nine-digit tax identification number that the Internal Revenue Service (IRS) has assigned to your organization for the purpose of filing various business documents. The "eXPRS Provider ID" is the 5-digit number assigned by the Oregon Department of Human Services to your organization for the purpose of submitting claims via the Express Payment and Reporting System. For the field "Organization Year End" please select from the drop down menu the month in which your organization's fiscal year ends. In most cases, this should be "June."

At the bottom of the sheet is a field for you to indicate whether your organization is classified as a 501(c)(3) entity. If so, please also provide the entity name under which your organization's IRS Form 990 is filed.

The attestation should contain the same information as was entered earlier for "Provider Name". The field is shaded gray to reflect that the information entered will automatically populate other fields throughout the remainder of the survey.

After completing this schedule, please complete Schedule 1 before proceeding to the remaining schedules. This schedule activates survey worksheets that are specific to DD50, DD51, and DD54 Services.

[Back to Section Listing](#)

Schedule 1: General Provider Information

Please indicate the types of services (DD50, DD51, and/or DD54) that your organization provides on behalf of Oregon Department of Human Services for individuals with developmental disabilities by checking *all* the boxes that apply. As you check (or

unchecked) a box next to the service, a series of worksheets with specific questions related to that service will appear (or hide). Please see the "Provider Cost Survey: Overview" Section of these instructions (page 5) for the definitions of these services.

[Back to Section Listing](#)

Schedule 2: Direct Service Staff Benefits Provided

This schedule requests information about the non-wage benefits that your organization provides to **Direct Service Staff** only. For purposes of this survey, the term "*Direct Service Staff*" means staff members who are employed to provide direct care, supervision and support to individuals with developmental disabilities served by the organization. Direct Service Staff includes nurses, therapists, behavior specialists and other personnel who provide a direct service (e.g. work shifts, directly support individuals in community settings, etc.) on behalf of the organization. This term does not include administrative staff.

The schedule asks for information about several types of non-wage benefits that your organization may provide to its direct service staff. In particular:

Paid Time Off (PTO) refers to the combination of traditional vacation time, sick time, holidays, personal days and/or floating holidays that are received by employees on an annual basis.

Question 1.1: Eligibility – Select Yes/No from the drop down menu to indicate whether direct service staff is eligible for PTO. If you select no, do not need to complete the remaining PTO questions.

Question 1.2: Waiting period – From the drop down menu, choose the appropriate employment condition (if one exists) that staff must meet in order to qualify for PTO. Each choice refers to the minimum number of days required for staff to be employed prior to receiving paid time off. Note that if your organization accrues this benefit prior to the employee's opportunity to use PTO, you should indicate the waiting period until the benefit is accrued.

Questions 1.3-1.5: Amount of PTO – Enter the minimum, maximum and average amount of days per year of PTO received by Direct Service Staff. Please note that one day equals eight (8) hours of time.

Extended Illness Benefit (EIB) refers to the benefit utilized by employees for sick time in excess of three (3) days. Many employers allow employees to have paid extended leave for longer-term periods of sickness or injury. Note that paid extended 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.).

Question 2.1: Definition. Using the drop down menu, indicate whether your organization provides a benefit that differs from the one described here. If no, continue to question 2.3.

Question 2.2: If your organization provides a different benefit, please briefly describe the differences in the space provided.

Question 2.3: Eligibility. Select Yes/No from the drop down menu to indicate whether direct service staff are eligible for this benefit.

Question 2.4: Waiting Period. From the drop down menu, choose the appropriate employment condition (if one exists) that staff must meet in order to qualify for EIB. Each choice refers to the minimum number of days required for staff to be employed prior to receiving the extended illness benefit. Note that if your organization accrues this benefit prior to the employee's opportunity to use EIB, you should indicate the waiting period until the benefit is accrued.

Questions 2.5-2.7: Amount of EIB. Enter the minimum, maximum and average amount of days per year of EIB received by Direct Service Staff. Please note that one day equals eight (8) hours of time.

Health Insurance refers to the benefit provided for employee health coverage. You are asked to provide additional information about health insurance (and other benefits) in the second section of this schedule.

Question 3.1: Using the drop down menu, indicate whether your organization provides health insurance coverage in which employees may enroll.

Question 3.2: Waiting Period. From the drop down menu, choose the appropriate employment condition (if one exists) that staff must meet in order to qualify for health insurance. Each choice refers to the minimum number of days required for staff to be employed prior to receiving health insurance.

Privately Funded Retirement Plan refers to a retirement benefit (other than social security, 401k or 403b) provided for by the employer that utilizes pre-tax wages to contribute to taxable or tax deferred earnings eligible for payment to the employees upon retirement.

Question 4.1: Using the drop down menu, indicate whether your organization contributes to a privately-funded retirement plan on behalf of direct service staff.

Question 4.2: Information about Contributions. From the drop down menu, indicate whether the amount contributed is a fixed dollar amount or a percentage of salary. Next, indicate the amount or percentage contributed. Also specify the length of service that an employee must have in order to participate in the plan. Finally, indicate the approximate percentage of eligible direct service staff who participate in the benefit.

Employer Supported 401k or 403b refers to the retirement savings plan(s) that are funded by employee contributions and potentially matching contributions from the employer. These plans offer contributions that are taken from pre-tax wages, and the funds grow tax-free until withdrawn when the employee is eligible.

Question 5.1: Using the drop down menu, indicate whether your organization contribute to a 401k or 401b retirement savings plan on behalf of direct service staff.

Question 5.2: Information about Contributions. From the drop down menu, indicate whether the amount contributed is a fixed dollar amount or a percentage of salary. Next, indicate the amount or percentage contributed. Also specify the length of service that an employee must have in order to participate in the plan. Finally, indicate the approximate percentage of eligible direct service staff who participate in the benefit.

For **Questions 6**, please provide your FUTA (Federal Unemployment Tax)/SUTA (State Unemployment Tax) rate. Express the rate as a percentage.

For **Question 7**, please provide your Workers' Compensation cost for direct service staff during the 2006 policy period. Please express as a rate per \$100 wages paid.

Health Insurance and Other Benefits Provided

The lower portion of Schedule 2 relates to the Health Insurance premiums (and other benefits premiums) that your organization paid on behalf of Direct Service Staff. Note that your organization may be able to obtain this information from your insurance carrier statements.

Premiums may be required for:

Health Insurance – General medical coverage (if applicable) provided for employees,

Dental – General dental coverage provided (if applicable) for employees,

Vision – General vision coverage provided (if applicable) for employees,

Long-Term Disability – Long term disability coverage provided (if applicable) for employees,

Short-Term Disability – Short term disability coverage provided (if applicable) for employees,

Employee Assistance Program – Organizational specific program that provides assistance to enrolled employees (if applicable), and

Other1 – All other benefits provided to employees not specifically identified above but which employ the same benefit structure.

Other2 – All other benefits provided to employees not specifically identified above that utilize differing benefit categories.

For each type of benefit that your organization provided, please provide:

Average Number of Employees Enrolled: Enter the *average* number of employees enrolled for the benefit in the benefits categories offered by the organization.

Total Monthly Premium: Enter the total premium paid by both the organization and by the employee in total *per employee (again this should be an average number for the type of coverage)*.

Employer Paid Portion: Enter the amount or the percentage paid by the employer for each benefit category. This number should be an *average, per employee for the type of coverage*.

[Back to Section Listing](#)

Schedule 3: Administrative and Indirect Expense

Schedule 3 collects information about “Administrative Overhead” and “Indirect Program” expenses. These terms are defined as follows:

Administrative Overhead Expenses include costs that support the central business operations of a service organization, regardless of the number of individuals who are served or the volume of services individuals receive. The types of these expenses are specified below.

Indirect Program Expenses include costs that support the delivery of a particular service or type of service and these costs typically increase or decrease as the number of individuals served or the volume of service delivered increases or decreases. These costs are for program materials and supplies as well as

support staff that does not work routinely directly with individuals. It also includes salary and wage costs for staff placed on *paid* administrative leave while an abuse investigation is conducted. The types of these expenses are specified below.

In both cases, the amounts reported should reflect all lines of business, not just expenses associated with the delivery of DD50, DD51, and DD54 services. Please utilize your income statements for the year that ended June 30, 2006 to complete this information.

Additionally, it is understood that within a given accounting system expenses that are listed as either "Administrative Overhead" or "Indirect Program" may be classified or accounted for differently than the classification method outlined within this survey. However, it is asked that providers follow the structure of this survey to the best of their ability.

Since organizations keep their books in different ways, Schedule 3 offers two separate methods for reporting administrative overhead and indirect program expenses. Select "**Method 1**" if your organization does not routinely allocate administrative overhead and indirect program costs across various lines of business. Select "**Method 2**" if your organization already allocates administrative overhead and indirect program costs by lines of business in your accounting records. Each method is discussed in more detail below:

Method 1: If you choose to use Method 1, at the top of the page report all administrative overhead and indirect program expenses across all lines of business. These expenses will then be allocated across your organization's lines of business using a formula based upon the revenue data that you provide at the bottom of the page. The first box of information in Method 1 should list total dollar amounts paid for each of the expenses listed. The second box of information at the bottom of the page then asks that you report total revenue received by line of business. "**All DD Services Funded by DHS**" includes all types of Comprehensive Waiver services (not just DD50, DD51 and/or DD54), Adult Support Waiver and any other services included in your organization's county contract for developmental disabilities services or otherwise paid directly by the state for such services. Note that revenue is equal to 'revenue earned'; that is, revenue (and expenses) related to donations and fundraising should be excluded from this schedule. The total amount of Administrative and Indirect expenses reported is also displayed on the schedule for your reference.

Method 2: If your organization allocates administrative overhead and indirect program expenses by line of business, choose Method 2. Please allocate the total dollar amounts of each expense by line of business. Please complete both the administrative costs section and the indirect costs section. The last box of information then allows you to report total revenue received by line of business. Note that revenue is equal to 'revenue earned'; that is, revenue (and expenses) related to donations and fundraising should be excluded from this schedule. The total amount of Administrative and Indirect expenses reported is also displayed on the schedule for your reference.

Types of Administrative Overhead Expenses

Administrative Overhead Expenses include costs that support the central business operations of a service organization, regardless of the number of individuals served or

the volume of services individuals receive. Whether Method 1 or Method 2 is employed, the types of administrative expenses that are to be reported include:

Salaries and Wages of Officers: Include all wages, incentives, stipends, bonuses, etc. for officers of the organization, such as the Executive Director, CEO, CFO, etc.

Salaries and 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, such as the accounting staff, secretarial staff, technical staff, etc.

Other Personnel Expenses (OPE): Include paid time off, extended illness benefit, health, dental, vision, disability, workers compensation insurance, and other insurance for administrative staff. OPE also includes FICA (Federal Insurance Contributions Act) taxes (social security and Medicare) and employer contributions to retirement plans.

Rents/Mortgage Payments for Admin Office(s): Include the actual rent or mortgage for buildings in which administrative office(s) are located. If no rent or mortgage amount is incurred (e.g. building is wholly owned), use the amount that would be the imputed rent/mortgage amount for the building. If the administrative offices are located within the same building as either Indirect Program offices and/or direct program operations, prorate the cost based on the floor space utilized.

Utilities for Admin Office(s): Include expenses for utilities for buildings in which administrative office(s) are located. If the administrative offices are located within the same building as either Indirect Program offices and/or direct program operations, prorate the cost based on the floor space utilized.

Vehicle Expense (Admin vehicles only): Include the expenses for vehicles provided for administrative staff use. If the vehicles are shared with other program operations, prorate the expense based on miles traveled by administrative staff.

Insurance: Include expenses for insurance coverage for:

Corporate operations including (but not limited to) employment issues and coverage for Directors and Officers.

Coverage for buildings utilized for administrative staff.

Coverage for vehicles utilized for administrative purposes.

Repairs and Maintenance (for Administrative Offices): Include actual expenses incurred for repairs and maintenance for administrative offices. If the administrative offices are located within the same building as either Indirect Program offices and/or direct program operations, prorate the cost based on the floor space utilized.

Legal and Accounting: Include expenses for legal and accounting services purchased by your organization.

Telephone/Communications: Include all expenses for telephone and communications for your organization.

Taxes and Licenses: Include expenses for business taxes and licenses for your organization.

Advertising: Include expenses for advertising for your organization, *excluding* any advertising expenses for hiring of Direct Service Staff.

Bad Debts: Included expenses for bad debt allowances incurred by your organization.

Interest Expense (Excluding Mortgage): Include expenses for interest paid, excluding mortgage interest, by your organization.

Charitable Contributions: Include expenses for charitable contributions made by your organization.

Net Depreciation (excluding buildings and non-administrative vehicles):

Include expenses incurred for depreciation for administrative capital items, excluding buildings and vehicles.

Other Administrative Overhead Expense: For any expense not specifically listed above that accounts for 10% (or more) of total administrative overhead expenses, please include them in the space provided. Examples of additional categories include, but are not limited to Information Systems (Technology), Office Supplies, Equipment Rental, Dues and Subscriptions, Printing and Duplicating, Vehicle Maintenance, Travel Expenses, etc.

