



Department of Behavioral Health and Developmental Disabilities

Review of Provider Rates for Community Residential Alternative (CRA), Community Living Support (CLS), and Respite

Provider Survey Instructions

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Prepared by:

BURNS & ASSOCIATES, INC.

Health Policy Consultants

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

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INTRODUCTION

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) is in the process of studying the reimbursement rates for certain services covered by the Comprehensive Waiver and New Options Waiver. Burns & Associates, Inc. (B&A) is providing assistance in this effort.

As part of the rate review, B&A is distributing a survey to collect data regarding providers' service delivery designs and costs. These instructions are intended to assist providers in the completion of the survey. The following services are included in the survey:

- Community Residential Alternative (CRA), Group Home
- Community Residential Alternative (CRA), Host Home
- Community Living Support (CLS)
- Respite

Participation in the survey is voluntary, but all providers are strongly encouraged to participate as the information collected will be a key consideration in the rate-setting process.

Data collected through this survey will be used exclusively for the purpose of evaluating reimbursement rates for the services listed above. Only aggregated data will be reported; no provider-specific information will be published.

Training Conference Call

B&A will host two conference calls to discuss the survey and instructions and to respond to questions. Details for the first call are:

Date and Time: Thursday, March 26, 2:30 – 5:00 PM

Call-In Number: (855) 797-9480; access code 661 206 785

Web site: <http://bit.ly/1Bdimg9>

Event password is: GA032615

Details for the second call are:

Date and Time: Monday, March 30, 12:00 – 2:30 PM

Call-In Number: (855) 797-9480; access code 664 684 176

Web site: <http://goo.gl/LBSTNV>

Event password is: GA033015

Note: The webinars are conducted through www.webex.com. The shortened web site links listed above – which are case sensitive – connect directly to these specific meetings, which you will be able to access after you provide your name, email address, and the password provided. If you try to connect through [webex.com](http://www.webex.com), you will also need the meeting numbers, which are the same as the call-in access codes noted above.

The provider survey can be complicated so all providers are encouraged to listen in on the training conference call. A recording of the second webinar will be posted online for those unavailable at the scheduled time. A link to the recording will be emailed once it has been posted.

At any time during the survey period, providers may contact Stephen Pawlowski with B&A at spawlowski@burnshealthpolicy.com or (602) 241-8519 for assistance or questions.

Overview of the Survey

The survey is a Microsoft Excel file and is compatible with Excel 97 and newer versions. Broadly, it is designed to collect information in seven primary areas:

- Wages and Benefits of Administrative Staff
- Other Administrative Costs
- Direct Support Professional Wages and Training
- Allocation of Direct Support Professional Work Hours
- Benefits for Direct Support Professional
- Service-Specific Productivity and Other Factors
- Service-Specific Member and Staffing Detail

All providers should complete the forms related to Administrative Support Staffing, Other Administrative Costs, Direct Support Professional Wages and Training, Allocation of Direct Support Professional Work Hours, and Direct Support Professional Benefits.

Each individual service has its own Productivity and Other Factors form and may also have a Member and Staffing Detail form. Providers should only complete the forms for the services that they provide.

Throughout the survey, fields in which users may record data are shaded in light green. Some fields are restricted to only accept numeric answers. Examples are shaded in grey. Dark green fields are automatically calculated based upon other responses.

In the survey, financial data should reflect actual results over a recent 12-month period. To provide flexibility and to allow providers to rely on financial data that is already available, the survey does not specify a particular year. Providers may choose, for example, to report data for calendar year 2014, state fiscal year 2014 (July 1, 2013 through June 30, 2014), or the agency's own fiscal year. *Regardless of the 12-month period that is used, all data should be recorded for the same period.* For example, if revenue is reported for calendar year 2014, all expenses data should reflect the same time period.

Completing and Submitting the Survey

When saving the forms, please add your agency's name to the beginning of the file name; e.g., "ABC Agency DBHDD Program and Cost Survey".

The deadline for submitting completed surveys is April 13, 2015. Please submit completed surveys to B&A at bsmith@burnshealthpolicy.com. If there are any factors that you believe should be considered but were not included in the survey, note those issues (and any other comments) in the transmittal email when submitting the survey. You may also submit any other documentation that you would like considered as part of this study.

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

Partially completed surveys will be accepted. If any information requested in the survey is unavailable, leave that field blank. Similarly, if there is any schedule that your agency cannot complete, that form may be left blank. Even if a submitted survey is incomplete, the information that your agency is able to provide will be considered as part of the analysis of survey responses.

The remainder of this document provides instructions for completing each of the forms included in the survey.

AGENCY CONTACT INFORMATION AND REVENUES

This sheet includes sections related to contact information for the individual responsible for completing the survey, the financial data being reported, and agency revenues.

Agency Contact Information

In this section, provide contact information for the individual responsible for completing the survey. B&A will direct any follow-up questions related to the survey to this individual. Record the following:

- The name of your organization
- The provider ID number(s) used by your organization to bill for waiver services. Site IDs (that is, the letter(s) that follow the provider ID in order to denote a specific location) do not need to be reported here
- The name of the person responsible for the information submitted in the survey and that person's:
 - Job title,
 - Phone number,
 - Email, and
 - Address

Financial Data Reporting

This section includes several questions regarding the financial data that is reported in the survey:

- *Reporting Period* – Record the last day of the 12-month period for which your agency is reporting financial data. For example, if financial data reflects calendar year 2014, “December 31, 2014” would be reported here.

Note: The survey is not specifying particular dates, but providers should choose the most recent 12-month period for which financial data is complete and readily available.

- *Cash or Accrual* – Using the drop-down box, report whether financial data is being reported on a cash or accrual basis. Regardless of the method used, all financial data should be reported consistently (that is, do not report revenue on a cash basis, but expenses on an accrual basis).

Note: In general, cash basis accounting means that a revenue or expense is recognized when dollars are actually deposited or withdrawn while accrual basis accounting means that a revenue or expense is incurred. For example, an agency may make a purchase in January using a credit card and pay the bill in February. Under a cash-based system, the expense is recognized in February when the bill is paid; in an accrual-based system, the expense is recognized in January when it is incurred.

