



A New Beginning For Arizona's Children

Rate Study – Provider Survey Instructions

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INTRODUCTION

As part of its forthcoming request for proposals for Group Home, Shelter, and 1 on 1 Supervision services, the Arizona Department of Child Safety is in the process of studying the reimbursement structures and rates for these services. Burns & Associates, Inc. (B&A) is providing assistance in this initiative.

Part of this review includes a provider survey to collect data regarding contractors' service delivery designs and costs. The information being collected in this survey will be a factor in DCS' considerations regarding potential changes to the reimbursement structure and rates and will not be used for any other purpose. These instructions are intended to assist providers in the completion of the survey.

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 study.

Training Conference Call

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

Date and Time: Tuesday, March 22, 2:30 PM to 5:00 PM
Call-In Number: **1-415-655-0045**, use participant code 662 229 701
Web site: <https://goo.gl/eCd44H>
Password: AZDCS

Note: The webinar is conducted through www.webex.com. The shortened web site link listed above – which is case sensitive – connects directly to this specific meeting, 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, you will also need the meeting number, which is the same as the call-in participant code noted above.

The provider survey can be complicated so all providers are encouraged to listen in on the training conference call. This webinar will be recorded and posted on-line at use www.burnshealthpolicy.com/DCS. Providers may also contact Stephen Pawlowski with B&A at any time during the survey period at spawlowski@burnshealthpolicy.com or (602) 241-8519 for assistance or questions.

Overview of the Survey

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

- Wages and Benefits of Administration and Program Support Staff
- Other Administration and Program Support Costs
- Direct Care Staff Wages and Training
- Benefits for Direct Care Staff
- Group Home, Shelter, and 1 on 1 Supervision Cost and Staffing Detail

Providers should only complete the forms for the services that they provide. All providers should complete the forms related to agency administration and program support, as well as, direct care staff. For the other worksheets, providers should only complete worksheets for the services they deliver.

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

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

Completing and Submitting the Survey

When saving the forms, please add your agency's name to the beginning of the file name; e.g., "ABC Agency AZ DCS 2016 Provider Rate Study".

The deadline for submitting completed surveys is April 8, 2016. 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

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

- The name of your agency
- The provider Employer Identification Number (EIN) or numbers used by your agency to bill for Group Home or Shelter services
- The contact name of the person responsible for the information submitted in the survey and that person's:
 - Job title,
 - Phone number,
 - Email, and
 - Address

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

- *Group Home Revenues* – include Arizona Department of Child Safety payments as well as other revenues that support these programs such as local government funds, other payers (such as the Department of Juvenile Corrections), private payments, and donations

Note: Include revenues received for 1 on 1 supervision of children in group homes.

- *Shelter Service Revenues* – include Arizona Department of Child Safety payments as well as other revenues that support these programs such as local government funds, other payers, private payments, and donations

Note: Include revenues received for 1 on 1 supervision of children in shelter service.

- *Other Agency Revenues* – input revenues associated with any other programs operated by your agency (e.g., behavioral health services)

- *Total Revenues* – The worksheet will sum the three previous amounts to calculate total agency revenue

Note: Do not include revenues associated with a child's personal allowances.

ADMINISTRATIVE AND PROGRAM SUPPORT COSTS

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

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

- *Direct care costs* include the salaries and benefits (including unemployment insurance and workers' compensation) of direct care staff, transportation expenses, group home and shelter buildings, food, and household supplies. Direct care costs should not be reported in the two "Administrative" worksheets described below.
- *Administrative costs* are those associated with the operation of your agency, but which are not program-specific. Employees who are typically considered administrative include general management, financial/accounting, and human resource staff. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered administrative.
- *Program support costs* are expenses that are neither direct care nor administrative. Such activities are program-specific, but not on behalf of an individual member. Examples include staff responsible for training direct care workers, program development, 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 collects information regarding the staff responsible for the administrative and program support functions of your agency. Direct care staff 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, these staff would not be listed on this form.