Types of Indirect Program Expenses

Indirect Program Expenses include costs that support delivery of a particular service or type of service and these costs typically increase or decrease as the number of individuals served or the volume of service delivered increases or decreases. These costs are for program materials and supplies, as well as support staff that does not work routinely directly with individuals served by the organization. It also includes salary and wage costs for staff placed on administrative leave while an abuse investigation is conducted. Exclude from these expenses any expenses that are solely attributable to the operation of income-generating activities (e.g., production expenses associated with operating a sheltered workshop). Whether Method 1 or Method 2 is employed, the types of indirect program expenses that are to be reported include:

Salaries and Wages, Program Supervision: Include wages, differentials, incentives, stipends, bonuses, etc. for all staff that perform supervisory duties for Direct Service Staff.

Salaries and Wages, Program Support: Include wages, differentials, incentives, stipends, bonuses etc for all staff that support delivery of services but are not routinely serving/dealing directly with individuals with developmental disabilities, except for hiring expenses and paid administrative leave (both types of expenses are reported separately).

Salaries and Wages, Other Personnel Expenses: Include paid time off, extended illness benefit, health, dental, vision, disability, workers compensation insurance, and other insurance for staff in the Indirect Program category. It also includes FICA taxes (social security and Medicare) and employer contributions to retirement plans.

For the following expenses, exclude any Salaries & Wages that are included above, except for Hiring Expenses that include Salaries & Wages (and OPE) for Training Staff and New Hire attendance.

Rents/Mortgage Payments for Indirect Office: Include the actual rent or mortgage for buildings in which indirect office(s) are located. If no rent or mortgage amount is incurred (e.g. building is wholly owned), use the amount that would be the imputed rent/mortgage amount for the building. If the administrative offices are located within the same building as either Indirect Program offices or direct program operations, prorate the cost based on the floor space utilized.

Repairs and Maintenance for Indirect Office(s): Include actual expenses incurred for repairs and maintenance for administrative offices. If the administrative offices are located within the same building as either Indirect

Program offices or direct program operations, prorate the cost based on the floor space utilized.

Medical Records Expenses: Includes non-payroll expenses related to the costs incurred for storing and maintaining medical records for individuals.

Billing Expenses: Includes non-payroll expenses related to the costs incurred for billing and collecting for billings for services delivered to individuals.

Program Consultation Fees: Includes expenses related to work performed by a program consultant. For purposes of this survey, "program consultant" means someone who provides a support service of a professional nature for the organization. The scope of work might include oversight (e.g., review of medical records in residential homes), performing assessments needed for program planning (e.g., nursing assessments, behavior assessments, assessments performed by physical or occupational therapists), providing ongoing (not initial) staff training on program related topics, etc. The program consultant may be an employee or non-employee who is paid a fee for services performed.

Hiring Expenses: Include all expenses (including Salaries, Wages and OPE) for trainers, new hire attendance and other expenses incurred to recruit and process new employees. The amount of these expenses is addressed in more detail in Schedule 3A (see the instructions below).

Vehicle Expense (Indirect vehicles only): Include the expenses for vehicles provided for indirect staff use. If the vehicle is shared with administrative operations, prorate the expense based on miles traveled by program support staff.

Insurance: Include expenses for insurance coverage for:

Coverage for claims related to service delivery issues.

Coverage for buildings utilized for indirect staff.

Coverage for vehicles utilized for indirect purposes.

Paid Administrative Leave: Include salary and wages for employees placed on leave during the course of the investigation of an allegation of abuse. Expenses should only be reported here only if the employee cannot be re-assigned to other responsibilities during the disposition of the investigation.

Net Depreciation (excluding buildings and non-indirect vehicles): Include expenses incurred for depreciation for indirect capital items, excluding buildings.

Other Indirect Program Expense: For any expense not specifically listed that accounts for 10% (or more) of total indirect program expenses, please include them in the space provided. Examples of additional categories include, but are not limited to Information Systems (Technology), Office Supplies, Equipment Rental, Dues and Subscriptions, Printing and Duplicating, Vehicle Maintenance, Travel Expenses, etc.

Total Revenue Received (Method 1 or Method 2)

At the bottom of the Method 1 and Method 2 schedules, in the first column, include total earned revenue received in payment for providing developmental disability services funded by DHS under contracts with the local Community Mental Health Program or directly by the Department. In the second column, report all other earned revenue received from all other sources. Note that earned revenues exclude all revenues received for either donations or fundraising.

[Back to Section Listing](#)

Schedule 3A: Direct Service Staff Recruitment & Hiring Expenses

Schedule 3A collects information directly related to expenses incurred by your organization related to the recruitment and hiring of Direct Service Staff. The survey asks these questions in the attempt to determine the impact of turnover on the Indirect Program expenses that are incurred by provider organizations. The amounts reported on this schedule should be a subset of the expenses reported on Schedule 3 and the total should match the amount reported under Hiring Expenses in the Indirect Program Expenses section. Please be sure that, when this schedule is completed, the total amount matches the amount reported on Schedule 3 (Method 1 or 2).

To complete this schedule, enter the expense within each cell or, if your organization does not track expenses at this level of detail, enter the total expense amount at the bottom and place check marks in the boxes to indicate which type of expenses are included in the total.

Advertising: Include advertising expenses related to recruitment and hiring activities for the organization.

Human Resources: Include expenses for human resources staff that perform recruiting and hiring activities for the organization.

Criminal Background/Driving Check: Include expenses related to initial background checks and driving records checks performed as part of hiring activities for the organization.

Initial Status Check:

General Physical: Include expenses related to initial general physical health checks related to hiring activities for the organization.

Drug Screening: Include expenses related to initial drug screenings related to hiring activities for the organization.

TB Screening: Include expenses related to initial tuberculosis screenings related to hiring activities for the organization.

Hepatitis B Screening: Include expenses related to initial hepatitis B screenings related to hiring activities for the organization.

Other Screening: Include expenses related to any other health screening tests related to hiring activities for the organization.

Initial Staff Training Expenses

Training Staff Wages & Salaries: Include expenses related to training staff wages and salaries for individuals that perform initial training for new hires for the organization.

Training Staff Employee Related Expenses: Include expenses related to employee related expenses for wages and salaries reported above.

Training Materials: Include expenses related to non-payroll related training materials utilized for training for new hires for the organization.

New Hire Participation: Include expenses related to new staff wages and salaries for time to attend initial training for the organization.

New Hire Waiting Period: Include salary expenses for new hires that are ready for work but have not completed initial criminal background checks and driving records checks.

Other: Include any other expenses not listed above.

Total Hiring Expenses: This field is set to total the above expenses; however, if your organization does not track expenses at a detailed level, just enter your total expense in this box and place check marks in the boxes above to indicate which expenses are included in the total.

Additional space has been provided if you have general comments regarding the information provided.

[Back to Section Listing](#)

Schedule 4: Direct Service Staff Wage & Salary Anticipated Adjustments

The information collected in this schedule allows your organization to provide an indication of what occurred or the anticipated plans for the organizational adjustments to Direct Service Staff wages and benefits during the fiscal year ending June 2007. Do not include anticipated changes for the fiscal year ending June 2008.

Question 1: What was (will be) the overall average increases in compensation awarded to Direct Service Staff for the year ending June 2007? Indicate the overall average percentage increase awarded to (anticipated to be awarded to) employees during the year ending June 2007.

Question 2: What was (will be) the overall average change to the cost of Health Insurance provided to employees during the year ending June 2007? Indicate the percentage increase (or decrease) anticipated for the organization for the costs of providing Health Insurance coverage to employees. The percentage reported here should reflect only the costs incurred by the organization; that is, the percentage change in costs should be based only on the portion paid by the organization and exclude premiums paid by employees.

Question 3: What was (will be) the overall average change to the cost of Dental Insurance provided to employees during the year ending June 2007? Indicate the percentage increase (or decrease) anticipated for the organization for the costs of providing Dental Insurance coverage to employees. The percentage reported here should reflect only the costs incurred by the organization; that is, the percentage change in costs should be based only on the portion paid by the organization and exclude premiums paid by employees.

Question 4: What was (will be) the overall average change to the cost of Vision Insurance provided to employees during the year ending June 2007? Indicate the percentage increase (or decrease) anticipated for the organization for the costs of providing Vision Insurance coverage to employees. The percentage reported here should reflect only the costs incurred by the organization; that is, the percentage change in costs should be based only on the portion paid by the organization and exclude premiums paid by employees.

Question 5: What was (will be) the overall average change to the cost of all other benefits provided to employees during the year ending June 2007? Indicate the percentage increase (or decrease) anticipated for the organization for the costs of providing all other benefits to employees. The percentage reported here should reflect only the costs incurred by the organization; that is, the

percentage change in costs should be based only on the portion paid by the organization and exclude premiums paid by employees.

Question 6: Anticipated impact to Other Expenses for the fiscal year ending June 2007: If your organization anticipates a significant change to any other area of expense, please briefly note the area, the anticipated change and basis for the change.

[Back to Section Listing](#)

Schedule 5: ReBAR Transportation Costs and Sources of Funding

Schedule 5 compiles information about the expenses that your organization incurs in transporting individuals and the sources of funding that underwrite transportation costs. The schedule is divided into two sections.

The top section asks that you first report the total transportation costs regardless of funding source incurred by your organization in the course of the delivery of DD50, DD51 and/or DD54 services to individuals. Transportation costs include vehicle expenses, mileage and the cost of purchasing bus tickets/passes on behalf of the individuals that your organization supports.

You then are asked to break out from the total the costs that are incurred in transporting individuals to/from work, school, and/or a day program. For example, if your organization operates a group home and transports residents to a work site, then show those costs in the DD50 column as costs incurred in transporting individuals to/from work, school and/or a day program. The difference between total transportation costs and the costs of transporting people to/from work, school, and/or a day program are the costs that are associated with other program activities (e.g., transporting individuals to health care appointments or the grocery store). If your organization does not separately track the costs of transporting individuals to/from work, school and/or a day program, please estimate the share of total transportation costs that are attributable to such transportation.

The bottom section of the schedule asks that you identify the sources of funds that underwrite **total transportation costs**. The potential sources of funds include: (a) payments for the service; (b) DD53 transportation payments that your organization receives; and, (c) any other source(s) of funds. For example, if your organization operates a DD54 service, the costs of transportation may be underwritten in part by DD53 transportation funds (to transport individuals to/from the DD54 program site and their residences) and in part from DD54 funds (to transport individuals from place-to-place after they have arrived at the program site).

[Back to Section Listing](#)

Schedules for DD50 Adult Residential Facility Services

Schedules DD50A through DD50E pertain to the delivery of Adult Residential Facility Services. Note that these schedules will appear ONLY if your organization indicated on Schedule 1 that it provides DD50 Adult Residential Facility Services.

Organizations that furnish any type of DD50 service must complete Schedules DD50A and DD50B. These schedules ask that you provide information about staff who furnish DD50 services, including their pay. The remaining schedules pertain to the delivery of DD50 services in three types of facilities. In these schedules, you are asked to provide information about how many people your organization supports with DD50 services along with other information about the number of staff hours used to provide services and other factors that affect staff productivity.

Schedule DD50A: Direct Service Staff Wages for Adult Residential Facility Services

This schedule asks your organization to provide a listing of the organizational specific job categories for the direct service employees who provide DD50 Adult Residential Facility Services. It also asks that you provide additional information about these job categories. Please keep in mind that "direct service staff" means staff members who are employed to provide direct care, supervision and support to the individuals with developmental disabilities served by the organization. Direct service staff includes nurses, therapists, behavior specialists and other personnel who provide a direct service (e.g., work shifts, directly support individuals in community settings, etc.) on behalf of the organization. This term does not include administrative staff.

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 clicking on the link here: [Example](#).

Please provide the following information:

Job Title: List the specific job categories as defined by your organization.

Estimated Annual Turnover: Using the provided drop down menu, indicate the estimated annual turnover experienced by your organization for this job category. The response choices are in 20% increments. Please utilize the following formula to determine the proper increment to utilize.

$$\text{Annual Turnover} = \left[\frac{\text{Total employees paid in 2006}}{\text{Total employees in June 2006}} \right] - 1$$

Where '*Total employees paid in 2006*' is the total count of individuals working within the job classification during the year and '*Total employees paid in June 2006*' is the total count of employees working within the job classification as of the end of June 2006. If your organization does not track this information by individual job classification, you may calculate the value for the entire organization and use the single value for all job classifications reported.

Type: Employee, Contractor: Is the job category listed an employee of the organization or working under contract for the organization? (Note, this is a drop

down menu) If both employee and contractor apply, please list each on separate lines.

Enter Supervisor or Non-Supervisor: From the drop down menu select 'Supervisor' if the job category listed has supervisory duties for other job categories. Otherwise select 'Non-Supervisor'.

Number of Full-Time Equivalents: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category. The number of FTEs can be calculated by determining the number of hours paid (including overtime) for the job classification and dividing by 2,080, as follows:

$$\text{FTEs} = \text{Annual Hours Paid} \div 2,080$$

Wages Per Hour: Note the lowest wage paid, the highest wage paid and 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 can be calculated using the following formula:

$$\text{Weighted Average Wage} = [\Sigma (\text{Wage Paid} * \text{FTE})] \div \text{FTEs}$$

Where "Σ" means "sum of." Also see the [Example](#).

FTEs that are Overtime Hours: Please enter the number of *full-time* equivalents (FTEs) within your organization for the job category resulting from overtime. The number of FTEs can be calculated by determining the number of overtime hours paid for the job classification and dividing by 2,080.

$$\text{Over Time FTEs} = \text{Annual Overtime Hours Paid} \div 2,080$$

These FTEs are included in the "Number of Full-Time Equivalents" above, but the survey asks that the "Overtime FTEs" be broken out separately in order to see the amount of overtime costs that providers are incurring.