- *Allocating Costs* – Using the drop-down list, indicate whether your agency allocates costs to individual services. For example, is your agency able to determine the share of agency overhead costs attributable group home service separately from the share of overhead costs attributable to Community Living Support services? As discussed in the Administrative and Program Support Cost section of these instructions (beginning on page 5), the survey only asks that costs be allocated between I/DD services in total and non-I/DD services. B&A may request additional data from those agencies that report they are able to allocate costs to individual services.

Annual Agency Revenue

This section requests information regarding revenues for the 12-month reporting period selected by your agency in the previous section. Report agency revenues using the following categories:

- *Intellectual and Developmental Disabilities Services Revenues* – Report revenues for each of the I/DD services listed, which are those included in this rate review. Report revenues for all other I/DD services (such as Community Access, Supported Employment, etc.) in the ‘Other I/DD Services’ category.

Note: Reported amounts should include waiver payments as well as other revenues that support these services such as local government funds, private payments, and donations.

Note: CRA – Nursing and CLS – Nursing should be reported in the Other I/DD Services category

- *Other Agency Revenue* – Input revenues associated with any other programs operated by your organization (for example, behavioral health services).
- *Total Revenue* – The worksheet will automatically sum the I/DD and Non-I/DD amounts to calculate total agency revenue.

Note: Do not include revenues associated with members’ federal benefits (e.g., SSI/SSDI payments).

ADMINISTRATIVE AND PROGRAM SUPPORT COSTS

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

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

- *Direct care costs* include the salaries and benefits (including unemployment insurance and workers' compensation) of DSPs, member transportation expenses, the physical space in which programs are delivered (e.g., the room in which a Community Access program is operated), and program materials and supplies (e.g., art supplies). Direct care costs should not be reported in the two "Admin" worksheets described below.
- *Administrative costs* are those associated with the operation of your organization, but which are not program-specific. Employees that are typically considered administrative include general management, finance/accounting, and human resource staff. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered administrative.
- *Program support costs* are expenses that are neither direct care nor administrative. Such activities are program-specific, but not on behalf of an individual member. Examples include staff responsible for training direct care workers, program development, supervision, and quality assurance. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered program support.

"Admin Staff" – Salary and Benefit Costs for Administrative and Program Support Staff

This sheet is to be used to record information regarding the staff responsible for the administrative and program support functions of your organization. DSPs performing non-direct activities related to their caseload (e.g., completing incident reports or attending planning meetings) are not considered administrative or program support so, in general, DSPs would not be listed on this form. However, in smaller firms in particular, staff who deliver direct services may also perform administrative and program support functions and should therefore be listed.

- *Title* – Input the job title for each administrative or program support employee.

Note: If your organization has multiple employees within a given job title (e.g., three Human Resource Specialists), you may list them in the same line if their time is allocated similarly (e.g., each spends 100 percent of their time on administrative functions; see the discussion below for the Percent of Time Allocated to Developmental Disabilities Programs column).

Note: In general, do not combine staff with different job titles in a single line. If, however, there are any employees who work entirely for other programs (that is, they do not provide any support to the agency's developmental disabilities programs) they may be reported on a single line.

- *Number of Employees* – Record the number of individuals (not full-time equivalents) in each job title employed by your organization during the selected 12-month reporting period.
- *Actual Wages* – Input the wages (inclusive of salary, bonuses, accrued leave payouts for staff leaving the organization, and any other cash compensation) actually earned and paid to the individual(s) included in each job title during the selected 12-month reporting period.

Note: For this column, only report actual wages paid, rather than salary levels (e.g., if an employee was hired mid-year, report the wages that they earned and not their annual salary).

- *Cost of Select Benefits* – Input the cost to your organization in the selected 12-month reporting period to provide the following benefits to individual(s) associated with each job title: health insurance, dental insurance, retirement, and any other benefits that are provided at your organization's discretion.

Note: Do not include mandatory expenses such as Social Security, Medicare, workers' compensation, and unemployment insurance. These costs will be calculated separately.

Note: Only report costs paid by your organization. Exclude employee costs such as their share of health insurance premiums or retirement contributions. Similarly, if a benefit is available but an employee opts not to participate, no cost should be reported.

- *Budgeted Wages and Benefits* – Report the budgeted – rather than actual – annual wage and benefit expense for the individual(s) associated with each job title. Although the amount reported here may be equal to the total amounts reported in the Actual Wages and Actual Cost of Select Benefits columns, this column is intended to account for any differences between actual and budgeted costs. For example, if a position was vacant for part of the year, the budgeted amount would reflect the cost for supporting that position for an entire year.
- *Percent of Cost Allocated to Developmental Disabilities Programs* – The next three columns relate to the amount of each employee's time that is devoted to your organization's developmental disabilities programs (inclusive of both waiver-funded and non-waiver services).
 - *Direct Care* – Input the percentage of time that the employee is providing direct care services to persons with developmental disabilities.

Note: Although this sheet is only intended to capture information regarding administrative and program support staff, this column has been included because these staff, particularly in smaller agencies, may provide direct care at times.
 - *Administration* – Input the percentage of time that the employee is performing administrative functions in support of the agency's developmental disabilities programs.
 - *Program Support* – Input the percentage of time that the employee is performing developmental disabilities-related program support functions.
- *Percent of Cost Allocated to Other Programs* – Input the portion of each employee's time that is allocated to other programs. This column is included because some employees support multiple programs and it would be inappropriate to allocate their total salary and benefits costs to the developmental disabilities programs. For example, an executive director may lead an agency that provides both developmental disabilities and behavioral health services so only a portion of their cost should be allocated to the developmental disabilities programs.

Note: If your agency does not already have a methodology for allocating costs across programs, it is recommended that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the program on which they are working. After that week, each employee's time would be allocated based on their log. For example, if an employee worked 40 hours and 10 of their hours were related to the developmental disabilities programs, 25 percent of that employee's time would be allocated to direct care, administration, and/ or program support of the developmental disabilities programs, as appropriate, with the remaining 75 percent input in the Other Programs column. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

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

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

This sheet collects information for administrative and program support costs other than staff expenses. Costs associated with direct care should not be included in this worksheet.