All figures should be for your agency's most recently completed fiscal year. Following are descriptions of the fields included in this worksheet:

- *Title* – Input the job title for each administrative or program support employee.
Note: If your agency has multiple employees within a given job title (e.g., three Human Resource Specialists), you may list them in the same row if their time is allocated similarly (e.g., each spends 100 percent of their time on administrative functions; see the discussion below for the Percent of Time Allocated to Group Home or Shelter 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 group home or shelter 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 agency.
- *Actual Wages* – Input the wages (inclusive of salary, bonuses, and any other cash compensation) actually earned in the most recently completed fiscal year by the individual(s) included in each job title.
Note: Only report actual wages paid, rather than salary levels (e.g., if an employee was hired midyear, report the wages that they earned and not their annual salary).

- *Cost of Select Benefits* – Input the cost to your agency in the most recently completed fiscal year 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 agency’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 agency. 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.

- *Percent of Time Allocated to Group Home and Shelter Programs* – The next three columns relate to the amount of each employee’s time that is devoted to your agency’s group home and shelter programs (i.e., those programs associated with the Group Home and Shelter services reported in the Annual Agency Revenue section).

- *Direct Care* – Input the percentage of time that the employee is providing direct care services to children in group home and shelter programs.

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 group home and shelter related administrative functions.

- *Program Support* – Input the percentage of time that the employee is performing group home and shelter related program support functions.

- *Percent of Time 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 group home or shelter programs. For example, an executive director may lead an agency that provides both group home or shelter and behavioral health services so only a portion of their time (and cost) should be allocated to the group home and shelter programs.

Note: If your agency does not already have a methodology for allocating costs across programs, it is recommended that your agency 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 group home and shelter programs, 25 percent of that employee’s time would be allocated to direct care, administration, and/ or program support of the group home and shelter programs, as appropriate, with the remaining 75 percent input in the Other Programs column. If a time study is not feasible for your agency, please contact B&A to discuss other potential allocation methodologies.

Note: The total of the time allocated across group home and shelter 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 all 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 most recently completed fiscal year. Then, the form asks how that expense should be allocated to direct care, administration, and program support for your agency’s group home and shelter programs as well as to your agency’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 agency’s group home and shelter 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 percentage allocation of costs across group home and shelter programs 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 agencies 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, the utility expense may be included as part of the rental expense. In this case, the agency can report its total rental cost on Line 1 and report no cost on Line 6, rather than trying to break the utility expense out of the rent total. Additionally, Lines 19-21 are available to report expenses that do not fit well into the provided categories.

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.

Note: Do not include costs associated with the group homes and shelters.

- *Line 2* – Input facility maintenance costs that are not part of the costs recorded on Line 1.

Note: Do not include costs associated with the group homes and shelters.

- *Line 3* – Report office equipment and furniture costs.

Note: Do not include costs associated with the group homes and shelters.

- *Line 4* – Input your agency’s depreciation expenses for capital items other than facilities.

- *Line 5* – Include expenses for interest paid, excluding mortgage interest, by your agency.

- *Line 6* – Input utility and similar costs that are not included as part of rental costs already reported.

Note: Do not include costs associated with the group homes and shelters.

- *Line 7* – Input property and income taxes paid by your agency, but do not include payroll taxes (Social Security and Medicare) or personal income tax.

- *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. Do not include staff-related costs in this line.

- *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 household supplies such as paper towels, dish soap, etc.
- *Line 13* – Input your agency’s advertising costs.
- *Line 14* – Input your agency’s costs for memberships in business, technical, and/or professional organizations or subscriptions to business, professional, and/or technical periodicals.
- *Line 15* – 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 16* – 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 child(ren) or reimbursement of direct care staff for the use of their personal vehicles.
- *Line 17* – 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 agencies have a parent office to which a portion of local agency’s 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 18* – If corporate office costs are reported in Line 17, describe the allocation methodology used to assign costs to the agency’s group home and shelter programs.
- *Lines 19-21* – 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 CARE STAFF COSTS

There are two forms to collect direct care staff related data: wages and benefits.