Weekly Hours each employee is DIRECTLY Supervised by others: Indicate the average amount, per employee, of weekly supervision provided by the organization to this job category. This amount is the number of hours of 'eyes-on' supervision provided to assess satisfactory completion of duties.

Annual Hours of PAID Training Provided per Employee: Indicate the average amount of hours, per employee, of training provided by the organization to the job category.

[Back to Section Listing](#)

Schedule DD50B: Utilization of Direct Service Staff

Schedule DD50B utilizes the job categories entered on Schedule DD50A. Those categories are brought forward to auto-populate this schedule. For each job category, indicate the percentage (to the nearest 10%) of time the specific job category is utilized to deliver the listed services to individuals. This schedule asks for information on three types of services that are defined as DD50 Adult Residential Facility Services: Regular, Medical and Other Specialty (see below for definitions of each type of facility). For purposes of this survey only, three types of facilities have been defined:

Regular. The provision of care, training and supervision on a 24-hour basis (including overnight and on weekends) in a provider-operated, licensed group home or other living arrangement where people with disabilities exclusively reside. These

facilities **exclude** those that have at least one eight hour shift (per day) staffed by a nurse or other specialized licensed professional (e.g., a behavioral specialist).

Medical. The provision of care, training and supervision on a 24-hour basis (including overnight and on weekends) in a provider-operated, licensed group home or other living arrangement where people with disabilities exclusively reside. These facilities **include** those that have at least one eight hour shift (per day) staffed by a nurse.

Other Specialty. The provision of care, training and supervision on a 24-hour basis (including overnight and on weekends) in a provider-operated, licensed group home or other living arrangement where people with disabilities exclusively reside. These facilities **include** those that have at least one eight hour shift (per day) staffed by a specialized licensed professional other than a nurse (e.g., a behavioral specialist).

Based on these definitions, you should classify your facility (or facilities) accordingly. Schedules DD50C, DD50D, and DD50E ask that you provide additional information about each type of facility that your organization operates.

Space also is provided if the job category delivers other types of services (non-DD50 services) that are not displayed on this schedule. The schedule will automatically sum the portion of time and note (as "Error") when the job category has either more or less than 100% of time committed to services.

[Back to Section Listing](#)

Schedule DD50C: Direct Service Staff Time & Base Assumptions – Regular Facilities

Schedule DD50C relates to *Regular* Residential Facilities only. ***If your organization does not operate any facilities of this type, do not complete this schedule.***

Again, Regular Residential Facilities are defined as:

The provision of care, training and supervision on a 24-hour basis (including overnight and on weekends) in a provider-operated, licensed group home or other living arrangement where people with disabilities exclusively reside. These facilities **exclude** those that have at least one eight hour shift (per day) staffed by a nurse or other specialized licensed professional (e.g., a behavioral specialist).

Instructions for each data field are as follows:

- 1 Number of Residential Facilities, Regular:** Indicate the number of facilities by the licensed size of facility that your organization operated. The total number of facilities will be automatically calculated.
- 2 Total Number of Individuals? (as of June 2006):** Indicate the number of individuals residing in the facilities by size of facility at your organization's year ending June 2006. The total number of persons will be automatically calculated.
- 3 Total Number of Vacancies? (as of June 2006):** Indicate the number of vacancies in the facilities by size of facility at your organization's year ending June 2006. The total number reported will automatically calculate.
- 4 Number of Individuals who DID NOT receive DD54 Employment and Community Inclusion Services (as of June 2006):** Indicate the number of

individuals who **did not** receive DD54 services as of the year ending June 2006. The total number will be automatically calculated.

5 Typical number of individuals in the home (actual occupancy): Indicate the average number of individuals residing in the facilities by size of facility.

6 Average percentage of individual days per year of vacancy?: Indicate the average percentage of days of vacancies for the year by size of facility.

7 Typical number of Direct Service Staff per day, per home size (FTEs)?: Indicate the average number of Direct Service Staff working within the facility (by size of facility) per day.

8 Typical number of Direct Service Staff hours per week, per home size?: Indicate the average number of Direct Service Staff hours worked within the facility (by size of facility) per week.

9 Are there dedicated vehicle(s) for each home?: Using the drop down menu, indicate whether your organization provides a vehicle for exclusive use by the residential facility staff to provide for the transportation needs of the residents. Indicate this value for each facility size that your organization supports.

10 If there are dedicated vehicles, on average how many?: If your organization does provide vehicle(s) for the exclusive use of the residential facility, indicate on average how many vehicle(s) are provided to each facility by size of facility.

11 Average number of miles traveled on behalf of the individuals?: Indicate the average monthly mileage incurred for travel either with individuals or on behalf of individuals residing in the residential facility, per vehicle, per facility, by size of facility.

12 Percent of miles for transportation to work, school or day program?: Indicate the estimated percentage of total miles incurred that were used to transport individuals to work, school or day programs by facility size.

The following factors can be reported in totals only for all Regular Residential Facilities:

13 Hours of Notes & Medical Records, per staff, per shift (hours): Using the drop down menu, indicate the amount of time for notes and medical records (per staff) that is spent per shift to maintain documentation of care.

14 Employer Time, per staff, per week (hours): Using the drop down menu, indicate the amount of time required for employer time per week. Employer time is a non-direct service activity required for the employee such as staff meetings and other commitments to the employing organization.

15 Annual Training time provided by employer, per staff, after core competencies (hours): Indicate the average annual hours (per staff) provided to employees for training purposes, excluding training for core competencies.

16 Annual time for Quality Improvement provided by employer: Indicate the average annual hours (per staff) provided to employees for Quality Improvement purposes. "Quality Improvement" means a process defined by the organization that includes employer paid time for groups of employees to meet in a structured environment for the purpose of identifying and suggesting work-related improvements. Outcomes are measured and evaluated after implementation.

Additional space has been provided if there are additional factors that your organization feels should be considered for each service. Please specify those factors and provide information about each that is similar to the other factors.

Additional space has been provided if you have general comments regarding the services.

[Back to Section Listing](#)

Schedule DD50D: Direct Service Staff Time & Base Assumptions – Medical Facilities

Schedule DD50D relates to *Medical* Residential Facilities only. Do not complete this schedule if your organization does not operate this type of facility. Medical Residential Facilities are defined as:

The provision of care, training and supervision on a 24-hour basis (including overnight and on weekends) in a provider-operated, licensed group home or other living arrangement where people with disabilities exclusively reside. These facilities *include* those that have at least one eight hour shift (per day) staffed by a nurse.

Instructions for each data field are as follows:

- 1 Number of Residential Facilities, Medical:** Indicate the number of medical facilities by the licensed size of facility that your organization operated. The total number will be automatically calculated.
- 2 Total Number of Individuals? (as of June 2006):** Indicate the number of individuals residing in the facilities by size of facility at your organization's year ending June 2006. The total number will be automatically calculate.
- 3 Total Number of Vacancies? (as of June 2006):** Indicate the number of vacancies in the facilities by size of facility at your organization's year ending June 2006. The total number will be automatically calculated.
- 4 Number of Individuals who DID NOT receive DD54 Employment and Community Inclusion Services (as of June 2006):** Indicate the number of individuals who **did not** receive DD54 services as of the year ending June 2006. The total number will be automatically calculated.
- 5 Typical number of individuals in the home (actual occupancy):** Indicate the average number of individuals residing in the facilities by size of facility.
- 6 Average percentage of individual days per year of vacancy?:** Indicate the average percentage of days of vacancies for the year by size of facility.
- 7 Typical number of Direct Service Staff per day, per home size (FTEs)?:** Indicate the average number of Direct Service Staff working within the facility (by size of facility) per day.
- 8 Typical number of Direct Service Staff hours per week, per home size?:** Indicate the average number of Direct Service Staff hours worked within the facility (by size of facility) per week.
- 9 Are there dedicated vehicle(s) for each home?:** Using the drop down menu, indicate whether your organization provides a vehicle for the exclusive use by the residential facility staff to provide for the transportation needs of the residents. Indicate this value for each facility size that your organization supports.
- 10 If there are dedicated vehicles, on average how many?:** If your organization does provide vehicle(s) for the exclusive use of the residential

facility, indicate on average how many vehicle(s) are provided to each facility by size of facility.

11 Average number of miles traveled on behalf of the individuals?: Indicate the average monthly mileage incurred for travel either with individuals or on behalf of individuals residing in the residential facility, per vehicle, per facility, by size of facility.

12 Percent of miles for transportation to work, school or day program?: Indicate the estimated percentage of total miles incurred that were used to transport individuals to work, school or day programs by facility size.

The following factors can be reported in totals only for all Medical Residential Facilities:

13 Hours of Notes & Medical Records, per staff, per shift (hours): Using the drop down menu, indicate the amount of time for notes and medical records (per staff) that is spent per shift to maintain documentation of care.

14 Employer Time, per staff, per week (hours): Using the drop down menu, indicate the amount of time required for employer time per week. Employer time is a non-direct service activity required for the employee such as staff meetings and other commitments to the employing organization.

15 Annual Training time provided by employer, per staff, after core competencies (hours): Indicate the average annual hours (per staff) provided to employees for training purposes, excluding training for core competencies.

16 Annual time for Quality Improvement provided by employer: Indicate the average annual hours (per staff) provided to employees for Quality Improvement purposes. "Quality Improvement" means a process defined by the organization that includes employer paid time for groups of employees to meet in a structured environment for the purpose of identifying and suggesting work-related improvements. Outcomes are measured and evaluated after implementation.

Additional space has been provided if there are additional factors that your organization feels should be considered for each service. Please specify those factors and provide information about each that is similar to the other factors.

Additional space has been provided if you have general comments regarding the services.

[Back to Section Listing](#)

Schedule DD50E: Direct Service Staff Time & Base Assumptions – Other Specialty Facilities

Schedule DD50E relates to *Other Specialty Residential Facilities* only. ***Do not complete this schedule if your organization does not operate this type of facility.*** Again, Other Specialty Residential Facilities are defined as:

The provision of care, training and supervision on a 24-hour basis (including overnight and on weekends) in a provider-operated, licensed group home or other living arrangement where people with disabilities exclusively reside. These facilities include those that have at least one eight hour shift (per day) staffed by a specialized licensed professional except nurses (e.g., a behavioral specialist).

Instructions for each data field are as follows:

- 1 Number of Residential Facilities, Other Speciality:** Indicate the number of facilities by the licensed size of facility that your organization operated. The total number will be automatically calculated.
- 2 Total Number of Individuals? (as of June 2006):** Indicate the number of individuals residing in the facilities by size of facility at your organization's year ending June 2006. The total number will be automatically calculated.
- 3 Total Number of Vacancies? (as of June 2006):** Indicate the number of vacancies in the facilities by size of facility at your organization's year ending June 2006. The total number will be automatically calculated.
- 4 Number of Individuals who DID NOT receive DD54 Employment and Community Inclusion Services (as of June 2006):** Indicate the number of individuals who **did not** receive DD54 services as of the year ending June 2006. The total number will be automatically calculated.
- 5 Typical number of individuals in the home (actual occupancy):** Indicate the average number of individuals residing in the facilities by size of facility.
- 6 Average percentage of individual days per year of vacancy?:** Indicate the average percentage of days of vacancies for the year by size of facility.
- 7 Typical number of Direct Service Staff per day, per home size (FTEs)?:** Indicate the average number of Direct Service Staff working within the facility (by size of facility) per day.
- 8 Typical number of Direct Service Staff hours per week, per home size?:** Indicate the average number of Direct Service Staff hours worked within the facility (by size of facility) per week.
- 9 Are there dedicated vehicle(s) for each home?:** Using the drop down menu, indicate whether your organization provides a vehicle for the exclusive use by the residential facility staff to provide for the transportation needs of the residents. Indicate this value for each facility size that your organization supports.
- 10 If there are dedicated vehicles, on average how many?:** If your organization does provide vehicle(s) for the exclusive use of the residential facility, indicate on average how many vehicle(s) are provided to each facility by size of facility.
- 11 Average number of miles traveled on behalf of the individuals?:** Indicate the average monthly mileage incurred for travel either with individuals or on behalf of individuals residing in the residential facility, per vehicle, per facility, by size of facility.
- 12 Percent of miles for transportation to work, school or day program?:** Indicate the estimated percentage of total miles incurred that were used to transport individuals to work, school or day programs by facility size.

The following factors can be reported in totals only for all Other Specialty Residential Facilities:

- 13 Hours of Notes & Medical Records, per staff, per shift (hours):** Using the drop down menu, indicate the amount of time for notes and medical records (per staff) that is spent per shift to maintain documentation of care.
- 14 Employer Time, per staff, per week (hours):** Using the drop down menu, indicate the amount of time required for employer time per week. Employer time is a non-direct service activity required for the employee such as staff meetings and other commitments to the employing organization.

15 Annual Training time provided by employer, per staff, after core competencies (hours): Indicate the average annual hours (per staff) provided to employees for training purposes, excluding training for core competencies.

16 Annual time for Quality Improvement provided by employer: Indicate the average annual hours (per staff) provided to employees for Quality Improvement purposes. "Quality Improvement" means a process defined by the organization that includes employer paid time for groups of employees to meet in a structured environment for the purpose of identifying and suggesting work-related improvements. Outcomes are measured and evaluated after implementation.

Additional space has been provided if there are additional factors that your organization feels should be considered for each service. Please specify those factors and provide information about each that is similar to the other factors.