For each category of expenses, the form requests the total expense for your agency’s selected 12-month reporting period. Then, the form asks how that expense should be allocated to direct services, administration, and program support for your agency’s developmental disabilities programs as well as to your organization’s other programs. The preceding Admin Staff section discusses allocating costs across programs and similar principles apply here. For example, if 25 percent of an employee’s time is allocated to administration of the organization’s waiver programs and 75 percent is allocated to other programs, costs associated with that staff person (such as office space, utilities, etc.) should be similarly allocated.

Note: The total allocation of costs across developmental disabilities programs (direct care time, administration, and program support) and other programs should equal 100 percent. If it does not, or if a cost has been entered but not allocated, an error message will appear to the right of the table.

Note: It is understood that there may be some differences regarding how organizations categorize their expenses. The categories provided on the form are common administrative and program support expenses, but agencies are not required to report an amount for each and should use the categories that are closest to their own accounting classifications. For example, an organization’s accounting records may group postage costs with office supplies. In this case, the agency can report its total office supplies cost (including postage) on that line rather than trying to break postage out of their records. Additionally, Lines 20-24 are available to report expenses that do not fit well into the provided categories.

Note: Costs associated with members’ room and board (such as group home rent or mortgage, utilities, food, etc.) should not be reported.

Following are descriptions of the fields included in this worksheet:

- *Line 1* – Input your agency’s rent/ mortgage/ depreciation costs for administration and program support space. Do not include costs associated with direct care space such as group homes or the rooms in which Community Access programs are conducted.
- *Line 2* – Input facility maintenance costs that are not part of the rental costs recorded on Line 1. Do not include costs associated with direct care space such as group homes and Community Access facilities.
- *Line 3* – Report office equipment and furniture costs.
- *Line 4* – Input your agency’s depreciation expenses for capital items other than facilities. Do not include costs associated with vehicles associated with direct services, such as those used by DSPs to drive to members’ homes or to transport members.
- *Line 5* – Include expenses for interest paid, excluding mortgage interest, by your organization.
- *Line 6* – Input utility and similar costs that are not included as part of rental costs already reported. Do not include costs associated with direct care space such as group homes and Community Access facilities.
- *Line 7* – Input property and income taxes paid by your organization, but do not include payroll taxes (Social Security and Medicare) or personal income taxes.
- *Line 8* – Input your agency’s licensing, certification, and/or accreditation fees.
- *Line 9* – Input your agency’s hiring expenses, which could include expenses such as background checks, placement agency fees, etc.

- *Line 10* – Input your agency’s insurance costs. Do not include employee benefits such as health or dental insurance, workers’ compensation costs, or automobile insurance.
- *Line 11* – Record your agency’s information technology expenses, such as computers and software.
- *Line 12* – Include general office supply costs, but do not include program supplies such as materials used as part of a Community Access program. Do not include any costs associated with items associated with room and board expenses for members in group homes.
- *Line 13* – Record your agency’s postage costs.
- *Line 14* – Input your agency’s advertising costs.
- *Line 15* – Input your agency’s costs for memberships in business, technical, and/or professional organizations or subscriptions to business, professional, and/or technical periodicals.
- *Line 16* – Input the costs of professional and consultant services related to your agency’s operation. Do not include costs associated with contractors who provide direct care services.
- *Line 17* – Input travel related costs (e.g., mileage reimbursement) for administrative and program support functions and staff. Do not include travel associated with direct care such as company vehicles used to transport members or reimbursement of direct care staff for the use of their personal vehicles.
- *Line 18* – Input any payment recoupments (that were not treated as a reduction to revenue) or fines paid by your agency.
- *Line 19* – Input costs associated with medications, pharmacy co-payments, dental care or other medical expenses paid on behalf of members served by your organization. Do not include any costs that may be paid using member’s SSI/SSDI or other benefits.
- *Line 20* – Input your agency’s allocated corporate office overhead costs that are not otherwise captured elsewhere in the “Admin Staff” and “Admin Other” forms, if applicable. For example, some multi-state organizations have a parent office to which a portion of local organizations’ revenues are allocated, but which cannot be identified with specific corporate staff (and so cannot be reported on the Administration and Program Support Staff form) or expenses (that would be listed on another line on this form).
- *Line 21* – If corporate office costs are reported in Line 20, describe the allocation methodology used to assign costs to the agency’s Georgia operations.
- *Lines 22-25* – Input any other administrative or program support costs that do not fit into the provided categories. Label any categories that you add and report the associated expense.

DIRECT SUPPORT PROFESSIONAL (DSP) COSTS

There are three forms to collect DSP-related data: wages, allocation of work time, and benefits.

Note: For the purpose of the survey, the term DSP includes all staff who regularly provide direct care even if they have other responsibilities. For example, staff person who has supervisory responsibilities, but also provides billable direct services during their typical work week would be included.

Note: You do not need to include DSPs who do not provide services included in the provider survey. For example staff who only provide behavioral health services do not need to be reported.

Direct Support Professional (DSP) Wages and Training

This form collects information regarding the wages paid to your agency's direct support professionals. Following are descriptions of the fields included in this worksheet:

- *Job Titles* – List the job titles of staff who provide direct services. Staff do not need to be listed individually; they can be grouped by job title, but do not group employees if there are meaningful differences. For example, staff who supervise other employees should not be combined with staff who do are not supervisors. Or, if your agency uses a single job title for all DSPs, but always pays staff providing group home services a higher wage, these staff should be reported separately.

Note: Do not include individuals who contract with your agency to provide host home services.

- *Employee/Contractor* – Using the drop-down menu, select whether the staff in each job category are agency employees or contractors. If a given job title includes both employees and contractors, complete one row for employees and another for contractors.
- *Supervisor/Non-Supervisor* – Using the drop-down menu, indicate whether the job category has supervisory duties. If a given job title includes both supervisors and non-supervisors, complete one row for supervisors and another for non-supervisors.
- *If Supervisor, # of Staff Supervised* – For employees with supervisory responsibilities, input the average number of direct reports each supervisor has.