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

Direct Care Staff Wages and Training

This form collects information regarding the wages paid to your agency's direct care staff. 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 together when there are meaningful differences. For example, staff that supervise other employees should not be combined with staff who do not have such responsibilities. Or, if your agency uses a single job title for all direct care staff, but always pays staff providing specialized behavioral health services a higher wage, these staff should be reported separately.
- *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.
- *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.
- *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 most recently completed fiscal year.
- *Staff Development Hours (1st 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 agency.
- *Staff Development 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.

Fringe Benefits for Direct Care Staff

This worksheet requests information regarding the benefits available to direct care staff. Consider only direct care staff 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 direct care staff currently employed by your agency. Do not include contract 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 direct care staff Wages and Training form.

- *Lines 2 and 7* – Using the Yes/No drop down list, indicate whether direct care staff are eligible for the applicable benefit. If the response is “No”, the remaining questions (Lines 3 through 6 for holidays and Lines 8 through 12 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 direct care staff become eligible for the applicable benefit.
- *Lines 4 and 9* – Input the minimum number of hours per week that direct care staff must work in order to receive the applicable benefit.
- *Lines 5 and 10* – Record the number of direct care staff who 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 direct care staff receive.

Health Insurance

The following questions relate to health insurance:

- *Lines 12* – Using the Yes/No drop down list, indicate whether direct care staff are eligible for health insurance. If the response is “No”, Lines 13 through 17 do not need to be completed.
- *Lines 13* – Using the drop down list, choose the timeframe that is closest to the waiting period before direct care staff become eligible for health insurance.
- *Lines 14* – Input the minimum number of hours per week that a direct care staff must work in order to receive health insurance.
- *Lines 15* – Record the number of direct care staff who are currently eligible for health insurance (the number should be no more than the figure reported on Line 1).
- *Lines 16* – Record the number of direct care staff who currently receive health insurance.

- *Line 17* – Input your agency’s total spending on health insurance premiums for direct care staff in your agency’s most recently completed fiscal year. Do not include costs for administrative or program support staff; these expenses should have been recorded on the Admin Staff worksheet. Do not include employee contributions.

Other Benefits

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

- *Line 18* – Using the Yes/No drop down list, indicate whether your agency provides other benefits to direct care staff. If the response is “No”, the remaining questions (Lines 19 through 24) do not need to be completed. For the purposes of the survey, mileage reimbursement and paid training are not considered benefits.
- *Line 19* – Input the other benefits that are provided.
- *Line 20* – Using the drop down list, choose the timeframe closest to the waiting period before direct care staff 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 21* – Input the minimum number of hours per week that direct care staff 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 22* – Record the number of direct care staff who 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 23* – Record the number of direct care staff who currently receive the applicable benefit. If your agency provides multiple other benefits, answer the question for the benefit with the greatest cost.
- *Line 24* – Input total spending on these benefits for direct care staff in your agency’s most recently completed fiscal year. 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 25* – Many agencies make quarterly payments to the Arizona Department of Economic Security for state unemployment insurance taxes based on an employer-specific tax rate, which varies according to each employer’s “experience rate” (the ratio of taxes paid to benefits claimed by former employees). The tax is applied to the first \$7,000 in wages paid to each employee and the rate ranges from 0.03 percent to 8.91 percent. If your agency makes payments based on a tax rate, report its state unemployment insurance tax rate for 2016.

Note: Do not include the federal unemployment insurance tax.

- *Line 26* – Some agencies, 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 agency makes “payments in lieu of contributions”, report the total payments made in 2015 related to direct care staff. Do not include federal unemployment insurance costs.

Note: Your agency should complete either Line 25 or Line 26, but not both.