18 Describe facility (or facilities) specialization: In the space provided, please describe the nature of specialty facility/facilities.

[Back to Section Listing](#)

Schedules for DD51 Supported Living Services

Schedules DD51A through DD51E pertain to the delivery of Supported Living Services. Note that these schedules will appear ONLY if your organization indicated on Schedule 1 that it provides DD51 Supported Living Services.

Organizations that furnish any type of DD51 service must complete Schedules DD51A and DD51B. These schedules ask that you provide information about staff who furnish DD51 services, including their pay. The remaining schedules divide the provision of DD51 services into three groupings, based on the intensity of services that are furnished to individuals. In these schedules, you are asked to provide information about how many people your organization supports with DD51 services along with other information about the number of staff hours used to provide services and other factors that affect staff productivity.

Schedule DD51A: Direct Service Staff Wages for Supported Living Services

This schedule asks your organization to provide a listing of the organizational specific job categories for direct service employees who provide DD51 Supported Living Services. It also asks that you provide additional information about these job categories. Please keep in mind that "Direct Service Staff" means staff members who are employed to provide direct care, supervision and support to the individuals with developmental disabilities served by the organization. Direct service staff includes nurses, therapists, behavior specialists and other personnel who provide a direct service (e.g. work shifts, directly support individuals in community settings, etc.) on behalf of the organization. This term does not include administrative staff.

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 clicking on the link here: [Example](#).

Please provide the following information:

Job Title: List the specific job categories as defined by your organization.

Estimated Annual Turnover: Using the provided drop down menu, indicate the estimated annual turnover experienced by your organization for this job category. The response choices are in 20% increments. Please utilize the following formula to determine the proper increment to utilize.

$$\text{Annual Turnover} = \left[\frac{\text{Total employees paid in 2006}}{\text{Total employees in June 2006}} \right] - 1$$

Where '*Total employees paid in 2006*' is the total count of individuals working within the job classification during the year and '*Total employees paid in June 2006*' is the total count of employees working within the job classification as of the end of June 2006. If your organization does not track this information by individual job classification, you may calculate the value for the entire organization and use the single value for all job classifications reported.

Type: Employee, Contractor: Is the job category listed an employee of the organization or working under contract for the organization? (Note, this is a drop

down menu) If both employee and contractor apply, please list each on separate lines.

Enter Supervisor or Non-Supervisor: From the drop down menu select 'Supervisor' if the job category listed has supervisory duties for other job categories. Otherwise select 'Non-Supervisor'.

Number of Full-Time Equivalents: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category. The number of FTEs can be calculated by determining the number of hours paid (including overtime) for the job classification and dividing by 2,080, as follows:

$$\text{FTEs} = \text{Annual Hours Paid} \div 2,080$$

Wages Per Hour: Note the lowest wage paid, the highest wage paid and 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 can be calculated using the following formula:

$$\text{Weighted Average Wage} = [\sum (\text{Wage Paid} * \text{FTE})] \div \text{FTEs}$$

Where "Σ" means "sum of." Also see the [Example](#).

FTEs that are Overtime Hours: Please enter the number of *full-time* equivalents (FTEs) within your organization for the job category resulting from overtime. The number of FTEs can be calculated by determining the number of overtime hours paid for the job classification and dividing by 2,080.

$$\text{Over Time FTEs} = \text{Annual Overtime Hours Paid} \div 2,080$$

These FTEs are included in the "Number of Full-Time Equivalents" above, but the survey asks that the "Overtime FTEs" be broken out separately in order to see the amount of overtime costs that providers are incurring.

Weekly Hours each employee is DIRECTLY Supervised by others: Indicate the average amount, per employee, of weekly supervision provided by the organization to this job category. This amount is the number of hours of 'eyes-on' supervision provided to assess satisfactory completion of duties.

Annual Hours of PAID Training Provided per Employee: Indicate the average amount of hours, per employee, of training provided by the organization to the job category.

[Back to Section Listing](#)

Schedule DD51B: Utilization of Direct Service Staff

Schedule DD51B utilizes the job categories entered on Schedule DD51A. Those categories are brought forward from Schedule DD51A to auto-populate this schedule. For each job category indicate the percentage (to the nearest 10%) of time the specific job category is utilized to deliver the listed services to individuals. This schedule displays only services defined as Supported Living Services. Space is provided if the job category delivers other services (e.g., DD50 Adult Residential Services). The schedule will automatically sum the portion of time and note (as "Error") when the job category has either more than or less than 100% of time committed to services.

[Back to Section Listing](#)

Overview of Schedules DD51C, DD51D, and DD51E

Schedules DD51C, DD51D, and DD51E all request information about the amount of direct service staff time that is provided to people who receive Supported Living Services along with other information about the delivery of these services. With respect to each schedule, provider organizations are asked to provide information by "site." A site is defined as:

A cluster or group of individuals who receive services from a single direct service staff (or a team of staff) relatively simultaneously, most often without the necessity of using a vehicle to get from individual to individual.

A site may revolve around supporting a single individual at one living arrangement location. Alternatively, a "site" may involve a staff person (or team of staff) supporting several individuals who may live in different living arrangement locations (different addresses or apartments in the same complex). In the DD51C, DD51D, and DD51E schedules, the "size" of a site refers to how many individuals a staff person or team of staff support.

The schedules differ by distinguishing the delivery of Supported Living Services by the number of staff hours devoted to a site. In particular:

DD51C – Up to 8 Hours Per Day. The services furnished at these types of sites are generally intermittent.

DD51D – Between 8 Hours up to 23 Hours. Staff furnishes more intensive types of support to individuals served at these sites.

DD51E – "24 Hour" (Round the Clock). These sites are characterized by staff being present and on-duty around the clock and/or whenever individuals are in the living arrangement.

Example: A single staff person supports 3 individuals for 7 hours per day. This arrangement would be reported on Schedule 51C under site size "3."

Example: A team of staff supports 4 individuals for a total of 12 hours per day. This arrangement would be reported on Schedule 51D under site size "4."

Depending on the supported living services that your organization furnishes, you may need to complete one or more of these schedules.

Schedule DD51C: Direct Service Staff Time & Base Assumptions—Up to 8 Hours per Site

Schedule DD51C relates to the delivery of intermittent supported living services with service length of up to eight (8) hours only. If your organization does not furnish these types of services, you do not need to complete this schedule.

Instructions for each data field are as follows:

1 Number of Supported Living Sites? (as of June 2006): Indicate the number of sites by size of site, for the year ending June 2006. The total number will be automatically calculated.

- 2 Total Number of Individuals? (as of June 2006):** Indicate the total number of individuals living within the sites as of year end June 2006, by site size. The total number will be automatically calculated.
- 3 Number of Supported Living Sites, receiving less than 4 hours of service per site, per day?:** Indicate the number of sites (by size of site) that typically receive less than four hours of direct service per day. The total number will be automatically calculated.
- 4 Number of Supported Living Sites, receiving 4 to 8 hours of service per site, per day?:** Indicate the number of sites (by size of site) that typically receive four to eight hours of direct service per day. The total number will be automatically calculated.
- 5 Number of Individuals who DID NOT receive DD54 Employment and Community Inclusion Services (as of June 2006):** Indicate the number of individuals who **did not** receive DD54 services as of the year ending June 2006. The total number will be automatically calculated.
- 6 Average number of Direct Service Staff per site?:** Indicate the average number of Direct Service Staff working at a site per day.
- 7 Average number of Direct Service Staff hours per site?:** Indicate the average number of direct service hours worked at a site per shift.
- 8 Typical number of sites visited per shift?:** Indicate the average number of sites visited by Direct Service Staff that (exclusively) provide this service, per shift.
- 9 Average distance traveled on behalf of individuals?:** Indicate the average monthly mileage incurred for travel either with individuals or on behalf of individuals residing in each site, per vehicle, per site, by size of site.
- 10 Percent of miles for transportation to work, school or day program?:** Indicate the estimated percentage of total miles incurred that were used to transport individuals to work, school or day programs by site size.

The following factors can be reported in totals only for all sites:

- 11 Are Notes & Medical Records included in Direct Service Time? :** Using the drop down menu, indicate whether notes and medical records are compiled during the direct service time provided to the individual.
- 12 Hours of Notes & Medical Records, per staff, per shift (hours):** Using the drop down menu, indicate the amount of time for notes and medical records (per staff) that is spent per shift to maintain documentation of care.
- 13 Employer Time, per staff, per week (hours):** Using the drop down menu, indicate the amount of time required for employer time per week. Employer time is a non-direct service activity required for the employee such as staff meetings and other commitments to the employing organization.
- 14 Annual Training time provided by employer, per staff, after core competencies (hours):** Indicate the average annual hours (per staff) provided to employees for training purposes, excluding training for core competencies.
- 15 Annual time for Quality Improvement provided by employer:** Indicate the average annual hours (per staff) provided to employees for Quality Improvement purposes. "Quality Improvement" means a process defined by the organization that includes employer paid time for groups of employees to meet in a structured

environment for the purpose of identifying and suggesting work-related improvements. Outcomes are measured and evaluated after implementation.

16 Total Direct Service Staff travel to and from sites, Time (hours): Using the drop down menu, indicate the amount of time for travel to and from sites that is spent by Direct Service Staff per shift.

17 Total Direct Service Staff travel to and from sites, Distance (miles): Indicate the amount of miles traveled to and from sites by Direct Service Staff per shift.

Additional space has been provided if there are additional factors that your organization feels should be considered for this service. Please specify those factors and provide information about each that is similar to the other factors.

If you have general comments regarding these services, please include them in the additional space provided.

[Back to Section Listing](#)

Schedule DD51D: Direct Service Staff Time & Base Assumptions – More than 8 but Less than 24 Hours per Day

Schedule DD51D relates to the provision of intermittent supported living services with service length of more than eight (8) hours but less than twenty-four (24) hours only. If your organization does not provide this type of supported living services, you do not need to complete this schedule.

Instructions for each data field are as follows:

- 1 Number of Supported Living Sites? (as of June 2006):** Indicate the number of sites by size of site, for the year ending June 2006. The total number will be automatically calculated.
- 2 Total Number of Individuals? (as of June 2006):** Indicate the total number of individuals living within the sites as of the year ending June 2006, by site size. The total number will be automatically calculated.
- 3 Number of Individuals who DID NOT receive DD54 Employment and Community Inclusion Services (as of June 2006):** Indicate the number of individuals who **did not** receive DD54 services as of year end June 2006. The total number will be automatically calculated.
- 4 Average number of Direct Service Staff per site?:** Indicate the average number of Direct Service Staff working at a site per day, by size of site.
- 5 Average number of Direct Service Staff hours per site, per day?:** Indicate the average number of direct care hours worked at a site per shift, by size of site.
- 6 Average distance traveled on behalf of individuals?:** Indicate the average monthly mileage incurred for travel either with individuals or on behalf of individuals residing in each site, per vehicle, by size of site.
- 7 Percent of miles for transportation to work, school or day program?:** Indicate the estimated percentage of total miles incurred that were used to transport individuals to work, school or day programs by site size.

The following factors can be reported in totals only for all sites:

- 8 Are Notes & Medical Records included in Direct Service Time?** : Using the drop down menu, indicate whether notes and medical records are compiled during the direct care time provided to the individual.
- 9 Hours of Notes & Medical Records, per staff, per shift (hours):** Using the drop down menu, indicate the amount of time for notes and medical records (per staff) that is spent per shift to maintain documentation of care.
- 10 Employer Time, per staff, per week (hours):** Using the drop down menu, indicate the amount of time required for employer time per week. Employer time is a non-direct service activity required for the employee such as staff meetings and other commitments to the employing organization.
- 11 Total Direct Service Staff travel to and from sites, Time (hours):** Using the drop down menu, indicate the amount of time for travel to and from sites for Direct Service Staff per shift.
- 12 Total Direct Service Staff travel to and from sites, Distance (miles):** Indicate the amount of miles traveled to and from sites for Direct Service Staff per shift.
- 13 Annual Training time provided by employer, per staff, after core competencies (hours):** Indicate the average annual hours (per staff) provided to employees for training purposes, excluding training for core competencies.
- 14 Annual time for Quality Improvement provided by employer:** Indicate the average annual hours (per staff) provided to employees for Quality Improvement purposes. "Quality Improvement" means a process defined by the organization that includes employer paid time for groups of employees to meet in a structured environment for the purpose of identifying and suggesting work-related improvements. Outcomes are measured and evaluated after implementation.

Additional space has been provided if there are additional factors that your organization feels should be considered for this service. Please specify those factors and provide information about each that is similar to the other factors.

Space also has been provided if you have general comments regarding the services.

[Back to Section Listing](#)

Schedule DD51E: Direct Service Staff Time & Base Assumptions – Services Furnished 24-Hours Per Day

Schedule DD51E relates to extended supported living services with service length of twenty-four (24) hours only. If your organization does not provide this type of supported living services, you do not need to complete this schedule.

Instructions for each data field are as follows:

- 1 Number of Supported Living Sites? (as of June 2006):** Indicate the number of sites by size of site, for the year ending June 2006. The total number will be automatically calculated.
- 2 Total Number of Individuals? (as of June 2006):** Indicate the total number of individuals living within the sites as of the year ending June 2006, by site size. The total number will be automatically calculated.