- *Total Hours Paid* – Input the number of hours for which staff in each job title were paid within the past year. The total is inclusive of paid time off (e.g., holidays) and overtime hours.

Note: If your agency employs salaried DSPs and actual hours worked are not tracked and cannot otherwise be estimated, assume that a full-time employee works 2,080 hours per year.

- *% of Hours that were Overtime* – Report the percentage of paid hours reported in the Total Hours Paid column that were work hours during which DSPs were receiving overtime pay. For example, if 10,000 hours were reported in the Total Hours Paid column and the DSPs included in this total worked 1,000 hours of overtime, '10%' would be reported (1,000 overtime hours divided by 10,000 total paid hours).
- *Total Wages Paid* – Input the total wages paid within the past year to staff in each job title listed. The amount reported here should be inclusive of overtime pay, shift differentials, paid time off (holidays, vacation pay, etc.), and all other cash compensation. Do not include reimbursement of expenses (such as mileage) or leave payouts to DSPs who left your agency.
- *Average Hourly Wage* – This field is calculated automatically by dividing total wages paid by total hours paid.
- *Estimated Annual Turnover*: Using the drop down menu, indicate the estimated annual turnover experienced for this job category. The responses are in 15 percent increments. Calculate turnover by dividing the number of staff within the reported job title who left the position within

the past year (through a transfer or promotion, separation, etc.) and for whom a replacement was/is needed, by the number of employees within the job title over the course of your agency's selected 12-month reporting period.

- *Staff Training Hours (First Year)* – Input the average number of training and development hours that a staff person in the reported job title receives during their first year with your organization.
- *Staff Training Hours (Following Years)* – Input the average number of annual training and development hours that a staff person in the reported job title receives after their first year of employment.

Direct Support Professional (DSP) – Allocation of Work Hours

This form seeks to allocate the work time of the staff reported on the DSP Wages form. The job titles listed on the DSP Wages form are automatically transferred to this form.

Each column is labeled with the services covered by this survey or “Other Services” or “Non-Direct Time”. Other services may include waiver services that are not part of this survey or services that are part of another program. Non-direct activities relate to hours that a person works, but which are not direct services delivered in the presence of a member. Only working hours should be considered when completing this form; do not include paid time off (holidays, vacation, or sick leave).

For each job listing, input a percentage into each column corresponding to the portion of the staff's time that is spent on that service/activity. Zeroes do not need to be entered. The total allocation of time across the columns should equal 100 percent. If it does not, an error message will appear to the right of the table.

Note: The survey seeks to differentiate between Community Living Support services provided on a continuous basis and those provided on an intermittent basis. Thus, there are separate columns for 'continuous' CLS and 'intermittent' CLS, which are defined on page 19 of these instructions.

Fringe Benefits for Direct Support Professional (DSPs)

This worksheet requests information regarding fringe benefits available to DSPs and other employee related expenses. Consider only DSPs when completing this worksheet; do not include administrative and program support staff as these costs are captured on the Admin Staff form.

There are separate columns for full-time and part-time direct service staff. For the purposes of the survey, full-time is defined as at least 30 hours per week.

Following are descriptions of the fields included in this worksheet.

Staffing

- *Line 1* – Input the number of DSPs currently employed by your agency. Do not include contracted staff.

Holidays and Paid Time Off

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

Note: For the purpose of the survey, holidays include only paid days off (being paid for a holiday when not working that day) or compensatory time (vacation hours that an employee receives for working on a holiday that they can later use as paid time off). Additional holiday pay (such as time-and-a-half for employees who work on a holiday) should not be counted in this section – this compensation should have been reported in the Total Wage Paid section of the DSP Wages and Training form.

- *Lines 2 and 7* – Using the Yes/No drop down list, indicate whether DSPs are eligible for the applicable benefit. If the response is “No”, the remaining questions (Lines 3 through 6 for holidays and Lines 8 through 11 for paid time off) do not need to be completed.
- *Lines 3 and 8* – Using the drop down list, choose the timeframe that is closest to the waiting period before DSPs become eligible for the applicable benefit.
- *Lines 4 and 9* – Input the minimum number of hours per week that DSP must work in order to receive the applicable benefit.
- *Lines 5 and 10* – Record the number of DSPs that are currently eligible for the applicable benefit (the number should be no more than the figure reported on Line 1).
- *Lines 6 and 11* – Record the number of holidays (not hours)/average number of PTO days (not hours) that DSPs receive.

Health Insurance and Retirement

The questions for health insurance and retirement benefits are similar:

- *Lines 12 and 18* – Using the Yes/No drop down list, indicate whether DSPs are eligible for the applicable benefit. If the response is “No”, the remaining questions (Lines 13 through 17 for health insurance/Lines 19 through 23 for retirement) do not need to be completed.
- *Lines 13 and 19* – Using the drop down list, choose the timeframe that is closest to the waiting period before DSPs become eligible for the applicable benefit.
- *Lines 14 and 20* – Input the minimum number of hours per week that a DSP must work in order to receive the applicable benefit.
- *Lines 15 and 21* – Record the number of DSPs that are currently eligible for the applicable benefit (the number should be no more than the figure reported on Line 1).
- *Lines 16 and 22* – Record the number of DSPs that currently receive the applicable benefit.
- *Line 17* – Input your organization’s total spending on health insurance premiums for DSPs in your agency’s selected 12-month reporting period. Do not include costs for administrative or program support staff; these expenses should have been recorded on the Admin Staff worksheet. Do not include employee contributions.
- *Line 23* – Input your organization’s average retirement contribution (as a percent of wages) for those DSPs that participate in the retirement offering. Do not include any employee contributions.

Other Benefits

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

- *Line 24* – Using the Yes/No drop down list, indicate whether your organization provides other benefits to DSPs. If the response is “No”, the remaining questions (Lines 25 through 30) do not need to be completed. For the purposes of the survey, mileage reimbursement and paid training are not considered benefits.
- *Line 25* – List the other benefits that are provided.
- *Line 26* – Using the drop down list, choose the timeframe closest to the waiting period before DSPs become eligible for the applicable benefit. If your agency provides multiple other benefits with different waiting periods, answer the question for the benefit with the greatest cost.

- *Line 27* – Input the minimum number of hours per week that DSP must work in order to receive the applicable benefit. If your agency provides multiple other benefits with different minimum hour requirements, answer the question for the benefit with the greatest cost.
- *Line 28* – Record the number of DSPs that are currently eligible for the applicable benefit (the number should be no more than the figure reported on Line 1). If your agency provides multiple other benefits, answer the question for the benefit with the greatest cost.
- *Line 29* – Record the number of DSPs that currently receive the applicable benefit. If your agency provides multiple other benefits, answer the question for the benefit with the greatest cost.
- *Line 30* – Input total spending on these benefits for DSPs in your agency’s selected 12-month reporting period. Do not include costs for administrative or program support staff; these expenses should be recorded on the Admin Staff worksheet.

State Unemployment Insurance and Workers’ Compensation

- *Line 31* – Many organizations make quarterly payments to the Georgia Department of Labor for state unemployment insurance taxes based on an employer-specific tax rate, which varies according to each employer’s “experience rating” (the ratio of taxes paid to benefits claimed by former employees). The tax is applied to the first \$9,500 in wages paid to each employee and the rate ranges from 0.04 percent to 8.1 percent. If your organization makes payments based on a tax rate, report its state unemployment insurance tax rate for 2015.

Note: Do not include the federal unemployment insurance tax.

- *Line 32* – Some organizations, including some non-profits, may elect to pay the actual cost of benefits paid to former employees rather than making payments based on a computed tax rate. If your organization makes “payments in lieu of contributions”, report the total payments made in 2014 related to DSPs. Do not include federal unemployment insurance costs.

Note: Your organization should complete either Line 31 or Line 32, but not both.

- *Line 33* – Input your workers’ compensation cost for DSPs as a rate for each \$100 in wages paid under your agency’s 2015 plan. If your organization has multiple policies, provide a weighted average of the policies associated with DSPs in your agency’s developmental disabilities programs.

GROUP HOME

There are two forms related to group home services: Productivity and Other Factors, and Member and Staffing Detail. For the purposes of this survey, 'group homes' refer only to licensed Community Living Arrangements and Personal Care Homes in which members with intellectual and developmental disabilities reside.

Productivity and Other Factors

Agency Caseload

- *Line 1* – Record the number of group home operated by your agency.
- *Line 2* – Record the number of waiver enrollees receiving group home services from your agency.
- *Line 3* – Input the average number of days per year that group home residents are absent due to hospitalization, vacation, or other reasons.

Activities Outside of the Home

- *Line 4* – Indicate the percentage of members that regularly participate (at least one day per week) in activities outside of the residence without group home DSPs. Include both paid and unpaid activities such as Community Access programs or visits with members' natural families.
- *Line 5* – For members participating in outside activities, indicate the average number of days per week that they participate.
- *Line 6* – For members participating in outside activities, indicate the average number of hours per day that they participate.

Staffing Pattern

This section requests information regarding the 'typical' week for a single DSP working in a group home.

Note: It is understood that the number of hours that a DSP works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week. This could be done for example, by considering how much time a DSP spends on each of these activities over the course of a year and then dividing that total by 52. For example, most DSPs probably do not participate in an ISP meeting during a typical week. Rather, they may attend a handful of ISP meetings over the course of a year. Thus, if a DSP spends an average of 10 hours per year in ISP meetings, your agency would report 0.19 hours per week (10 divided by 52).

- *Line 7* – Input the number of hours per week that a DSP typically works.
- *Line 8* – Input the number of hours per week that a DSP provides group home services, meaning that they are in the home, awake, and providing supervision.
- *Line 9* – Input the number of hours per week that a DSP provides direct services other than group home services; for example, time they spend delivering Community Access – Individual services.
- *Line 10* – Input the number of hours per week that a DSP spends participating in ISP meetings.
- *Line 11* – Input the number of hours per week that a DSP is engaged in 'employer time' and not available to provide supervision. An example would be an off-site staff meeting. Do not include time spent on training programs.
- *Lines 12-14* – If there are activities that are part of a DSP's typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a DSP typically spends on that activity.

- *Line 15* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 8 through 14 should be equal to the total number of hours worked noted in Line 7. If “No” appears in this line, review and revise the appropriate hours.
- *Line 16* – Using the drop down list, indicate whether DSPs are permitted to sleep during overnight shifts.
- *Line 17* – If DSPs are permitted to sleep during overnight shifts, use the drop down list to report whether sleep hours are treated as ‘regular’ work hours that are subject to minimum wage and overtime requirements.

Group Home Member and Staffing Detail

This worksheet requests information related to the individuals residing in each residence as well as the staffing schedule for each. The survey includes room for seven residences. If your organization operates more than that, make additional copies of the worksheet.

Location

- *Line 1* – Record the group home’s site code.
- *Line 2* – Report the maximum number of members that the home is capable of serving on an ongoing basis.

Resident Information

- *Lines 3a-3f* – For each residence, list the members currently residing there by their Medicaid ID number (do not include names). Alternatively, report some other ID used by your agency to track members and B&A will follow-up with a phone call for additional information that can be used to match members to claims data. Report all home residents; if there are members who are not enrolled in Medicaid, list them as ‘non-waiver’ or something similar.

Additionally, use the drop-down list to indicate whether each member has an approved exceptional rate. If an exceptional rate has been requested, but not yet approved or authorized, select ‘In Process’.

Residence Staffing Schedule

- *Line 4* – Input the number of DSPs regularly assigned to the residence. Report the number of individual DSPs rather than full-time equivalents. Do not include temporary or “floating” staff who work in the residence only on occasion.
- *Lines 5a-5g* – For each group home, record the number of scheduled staffing hours for each day of the week. As an example, consider the following schedule for a Monday:

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

In this example, 24 total hours would be reported for Monday.

Vehicles

- *Line 6* – Report the number of vehicles that are assigned to the group home.
- *Line 7* – As applicable, report the average purchase price of the vehicles assigned to the group home.
- *Line 8* – As applicable, report the average monthly lease cost of the vehicles assigned to the group home.
- *Line 9* – Report the annual fuel cost for the vehicles reported on Line 6.
- *Line 10* – Report the annual cost to insure the vehicles reported on Line 6.
- *Line 11* – Report the annual maintenance and repair costs for the vehicles reported on Line 6.
- *Line 12* – Report the total annual miles driven by the vehicles reported on Line 6.

HOST HOME

There are two forms related to Host Home services: Productivity and Other Factors, and Member Detail.

Productivity and Other Factors

Agency Caseload

- *Line 1* – Record the number of host homes contracting with your organization.
- *Line 2* – Input the number of waiver enrollees receiving Host Home services from your agency.
- *Line 3* – Input the average number of days per year that members in host homes are absent due to hospitalization, vacation, or any other reason.

Recruitment, Certification, Placement, and Initial Training

- *Line 4* – Report the average number of staff hours required to recruit, train, and certify a host home prior to a member being placed in the home.
- *Line 5* – Briefly describe any non-staff expenses associated with recruiting and certifying a host home prior to placing a member in the home, and report the associated cost.
- *Line 6* – Briefly describe any non-staff expenses associated with providing training to a host home prior to placing a member in the home, and report the associated cost.
- *Line 7* – Record the number of host homes contracting with your agency that received certification for the first time in 2014. Do not include homes that transferred to your agency, but had previously been providing Host Home services under contract with another agency.
- *Line 8* – Input the average number of years that a host home contracts with your agency.

Activities Outside of the Home

- *Line 9* – Indicate the percentage of members that regularly participate (at least one day per week) in activities outside of the residence without the host home provider. Include both paid and unpaid activities such as Community Access programs or visits with members' natural families.
- *Line 10* – For members participating in activities, indicate the average number of days per week that they participate.
- *Line 11* – For members participating in activities, indicate the average number of hours per day that they participate.

Supervision, Training, and Supports for Host Homes

- *Line 12* – Report the average number of host homes overseen by each supervisor.
- *Line 13* – Report the average number of supervision visits that a host home receives annually.
- *Line 14* – Input the average number of hours that a supervision visit lasts.
- *Line 15* – Record the average roundtrip distance traveled for a supervision visit.
- *Line 16* – Input the average number of annual training hours that your organization delivers to host homes. This should include only formal training, and not, for example, instructions provided during a supervision visit.
- *Line 17* – Indicate the percentage of training hours that are delivered face-to-face, rather than through another option, such as online instruction. Include all face-to-face training regardless of whether instruction is provided at the host home, at your agency's office, or some other location.

- *Line 18* – Using the drop-down list, report whether training is typically provided by supervision staff (rather than, for example, dedicated trainers).
- *Line 19* – Report the percentage of training sessions that are provided to a group of host homes (for example, multiple homes participating in a training session at your organization’s facility) compared to individual training sessions (for example, delivered in the host home).
- *Line 20* – As applicable, report the average number of host homes that participate in a group training session.
- *Line 21* – Report the average number of days per year that a member is placed in an alternative site to provide relief to the host home contractor. Include only temporary placements after which the member is expected to return to the host home. Examples include short vacations for contractors or short-term crises. Do not include instances in which a member has been removed from a host home and placed in an alternative site while awaiting a new host home placement.

Staffing Pattern for a Host Home Supervisor/Trainer

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

Note: Some activities may not be part of a typical week, but they do regularly occur throughout the year. For example, most staff probably do not participate in an ISP meeting during a typical week. Rather, they may attend a handful of ISP meetings over the course of a year. In these cases, your agency should estimate the average number of hours devoted to that activity over a year and divide that number by 52. Continuing the same example, if a staff person spends an average of 10 hours per year in ISP meetings, you would report 0.19 hours per week (10 divided by 52).

Note: If supervisors are responsible for providing training (that is, if “Yes” is reported on Line 18), complete only the Supervisor section.

- *Lines 22 and 33* – Input the number of hours per week that a single supervisor/trainer typically works.
- *Lines 23 and 34* – Input the number of hours per week that a supervisor/trainer is engaged in supervision/training services. If host home supervisors are responsible for providing training to host homes, work hours associated with training should be reported on Line 24.
- *Lines 24 and 35* – Input the number of hours per week that a supervisor/trainer is providing other direct (face-to-face) services (for example, if they also provide Respite services).
- *Line 25 (supervisors only)* – Input the number of hours per week that a supervisor is participating in Individual Service Plan (ISP) meetings.
- *Lines 26 and 36* – Input the number of hours per week that a supervisor/trainer is traveling between supervision visits/training sessions.
- *Lines 27 and 37* – Input the number of hours per week that a supervisor/trainer spends on recordkeeping activities, other than documentation that occurs during the course of a supervision visit or training session.
- *Lines 28 and 38* – Input the number of hours per week that a supervisor/trainer is engaged in ‘employer time’ and not performing direct service duties. Examples of these activities staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.

- *Lines 29 to 31 and Lines 39 to 41* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Lines 32 and 42* – These lines calculate whether all staff hours have been allocated; the sum of the activities listed in Lines 23 through 31 and Lines 34 through 41 should be equal to the total number of hours worked noted in Line 22 and Line 33, respectively. If “No” appears in this line, review and revise the appropriate hours.

Host Home – Member Detail

Complete a row for each member receiving Host Home services through your agency, providing the following information:

- *Member ID* – Report the member’s Medicaid ID number.
- *Site ID* – Report the site ID for the host home serving the member.
- *Exceptional Rate* – Use the drop-down list to indicate whether each member has an approved exceptional rate. If an exceptional rate has been requested, but not yet approved or authorized, select ‘In Process’.
- *Agency is Representative Payee* – Use the drop-down list to indicate whether your agency is the representative payee for the member’s SSI/SSDI benefits, if applicable.