- *Line 27* – Input your workers’ compensation cost for direct care staff as a rate for each \$100 in wages paid as of the last day of your agency’s most recently completed fiscal year. If your

agency has multiple policies, provide a weighted average of the policies associated with direct care staff in your agency's group home and shelter programs.

SHELTER CARE DETAIL

This worksheet requests information related to the staffing schedule and operating costs for each shelter operated by your agency. For each category of expenses, the form requests the total expense for your agency's most recently completed fiscal year. The survey includes room for eight locations. If your agency operates more than eight, make additional copies of the worksheet.

Location

- *Line 1* – Record the address of the shelter facility.
- *Line 2* – Record the zip code for the shelter facility.
- *Line 3* – Record the square footage of the shelter facility.

Occupancy

- *Line 4* – Report the maximum number of children the home is licensed to serve on an ongoing basis.
- *Line 5* – Record the number of bedrooms for the shelter facility.
- *Line 6* – Input the occupancy rate for the most recently completed fiscal year. Calculate occupancy by dividing the number of child days of service provided by the number of available child days (i.e. licensed occupancy x 365 days)

Residence Staffing Schedule

- *Lines 7a-7e* – For each shelter facility, record the job title for each classification and the 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 children for school (2 staff * 2 hours = 4 hours)
8:00 AM – 3:00 PM	no staffing as children are participating in school
3:00 PM – 5:00 PM	one staff as children 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.

Operating Expenses

- *Line 8* – Input your agency's rent/ mortgage/ depreciation costs for the shelter.
- *Line 9* – Input maintenance costs that are not part of the costs recorded on Line 8.
- *Line 10* – Report furniture and equipment costs.
- *Line 11* – Input expenses for food.
- *Line 12* – Input utility and similar costs that are not included as part of costs already reported.
- *Line 13* – Input supplies and consumables costs such as paper towels, laundry detergent, and dish soap.

Note: Do not include purchases made with Children's personal allowance funds.

- *Line 14-16* – Input any other shelter operating expenses that do not fit into the provided categories.

Vehicles

- *Line 17* – Report the number of vehicles that are assigned to the shelter.
- *Line 18* – As applicable, report the average purchase price of the vehicles assigned to the shelter.
- *Line 19* – As applicable, report the average monthly lease cost of the vehicles assigned to the shelter.
- *Line 20* – Report the annual fuel cost for the vehicles reported on Line 17.
- *Line 21* – Report the annual cost to insure the vehicles reported on Line 17.
- *Line 22* – Report the annual maintenance and repair costs for the vehicles reported on Line 17.
- *Line 23* – Report the total annual miles driven by the vehicles reported on Line 17. Also include any reimbursed miles traveled by staff using their personal vehicles.

GROUP HOMES – STAFFED, HOUSE PARENT AGENCY AND FAMILY-OWNED

The information needed for Staffed and both Agency-Owned and Family-Owned House Parent Group Homes are similar; therefore, the instructions below are applicable for all group home services.

Staffed Group Home, Agency and Family-Owned House Parent Staffing Detail

This worksheet requests information related to the staffing schedule and operating costs for each group home. For each category of expenses, the form requests the total expense for your agency's most recently completed fiscal year. The survey includes room for eight locations. If your agency operates more than eight, make additional copies of the worksheet.

Group Home Type

- *Line 1* – Using the drop down menu, indicate the group home type (i.e. staffed, house parent agency owned, etc.).

Location

- *Line 2a* – Record the address of the group home facility.
- *Line 2b* – Record the zip code for the group home facility.
- *Line 3* – Record the square footage of the group home facility.

Occupancy

- *Line 4* – Report the maximum number of children the home is licensed to serve on an ongoing basis.
- *Line 5* – Using the drop-down menu, indicate for each of the four age groups, whether the home accepts children in that age group.
- *Line 6* – Record the number of bedrooms for the group home facility.
- *Line 7* – Input the occupancy rate for the most recently completed fiscal year. Calculate occupancy by dividing the number of child days of service provided by the number of available child days (i.e. licensed occupancy x 365 days)

Residence Staffing Schedule

- *Lines 8a-8e* – For each group home, record the job title for each classification and the 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 children for school (2 staff * 2 hours = 4 hours)
8:00 AM – 3:00 PM	no staffing as children are participating in school
3:00 PM – 5:00 PM	one staff as children 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.

Operating Expenses

- *Line 9* – Input your agency’s rent/ mortgage/ depreciation costs for the group home.
 - *Line 10* – Input facility maintenance costs that are not part of the costs recorded on Line 9.
 - *Line 11* – Report furniture and equipment costs.
 - *Line 12* – Input expenses for food.
 - *Line 13* – Input utility and similar costs that are not included as part of costs already reported.
 - *Line 14* – Input supplies and consumables costs such as paper towels, laundry detergent, and dish soap.
- Note:* Do not include purchases made with Children’s personal allowance funds.
- *Line 15-17* – Input any other group home operating expenses that do not fit into the provided categories.

Vehicles

- *Line 18* – Report the number of vehicles that are assigned to the group home.
- *Line 19* – As applicable, report the average purchase price of the vehicles assigned to the group home.
- *Line 20* – As applicable, report the average monthly lease cost of the vehicles assigned to the group home.
- *Line 21* – Report the annual fuel cost for the vehicles reported on Line 18.
- *Line 22* – Report the annual cost to insure the vehicles reported on Line 18.
- *Line 23* – Report the annual maintenance and repair costs for the vehicles reported on Line 18.
- *Line 24* – Report the total annual miles driven by the vehicles reported on Line 18. Also include any reimbursed miles traveled by staff using their personal vehicles.

1 ON 1 SUPERVISION

This worksheet requests information related to the children receiving 1 on 1 Supervision as well as the staffing schedule for the direct care staff.

Provider Caseload and Service Design

- *Line 1* – Record the number of children receiving 1 on 1 Supervision services from your agency.
- *Line 2* – Input the average number of 1 on 1 services the child receives per week. If the child receives two visits on the same day (e.g., morning support hours and evening support hours), count each visit separately.
- *Line 3* – Input the average number of hours the 1 on 1 service lasts.
- *Line 4* – Input the average number of child visits that a direct care staff conducts per week. If a direct care staff sees the same child multiple times in a week, count each visit separately. This question relates to the number of visits that a single direct care staff conducts during a typical week in contrast to Line 2, which asks about the number of visits that a single child receives in a typical week.

Staffing Pattern

This section requests information regarding the ‘typical’ week for a direct care staff providing 1 on 1 Supervision services.

- *Line 5* – Input the number of hours per week that a direct care staff typically works (i.e., paid hours).
- *Line 6* – The number of hours per week that a direct care staff is engaged in 1 on 1 Supervision service delivery. This line is automatically calculated by multiplying Line 4 (number of visits per week) by Line 3 (number of hours per visit).
- *Line 7* – Input the number of hours per week that a direct care staff is providing other direct (face-to-face) services (for example, if they also provide respite services).
- *Line 8* – Input the number of hours per week a direct care staff is traveling between child visits.
- *Line 9* – Input the number of hours per week that a direct care staff spends on recordkeeping activities, other than documentation that occurs during the course of service provision.
- *Line 10* – Input the number of hours per week that a direct care staff 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 11-13* – If there are activities that are part of a direct care staff’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a direct care staff typically spends on that activity.
- *Line 14* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Line 6 through 13 should be equal to the total number of hours worked noted in Line 5. If “No” appears in this line, review and revise the appropriate hours.
- *Line 15* – Input the number of miles per week that a direct care staff travels between child visits.
- *Line 16* – Input the number of miles per week that a direct care staff travels while transporting children.