- 3 Number of Individuals who DID NOT receive DD54 Employment and Community Inclusion Services (as of June 2006):** Indicate the number of individuals who **did not** receive DD54 services as of the year ending June 2006. The total number will be automatically calculated.
- 4 Average number of Direct Service Staff per site?:** Indicate the average number of Direct Service Staff working at a site per day, by size of site.
- 5 Average number of Direct Service Staff hours per site, per day?:** Indicate the average number of direct care hours worked at a site per shift, by size of site.
- 6 Average distance traveled on behalf of individuals?:** Indicate the average monthly mileage incurred for travel either with individuals or on behalf of individuals residing in each site, per vehicle, by size of site.
- 7 Percent of miles for transportation to work, school or day program?:** Indicate the estimated percentage of total miles incurred that were used to transport individuals to work, school or day programs by site size.

The following factors can be reported in totals only for all sites:

- 8 Are Notes & Medical Records included in Direct Service Time? :** Using the drop down menu, indicate whether notes and medical records are compiled during the direct care time provided to the individual.
- 9 Hours of Notes & Medical Records, per staff, per shift (hours):** Using the drop down menu, indicate the amount of time for notes and medical records (per staff) that is spent per shift to maintain documentation of care.
- 10 Employer Time, per staff, per week (hours):** Using the drop down menu, indicate the amount of time required for employer time per week. Employer time is a non-direct service activity required for the employee such as staff meetings and other commitments to the employing organization.
- 11 Annual Training time provided by employer, per staff, after core competencies (hours):** Indicate the average annual hours (per staff) provided to employees for training purposes, excluding training for core competencies.
- 12 Annual time for Quality Improvement provided by employer:** Indicate the average annual hours (per staff) provided to employees for Quality Improvement purposes. "Quality Improvement" means a process defined by the organization that includes employer paid time for groups of employees to meet in a structured environment for the purpose of identifying and suggesting work-related improvements. Outcomes are measured and evaluated after implementation.

Additional space has been provided if there are additional factors that your organization feels should be considered for this service. Please specify those factors and provide information about each that is similar to the other factors.

Space also is provided in the event you have general comments regarding the services.

[Back to Section Listing](#)

Schedules for DD54 Employment and Community Inclusion Services

DD54 Employment and Community Inclusion Services span seven types of services. The schedules for DD54 Services will only appear if your organization indicated that it provides Employment and Community Inclusion Services on Schedule 1. There are five DD54 schedules. Organizations that furnish any type of DD54 service must complete Schedules DD54A and DD54B. These schedules ask that you provide information about staff who furnish DD54 services, including their pay. The remaining schedules are divided between group services and 1:1 services. In these schedules, you are asked to provide information about how many people your organization supports with DD54 services along with other information about the number of staff hours used to provide services and other factors that affect staff productivity. In particular:

Schedules DD54C1 and DD54C2 request information concerning the following four types of group services:

Supported Employment – Crew/Enclave The provision of continuous on-the-job training, coaching and supervision for a group of 2-8 paid workers with disabilities in settings that provide opportunities for integration with workers and/or community members without disabilities.

Employment – Facility Based The provision of support, training and paid work in a small business or workshop setting where more than eight persons with developmental disabilities are served and the majority of workers are persons with disabilities.

Habilitation – Facility Based The provision of care, support, supervision and non-employment related training in a non-residential facility where more than eight persons with developmental disabilities are served and the majority of individuals at the facility are persons with disabilities. Services are designed to assist an individual to acquire, retain or improve self-help, social, and adaptive skills.

Community Inclusion – Small Group The provision of continuous support, instruction and supervision for a group of 2-8 individuals with disabilities in an integrated community setting in order to provide opportunities for integration, contribution and/or independence away from the person's living arrangement, building on and utilizing as much natural and community support as possible.

Schedule DD54D requests information about the three following types of 1:1 services:

1:1 Supported Employment The provision of support to assist an individual to keep paid employment or a job in a setting that provides opportunities for the person to work with and around persons without disabilities. Support includes 1:1 intermittent monitoring, training/coaching and/or intervention at a public or private sector worksite, using and enhancing natural business and co-worker supports where possible. Personal care is provided or arranged as needed.

Supported Employment – Initial Services The provision of support to assist an individual in choosing, obtaining and learning a paid job or a career that matches the person's interests and abilities. Initial services may include employment assessment, career planning, job development, job placement and training to the point of job stabilization.

1:1 Community Inclusion The provision of 1:1 staff support and instruction related to engagement of the individual in the community and instruction in skills the individual may wish to acquire, retain, or improve that are related to integration, community contribution and/or independence away from the person's living arrangement, building on and utilizing as much natural and community support as possible.

If your organization provides only DD54 group services, complete Schedules DD54C1 and DD54C2 but not Schedule DD54D. If your organization provides only DD54 1:1 services, you need only complete Schedule DD54D. If your organization provides all types of DD54 services, please complete all the schedules.

Schedule DD54A: Direct Service Staff Wages for Employment and Community Inclusion Services

This schedule asks your organization to provide a listing of the organizational specific job categories for direct service employees who provide DD54 Employment and Community Inclusion Services of any type. It also asks that you provide additional information about these job categories. Please keep in mind that "direct service staff" means staff members who are employed to provide direct care, supervision and support to the individuals with developmental disabilities served by the organization. Direct service staff includes nurses, therapists, behavior specialists and other personnel who provide a direct service (e.g. work shifts, directly support individuals in community settings, etc.) on behalf of the organization. This term does not include administrative staff.

When completing this schedule, exclude employees who are paid from production and similar revenues that are earned from the production of goods (e.g., in a workshop) and/or the provision services (e.g., an enclave or work crew).

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 clicking on the link here: [Example](#).

Please provide the following information:

Job Title: List the specific job categories as defined by your organization.

Estimated Annual Turnover: Using the provided drop down menu, indicate the estimated annual turnover experienced by your organization for this job category. The response choices are in 20% increments. Please utilize the following formula to determine the proper increment to utilize.

$$\text{Annual Turnover} = [(\text{Total employees paid in 2006})/(\text{Total employees in June 2006})] - 1$$

Where '*Total employees paid in 2006*' is the total count of individuals working within the job classification during the year and '*Total employees paid in June 2006*' is the total count of employees working within the job classification as of the end of June 2006. If your organization does not track this information by individual job classification, you may calculate the value for the entire organization and use the single value for all job classifications reported.

Type: Employee, Contractor: Is the job category listed an employee of the organization or working under contract for the organization? (Note, this is a drop down menu) If both employee and contractor apply, please list each on separate lines.

Enter Supervisor or Non-Supervisor: From the drop down menu select 'Supervisor' if the job category listed has supervisory duties for other job categories. Otherwise select 'Non-Supervisor'.

Number of Full-Time Equivalents: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category. The number of FTEs can be calculated by determining the number of hours paid (including overtime) for the job classification and dividing by 2,080, as follows:

$$\text{FTEs} = \text{Annual Hours Paid} \div 2,080$$

Wages Per Hour: Note the lowest wage paid, the highest wage paid and 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 can be calculated using the following formula:

$$\text{Weighted Average Wage} = [\Sigma (\text{Wage Paid} * \text{FTE})] \div \text{FTEs}$$

Where "Σ" means "sum of." Also see the [Example](#).

FTEs that are Overtime Hours: Please enter the number of *full-time* equivalents (FTEs) within your organization for the job category resulting from overtime. The number of FTEs can be calculated by determining the number of overtime hours paid for the job classification and dividing by 2,080.

$$\text{Over Time FTEs} = \text{Annual Overtime Hours Paid} \div 2,080$$

These FTEs are included in the "Number of Full-Time Equivalents" above, but the survey asks that the "Overtime FTEs" be broken out separately in order to see the amount of overtime costs that providers are incurring.

Weekly Hours each employee is DIRECTLY Supervised by others: Indicate the average amount, per employee, of weekly supervision provided by the organization to this job category. This amount is the number of hours of 'eyes-on' supervision provided to assess satisfactory completion of duties.

Annual Hours of PAID Training Provided per Employee: Indicate the average amount of hours, per employee, of training provided by the organization to the job category.

[Back to Section Listing](#)

Schedule DD54B: Utilization of Direct Service Staff

Schedule DD54B utilizes the job categories entered on Schedule DD54A. Those categories are brought forward from Schedule DD54A to auto-populate this schedule. For each job category indicate the percentage (to the nearest 10%) of time the specific job category is utilized to deliver the listed services to individuals. This schedule displays only the types of services defined as Employment and Community Inclusion Living Services. Space is provided if the job category delivers other services (e.g., DD50 Adult Residential Services). The schedule will automatically sum the portion of time and note (as "Error") when the job category has either more than or less than 100% of time committed to services.

[Back to Section Listing](#)

Schedule DD54C1: Employment & Community Inclusion Group Services – Program Census

Schedule DD54C1 is designed to collect general census and related data for the four types of DD54 Group Services (Employment-Facility Based, Habilitation-Facility Based, Community Inclusion-Small Group, and Supported Employment-Crew/Enclave). Complete only the columns for the types of DD54 Group Services that your organization provides. For the purposes of this schedule, the term "group" means two or more individuals who receive services from staff together. The term does not mean the total size of your organization's program. Typically, a program will serve several groups.

For each of these types of group services that your organization provides, please enter the following information:

Total Number of Groups per Day: Indicate the number of groups, by size of group that your organization provides services to on a regular basis.

Average Hours Group Works/Program Length per Day: Indicate the average hours for the program length per day, by group size.

Average Number of Individual Days per Week (Scheduled): Indicate the average total number of individual days scheduled per week, by group size. For example, a facility may schedule 10 individuals per day for five days, under this example the provider would enter 50.

Total Number of Individual Days per Week (Attending): Indicate the average total number of individual days actually attended per week, by group size. For example, a facility may schedule 10 individuals, five days a week, but on average 8 individuals participate per day, for this example the provider would enter 40.

Average Number of Direct Service Staff Present per Day: Indicate the average number of staff members present for a single program, per day, by group size.

Additional space has been provided if you have general comments regarding the information provided.

[Back to Section Listing](#)

Schedule DD54C2: Direct Service Staff Time & Base Assumptions – Group Services

Schedule DD54C2 collects information on the Employment and Community Inclusion Services for the same types of group services as defined for Schedule DD54C1 (see above).

For each type of group services, please provide the following information:

1 Number of Days Program Operates: Indicate the number of days per year the day program operates.

2 Typical Annual Attendance: Indicate the average annual days that an individual attends the program.

3 Length of Typical Program, Minimum (Hours): Indicate the minimum number of hours in a day that the program operates.

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- 4 Length of Typical Program, Maximum (Hours):** Indicate the maximum number of hours in a day that the program operates.
- 5 Length of Typical Program, Average (Hours):** Indicate the average number of hours in a day that the program operates.
- 6 Average Scheduled Group Size:** Indicate the average number of individuals scheduled to be present for a program, per day, per group.
- 7 Average Attending Group Size:** Indicate the average number of individuals that attend a program, per day, per group.
- 8 Average Hours of Attendance, per individual?:** Indicate the average hours of attendance per individual, per day, per group.
- 9 Average Number of Direct Service Staff Present:** Indicate the average number of Direct Service Staff present for program, per day, per group.
- 10 Are Notes & Medical Records included in Direct Service Time? :** Using the drop down menu, indicate whether notes and medical records are compiled during the direct care time provided to the individual.
- 11 Hours of Notes & Medical Records, per staff, per shift (hours):** Using the drop down menu, indicate the amount of time for notes and medical records (per staff) that is spent per shift to maintain documentation of care.
- 12 Employer Time, per staff, per week (hours):** Using the drop down menu, indicate the amount of time required for employer time per week. Employer time is a non-direct service activity required for the employee such as staff meetings and other commitments to the employing organization.
- 13 Typical Number of Staff Performing Facility Preparation Time (Set Up/Take Down):** Indicate the number of direct service staff required to prepare the facility for the program. Note that this amount includes activities required at both the beginning and end of the day.
- 14 Total Staff Hours of Facility Preparation Time (Set Up/Take Down):** Indicate the amount of hours required, per staff member involved in set up/take down activities, per day, to prepare the facility for the program. Note that this amount includes activities required at both the beginning and end of the day.
- 15 Annual Training time provided by employer, per staff, after core competencies (hours):** Indicate the average annual hours (per staff) provided to employees for training purposes, excluding training for core competencies. Note that if you do not require differing levels of training for staff providing the differing services, you may enter identical numbers for all services your organization provides.
- 16 Annual time for Quality Improvement provided by employer:** Indicate the average annual hours (per staff) provided to employees for Quality Improvement purposes. "Quality Improvement" means a process defined by the organization that includes employer paid time for groups of employees to meet in a structured environment for the purpose of identifying and suggesting work-related improvements. Outcomes are measured and evaluated after implementation. Note that if you do not require differing levels of training for staff providing the differing services, you may enter identical numbers for all services your organization provides.

17 Approximate average costs for supplies (excluding production), per individual, per day: Indicate the average amount of costs per individual, per day for program supplies (not production supplies) utilized within the program.

18 Approximate Square Footage / individual: Indicate the approximate square footage of space, per individual, dedicated to the operation of the program.

19 Approximate Operating Cost per ft² (including rent): Indicate the approximate operating cost per square foot of space dedicated to the operation of the program including rent.

20 Average Insurance Cost per Vehicle?: Indicate the approximate average cost, per vehicle, per year to provide for the required vehicle insurance

For individual transportation to/from program:

21 Number of Miles for Transportation both to & from program, per shift, per day?: Indicate the average total distance traveled, per shift, to transport all individuals to and from the program, per group.