Note: The next several columns relate to payments to host homes. Some agencies may calculate payments to the host home based on a daily rate while others may provide a fixed monthly amount. As a result, there are separate columns for those host homes that are paid based on a daily rate and for those host homes paid a fixed monthly amount. Only one set of columns should be completed for each home.

- *Payment to Home* – Report the average payment made to the host home contractor for Community Residential Alternative (CRA) services for the member. Do not include any payments made for room and board from the member’s SSI/SSDI benefits.
- *Room and Board Payment* – As applicable, report the average payment made to the host home contractor for the member’s room and board from the member’s SSI/SSDI benefits.
- *Maximum Days per Month (Daily Rate only)* – Report the maximum number of days in a month for which your agency will pay a host home contractor. For example, your agency may limit the number of days for which it will pay to 27. If your agency does not have a limit, report ‘31’ to reflect that every day in the longest months may be billed.
- *Days at an Alternative Site* – Report the number of days that the member was placed at an alternative site in 2014. These temporary placements could have been due to a contractor’s vacation or in response to a short-term crisis.

COMMUNITY LIVING SUPPORT

There are two forms related to Community Living Support (CLS): Productivity and Other Factors, and Member and Staffing Detail.

The survey seeks to distinguish between two service delivery models for Community Living Support:

- ‘Continuous’ support means that the agency is providing paid CLS staff in the home of one or more members whenever the member is present. The home may not be staffed if all members participate in activities outside of the home during the day, but there are always CLS staff in the home when a member is there. This model looks very much like group home services from a staffing perspective with the primary difference being that the agency does not own the residence. Billing the CLS daily rate does not necessarily mean that the service is ‘continuous’ because billing rules generally allow billing of the daily rate after seven hours of service have been provided. Continuous services are only those for which the agency is providing constant support for the member when the member is at home.
- ‘Intermittent’ support means that the agency does not provide constant staffing to the member. Intermittent support may be billed at the quarter-hour or at the daily rate when it is provided for an extended period, but the provider is not providing around-the-clock staffing in the member’s home whenever the member is present.

Productivity and Other Factors

The form includes separate columns for continuous and intermittent supports. If your agency provides services under both models, both columns should be completed.

Agency Caseload and Service Design

- *Line 1* – Input the number of waiver enrollees receiving CLS services from your agency.
- *Line 2 (Intermittent Only)* – Report the average number of visits that a member receives during a week. If a member receives services during two distinct time periods during a day (for example, they receive services during the morning and then in the evening), that would count as two visits.
- *Line 3 (Intermittent Only)* – Report the average length of a visit.
- *Line 4* – For both groups of supports, report the percentage of billed dollars associated with Personal Assistance Retainers that allow continued payment to personal caregivers for up to 30 days per calendar year for absences of members from their homes.
- *Line 5 (Continuous Only)* – Input the average number of days per year that members receiving continuous CLS are absent due to hospitalization, vacation, or any other reason.

Activities Outside of the Home (for Continuous Services Only)

- *Line 6* – Indicate the percentage of members that regularly participate (at least one day per week) in activities outside of the residence without the CLS provider. Include both paid and unpaid activities such as Community Access programs or visits with members’ natural families.
- *Line 7* – For members participating in activities, indicate the average number of days per week that they participate.
- *Line 8* – For members participating in activities, indicate the average number of hours per day that they participate.

Staffing Pattern

This section requests information regarding the ‘typical’ week for a DSP providing CLS services.

Note: It is understood that the number of hours that a DSP works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week. This could be done for example, by considering how much time a DSP spends on each of these activities over the course of a year and then dividing that total by 52. For example, most DSPs probably do not participate in an ISP meeting during a typical week. Rather, they may attend a handful of ISP meetings over the course of a year. Thus, if a DSP spends an average of 10 hours per year in ISP meetings, your agency would report 0.19 hours per week (10 divided by 52).

- *Line 9* – Input the number of hours per week that a DSP typically works (i.e., paid hours).
- *Line 10* – The number of hours per week that a DSP is engaged in CLS service delivery.
- *Line 11* – Input the number of hours per week that a DSP is providing other billable services (for example, if they also provide Respite services).
- *Line 12* – Input the number of hours per week that a DSP is participating in Individual Service Plan (ISP) meetings.
- *Line 13 (Intermittent Only)* – Input the number of hours per week a DSP is traveling between member visits.
- *Line 14 (Intermittent Only)* – Input the number of hours per week that a DSP loses due to missed appointments. Do not include time that is redirected to another activity accounted for within this schedule. For example, if a member cancels a one-hour appointment but the DSP is able to spend 45 minutes catching up on their records, only 15 minutes should be reported on this line. Similarly, do not record time if the DSP is sent home without pay.
- *Line 15 (Intermittent Only)* – Input the number of hours per week that a DSP spends on recordkeeping activities, other than documentation that occurs during the course of service provision.
- *Line 16* – Input the number of hours per week that a DSP is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 17-19* – If there are activities that are part of a DSP’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a DSP typically spends on that activity.
- *Line 20* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Line 10 through 19 should be equal to the total number of hours worked noted in Line 9. If “No” appears in this line, review and revise the appropriate hours.
- *Line 21 (Continuous Only)* – Using the drop down list, indicate whether DSPs are permitted to sleep during overnight shifts.
- *Line 22 (Continuous Only)* – If DSPs are permitted to sleep during overnight shifts, use the drop down list to report whether sleep hours are treated as ‘regular’ work hours that are subject to minimum wage and overtime requirements.
- *Line 23 (Intermittent Only)* – Input the number of miles per week that a DSP travels between member visits.

- *Line 24 (Intermittent Only)* – Input the number of miles per week that a DSP travels while transporting members.

Community Living Support, Continuous – Member and Staffing Detail

This worksheet requests information related to the individuals residing in each residence as well as the staffing schedule for each. The survey includes room for seven residences. If your organization staff more than that, make additional copies the worksheet.

Location

- *Line 1* – Record the zip code for the CLS location.

Resident Information

- *Lines 2a-2f* – For each residence, list the members currently residing there by their Medicaid ID number (do not include names). Alternatively, report some other ID used by your agency to track members and B&A will follow-up with a phone call for additional information that can be used to match members to claims data. Report all home residents, including those who are not enrolled on a waiver.

Residence Staffing Schedule

- *Line 3* – Input the number of DSPs regularly assigned to the residence. Report the number of individual DSPs rather than full-time equivalents. Do not include temporary or “floating” staff who work in the residence only on occasion.
- *Lines 4a-4g* – For each CLS location, record the number of scheduled staffing hours for each day of the week. As an example, consider the following schedule for a Monday:

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

In this example, 24 total hours would be reported for Monday.

Vehicles

- *Line 5* – Report the number of vehicles that are assigned to each CLS location.
- *Line 6* – As applicable, report the average purchase price of the vehicles assigned to each CLS location.
- *Line 7* – As applicable, report the average monthly lease cost of the vehicles assigned to each CLS location.
- *Line 8* – Report the annual fuel cost for the vehicles reported on Line 5.
- *Line 9* – Report the annual cost to insure the vehicles reported on Line 5.
- *Line 10* – Report the annual maintenance and repair costs for the vehicles reported on Line 5.
- *Line 11* – Report the total annual miles driven by the vehicles reported on Line 5.

RESPITE

For the purposes of this survey, consider all Respite services provided to individuals with intellectual and developmental disabilities and paid for by DBHDD, regardless of whether the service is reimbursed under a waiver program or another fund source. Do not consider respite supports that may be provided to host homes contracting with your agency when there is no separate payment for the support (that is, the cost of the support is ‘covered’ by the daily host home rate paid to your agency).

There are two forms related to Respite: Productivity and Other Factors, and Respite Home Detail.

Productivity and Other Factors

Agency Caseload

- *Line 1* – Record the number of waiver enrollees receiving Respite from your organization.

Location of Services

This section seeks information regarding where Respite services are delivered. When completing the section, consider all hours of Respite services delivered by your agency. A full day of support should be considered 24 hours so, for example, a week of Respite would be equivalent to 168 hours (24 hours multiplied by seven days). Lines 2 through 5 should total 100 percent.

- *Line 2* – Report the percent of Respite hours provided in a member’s home (whether they live independently or in their family home).
- *Line 3* – Report the percent of Respite hours provided in a family home other than the member’s home. This would include, for example, an individual contracting with your agency who accepts members into their own home.
- *Line 4* – Report the percent of Respite hours provided in a dedicated respite home. For the purposes of this survey, a dedicated respite home is a residence that is neither the member’s nor the care provider’s home. Staff in these homes would generally be paid an hourly wage.
- *Line 5* – Report the percent of Respite hours provided in a setting other than those described in Lines 2 through 4.

Care Provider Wages

When completing the section, consider all hours of Respite services delivered by your agency. A full day of support should be considered 24 hours so, for example, a week of Respite would be equivalent to 168 hours (24 hours multiplied by seven days). Lines 6 and 7 should total 100 percent.

- *Line 6* – Report the percentage of Respite hours provided by care providers paid an hourly wage when engaged in this service.
- *Line 7* – Report the percentage of Respite hours provided by care providers paid a daily stipend when engaged in this service.
- *Line 8* – As applicable, report the average daily payment for care providers paid a daily stipend for Respite services.

Length of Non-Daily Visits

When completing this section, consider only Respite ‘visits’ that last fewer than 24 hours. For the purposes of this survey, a visit is defined as a continuous period of support

- *Line 9* – Report the percentage of visits that last fewer than 4 hours.
- *Line 10* – Report the percentage of visits that last four or more hours, but fewer than eight hours.

- *Line 11* – Report the percentage of visits that last eight or more hours, but fewer than 16 hours.
- *Line 12* – Report the percentage of visits that last 16 or more hours, but fewer than 24 hours.

Staffing Pattern

This section requests information regarding the ‘typical’ week for a DSP providing Respite services. When completing this section, consider only those staff who are paid an hourly wage.

Note: It is understood that the number of hours that a DSP works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week. This could be done for example, by considering how much time a DSP spends on each of these activities over the course of a year and then dividing that total by 52. For example, most DSPs probably do not participate in an ISP meeting during a typical week. Rather, they may attend a handful of ISP meetings over the course of a year. Thus, if a DSP spends an average of 10 hours per year in ISP meetings, your agency would report 0.19 hours per week (10 divided by 52).

- *Line 13* – Input the number of hours per week that a DSP typically works (i.e., paid hours).
- *Line 14* – The number of hours per week that a DSP is engaged in Respite service delivery. This line is automatically calculated by multiplying Line 2 (number of visits per week) by Line 3 (number of hours per visit).
- *Line 15* – Input the number of hours per week that a DSP is providing other direct (face-to-face) services (for example, if they also provide Companion Services).
- *Line 16* – Input the number of hours per week that a DSP is traveling between member visits.
- *Line 17* – Input the number of hours per week that a DSP is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 18-20* – If there are activities that are part of a DSP’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a DSP typically spends on that activity.
- *Line 21* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Line 9 through 15 should be equal to the total number of hours worked noted in Line 8. If “No” appears in this line, review and revise the appropriate hours.
- *Line 22* – Input the number of miles per week that a DSP travels between member visits.
- *Line 23* – Input the number of miles per week that a DSP travels while transporting members.

Respite Home Detail

Complete a column for each dedicated respite home operated by your agency. For the purposes of this survey, a dedicated respite home is a residence that is neither the member’s nor the care provider’s home. Staff in these homes would generally be paid an hourly wage.

- *Line 1* – Report the zip code in which the respite home is located.
- *Line 2* – Use the drop-down list to indicate whether this facility is also used to deliver other services (e.g., group home services).
- *Line 3* – Report the square footage of the respite home.

- *Line 4* – Report the total number of Respite services provided at the respite home in your agency's selected 12-month reporting period. A full day of support should be considered 24 hours so, for example, a week of Respite would be equivalent to 168 hours (24 hours multiplied by seven days). Lines 2 through 5 should total 100 percent.
- *Line 5* – Report the total number of paid work hours for care providers providing Respite services at the respite home in your agency's selected 12-month reporting period.