22 Percentage of Individuals that require transportation, per group, per shift, per day?: Indicate the approximate percentage of individuals, per shift, to whom your organization provides the transportation to and from the program, per group.

For individual transportation within the program:

23 On average how many trips occur per week, per group?: Indicate the average number of outings that a program has per week.

24 What is the average distance traveled for trips?: Indicate the average number of miles traveled per outing.

Additional space has been provided if there are additional factors that your organization feels should be considered for this service. Please specify those factors and provide information about each that is similar to the other factors.

If you have general comments regarding the information provided, please use the additional space provided.

[Back to Section Listing](#)

Schedule DD54D: Direct Service Staff Time & Base Assumptions – 1:1 Services

Schedule DD54D collects information on the three types of Employment and Community Inclusion Services (1:1 Community Inclusion, 1:1 Supported Employment, and Supported Employment – Initial) that are furnished on a 1:1 basis. Only complete the columns for the type(s) of 1:1 Services that your organization provides.

For each 1:1 Service, please provide the following information:

1 Number of Individuals Served: Indicate the average number of individuals served by a single Direct Service Staff per month. An individual can be counted in more than one column, but the count of individuals in a single column should be unduplicated.

- 2 Average Number of Appointments/Encounters/Visits:** Indicate the average number of visits that can be accomplished in a single eight hour shift, by a single Direct Service Staff.
- 3 Average Appointment/Encounter/Visit Length:** Indicate the average visit length for each individual served during a single eight hour shift by a single Direct Service Staff. Note that appointments for these services may not necessarily include the individual who is served. The Direct Service Staff may meet with potential employers as well as the individual served.
- 4 Are Notes & Medical Records included in Direct Service Time? :** Using the drop down menu, indicate whether notes and medical records are compiled during the direct care time provided to the individual.
- 5 Hours of Notes & Medical Records, per staff, per shift (hours):** Using the drop down menu, indicate the amount of time for notes and medical records (per staff) that is spent per shift to maintain documentation of care.
- 6 Employer Time, per staff, per week (hours):** Using the drop down menu, indicate the amount of time required for employer time per week. Employer time is a non-direct service activity required for the employee such as staff meetings and other commitments to the employing organization.
- 7 Average Direct Service Staff travel to and from site, Time:** Indicate the average amount of time Direct Service Staff are required to travel to, from, between or on behalf of individuals to perform each service, per shift.
- 8 Average Direct Service Staff travel to and from site, Miles:** Indicate the average amount of distance Direct Service Staff are required to travel to, from, between or on behalf of individuals to perform each service, per shift.
- 9 Percentage of Travel Provided to Individuals:** Of the average miles that staff travel that is reported for Question 8, what percentage includes transporting individuals?
- 10 Annual Training time provided by employer, per staff, after core competencies (hours):** Indicate the average annual hours (per staff) provided to employees for training purposes, excluding training for core competencies. Note that if you do not require differing levels of training for staff providing the differing services, you may enter identical numbers for all services your organization provides.
- 11 Annual time for Quality Improvement provided by employer:** Indicate the average annual hours (per staff) provided to employees for Quality Improvement purposes. "Quality Improvement" means a process defined by the organization that includes employer paid time for groups of employees to meet in a structured environment for the purpose of identifying and suggesting work-related improvements. Outcomes are measured and evaluated after implementation. Note that if you do not require differing levels of training for staff providing the differing services, you may enter identical numbers for all services your organization provides.
- 12 Average Number of Missed Appointments:** Indicate the average number of appointments that staff misses, due to an action of the individual receiving services, per week.

For Supported Employment, please answer the questions related to initial services. Do not consider time spent for individual 'cycling through' Initial Services. That is, if a

single individual received initial services and returned to the service to be processed again, average the values for both 'cycles'.

13 Average Total Hours of Employment Assessment-Career Planning, per individual?: Indicate the average total hours of employment assessment and career planning activities (other than job development and placement) per individual, per year.

14 Average Total Hours of Job Development and Placement, per individual?: Indicate the average total hours of job development and placement activities per individual, per year.

15 Average Total Hours of Initial Training, per individual?: Indicate the average total amount of initial training received per individual, per year.

Additional space has been provided if there are additional factors that your organization feels should be considered for this service. Please specify those factors and provide information about each that is similar to the other factors.

In the event that you have general comments regarding the information provided, please include these comments in the field provided.

[Back to Section Listing](#)

Wage & Salary Example:

10 individual FTEs in a single job classification were paid during the year at the following wage and for 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*	Wages Per Hour (Regular Time)			FTEs that are Overtime Hours
	Minimum Per Hour	Maximum Per Hour	Weighted Average Per Hour**	

Formula (described in instructions)

<i>Total hours ÷ 2,080</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:

$19,760 \div 2,080$	\$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	\$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](#)

Glossary

1:1 (Services)	Staff support that is dedicated exclusively to supporting a single individual.
1:1 Community Inclusion (DD54)	The provision of 1:1 staff support and instruction related to engagement of the individual in the community and instruction in skills the individual may wish to acquire, retain, or improve that are related to integration, community contribution and/or independence away from the person's living arrangement, building on and utilizing as much natural and community support as possible.
1:1 Supported Employment (DD54)	The provision of support to assist an individual to keep paid employment or a job in a setting that provides opportunities for the person to work with and around persons without disabilities. Support includes 1:1 intermittent monitoring, training/coaching and/or intervention at a public or private sector worksite, using and enhancing natural business and co-worker supports where possible. Personal care is provided or arranged as needed.
Administrative Overhead Expenses	Costs that support the central business operations of a service organization, regardless of the number of individuals served or the volume of services individuals receive.
Adult Residential Facility Services (DD50)	The provision of care, training and supervision on a 24-hour basis (including overnight and on weekends) in a provider-operated, licensed group home or other living arrangement where people with disabilities reside.
Community Inclusion – Small Group (DD54)	The provision of continuous support, instruction and supervision for a group of 2-8 individuals with disabilities in an integrated community setting in order to provide opportunities for integration, contribution and/or independence away from the person's living arrangement, building on and utilizing as much natural and community support as possible.
DD50	<i>See Adult Residential Facility Services</i>
DD51	<i>See Supported Living Services</i>
DD54	<i>See Employment and Community Inclusion</i>
DHS	Department of Human Services
Direct Service Staff	Staff members who are employed to provide direct care, supervision and support to the individuals with developmental disabilities served by the organization. Direct service staff includes nurses, therapists, behavior specialists and other personnel who provide a direct service (e.g. work shifts, directly support individuals in community settings, etc.) on behalf of the organization. This term does not include administrative staff.
Employer Supported 401k or 403b	Retirement savings plan(s) that are funded by employee contributions and potentially matching contributions from the employer. These plans offer contributions that are taken from pre-tax wages, and the funds grow tax-free until withdrawn when the employee is eligible.

Employment and Community Inclusion (DD54)	<p>The provision of support outside an individual’s living arrangement by an agency certified to provide employment or community inclusion services that improve the individual’s productivity, integration and independence in the community. Support may be provided through any or a combination of all of the following services:</p> <p>The provision of support outside an individual’s living arrangement for employment or community inclusion that improves individual productivity, integration and independence in the community. Support may be provided through any or a combination of all of the following services:</p> <ul style="list-style-type: none"> √ <i>1:1 Supported Employment</i> √ <i>Supported Employment – Initial Services</i> √ <i>Supported Employment – Crew/Enclave</i> √ <i>Employment – Facility Based</i> √ <i>Habilitation – Facility Based</i> √ <i>Community Inclusion – Small Group</i> √ <i>1:1 Community Inclusion</i>
Employment – Facility Based (DD54)	<p>The provision of support, training and paid work in a small business or workshop setting where more than eight persons with developmental disabilities are served and the majority of workers are persons with disabilities.</p>
EIB	<p>See <i>Extended Illness Benefit</i></p>
Employer Time	<p>Employer time is a non-direct service activity required for the employee such as staff meetings and other commitments to the employing organization.</p>
Extended Illness Benefit	<p>A benefit utilized by employees for sick time in excess of three (3) days</p>
Group (Services)	<p>The provision of staff support to two or more individuals together at the same time.</p>
Habilitation – Facility Based (DD54)	<p>The provision of care, support, supervision and non-employment related training in a non-residential facility where more than eight persons with developmental disabilities are served and the majority of individuals at the facility are persons with disabilities. Services are designed to assist an individual to acquire, retain or improve self-help, social, and adaptive skills.</p>
Indirect Program Expenses	<p>Costs that support the delivery of a particular service or type of service and these costs typically increase or decrease as the number of individuals served or the volume of service delivered increases or decreases. These costs are for program materials and supplies as well as support staff that does not work routinely directly with individuals. It also includes salary and wage costs for staff placed on <i>paid</i> administrative leave while an abuse investigation is conducted.</p>
Medical Facility (DD50)	<p>The provision of care, training and supervision on a 24-hour basis (including overnight and on weekends) in a provider-operated, licensed group home or other living arrangement where people with disabilities exclusively reside. These facilities <u>include</u> those that have at least one eight hour shift (per day) staffed by a nurse.</p>

OPE	See <i>Other Personnel Expenses</i>
Other Personnel Expenses (OPE)	These expenses include paid time off, extended illness benefit, health, dental, vision, disability, workers compensation insurance, and other insurance for administrative staff. It also includes FICA taxes (social security and Medicare) and employer contributions to retirement plans.
Other Specialty Facility (DD50)	The provision of care, training and supervision on a 24-hour basis (including overnight and on weekends) in a provider-operated, licensed group home or other living arrangement where people with disabilities exclusively individuals reside. These facilities <u>include</u> those that have at least one eight hour shift (per day) staffed by a specialized licensed professional other than a nurse (e.g. a behavioral specialist).
Paid Time Off	The combination of traditional vacation time, sick time, holidays, personal days and/or floating holidays that are received by employees on an annual basis.
Privately Funded Retirement Plan	A retirement benefit (other than social security, 401k or 403b) provided for by the employer that utilizes pre-tax wages to contribute to taxable or tax deferred earnings eligible for payment to the employees upon retirement.
PTO	See <i>Paid Time Off</i>
Quality Improvement	A process defined by the organization that includes employer paid time for groups of employees to meet in a structured environment for the purpose of identifying and suggesting work-related improvements. Outcomes are measured and evaluated after implementation.
ReBAR	Restructuring Budgets, Assessments and Rates
Regular Facility (DD50)	The provision of care, training and supervision on a 24-hour basis (including overnight and on weekends) in a provider-operated, licensed group home or other living arrangement where people with disabilities exclusively reside. These facilities <u>exclude</u> those that have at least one eight hour shift (per day) staffed by a nurse or other specialized licensed professional (e.g., a behavioral specialist).
Site (DD51 Supported Living Services)	A cluster or group of individuals who receive services from a single direct service staff (or a team of staff) relatively simultaneously, most often without the necessity of using a vehicle to get from individual to individual.
SIS	See <i>Supports Intensity Scale</i>
Supported Employment – Initial Services (DD54)	The provision of support to assist an individual in choosing, obtaining and learning a paid job or a career that matches the person’s interests and abilities. Initial services may include employment assessment, career planning, job development, job placement and training to the point of job stabilization.
Supported Living Services (DD51)	The provision of care, training and supervision by agency staff to individuals who reside in certified settings where individuals live in their own homes or apartments by themselves or with housemates. Support may be provided up to and including daily, overnight and on weekends, as determined by the individual’s needs.

**Supported Employment
– Crew/Enclave (DD54)**

The provision of continuous on-the-job training, coaching and supervision for a group of 2-8 paid workers with disabilities in settings that provide opportunities for integration with workers and/or community members without disabilities.

Supports Intensity Scale

An assessment tool developed by the American Association on Intellectual and Developmental Disabilities (AAIDD) that measures the support needs of people with developmental disabilities. The ReBAR Project has selected this tool to support the development of Individual Budget Allocations. More information about the tool is available on the [SIS website](#).

Attachment

Provider Cost Survey Schedules

[Note: These printed schedules are provided as a convenience. Please complete the survey using the electronic Survey Tool workbook file.]

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General Organization Information and Certification

Provider Name

Provider ID (FEIN)
eXPRS Provider ID
Organization 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 organizations part to participate in the rate setting process.

The information contained within this survey will only be utilized by the Oregon Department of Human Services for the purposes of aiding with the rate setting process.

Print or Type Name of Owner, Officer, or Authorized Representative		
(Last)	(First)	(M.I.)
Title	Telephone Number	Fax Number
Complete Address:		
Address (1)		
Address (2)		
City	OR	Zip Code

Report Prepared by (Company)			
Report Prepared by (Individual)			
(Last)	(First)	(M.I.)	Title
Address			
City, State, Zip Code			
Telephone Number (for Person Preparing Survey)		Fax Number (for Person Preparing Survey)	
E-mail Address (for Person Preparing Survey)		Organization Website	

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

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

**Schedule 1
General Provider Information**

Provider Name

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

DD 50 Adult Residential Facility Services	<input type="checkbox"/>
DD 51 Supported Living Services	<input type="checkbox"/>
DD 54 Employment and Community Inclusion Services	<input type="checkbox"/>
Employment - Facility Based	
Supported Employment - Crew/Enclave	
1:1 Supported Employment	
Supported Employment - Initial Services	
Habilitation - Facility Based	
Community Inclusion - Small Group	
1:1 Community Inclusion	

For Reference Only - Complete and Submit the Survey Using the Electronic Survey Tool

Schedule 2
Direct Care Benefits Provided

Provider Name

Questions Related to Direct Service Staff Benefits

(Do Not Include Benefits for purely Administrative Employees, see instructions for definitions of terms)

Paid Time Off (PTO)

- 1.1 Are Direct Service Staff Eligible to Receive PTO? (Yes/No)
- 1.2 If Direct Service Staff Are Eligible for PTO, is there a waiting period before staff are eligible to receive PTO?
- 1.3 For Full-Time Employees, what is the **minimum** amount of PTO employees are eligible to receive? (Days per year)
- 1.4 For Full-Time Employees, what is the **maximum** amount of PTO employees are eligible to receive? (Days per year)
- 1.5 For Full-Time Employees, what is the **average** amount of PTO employees are eligible to receive? (Days per year)

Extended Illness Benefit (EIB)

- 2.1 Does your organization definition/use of EIB differ from that defined in this survey (see instructions)? (Yes/No)
- 2.2 If so, briefly explain the difference:
- 2.3 Are Direct Service Staff Eligible to Receive EIB? (Yes/No)
- 2.4 If Direct Service Staff Are Eligible for EIB, is there a waiting period before staff are eligible to receive EIB?
- 2.5 For Full-Time Employees, what is the **minimum** amount of EIB employees are eligible to receive? (Days per year)
- 2.6 For Full-Time Employees, what is the **maximum** amount of EIB employees are eligible to receive? (Days per year)
- 2.7 For Full-Time Employees, what is the **average** amount of EIB employees are eligible to receive? (Days per year)

Health Insurance

- 3.1 Are Direct Service Staff Eligible to Receive Health Insurance? (Yes/No)
- 3.2 If Direct Service Staff Are Eligible for Health Insurance, is there a waiting period before staff are eligible for Health Insurance?

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

- 4.1 Does your organization contribute to a privately funded retirement plan for your direct service staff?
- 4.2 If your organization 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 your eligible direct service staff participate in this benefit?

Employer Supported 401k or 403b

- 5.1 Does your organization contribute to a 401k or 403b plan for your direct service staff?
- 5.2 If your organization 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 years)?
 - (D) Approximately what percentage of your eligible direct service staff participate in this benefit?
- 6. What is your OR state unemployment FUTA/SUTA rate for 2006?
- 7. What is your workers' compensation cost for direct service staff under your 2006 policy period (express as a rate for \$100 wages paid)?

Comments:

For Reference Only, Complete and Submit the Survey Using the Electronic Survey Tool

**Schedule 2
Direct Care Benefits Provided**

Provider Name

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

		Average Number of Employees Enrolled	Total Monthly Premium per Employee	Employer-paid portion (fill in one) <small>(as a % of total)</small>	<small>(as a \$\$ amt)</small>
Example #1		5	\$ 700.00	80%	
Example #2		5	\$ 700.00		\$ 560.00
Health Insurance	Single Coverage				
	Employee + Spouse/Domestic Partner				
	Employee + Child				
	Family Coverage				
Dental	Single Coverage				
	Employee + Spouse/Domestic Partner				
	Employee + Child				
	Family Coverage				
Vision	Single Coverage				
	Employee + Spouse/Domestic Partner				
	Employee + Child				
	Family Coverage				
LT Disability	Per Employee				
ST Disability	Per Employee				
Employee Assistance Program	Single Coverage				
	Employee + Spouse/Domestic Partner				
	Employee + Child				
	Family Coverage				
Other (1)	Single Coverage				
	Employee + Spouse/Domestic Partner				
	Employee + Child				
	Family Coverage				
Other (2)					

For Reference Only - Complete and Submit the Survey Using the Electronic Survey Tool

Comments:

**Schedule 3
Administrative and Indirect Expense Schedule
Method 2**

Provider Name

METHOD #2	Spread General Administrative Overhead Expenses across all payers		
	All DD Services Funded by DHS	Other	TOTAL
Salaries and Wages of Officers			\$ -
Salaries and Wages for Non-Officer Admin Staff			\$ -
Other Personnel Expenses (Benefits Expense)			\$ -
Rents/Mortgage Payments for Admin Office			\$ -
Utilities for Admin Office			\$ -
Vehicle Expenses (Admin vehicles only)			\$ -
Insurance (See instructions)			\$ -
Repairs and Maintenance (for Administrative Offices)			\$ -
Legal and Accounting Fees			\$ -
Telephone/Communications			\$ -
Taxes and Licenses			\$ -
Advertising			\$ -
Bad Debts			\$ -
Interest Expense			\$ -
Charitable Contributions			\$ -
Net Depreciation (excluding buildings and non-administrative vehicles)			\$ -
Other admin expenses (if total is greater than 10% of all admin expenses, detail out below)			
Other #1 _____			\$ -
Other #2 _____			\$ -
Other #3 _____			\$ -
Other #4 _____			\$ -
Other #5 _____			\$ -
Other #6 _____			\$ -
Other #7 _____			\$ -
TOTAL Admin Expenses by Line of Business	\$ -	\$ -	\$ -

For Reference Only - Complete and Submit the Survey Using the Electronic Survey Tool

**Schedule 3
Administrative and Indirect Expense Schedule
Method 2**

Provider Name

METHOD #2	Spread Indirect Program Expenses across all payers		
	All DD Services Funded by DHS	Other	TOTAL
Salaries and Wages			
Program Supervision			\$ -
Program Support staff (see instructions)			\$ -
Other Personnel Expenses (Benefits Expense)			\$ -
<i>For the following expenses, exclude the Salaries & Wages included above</i>			
Rents/Mortgage Payments for Indirect Office			\$ -
Repairs and Maintenance (for Indirect Offices)			\$ -
Medical Records Expenses			\$ -
Billing Expenses			\$ -
Program Consultation Fees (OT, PT, RN, etc.)			\$ -
Training Fees (outside trainers)			\$ -
Vehicle Expenses (Indirect vehicles only)			\$ -
Insurance (See instructions)			\$ -
Hiring Expenses			\$ -
Paid Admin Leave			\$ -
Depreciation (excluding buildings and non-indirect vehicles)			\$ -
Other indirect expenses (if total is greater than 10% of all Indirect expenses, detail out below)			
Other #1 _____			\$ -
Other #2 _____			\$ -
Other #3 _____			\$ -
Other #4 _____			\$ -
Other #5 _____			\$ -
Other #6 _____			\$ -
Other #7 _____			\$ -
TOTAL Indirect Expenses	\$ -	\$ -	\$ -
	Total Admin & Indirect		\$ -

For Reference Only - Complete and Submit the Survey Using the Electronic Survey Tool

Enter the following for each of your lines of business:

	All DD Services Funded by DHS	Other	TOTAL
Total revenue received			\$ -

**Schedule 3A
Direct Service Staff Recruitment & Hiring Expenses**

Provider Name

Direct Service Staff Hiring Expenses

There are two ways to report hiring expenses. If only total expenses are known, enter the total in the "Total Hiring Expense" cell and check the types of expenses that are included in the total. If expenses are known by type, enter them in the appropriate row. They will be summed in the "Total Hiring Expense" cell.

<i>Hiring Expenses</i>		Category in Total?
Advertising	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Human Resources	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Criminal Background/Driving Check	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Initial Status Check		
General Physical	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Drug Screening	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
TB Screening	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Hepatitis B Screening	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Other Screening	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Initial Staff Training Expenses		
Training Staff Wages & Salaries	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Training Staff Employee Related Expenses	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Training Materials	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
New Hire Participation	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
New Hire Waiting Period (see Instructions)	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Other Hiring Expenses	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Total Hiring Expenses	\$ <input style="width: 100%; height: 20px;" type="text" value="-"/>	

For Reference Only - Complete and Submit the Survey Using the Electronic Survey Tool

The total value reported on this schedule should equal the value reported for "Hiring Expense" reported on Schedule 3 (Method 1 or 2). Please be sure that when this schedule is completed, the total amount matches the amount reported on Schedule 3 (Method 1 or 2)

Comments:

Schedule 4
Direct Service Staff Wage & Salary Anticipated Adjustments

Provider Name

**Questions Related to Direct Service Staff Wages & Salaries
Current Policies & Plans for Direct Service Staff Wage & Salary Adjustment
For the Organizational Year Ending June 2007**

- | | Percentage |
|--|--|
| 1. What was (will be) the overall average increases in compensation awarded to Direct Service Staff for the year ending June 2007? | <input style="width: 80%; height: 20px;" type="text"/> |
| 2. What was (will be) the overall average change to the cost of Health Insurance provided to employees during the year ending June 2007? | <input style="width: 80%; height: 20px;" type="text"/> |
| 3. What was (will be) the overall average change to the cost of Dental Insurance provided to employees during the year ending June 2007? | <input style="width: 80%; height: 20px;" type="text"/> |
| 4. What was (will be) the overall average change to the cost of Vision Insurance provided to employees during the year ending June 2007? | <input style="width: 80%; height: 20px;" type="text"/> |
| 5. What was (will be) the overall average change to the cost of all other benefits provided to employees during the year ending June 2007? | <input style="width: 80%; height: 20px;" type="text"/> |
| 6. Anticipated Impact to Other Expenses for the fiscal year ending June 2007: | |

Comments:

For Reference Only - Complete and Submit the Survey Using the Electronic Survey Tool

**Schedule 5
ReBAR Transportation Costs & Source of Funding**

Provider Name

Questions Related to ReBAR Transportation Costs & Funding

	DD50	DD51	DD54
1 Total Transportation Costs (total expenses associated with the delivery of DD50, DD51 and/or DD54 services)			
2 Expenses included in total transportation costs that are only for transportation to/from work, school or day program (include vehicle expenses, mileage and bus tickets)			
Source of Funds (Total Transportation Costs)	DD50	DD51	DD54
3 DD50			
4 DD51			
5 DD54			
6 DD53			
7 Other Sources			
Total Funds Available	\$ -	\$ -	\$ -

For Reference Only - Complete and Submit the Survey Using the Electronic Survey Tool

Schedule DD50-C
Direct Service Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
DD 50 Adult Residential Facility Services**

Productivity / Other Factors		Please indicate the amount of time or value for the size of home.						
		Regular Facilities						
		Unit	Example: Regular Facilities, with 3- 4 resident funded capacity	Total Amount Reported	Regular Facilities, with 1-2 resident funded capacity	Regular Facilities, with 3-6 resident funded capacity	Regular Facilities, with 5-6 resident funded capacity	Regular Facilities, with 7-8 resident funded capacity
1	Number of Residential Facilities, Regular	Count	7	0				
2	Total Number of Individuals? (as of June 2006)	Count	25	0				
3	Total Number of Vacancies? (as of June 2006)	Count	3	0				
4	Number of Individuals who DID NOT receive DD54 Employment and Community Inclusion Services (as of June 2006)	Count	3.0	0				
5	Typical number of individuals in the home (actual occupancy)	Per Day	3.8					
6	Average percentage of individual days per year of vacancy?	Per Year	14.0%					
7	Typical number of Direct Service Staff per day, per home size (FTEs)?	Per Day	3.0					
8	Typical number of Direct Service Staff hours per week, per home size?	Per Week	420.0					
9	Are there dedicated vehicle(s) for each home?	Yes/No	Yes					
10	If there are dedicated vehicles, On average how many?	Count	1.0					
11	Average number of miles traveled on behalf of the individuals?	Per Month	100.0					
12	Percent of miles for transportation to work, school or day program?	Percent	30.0%					
13	Hours of Notes & Medical Records, per staff, per day (hours)	Per Day	0.25					
14	Employer Time, per staff, per week (hours)	Per Week	1.00					
15	Annual Training time provided by employer, per staff, after core competencies (hours)	Per Year	20.0					
16	Annual time for Quality Improvement provided by employer	Per Year	5.0					

Other Factors for Consideration:

Comments:

For Reference Only - Complete and Submit the Survey
Electronic Survey Tool

Schedule DD50-D
Direct Service Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
DD 50 Adult Residential Facility Services**

Productivity / Other Factors		Please indicate the amount of time or value for the size of home.						
		Medical Facilities						
		Unit	Example: Medical Facilities, with 3- 4 resident funded capacity	Total Amount Reported	Medical Facilities, with 1-2 resident funded capacity	Medical Facilities, with 3-6 resident funded capacity	Medical Facilities, with 5-6 resident funded capacity	Medical Facilities, with 7-8 resident funded capacity
1	Number of Residential Facilities, Medical	Count	7	0				
2	Total Number of Individuals? (as of June 2006)	Count	25	0				
3	Total Number of Vacancies? (as of June 2006)	Count	3	0				
4	Number of Individuals who DID NOT receive DD54 Employment and Community Inclusion Services (as of June 2006)	Count	3.0	0				
5	Typical number of individuals in the home (actual occupancy)	Per Day	3.8					
6	Average percentage of individual days per year of vacancy?	Per Year	14.0%					
7	Typical number of Direct Service Staff per day, per home size (FTEs)?	Per Day	3.0					
8	Typical number of Direct Service Staff hours per week, per home size?	Per Week	420.0					
9	Are there dedicated vehicle(s) for each home?	Yes/No	Yes					
10	If there are dedicated vehicles, On average how many?	Count	1.0					
11	Average number of miles traveled on behalf of the individuals?	Per Month	100.0					
12	Percent of miles for transportation to work, school or day program?	Percent	30.0%					
13	Hours of Notes & Medical Records, per staff, per day (hours)	Per Day	0.25					
14	Employer Time, per staff, per week (hours)	Per Week	1.00					
15	Annual Training time provided by employer, per staff, after core competencies (hours)	Per Year	20.0					
16	Annual time for Quality Improvement provided by employer	Per Year	5.0					

Other Factors for Consideration:

Comments:

For Reference Only - Complete and Submit the Survey
Electronic Survey Tool

Schedule DD50-E
Direct Service Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
DD 50 Adult Residential Facility Services**

Productivity / Other Factors	Please indicate the amount of time or value for the size of home.						
	Other Specialty Facilities						
	Unit	Example: Other Specialty Facilities, with 3-4 resident funded capacity	Total Amount Reported	Other Specialty Facilities, with 1-2 resident funded capacity	Other Specialty Facilities, with 3-4 resident funded capacity	Other Specialty Facilities, with 5-6 resident funded capacity	Other Specialty Facilities, with 7-8 resident funded capacity
1 Number of Residential Facilities, Other Specialty	Count	7	0				
2 Total Number of Individuals? (as of June 2006)	Count	25	0				
3 Total Number of Vacancies? (as of June 2006)	Count	3	0				
4 Number of Individuals who DID NOT receive DD54 Employment and Community Inclusion Services (as of June 2006)	Count	3.0	0				
5 Typical number of individuals in the home (actual occupancy)	Per Day	3.8					
6 Average percentage of individual days per year of vacancy?	Per Year	14.0%					
7 Typical number of Direct Service Staff per day, per home size (FTEs)?	Per Day	3.0					
8 Typical number of Direct Service Staff hours per week, per home size?	Per Week	420.0					
9 Are there dedicated vehicle(s) for each home?	Yes/No	Yes					
10 If there are dedicated vehicles, On average how many?	Count	1.0					
11 Average number of miles traveled on behalf of the individuals?	Per Month	100.0					
12 Percent of miles for transportation to work, school or day program?	Percent	0.0%					
13 Hours of Notes & Medical Records, per staff, per day (hours)	Per Day	0.25					
14 Employer Time, per staff, per week (hours)	Per Week	1.00					
15 Annual Training time provided by employer, per staff, after core competencies (hours)	Per Year	20.0					
16 Annual time for Quality Improvement provided by employer	Per Year	5.0					

17 Describe facility (or facilities) specialization:

Other Factors for Consideration:

Comments:

For Reference Only - Complete and Submit the Survey
Electronic Survey Tool

Schedule DD51-C
Direct Service Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
DD 51 Supported Living Services**

Productivity / Other Factors		Please indicate the amount of time or value for the given factor by service if the service is provided <u>exclusively</u> by the Direct Care Staff during the shift									
		Supported Living, Intermittant - Group Size; Service Length Less Than 8 Hours									
		Unit	Example: Group Size = 2	Total Amount Reported	Group Size = 1	Group Size = 2	Group Size = 3	Group Size = 4	Group Size = 5	Group Size = 6	Group Size = 6+
1	Number of Supported Living Sites? (as of June 2006)	Count	3	0							
2	Total Number of Individuals? (as of June 2006)	Count	6	0							
3	Number of Supported Living Sites, receiving less than 4 hours of service per site, per day?	Count	2	0							
4	Number of Supported Living Sites, receiving 4 to 8 hours of service per site, per day?	Count	1	0							
5	Number of Individuals who DID NOT receive DD54 Employment and Community Inclusion Services (as of June 2006)	Count	1	0							
6	Average number of Direct Service Staff per site?	Per Site	1.0								
7	Average number of Direct Service Staff hours per site?	Per Site	2.0								
8	Typical number of sites visited per shift?	Per Shift	3.0								
9	Average distance traveled on behalf of individuals?	Per Month	50.0								
10	Percent of miles for transportation to work, school or day program?	Percent	10.0%								
11	Are Notes & Medical Records included in Direct Service Time?	Yes/No	Yes								
12	Hours of Notes & Medical Records, per staff, per shift (hours)	Per Shift	0.50								
13	Employer Time, per staff, per week (hours)	Per Week	1.00								
14	Annual Training time provided by employer, per staff, after core competencies (hours)	Per Year	15.00								
15	Annual time for Quality Improvement provided by employer	Per Year	5.00								
16	Total Direct Service Staff travel to and from sites, Time (hours)	Per Shift	0.50								
17	Total Direct Service Staff travel to and from sites, Distance (miles)	Per Shift	30.0								

Other Factors for Consideration:

Comments:

Schedule DD51-D
Direct Service Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
DD 51 Supported Living Services**

Productivity / Other Factors		Please indicate the amount of time or value for the given factor by service								
		Supported Living, Intermittant - Group Size; Service Length 8-24 Hours								
		Unit	Example: Group Size = 2	Total Amount Reported	Group Size = 1	Group Size = 2	Group Size = 3	Group Size = 4	Group Size = 5	Group Size = 6
1	Number of Supported Living Sites? (as of June 2006)	Count	3	0						
2	Total Number of Individuals? (as of June 2006)	Count	6	0						
3	Number of Individuals who DID NOT receive DD54 Employment and Community Inclusion Services (as of June 2006)	Count	2	0						
4	Average number of Direct Service Staff per site?	Per Site	1.0							
5	Average number of Direct Service Staff hours per site, per day?	Per Day	13.0							
6	Average distance traveled on behalf of individuals?	Per Month	50.0							
7	Percent of miles for transportation to work, school or day program?	Percent	50.0%							
8	Are Notes & Medical Records included in Direct Service Time?	Yes/No	Yes							
9	Hours of Notes & Medical Records, per staff, per day (hours)	Per Day	0.25							
10	Employer Time, per staff, per week (hours)	Per Week	1.00							
11	Total Direct Service Staff travel to and from sites, Time (hours)	Per Shift	0.00							
12	Total Direct Service Staff travel to and from sites, Distance (miles)	Per Shift	0.00							
13	Annual Training time provided by employer, per staff, after core competencies (hours)	Per Year	15.00							
14	Annual time for Quality Improvement provided by employer	Per Year	4.00							

Other Factors for Consideration:

Comments:

For Reference Only: Complete and Submit the Survey Using the Electronic Survey Tool

Schedule DD51-E
Direct Service Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
DD 51 Supported Living Services**

Productivity / Other Factors		Please indicate the amount of time or value for the given factor by service								
		Supported Living, Extended - Group Size; Service Length 24 Hours								
		Unit	Example: Group Size = 2	Total Amount Reported	Group Size = 1	Group Size = 2	Group Size = 3	Group Size = 4	Group Size = 5	Group Size = 6
1	Number of Supported Living Sites? (as of June 2006)	Count	3	0						
2	Total Number of Individuals? (as of June 2006)	Count	6	0						
3	Number of Individuals who DID NOT receive DD54 Employment and Community Inclusion Services (as of June 2006)	Count	1	0						
4	Average number of Direct Service Staff per site?	Per Site	1.0							
5	Average number of Direct Service Staff hours per site, per day?	Per Day	13.0							
6	Average distance traveled on behalf of individuals?	Per Month	50.0							
7	Percent of miles for transportation to work, school or day program?	Percent	50.0%							
8	Are Notes & Medical Records included in Direct Service Time?	Yes/No	Yes							
9	Hours of Notes & Medical Records, per staff, per day (hours)	Per Day	0.25							
10	Employer Time, per staff, per week (hours)	Per Week	1.00							
11	Annual Training time provided by employer, per staff, after core competencies (hours)	Per Year	15.00							
12	Annual time for Quality Improvement provided by employer	Per Year	5.00							

Other Factors for Consideration:

Comments:

For Reference Only - Complete and Submit the Survey Using the Electronic Survey Tool

Schedule DD54-C1
Employment & Community Inclusion Group Services
Program Census

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
DD 54 Employment and Community Inclusion Services (see page 1 for listing of services)**

Program Census	Please indicate the value for the given factor by service.													
	Group Size, Scheduled													
	Total	2	3	4	5	6	7	8	9	10	11 -15	16 -20	21 -25	26+
Employment, Facility Based														
Total number of Groups, per day:	0													
Average hours group works, per day:														
Average number of individual days per week, scheduled:														
Average number of individual days per week, attending:														
Average number of direct service staff present, per day:														
Employment, Crew or Enclave														
Total number of Groups, per day:	0													
Average program length, per day:														
Average number of individual days per week, scheduled:														
Average number of individual days per week, attending:														
Average number of direct service staff present, per day:														
Habilitation, Facility Based														
Total number of Groups, per day:	0													
Average program length, per day:														
Average number of individual days per week, scheduled:														
Average number of individual days per week, attending:														
Average number of direct service staff present, per day:														
Community Inclusion, Small Group														
Total number of Groups, per day:	0													
Average program length, per day:														
Average number of individual days per week, scheduled:														
Average number of individual days per week, attending:														
Average number of direct service staff present, per day:														

For Review Only - Complete and Submit the Survey Using the Electronic Survey Tool

Comments:

**Schedule DD54-C2
Direct Service Staff Time & Base Assumptions**

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
DD 54 Employment and Community Inclusion Services (see page 1 for listing of services)**

Productivity / Other Factors		Please indicate the amount of time or value for the given factor by service.					
		Group Services					
		Unit	Example: Employment, Facility Based	Employment - Facility Based	Supported Employment - Crew/Enclave	Habilitation - Facility Based	Community Inclusion - Small Group
1	Number of Days program operates	Per Year	250				
2	Typical annual attendance for a individual	Per Year	210				
3	Length of Typical Program, Minimum (hours)	Per Day	3.00				
4	Length of Typical Program, Maximum (hours)	Per Day	7.00				
5	Length of Typical Program, Average (hours)	Per Day	5.00				
6	Average Scheduled Group Size	Per Group	16.0				
7	Average Attending Group Size	Per Group	8.0				
8	Average hours of attendance, per individual?	Per Group	5.00				
9	Average Number of Direct Service Staff Present	Per Group	5.0				
10	Are Notes & Medical Records completed while individuals are in attendance?	Yes/No	Yes				
11	Hours of Notes & Medical Records, per staff, per shift (hours)	Per Shift	0.25				
12	Employer Time, per staff, per week (hours)	Per Week	1.00				
13	Typical number of staff performing Facility Preparation Time, Set up/Take Down, per day?	Per Day	2.00				
14	Total staff hours of Facility Preparation Time, Set up/Take Down, per day (hours)	Per Day	4.00				
15	Annual Training time provided by employer, per staff, after core competencies (hours)	Per Year	15.00				
16	Annual time for Quality Improvement provided by employer	Per Year	5.00				
17	Approximate average costs for supplies (excluding production), per individual, per day	Amount	\$25.00				
18	Approximate Square Footage / individual	Amount	125				
19	Approximate operating cost per ft ² (including rent)	Amount	\$12.00				
20	Average insurance cost per vehicle?	Per Year	\$3,600.00				

For Reference Only - Complete and Submit the Survey Using the Electronic Survey Tool

**Schedule DD54-C2
Direct Service Staff Time & Base Assumptions**

Productivity / Other Factors		Please indicate the amount of time or value for the given factor by service.					
		Group Services					
		Unit	Example: Employment, Facility Based	Employment - Facility Based	Supported Employment - Crew/Enclave	Habilitation - Facility Based	Community Inclusion - Small Group
<i>For individual transportation to/from program:</i>							
21	Number of miles for transportation of individuals both to & from program, per shift, per day?	Per Shift	6.0				
22	Percentage of individuals that require transportation, per group, per shift, per day?	Percent	75.0%				
<i>For individual transportation within the program:</i>							
23	On average how many trips occur per week, per group?	Per Group	1.0				
24	What is the average distance traveled for trips? (miles)	Per Group	10.0				

Other Factors for Consideration:

Comments:

For Reference Only - Complete and Submit the Survey Using the Electronic Survey Tool

Schedule DD54-D
Direct Care Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
DD 54 Employment and Community Inclusion Services (see page 1 for listing of services)**

Productivity / Other Factors		Please indicate the amount of time or value for the given factor by service if the service is provided <u>exclusively</u> by the Direct Care Staff during the shift Individual Services (1:1)				
		Unit	Example: Community Inclusion, Individual	1:1 Community Inclusion	Supported Employment - Initial Services	1:1 Supported Employment
1	Number of individuals served (unduplicated by column)	Per Month	10.0			
2	Average Number of Appointments/Encounters/Visits	Per Shift	3.00			
3	Average Appointment/Encounter/Visit Length	Hours	2.00			
4	Are Notes & Medical Records included in Direct Service Time?	Yes/No	Yes			
5	Hours of Notes & Medical Records, per staff, per day (hours)	Per Day	2.5			
6	Employer Time, per staff, per week (hours)	Per Week	1.50			
7	Average Direct Service Staff travel to and from sites, Time (hours)	Per Shift	0.75			
8	Average Direct Service Staff travel to and from sites, Distance (miles)	Per Shift	45.0			
9	Percentage of travel (transportation) provided to individuals	Percent	25.0%			
10	Annual Training time provided by employer, per staff, after core competencies (hours)	Per Year	15.00			
11	Annual time for Quality Improvement provided by employer	Per Year	5.00			
12	Average number of missed appointments	Per Week	1.0			
<i>For Supported Employment, Initial Services (Individual):</i>						
In calculating hours for Averages below, do not consider time spent for individuals cycling through Initial Services more than once						
13	Average total hours of Employment Assessment - Career Planning, per individual?	Amount	N/A			
14	Average total hours of Job Development and Placement, per individual?	Amount	N/A			
15	Average total hours of Initial Training, per individual?	Amount	N/A			

Other Factors for Consideration:

Comments: