California Department of Developmental Services

DDS Rate Study

Provider Survey Instructions

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INTRODUCTION

Pursuant to Welfare & Institutions Code 4519.8, the California Department of Developmental Services (DDS) is required to study the reimbursement rates paid to vendors. Burns & Associates, Inc. (B&A) is assisting DDS with this study.

As part of the rate study, B&A is distributing a survey to collect data regarding vendors' service delivery designs and costs for the services listed on page 3. These instructions are intended to assist vendors in the completion of the survey.

The survey is voluntary, but all vendors are strongly encouraged to participate as the information collected will be a key consideration in the assessment of current rates.

Data collected through this survey will be used solely for the purpose of evaluating reimbursement rates. Only aggregated data will be reported to DDS; no vendor-specific information will be published.

Assistance with the Survey

B&A recognizes that the survey can be complicated so several avenues have been designed for vendors seeking assistance. Vendors are encouraged to read the portions of these instructions that pertain to the services that they provide. The Service Listing section on page 3 offers a crosswalk of the relevant pages for each service code included in the provider survey. Additional instructions for certain questions are included in the survey itself as 'fly-over' messages that appear when a cell is selected.

B&A has recorded a webinar to provide a detailed walk-through of the survey instrument. The webinar will be posted by the end of the day on Tuesday, May 29th and can be accessed through the web page established for this project at http://www.burnshealthpolicy.com/ddsvendorrates/. All vendors are encouraged to listen to the training webinar.

The survey includes a worksheet titled 'SubmissionChecklist'. This form checks for potentially incomplete portions of the survey and common errors. Vendors are encouraged to check this form and make revisions as appropriate for any checks that appear with a red 'X' (rather than a green checkmark).

A table of contents has been included in the survey that provides a list of the schedules that need to be completed for each service. The first five tabs (Contact Info & Revenues, DDS Revenue, Admin Staff, AdminProgOps Other, and Benefits) are provider level information and only need to be completed once. Each service code (e.g. 025 Tutor Services) has two worksheets that need to be completed, one related to program staffing and the other for program design. For residential services codes (e.g. 113, 905, 910, 915 and 920) there is an additional worksheet to capture professional consultant services that are provided to residents.

Questions regarding the survey should be directed to B&A at DDSProviderSurvey@burnshealthpolicy.com or 602-241-8515.

Completing the Survey

The survey is a Microsoft Excel file and is compatible with Excel 2010 and newer versions. Broadly, it is designed to collect information in five primary areas:

- Wages and Benefits of Administrative Staff
- Other Administrative and Program Operations Costs
- Direct Care and Program Operations Staff Wages, Training, and Duties
- Benefits for Direct Care and Program Operations Staff

- Service-Specific Productivity and Other Factors

All vendors should complete the forms related to Wages and Benefits of Administrative Staff, Other Administrative and Program Operations Expenses, and Direct Care and Program Operations Staff Benefits.

Each individual service has its own Direct Care and Program Operations Staff Wages, Training and Duties (which includes an allocation for job functions and services delivered/supported form), and Productivity and Other Factors form. Vendors should only complete the forms for the services 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.

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

Submitting the Survey

When saving the survey, please add your agency's name to the beginning of the file name; e.g., "ABC Agency DDS Rate Study Provider Survey". As noted above, vendors are encouraged to review the 'SubmissionChecklist' form, which identifies answers that are potentially incomplete or incorrect, before submitting the survey.

The deadline for submitting completed surveys is July 6, 2018. Submit completed surveys to B&A at DDSProviderSurvey@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.

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.

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

SERVICE LISTING

For each of the individual services listed, click the page number to the right to advance to the instructions for that section of the survey.

Service Code – Description (Organized Numerically in B&A-defined Categories)	**Admin. Staff - Salary and Benefit Costs**	**Admin. & Program Operations Other than Staff Salary Expenses**	**Direct Care and Program Operations Staff Wages and Benefits**	**Direct Care Staff Staffing Pattern**	**Vehicles**	**Productivity & Other Factors**
Residential Services						
090 - Crisis Intervention Facility/Bed	Page 10	Page 12	Page 14	Page 18	Page 20	Page 34
109 - Program Support Group-Residential	Page 10	Page 12	Page 14	Page 18		Page 29
113 - Adult Res. Facilities for … Special Health Care Needs	Page 10	Page 12	Page 14	Page 18	Page 20	Page 34
904 - Family Home Agency	Page 10	Page 12	Page 14	Page 18		Page 38
905 - Residential Facility Serving Adults-Owner Operated	Page 10	Page 12	Page 14	Page 18	Page 20	Page 34
910 - Residential Facility Serving Children - Owner Operated	Page 10	Page 12	Page 14	Page 18	Page 20	Page 34
915 - Residential Facility Serving Adults - Staff Operated	Page 10	Page 12	Page 14	Page 18	Page 20	Page 34
920 - Residential Facility Serving Children-Staff Operated	Page 10	Page 12	Page 14	Page 18	Page 20	Page 34
Day and Employment Services						
Tailored Day Services	Page 10	Page 12	Page 14	Page 18	Page 20	Page 22
028 - Socialization Training Program	Page 10	Page 12	Page 14	Page 18	Page 20	Page 25
055 - Community Integration Training Program						
as look-alike day program	Page 10	Page 12	Page 14	Page 18	Page 20	Page 25
as individual employment	Page 10	Page 12	Page 14	Page 18		Page 41
as home/ community based service	Page 10	Page 12	Page 14	Page 18		Page 23

Service Code – Description (Organized Numerically in B&A-defined Categories)	**Admin. Staff - Salary and Benefit Costs**	**Admin. & Program Operations Other than Staff Salary Expenses**	**Direct Care and Program Operations Staff Wages and Benefits**	**Direct Care Staff Staffing Pattern**	**Vehicles**	**Productivity & Other Factors**
Day and Employment Services (cont.)						
063 - Community Activities Support Services						
as look-alike day program	Page 10	Page 12	Page 14	Page 18	Page 20	Page 25
as individual employment	Page 10	Page 12	Page 14	Page 18		Page 41
as home/ community based service	Page 10	Page 12	Page 14	Page 18		Page 23
091 - In-Home/Mobile Day Program	Page 10	Page 12	Page 14	Page 18	Page 20	Page 25
094 - Creative Arts Program	Page 10	Page 12	Page 14	Page 18	Page 20	Page 25
110 - Program Support Group-Day Service	Page 10	Page 12	Page 14	Page 18		Page 29
505 - Activity Center	Page 10	Page 12	Page 14	Page 18	Page 20	Page 25
510 - Adult Development Center	Page 10	Page 12	Page 14	Page 18	Page 20	Page 25
515 - Behavior Management Program	Page 10	Page 12	Page 14	Page 18	Page 20	Page 25
520 - Independent Living Program	Page 10	Page 12	Page 14	Page 18	Page 20	Page 30
525 - Social Recreation Program	Page 10	Page 12	Page 14	Page 18	Page 20	Page 25
805 - Infant Development Program						
as look-alike day program	Page 10	Page 12	Page 14	Page 18	Page 20	Page 25
as home/ community-based services	Page 10	Page 12	Page 14	Page 18		Page 23
950 - Supported Employment-Group	Page 10	Page 12	Page 14	Page 18	Page 20	Page 40
952 - Supported Employment-Individual	Page 10	Page 12	Page 14	Page 18		Page 41
954 - Work Activity Program	Page 10	Page 12	Page 14	Page 18	Page 20	Page 43

Service Code – Description (Organized Numerically in B&A-defined Categories)	**Admin. Staff - Salary and Benefit Costs**	**Admin. & Program Operations Other than Staff Salary Expenses**	**Direct Care and Program Operations Staff Wages and Benefits**	**Direct Care Staff Staffing Pattern**	**Vehicles**	**Productivity & Other Factors**
Home and Community Supports						
025 - Tutor Services-Group	Page 10	Page 12	Page 14	Page 18		Page 23
062 - Personal Assistance	Page 10	Page 12	Page 14	Page 18		Page 23
108 - Parenting Support Services	Page 10	Page 12	Page 14	Page 18		Page 23
111 - Program Support Group-Other Services	Page 10	Page 12	Page 14	Page 18		Page 29
635 - Independent Living Specialist	Page 10	Page 12	Page 14	Page 18		Page 23
645 - Mobility Training Services Agency	Page 10	Page 12	Page 14	Page 18		Page 23
650 - Mobility Training Specialist	Page 10	Page 12	Page 14	Page 18		Page 23
680 - Tutor	Page 10	Page 12	Page 14	Page 18		Page 23
860 - Homemaker Services	Page 10	Page 12	Page 14	Page 18		Page 23
862 - In-Home Respite Services Agency	Page 10	Page 12	Page 14	Page 18		Page 23
896 - Supported Living Services						
one or more individuals in the same home	Page 10	Page 12	Page 14	Page 18		Page 23
multiple individuals in different, but close-by homes	Page 10	Page 12	Page 14	Page 18	Page 20	Page 34
Behavioral and Health Services						
048 - Client/Parent Support Behavior Intervention Training	Page 10	Page 12	Page 14	Page 18		Page 27
103 - Specialized Health, Treatment & Training Svcs	Page 10	Page 12	Page 14	Page 18		Page 28
106 - Specialized Recreational Therapy	Page 10	Page 12	Page 14	Page 18		Page 28

Service Code – Description (Organized Numerically in B&A-defined Categories)	**Admin. Staff - Salary and Benefit Costs**	**Admin. & Program Operations Other than Staff Salary Expenses**	**Direct Care and Program Operations Staff Wages and Benefits**	**Direct Care Staff Staffing Pattern**	**Vehicles**	**Productivity & Other Factors**
Behavioral and Health Services (cont.)						
605 - Adaptive Skills Trainer	Page 10	Page 12	Page 14	Page 18		Page 27
612 - Behavior Analyst	Page 10	Page 12	Page 14	Page 18		Page 31
613 - Associate Behavior Analyst	Page 10	Page 12	Page 14	Page 18		Page 31
615 - Behavior Management Assistant	Page 10	Page 12	Page 14	Page 18		Page 31
616 - Behavior Technician - Paraprofessional	Page 10	Page 12	Page 14	Page 18		Page 31
620 - Behavior Management Consultant	Page 10	Page 12	Page 14	Page 18		Page 31
Transportation						
875 - Transportation Company	Page 10	Page 12	Page 14	Page 18	Page 20	Page 32
880 - Transportation-Additional Component	Page 10	Page 12	Page 14	Page 18	Page 20	Page 32
882 - Transportation-Assistant	Page 10	Page 12	Page 14	Page 18	Page 20	Page 32

AGENCY CONTACT INFORMATION AND REVENUES

This sheet collects contact information and revenue figures for your organization.

Agency Contact Information

Line 2 List any Federal Employer Identification Numbers (FEIN) or Tax IDs for entities through which your organization provides DDS-funded services. These IDs will be used to associate your organization with paid claims data.

Line 3 List any Vendors IDs for entities through which your organization provides DDS-funded services. These IDs will be used to associate your organization with paid claims data.

Annual Agency Revenues

This section and the DDS Revenue form requests information regarding revenues from your organization's most recently completed fiscal year. Revenue figures will be compared to administrative and program operations costs reported later in the survey in order to determine administrative burdens.

Line 11 The worksheet transfers total revenues reported on the DDS Revenue form (Line 87).

Line 12 Report total revenues from federal (or similar local) sources – such as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) – to cover or assist with room and board costs for DDS-funded individuals to whom your organization provides residential services.

Line 13 Report all revenues from donations and investment income

Line 14 Report all revenues associated with any other programs operated by your agency (e.g., In-Home Supportive Services (IHSS) and behavioral health services). Include payments from regional centers or other payers that utilize the DDS payment schedule.

Line 15 The worksheet will sum the amounts reported on Lines 11 through 14 to calculate total agency revenue for your organization's most recently completed fiscal year.

AGENCY DDS PROGRAM REVENUES

This form collects revenue for all DDS service codes. The form lists all services codes included in the rate study and an additional line for revenues associated with service codes not included in the study.

Revenue amounts should be reported for your organization's most recently completed fiscal year.

Lines 1-85	Report all revenues associated with each of the listed service codes. Note that, for certain service codes, vendors are asked to estimate revenues associated with different types of programs within the same code (for example, for service code 055, services may be associated with individual supported employment or look-alike day programs)
Lines 1-9	For lines 1 through 8 input the funding received for tailored day services under the applicable service code. Line 9 automatically calculates the total of all tailored day services. Remember to exclude these revenues from the revenue reported for the underlying service (e.g. 505 Activity Center).
Lines 75-77	Note: Revenues received under service code 894 (Supported Living Services – Vendor Administration) should be incorporated with the appropriate totals for the intermittent, continuous, and cluster residences Supported Living Services (service code 896).
Line 86	Report all DDS revenues associated with service codes not listed in Lines 1 through 85.
Line 87	This line is automatically calculated from the revenues included in lines 1 to 84 and should be equal to total revenues associated with all DDS service codes. This total will be automatically transferred to Line 11 on the Agency Contact and Revenues form.

DEFINITIONS OF ADMINISTRATION, PROGRAM OPERATIONS, AND DIRECT CARE

The survey asks vendors to differentiate between direct care, program operations, and administrative costs. There are not always clear distinctions between these categories and definitions of these terms vary. For the purposes of this survey, the following guidelines should be used:

Direct Care	Includes the salaries and benefits (including unemployment insurance and workers' compensation) of Direct Care Staff (DCS), participant transportation expenses whether using staff's personal vehicles or company owned/leased vehicles), and the physical space in which programs are delivered (e.g., the room in which an Adult Development Center program is operated). Direct care costs should not be reported in the two "Admin" worksheets described in the next several pages.
Program Operations	Includes expenses that are neither direct care nor administrative. Such activities are program-specific and can be allocated to individual service codes, but not on behalf of an individual participant. Examples include staff responsible for training direct care workers, office space for program operations staff, accreditation and professional licensing fees, program development, supervision, and quality assurance.
Administration	Includes expenses associated with the operation of your agency, but which are not program-specific and which cannot be allocated to individual service codes. Employees that are typically considered administrative include general management, finance/ accounting, information technology, and human resource staff.

ADMINISTRATIVE COSTS

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

Note: For a definition of administration, program operations, and direct care costs – see page 9.

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

Use this form to record information regarding the staff responsible for the administrative 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 operations so, in general, direct care staff would not be listed on this form. However, in smaller firms in particular, staff who deliver direct services may also perform administrative functions and should therefore be listed.

Title	List the job title for each administrative employee. This level of detail is requested to allow for a review to ensure that only administrative employees are list. For reporting purposes, only a total cost for wages and for benefits will be reported and organization-specific data will not be released. 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 for DDS programs; see the discussion below for the Percent of Time Allocated columns). 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 organization's DDS programs) they may be reported on a single line.
# of Emp.	Report the number of individuals (not full-time equivalents) in each job title employed by your agency.
Wages	Report the total wages (inclusive of salary, bonuses, and any other cash compensation from all fund sources) actually received by the individual(s) included in each job title in your agency's most recently completed fiscal year. 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 Payroll Taxes & Benefits	Report the cost to your organization 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. Report all mandatory expenses (except workers' compensation which is reported on line 13 of the Administrative & Program Operations Expense Other form) such as Social Security, Medicare, and state and federal unemployment insurance. 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.
% of Time Allocated	There are four columns relating to the amount of each employee's time that is devoted to administrative tasks for DDS programs, fundraising and investment activities, administrative tasks for other programs, and non-administrative tasks. The total of the time allocated across the four columns should equal 100 percent. These columns are used to allocate the costs associated with the employee(s) listed on each line. Although this sheet is only intended to capture information regarding administrative staff, the non-administrative column has been included because reported staff, particularly in smaller agencies, may have other duties at times. 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 DDS programs, 25 percent of that employee's time would be allocated to DDS program administration. If a time study is not feasible for your agency, please contact B&A to discuss other potential allocation methodologies.

"AdminProgOps Other" – Administrative & Program Operations Expenses Other Than Staff Salary and Benefits

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

Note: For a definition of administration, program operations, and direct care costs – see page 9.

For each category of expenses, the form requests the total expense for your agency's most recently completed fiscal year. It is understood that there may be some differences regarding how agencies categorize their expenses. The categories provided on the form are common administrative expenses, but vendors are not required to report an amount for each and should use the categories that are closest to their own accounting classifications. For example, a vendor's accounting records may group utilities as a part of rental expense. In this case, the agency can report its total rental cost (including utilities) on that line rather than trying to break utilities out of their records. Additionally, Lines 23-27 are available to report expenses that do not fit well into the provided categories.

Then, the form asks how each expense should be allocated by category (e.g. DDS services versus fundraising or other non-DDS services) and by program (if your agency can allocate program operations costs by service). The total allocation of costs across all categories should equal 100 percent. The columns labelled "Prog Ops for" contain a dropdown menu that allows you to select the service(s) for which the expense is attributable (e.g. 915 – Residential Facility, 896- Supported Living, or 510 – Adult Development Center). A "Total Allocation" column is included that displays a running total of the allocation percentage for each expense so you can ensure that 100% of the total expense is allocated for the expense category. If the total allocation does not equal 100%, or if a cost has been entered but not allocated, the allocation cell will turn yellow and the percentage number turns red.

Line 1 Report your organization's rent/ mortgage/ depreciation costs for administrative and program operations space. Do not include costs associated with direct care space such as residential homes or the rooms in which community-based day programs are conducted. Some portion of residential setting space may be included if the home has dedicated administrative space such as in the case of a provider with a single home and no other office space.

Line 5 Report your organization's depreciation expenses for capital items other than facilities and vehicles (which should be reported on Lines 1 and 20, respectively).

Line 7 Report 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 residential homes or the rooms in which community-based day programs are conducted.

Line 8 Report property and corporate income taxes paid by your agency, but do not include payroll taxes (Social Security, Medicare) or personal income taxes.

Line 10 Report your organization's hiring expenses such as background checks, placement agency fees, etc. Do not include staff costs such as human resource employees who should be reported on the Administrative Staff page.

Line 11 Report your organization's training expenses such as training materials, course fees, etc. Do not include staff costs such as agency trainers who should be reported on the Administrative Staff page.

Line 12 Report your organization's insurance costs. Do not include employee benefits such as health or dental insurance, workers' compensation costs, or automobile insurance.

Line 13 Report your organization's workers' compensation cost for administrative staff and Program Operations only. Do not include costs for direct care staff.

Line 16 Report the costs of program operating supplies in support of your specific DDS programs. For example art supplies for the Creative Arts program (service code 094).

Line 19 Report the costs of professional and consultant services (e.g., legal and accounting) related to your agency's operation. Do not include costs associated with contractors who provide direct care services as these costs are captured later in the survey.

Line 20 Report travel-related costs (e.g., mileage reimbursement or vehicle purchase) for administrative and program operations functions and staff. Do not include travel associated with direct care such as company vehicles used to transport individuals or reimbursement of direct care staff for the use of their personal vehicles.

Line 21 Report any allocated corporate office overhead costs that are not otherwise captured elsewhere in the "Administrative Staff" and "Administrative & Program Operations Expenses Other Than Staff Salary and Benefits" forms, if applicable. For example, some multi-state organizations have a parent office to which a portion of local agencies' revenues are allocated, but which cannot be identified with specific corporate staff (and so cannot be reported on the Administrative Staff form) or expenses (that would be listed on another line on this form).

Line 22 If corporate office costs are reported in Line 21, briefly describe the allocation methodology used to assign costs to the agency's California operations.

Lines 23-27 Input any other administrative or program operations costs that do not fit into the provided categories. Label any categories that are add and report and allocate the associated expense.

Line 28 Based upon the figures reported on the "Contact Info & Revenues", "Administrative Staff", "Administrative & Program Operations Expenses Other Than Staff Salary and Benefits", "Fringe Benefits for Direct Care and Program Operations Staff, and "Wages, Training, and Duties for Direct Care and Program Operations Staff" forms, the worksheet will calculate the administrative and program operations overhead rate in total, for DDS programs, fundraising and investment activities, all other programs, and for each DDS service that receives and allocation of "Total Expense".

The calculated Program Operations rate for a given service (e.g. 862 – In-Home Respite Services Agency) will not be finalized until all the service specific information has been input.

DIRECT CARE STAFF (DCS) AND PROGRAM OPERATIONS STAFF

Costs associated with the employment of direct care staff are collected in two areas: a sheet to collect information about fringe benefits for all program operations and direct care staff and a sheet specific to each service code that collect data about wages paid, training, and staff duties.

Fringe Benefits for Direct Care Staff (DCSs) and Program Operations Staff

This worksheet requests information regarding the benefits available to program operations and direct care staff. Report information only for these employees; do not include administrative staff as these costs are captured on the Administrative 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.

Lines 3-7	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 be reported in the Total Wage Paid section of the individual wages form for the associated service.
Line 12	For the purposes of this survey, include the mandatory sick days required by California or other local laws.
Lines 16-17	Of the employees reported on Line 1, report the number currently *eligible* for health insurance (Line 16) and the number currently *receiving* health insurance (Line 17).
Line 19	The average employer cost of providing health insurance to participating employees is automatically calculated by dividing the total cost reported on Line 18 by the number of participating employees reported on Line 17.
Lines 20-27	Use this section to report data regarding fringe benefits not already included on this sheet. Do not include information about payroll taxes and other mandatory benefits such as unemployment insurance. If you answer 'yes' on line 20, be sure to complete line 21.
Lines 24-25	Of the employees reported on Line 1, report the number currently *eligible* for the benefit(s) listed on Line 24 and the number currently *receiving* the benefit on Line 25.
Line 27	The average employer cost of providing the benefits reported on Line 21 to participating employees is automatically calculated by dividing the total cost reported on Line 26 by the number of participating employees reported on Line 25.
Line 28	Report your organization's state unemployment insurance tax rate for 2018. This is the employer-specific tax rate applied to the first $7,000 in wages paid to each employee each year in order to determine payment amounts to the Employment Development Department for state unemployment insurance taxes. Organizations that pay the actual cost of benefits paid to former employees are asked to calculate a comparable tax rate by dividing total payments in the most recently completed fiscal year by a 'taxable wage base'. For each staff employed during the last fiscal year, their

individual taxable wage base would be the lesser of their actual wages or $7,000. The total taxable wage base is the sum of the amounts determined for each individual.

Do not include the federal unemployment insurance tax.

Wages, Training and Duties for Direct Care and Program Operations Staff

For each service code there is a worksheet to report data regarding the direct care and program operations staff associated with providing the service. Staff that provide or support multiple services will be listed on the form for each of the services that they provide or support.

Job Titles	List the job titles of staff providing or supporting the service(s). 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, if your agency employs staff that supervise other employees and provide direct care to participants, these staff should not be combined with staff who do not have supervisory responsibilities.
County or Regional Center if in Los Angeles County	This field is optional and should be completed by those vendors that can separately report payroll data for staff based on the county or, for Los Angeles County, the Regional Center catchment area in which they work. If your organization cannot report payroll data by county or Regional Center catchment area, leave this field blank. Using the drop down menu, indicate the county or Regional Center catchment area in which the staff provide the service. There should be a separate line for staff within each county or Regional Center catchment area served by your agency. If there are individuals that provide services within multiple counties/regions, report the county/region within which they deliver the majority of the associated 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.
Total Hours Paid	Report 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. If salaried staff are included in the job title 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 DCSs were receiving overtime pay. For example, if 10,000 hours were reported in the Total Hours Paid column and the DCSs 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	Report 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.
Average Hourly Wage	This field is automatically calculated by dividing the Total Wage Paid field by the Total Hours Paid field.

Annual Turnover	Indicate the estimated annual turnover experienced for this job title. 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 Training	Report the average number of training hours that a staff person in the reported job title receives during their first year with your agency and then the average number of training hours received in each subsequent year.
Job Function	Report the percentage of time that staff spend on functions related to the service code. The categories are: direct care, supervision (of other staff not service recipients), training/ program development, professional supports (that is, staff operating under a professional license such as a nurse or therapist), other program operations duties, and other functions. Zeroes do not need to be entered, but the total allocation of time across these six columns should equal 100 percent.
# of Staff Supervised	For employees who have supervisory responsibility (for other staff not service recipients), report the average number of direct reports each supervisor has.
Services Delivered/ Supported	Report the percentage of time that staff spend delivering or supporting the listed service codes or 'Other Services'. Other services may include waiver services that are not part of this survey or services that are part of another program. Only working hours should be considered when completing this form; do not include paid time off (holidays, vacation, or sick leave). Zeroes do not need to be entered, but the total allocation of time across the columns should equal 100 percent. Staff that provide or support multiple services should have their time listed on the worksheet for each service. For example, if they spend 75 percent of their time providing a day program service and 25 percent providing respite services, their full hours and wages would be reported on the day program worksheet with 75 percent of their time allocated to the appropriate day program service code and 25 percent allocated to Other Services. The same total hours and wages would then be reported on the respite worksheet, with 25 percent of their time allocated to the appropriate respite service code and 75 percent allocated to Other Services. 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 DDS programs, 25 percent of that employee's time would be allocated to DDS program administration. If a time study is not feasible for your agency, please contact B&A to discuss other potential allocation methodologies.

COMMON ELEMENTS OF SERVICE-SPECIFIC 'OTHER' WORKSHEETS

For each service code there is a worksheet to report data regarding your organization's caseload, the 'staffing pattern' of direct care staff, and other service-specific issues. For worksheets that include staffing pattern and vehicle sections, the instructions are the same.

Staffing Pattern for a 'Typical' Week for Direct Care Staff

These sections collect information regarding the 'typical' week for a direct care staff providing the applicable service.

It is understood that the number of hours that a DCS works and how they spend their time may vary from week-to-week. To complete these sections of the worksheets, 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 DCS spends on each of these activities over the course of a year and then dividing that total by 52. For example, most DCSs probably do not participate in an individual planning meeting during a typical week. Rather, they may attend a handful of planning meetings over the course of a year. Thus, if a DCS spends an average of 10 hours per year in individual planning meetings, your agency would report 0.19 hours per week (10 divided by 52).

Total hours worked and paid for in a week	The first line of each Staffing Pattern section asks the total number of work hours for a direct care staff person during a typical week. Work hours do not include paid time off or holidays. The remaining lines in the Staffing Pattern section require that you account for the total number of hours reported on this line by allocating their time across the provision of service and other activities. There is an automatically-calculated line at the bottom of the section that states whether or not all reported work hours have been allocated.
Providing [applicable services]	The second line of each Staffing Pattern section asks the number of hours per week that the staff person is providing the applicable service (that is, the service for which the worksheet is being completed). For example, on the Supported Employment-Individual worksheet, you would report the number of hours per week that a typical direct care staff is providing billable employment services.
Providing other billable services	Each Staffing Pattern section asks the number of hours per week that the staff person is providing billable services other than the applicable service code. For example, if staff providing Independent Living Specialist services also provide some billable Respite services, the time spent providing Respite would be reported as 'other billable' time on the Independent Living Specialist worksheet (and the reverse would be reported on the Respite form).
Performing 'collateral contacts'	Report time that direct care staff spend performing contacts on behalf of an individual. Examples could include speaking with an individual's case manager or health care provider, custodian, workplace supervisor, etc.

Performing general job development activities	This question is included in the employment-related worksheets to collect the amount of time that direct care staff spend on activities that are not specific to an individual, such as networking with employers to discuss the benefits of employing individuals with disabilities.
Participating in individual planning meetings	Report time that direct care staff spend in participating in individual program planning (IPP), individualized family service plan (IFSP), and similar planning meetings. If direct care staff bill for any time spent in planning meetings, the time would be reported as 'Providing [applicable service]'.
Recordkeeping	Report time that direct care staff spend on completing progress notes, updating medical records, etc. that does not occur during the course of service provision. Do not include time that is billed. For example, if progress notes are completed while services are delivered and being billed, the time would not be reported.
'Employer time'	Report time that direct care staff spend on duties associated with their employment. Examples include attending staff meetings and receiving counseling from their supervisor.
Travel time between individuals	Report time that direct care staff spend driving between the office and a service site and between service sites. Only report travel time for which the staff is paid. That is, employees are generally not paid to travel between their home and the office/ service site at the beginning or end of the workday so those hours would not be reported. Do not include time associated with transporting individuals.
Time lost to missed appointments	Hours reported for this category should only include the amount of time that cannot be redirected to another billable or non-billable activity. It is not necessarily the length of the missed appointment. For example, a Behavior Analyst may have a two-hour appointment scheduled with an individual who cancels. The Behavior Analyst may not have other billable work that can be completed during this time, but they likely perform other functions, such as catching up on paperwork or training, performing 'collateral' contacts, etc. rather than being idle. Since there are categories for these other activities, the time should be reported there.
Other activities	Each Staffing Pattern section includes lines for undefined 'other activities' that can be used to report any duties that occur during a typical workweek, but that are not included in the defined categories. If these lines are used, type in a brief description of the activity and report the associated time.
Workers' Compensation rate	Report your workers' compensation cost for the direct care staff providing the applicable service as a rate for each $100 in wages paid as of the last day of your agency's most recently completed fiscal year.

Vehicles

The Vehicles section is generally included for services for which it is assumed to be more likely that agency-owned and -leased vehicles are used (rather than staff using their own vehicles) and that these are likely to be large vehicles (that is, vans rather than passenger cars).

Total number of agency-owned and -leased vehicles for [applicable service]	Report the number of vehicles owned or leased by your agency and used in the course of providing the applicable service (that is, the service for which the worksheet is being completed) for each program or home. Vehicles on this line should be used at the program or home being reported. The total vehicles should include purchased/leased as well as any vehicles received through grants or donations.
Of the vehicles reported, number that accommodate non-ambulatory individuals	Among the vehicles reported on the previous line, report the number that are specially equipped to transport non-ambulatory individuals.
Total annual number of miles traveled by the vehicles on behalf of individuals	Report the total annual miles incurred for all vehicles for the program or home being reported. These miles should include all mileage incurred for transporting individuals and/or performing tasks and duties related to the individuals. Do not report miles that are associated with another service. For example, if a vehicle is used for both residential services and billable transportation services, estimate and report on the residential worksheet the number of miles traveled excluding the miles associated with the transportation service.
Average number of miles per vehicle per week	This line is automatically calculated by dividing the total mileage reported on the previous line by the total number of vehicles reported on the first line of the section by 52.
Percent of miles associated with transporting individuals to/from their homes	This question is included in the community-based day programs and employment services. Report the percentage of miles the vehicles are used to transport individuals to/from their homes.
Percent of miles associated with 'in-program' transportation	This question is included in the community-based day programs and employment services. Report the percentage of miles the vehicles are used for in-program transportation. For example taking day program individuals into the community or transporting employment groups to the work site.
Typical vehicle size	Report the number of passengers that can be accommodated by the most common vehicle in your organization's fleet for this program or home. For example, if eight vehicles were reported on the first line of this section and they include 1 four-passenger car, 4 seven-passenger vans, and 3 15-passenger vans, you would report '7'.

Average useful life (in miles) of vehicles before disposal	Report the average number of miles driven by a vehicle for this program or home before your organization replaces it.
Average purchase price (monthly lease) of agency vehicles	For the vehicles reported on the first line for this program or home, report the average actual purchase price (including any modifications) and/or monthly lease cost.
Total annual number of miles incurred by staff-owned vehicles used to transport individuals	For staff at this home or program that use their own vehicle, report the number of miles used for transporting individuals. Do not include miles driven when an individual is not in the vehicle.
Of the total miles reported, percentage billed under separate service	Of the combined agency and staff-owned vehicle miles for this program or home, what percentage is billed under a separate service? For example, miles billed under 880 – Transportation – Additional Component
Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	Report the annual cost your agency incurs to provide mass transit services for individuals, for example monthly bus passes.

TAILORED DAY SERVICES, PRODUCTIVITY AND OTHER FACTORS

This section provides instructions for the Productivity and Other Factors worksheet for Tailored Day services. Tailored Day can be delivered under the following service codes: 055, 505, 510, 515, 520, 950, 952, and 954 and the form is used to deliver services under any of these codes

Questions that are self-evident are not addressed within this document.

Agency Caseload and Service Design

Line 3	Report the number of separately billable encounters that a direct care staff performs in an average week. If a single individual receives services twice in a day (e.g., two hours in the morning and two hours in the evening), that would be counted as two encounters.

Staffing Ratios

Lines 5-8	Report the percentage of hours of the applicable service delivered at each of the specified ratios. That is, divide the number of service hours delivered at each staff-to-individual ratio by the total number of service hours provided. The reported percentages should total to 100 percent.

On-Site Supervision

Line 24	Indicate whether your agency provides on-site supervision. Note that this supervision differs from the supervision provided within the Staffing Pattern section above. Supervision provided within this section refers to the supervisor observing the staff while in the performance of their duties.
Line 25	Report the number of hours of on-site supervision (that is, observation during the course of service delivery) a staff person receives in a typical year.

HOME AND COMMUNITY SUPPORTS SERVICES, PRODUCTIVITY AND OTHER FACTORS

This section provides instructions for a group of services for which Productivity and Other Factors worksheets are largely identical. These services are:

- Tutor Services (025 and 680).
- Community Integration Program (055). Note that these instructions only apply to home and community-based services. For programs operated as community-based day programs, refer to the instructions on page 25; for employment-related services, refer to the instructions on page 41.
- Personal Assistance (062).
- Community Activities Support Services (063). Note that these instructions only apply to home and community-based services. For programs operated as community-based day programs, refer to the instructions on page 25; for employment-related services, refer to the instructions on page 41.
- Parenting Support Services (108).
- Independent Living Specialist (635).
- Mobility Training (645 and 650).
- Infant Development Program (805). Note that these instructions only apply to home and community-based programs; for center-based programs, refer to the instructions on page 25.
- Homemaker (860).
- In-Home Respite Services Agency (862). Note that the form (as well as the Staff form) for this service code asks vendors to separately report services delivered through an employer of record (EOR) model and through an agency model.
- Supported Living Services (896). Note that these instructions only apply to services delivered in to one or more individuals in the same home. The form further differentiates between services that are provided intermittently (that is, there are not necessarily staff present whenever the individual is present) and services that delivered continuously (that is, staff are present whenever the individual is present). For Supported Living services that are shared by individuals in different but close-by homes (such as multiple apartments within an apartment complex), refer to the instructions on page 34.

Questions that are self-evident are not addressed within this document and not all questions apply to all services.

Agency Caseload and Service Design

Average number of service encounters per week per staff person	Report the number of separately billable encounters that a direct care staff performs in an average week. If a single individual receives services twice in a day (e.g., two hours in the morning and two hours in the evening), that would be counted as two encounters.

Staffing Ratios

[specified ratios]	Report the percentage of hours of the applicable service delivered at each of the specified ratios. That is, divide the number of service hours delivered at each staff-to-individual ratio by the total number of service hours provided. The reported percentages should total to 100 percent.

Staffing (Supported Living – 896 Service Code Only)

Are any of the individuals served by your organization eligible for IHSS services?	Report whether the individuals receiving services from your agency are eligible for IHSS services.
If so, how many of the individuals appearing on Line 1 receive IHSS services?	If individuals are eligible for IHSS services, report the total number that are receiving these services.
If so, how many hours of IHSS services are authorized per individual, per week?	Report the number of IHSS hours authorized per individual, per week.
If so, how many hours of IHSS services are provided per individual, per week?	Report the number of hours per week, individuals receive IHSS services. This should be the actual number of service hours delivered, not the planned hours.

On-Site Supervision

Does your organization provide on-site supervision of staff?	Indicate whether your agency provides on-site supervision. Note that this supervision differs from the supervision provided within the Staffing Pattern section above. Supervision provided within this section refers to the supervisor observing the staff while in the performance of their duties.
Average number of hours of on-site supervision provided per staff per year	Report the number of hours of on-site supervision (that is, observation during the course of service delivery) a staff person receives in a typical year.

COMMUNITY-BASED DAY PROGRAMS, PRODUCTIVITY AND OTHER FACTORS

This section provides instructions for the Productivity and Other Factors worksheets for the following services:

- Socialization Training Program (028).
- Community Integration Program (055). Note that these instruction only apply to programs operated as community-based day programs. For employment-related services, refer to the instructions on page 41; for home and community-based services, refer to the instructions on page 23.
- Community Activities Support Services (063). Note that these instruction only apply to programs operated as community-based day programs. For employment-related services, refer to the instructions on page 41; for home and community-based services, refer to the instructions on page 23.
- In-Home/ Mobile Day Program (091).
- Creative Arts Program (094).
- Activity Center (505).
- Adult Development Center (510).
- Behavior Management Program (515).
- Social Recreation Program (525).
- Infant Development Program (805). Note that these instructions only apply to facility-based programs; for home and community-based services, refer to the instructions on page 23.

The forms collect information for each individual site at which programs are operated. The forms accommodate up to 11 programs. If your agency operates a greater number of programs, make additional copies of the applicable worksheet.

Questions that are self-evident are not addressed within this document and not all questions apply to all services.

Definitions of Medical and Behavioral Programs

The survey asks vendors of day program services to separately identify programs designed for individuals with behavioral or medical needs. If the programs is neither behavioral nor medical then the program would be identified as other. For the purposes of this survey, the following guidelines should be used:

Behavioral Program	Behavioral programs incur increased costs due to an adapted program design to provide services to individuals with challenging behavioral needs which require enhanced monitoring and interventions in order for the individuals to fully participate in program. Examples of increased costs for behavioral programs may include the employment of specialized staff (BCBA's, Behavior Analysts, etc.) the purchasing of specialized durable equipment or supplies, specialized facility costs (large lots, delayed egress systems, etc.), enriched staffing ratios for individuals with behavioral needs, and/or specialized staff training/certifications costs (Registered Behavior Technician certifications, etc.).

Medical Program	Medical programs incur increased costs due to an adapted program design to provide services to individuals with medical conditions requiring specialized treatment or monitoring in order for the individuals to fully participate in services. Examples of increased costs medical programs may incur include the employment of specialized medical staff (RN's, LVN's, etc.), the purchasing of durable medical equipment or medical supplies (monitoring equipment, specialized lifts, feeding pumps, etc.), enriched staffing ratios for individuals with medical conditions, specialized facility costs, and/or specialized staff training or certifications costs.

Agency Caseload and Service Design

Line 3	Using the drop-down menu, indicate whether the community-based day program is specialized to provide care for individuals with medical or behavioral needs or, if not, indicate 'Non-Med/Non-Beh' which is all other programs. This question does not apply to Behavior Management or Infant Development programs.
Lines 5-6	Report the average number of hours per week an individual receives services at the facility on Line 5 and the average number of hours per week than an individual receives services in the community on Line 6. The sum of Lines 5 and 6 should be equal to the average number of hours that an individual receives Community-Based Day Program Services from your organization at the program site listed.
Line 8	Report your organization's attendance rate by dividing the total hours of service provided to all individuals for the program being reported divided by the number of scheduled hours of service for those individuals.
Line 9	Report the staffing ratio approved for the site.

Sites at Which Services Are Provided

Lines 23-24	Report the average number of days per week and hours per day that centers are open to provide services. These are the days/ hours during which services may be provided, not necessarily the hours that staff are present. For example, there may be staff at the center between 7:00 AM and 5:00 PM to perform set-up and clean-up tasks and other administrative activities, but if the program itself only operates from 8:30 AM to 3:30 PM, '7' hours would be reported.
Line 25	Report the total square footage for each program.
Line 26	Report the percentage of square footage (from Line 25) that is used to provide direct service for the applicable program. This would not include administrative space such as offices; program space such as lobbies, hallways, and bathrooms; or direct service space for services other than the applicable service code. Calculate the percentage by dividing the program space for the applicable service code by the total square footage reported on Line 25.
Line 30	The operating cost per square foot is automatically calculated by dividing reported operating costs (Lines 27 thru 29) by total square footage (Line 25).

CLIENT/PARENT SUPPORT BEHAVIOR INTERVENTION TRAINING (048) AND ADAPTIVE SKILLS TRAINING (605), PRODUCTIVITY AND OTHER FACTORS

This section provides instructions for the Productivity and Other Factors worksheets for the following services:

- Client/Parent Support Behavior Intervention Training (048).
- Adaptive Skills Training (605).

There are different worksheet for these service codes, but they are identical. Questions that are self-evident are not addressed within this document.

Agency Caseload and Service Design

Line 3	Report the number of separately billable encounters that a direct care staff performs in an average week. If a single individual receives services twice in a day (e.g., two hours in the morning and two hours in the evening), that would be counted as two encounters.
Lines 5-6	Report the percentage of service hours provided in individuals' homes and in the community on Line 5 and the percentage of service hours provided in a clinic or office setting on Line 6. The percentages reported on Lines 5 and 6 should total to 100 percent.

Clinic Space

Line 8	Report the total square footage of the clinics reported on Line 7.
Line 9	Report the percentage of square footage (from Line 8) that is used to provide direct service for the applicable program. This would not include administrative space such as offices; non-program space such as lobbies, hallways, and bathrooms; or direct service space for services other than the applicable service code. Calculate the percentage by dividing the program space for the applicable service code by the total square footage reported on Line 8.
Line 13	The operating cost per square foot is automatically calculated by dividing reported operating costs (Lines 10 thru 12) by total square footage (Line 8).

On-Site Supervision

Line 29	Indicate whether your agency provides on-site supervision. Note that this supervision differs from the supervision provided within the Staffing Pattern section above. Supervision provided within this section refers to the supervisor observing the staff while in the performance of their duties.
Line 30	Report the number of hours of on-site supervision (that is, observation during the course of service delivery) a staff person receives in a typical year.

SPECIALIZED HEALTH SERVICES, PRODUCTIVITY AND OTHER FACTORS

This section provides instructions for the Productivity and Other Factors worksheet for the following services:

- Specialized Health, Treatment and Training Services (103). For the purposes of this survey, the staffing and activities for this service have been grouped into the following categories: G-Tube related treatments; dental hygiene training; and other. Complete the column or columns for the types of supports that your organization provides.
- Specialized Recreational Therapy (106). For the purposes of this survey, the staffing and activities for this service have been grouped into the following categories: equestrian therapy; movement therapy; therapeutic play; and other. Complete the column or columns for the types of supports that your organization provides.

There are different worksheet for these service codes, but they are largely identical. Questions that are self-evident are not addressed within this document.

Agency Caseload and Service Design

Line 3	Report the number of separately billable encounters that a direct care staff performs in an average week. If a single individual receives services twice in a day (e.g., two hours in the morning and two hours in the evening), that would be counted as two encounters.
Lines 5-6	Report the percentage of service hours provided in individuals' homes and in the community on Line 5 and the percentage of service hours provided in a clinic or office setting on Line 6. The percentages reported on Lines 5 and 6 should total to 100 percent.

Clinic/ Office Space

Line 8	Report the total square footage of the clinics reported on Line 7.
Line 9	Report the percentage of square footage (from Line8) that is used to provide direct service for the applicable program. This would not include administrative space such as offices; non-program space such as lobbies, hallways, and bathrooms; or direct service space for services other than the applicable service code. Calculate the percentage by dividing the program space for the applicable service code by the total square footage reported on Line 8.
Line 13	The operating cost per square foot is automatically calculated by dividing reported operating costs (Lines 10 thru 12) by total square footage (Line 8).

On-Site Supervision

Line 28	Indicate whether your agency provides on-site supervision. Note that this supervision differs from the supervision provided within the Staffing Pattern section above. Supervision provided within this section refers to the supervisor observing the staff while in the performance of their duties.
Line 29	Report the number of hours of on-site supervision (that is, observation during the course of service delivery) a staff person receives in a typical year.

SUPPLEMENTAL PROGRAM SUPPORT, PRODUCTIVITY AND OTHER FACTORS

This section provides instructions for the Productivity and Other Factors worksheet for the following services:

- Supplemental Residential Program Support (109).
- Supplemental Day Services Program Support (110).
- Supplemental Other Services Program Support (111).

There is a different worksheet for each of these service codes, but they are identical. Questions that are self-evident are not addressed within this document.

Agency Caseload and Service Design

Average number of service encounters per week per staff person	Report the number of separately billable encounters that a direct care staff performs in an average week. If a single individual receives services twice in a day (e.g., two hours in the morning and two hours in the evening), that would be counted as two encounters.

Staffing Ratios

[specified ratios]	Report the percentage of hours of the applicable service delivered at each of the specified ratios. That is, divide the number of service hours delivered at each staff-to-individual ratio by the total number of service hours provided. The reported percentages should total to 100 percent.

INDEPENDENT LIVING PROGRAM, PRODUCTIVITY AND OTHER FACTORS

This section provides instructions for the Productivity and Other Factors worksheet for the Independent Living Program (520) service. Questions that are self-evident are not addressed within this document.

Agency Caseload and Service Design

Line 3	Report the number of separately billable encounters that a direct care staff performs in an average week. If a single individual receives services twice in a day (e.g., two hours in the morning and two hours in the evening), that would be counted as two encounters

Staffing Ratios

Lines 5-8	Report the percentage of hours of Independent Living Program services delivered at each of the specified ratios. That is, divide the number of service hours delivered at each staff-to-individual ratio by the total number of service hours provided. The reported percentages should total to 100 percent.

On-Site Supervision

Line 25	Indicate whether your agency provides on-site supervision. Note that this supervision differs from the supervision provided within the Staffing Pattern section above. Supervision provided within this section refers to the supervisor observing the staff while in the performance of their duties.
Line 26	Report the number of hours of on-site supervision (that is, observation during the course of service delivery) a staff person receives in a typical year.

BEHAVIORAL SERVICES, PRODUCTIVITY AND OTHER FACTORS

This section provides instructions for the Productivity and Other Factors worksheet for the following services:

- Behavior Analyst (612).
- Associate Behavior Analyst (613).
- Behavior Management Assistant (615).
- Behavior Tech. - Paraprofessional (616).
- Behavior Management Consultant (620).

The survey seeks the same information for each of these services so they are all included in a single worksheet with a separate reporting column for each service. Questions that are self-evident are not addressed within this document.

Agency Caseload and Service Design

Line 3	Report the number of separately billable encounters that a direct care staff performs in an average week. If a single individual receives services twice in a day (e.g., two hours in the morning and two hours in the evening), that would be counted as two encounters.
Lines 5-6	Report the percentage of service hours provided in individuals' homes and in the community on Line 5 and the percentage of service hours provided in a clinic or office setting on Line 6. The percentages reported on Lines 5 and 6 should total to 100 percent.

Clinic Space

Line 8	Report the total square footage of the clinics reported on Line 7.
Line 9	Report the percentage of square footage (from Line 8) that is used to provide direct service for the applicable program. This would not include administrative space such as offices; non-program space such as lobbies, hallways, and bathrooms; or direct service space for services other than the applicable service code. Calculate the percentage by dividing the program space for the applicable service code by the total square footage reported on Line 8.
Line 13	The operating cost per square foot is automatically calculated by dividing reported operating costs (Lines 10 thru 12) by total square footage (Line 8).

Supervision from a Behavior Analyst/ Behavior Management Consultant

Line 29	Report the number of hours of direct supervision (that is, observation during the course of service delivery) a staff person receives in a typical month.

TRANSPORTATION SERVICES, PRODUCTIVITY AND OTHER FACTORS

This section provides instructions for the Productivity and Other Factors worksheet for the following services:

- Transportation Company (875).
- Transportation Additional Component (880).
- Transportation Assistant (882).

The survey generally seeks the same information for each of these services so they are all included in a single worksheet with a separate reporting column for each service. Questions that are self-evident are not addressed within this document.

Agency Caseload and Service Design

Lines 3-6 These lines ask for data associated with one-way route. A one-way route is defined based on a terminal point or the point at which the route is 'reversed'. For example:

- If a vehicle picks up three individuals from three different locations and drops them off at their community-based day program, that would be one, one-way route with three individuals on that route.
- If a vehicle picks up three individuals from three different locations and drops them off at three different locations, that would be three, one-way routes with one individual per route (even though all three individuals may have been in the vehicle at the same time for some period, they were each on 'different' routes).
- If a vehicle picks up three individuals from three different locations and drops them of at the same location and then picks up two more individuals and takes them to a different location, that would be two, one-way routes with an average of 2.5 individuals per route.

CONSULTANT SERVICES FOR COMMUNITY CARE FACILITIES

For service codes 905, 910, 915, and 920, there are forms to report data regarding the consultant service costs associated with providing the service.

Consultant Specialty	Using the drop down menu, indicate the classification of the consultant (e.g. physical therapist, behavioral specialist, etc.) providing the service.
'Other' Consultant Specialties	If 'Other' is selected from the list in the previous field, report the specialty for the consultant(s).
County/ Regional Center	This field is optional and should be completed by those vendors that can separately report consultant payments based on the county or, for Los Angeles County, the Regional Center catchment area in which they work. If your organization cannot report payment data by county or Regional Center catchment area, leave this field blank. Using the drop down menu, indicate the county or Regional Center catchment area in which consultants provide this service. There should be a separate line for each county or Regional Center catchment area served by the consultant.
Total Number of Hours Provided	Report the total number of hours of service provided by the consultant to individuals in your agency's Community Care Facilities.
Total Payments	Report total payments to the consultant service in the most recent fiscal year for services to individuals in your agency's Community Care Facilities.
Total Number of Residents Served	Report the total number of individuals in your agency's Community Care Facilities served by the consultant.

RESIDENTIAL SERVICES, PRODUCTIVITY AND OTHER FACTORS

This section provides instructions for the Productivity and Other Factors worksheets for the following services:

- Community Care Facilities for Adults – Owner Operated (905).
- Community Care Facilities for Children – Owner Operated (910).
- Community Care Facilities for Adults – Staff Operated (915).
- Community Care Facilities for Children – Staff Operated (920).
- Crisis Intervention Facility/Bed (090). The worksheet for this service includes two columns, one for dedicated crisis facilities and another for crisis beds in facilities that are not dedicated to crisis services (that is, other residential services are provided in these homes).
- Adult Residential Facilities for Persons with Special Health Care Needs (113).
- Supported Living Services (896). Note that these instructions only apply to services that are shared by individuals in different but close-by homes (such as multiple apartments within an apartment complex). For services delivered to one or more individuals in the same home, refer to the instructions on page 23.

Except for service code 090, the forms collect information for each individual home operated by your agency. For service codes 915, 920, and 113, the form accommodates up to 11 homes (three homes for service codes 905 and 910). If your agency operates a greater number of homes, make additional copies of the applicable worksheet.

Questions that are self-evident are not addressed within this document and not all questions apply to all services.

Home and Resident Characteristics

Average number of absence days per individual per year	Report the average number of days that an individual is typically absent from the home (due to hospitalization, family visits, etc.) over the course of a year.

Activities Outside of the Home

For individuals participating in outside activities, average scheduled hours per week	For those individuals who regularly participate in activities outside of the home without residential staff, report the average number of hours per week that they are scheduled to participate in these activities.
For individuals participating in outside activities, average hours per week they participate	For those individuals who regularly participate in activities outside of the home without residential staff, report the average number of hours per week that they actually participate in these activities.

Average number of hours per week that no staff are in the home because all residents are away from the home	If your organization's homes are regularly unstaffed because all residents are away from the home (for example, they all attend a community-based day program for six hours per day), report the average number of unstaffed hours per week for the home.

Staffing

Are staff working overnight shifts permitted to sleep?	Report whether your organization allows any staff working an overnight shift to sleep during that time.
If yes, does your organization pay a sleep time differential?	If your organization reports that staff are permitted to sleep during overnight shifts on the previous question, report whether a sleep time differential is paid.
Does your agency employ staff to provide direct care within the CCF (service codes 905 and 910 only)	For owner-operated homes (service codes 905 and 910), report whether your organization employs staff to provide direct care. Employed staff includes persons classified as employees and does not include the owner.
If staff are employed, total number of hours per week they are scheduled to work (service codes 905 and 910 only)	If your organization indicates that it employs staff on the previous question, report the average number of hours per week that staff are scheduled to work in this home. Report the total across all employees, not the per-employee average. For example, if there are three employees who are each scheduled 40 hours per week, your organization would report 120 total hours.
Average number of direct care staff hours scheduled per week per Crisis Intervention facility (service code 090 only)	For dedicated Crisis Intervention facilities, report the average number of scheduled direct care staff hours per week per facility. Report the total across all employees, not the per-employee average. For example, if there are ten employees who are each scheduled 40 hours per week, your organization would report 400 total hours. If your organization operates multiple facilities, report the average staff hours across the facilities.
Average number of direct care staff hours scheduled per week per Crisis Intervention facility (service code 090 only)	For Crisis Intervention beds in other residential homes, report the average number of scheduled direct care staff hours per bed per week. Report the total across all employees, not the per-employee average. For example, if there are five employees who are each scheduled 40 hours per week, your organization would report 200 total hours. If your organization operates multiple beds in other residential homes, report the average staff hours across the facilities.

Supplemental – Program Support Services

Are supplemental/ program support services (109/110/111) approved for use in the home?	If supplemental services are approved for this home, mark "Yes" and complete the next two questions.
If so, how many individuals in the home are using these supports	Report the number of individuals in the home that are utilizing the supplemental services.
If so, how many hours per week of these supports are used?	Report the total hours per week of supplemental services being provided to individuals in the home.

Household Expenses

In addition to a question about the purchase price of each home, this sheet collects information for various expenses associated with the physical plant, resident care, and services. For each category of expenses, report the total cost for each home for your agency's most recently completed fiscal year.

For Supported Living (896), these questions only apply when the home (or homes) is owned or leased by the vendor.

As applicable, purchase price of home	For each home owned by your agency, report the purchase cost of the home. Do not provide the current value of the home. If the home is leased this line should be left blank.
Total annual cost [food or recreational activities] for staff providing for services to residents residing within the home	For costs associated with food and recreational activities, vendors are asked to estimate and separately report spending associated with home residents and spending associated with staff.
Total annual cost of other costs not listed above for the home [list]	If there are other household expenses costs that do not fit into one of the categories, provide a description of the expense and report the total annual cost for each home.

Staffing Pattern

When completing the staffing pattern section for residential services, it is assumed that most work hours are spent providing services. That is, even if the staff person is performing other tasks (completing progress notes, for example), they are assumed to be available to provide support to residents as needed. Thus, only duties that require the staff person to be away from the home or otherwise require that substitute staff to be in the home to cover for the staff person performing the task

Incidental Services (applies to DSS Licensed-Spec Residential Facility – 113 ONLY)

Specialized Residential Facility (SRF) specialized services such as skilled nursing.

Staffing Patterns for a 'typical' week for a (specified occupation)	Individuals in a 113 facility may require additional supportive services. Three staffing patterns are provided for 1) Direct Care Staff/Certified Nursing Assistant; 2) Licensed Vocational Nurse; and 3) a Registered Nurse. The information request is similar to staff the staffing patterns for other services, see the instructions on page 18.

FAMILY HOME AGENCY, PRODUCTIVITY AND OTHER FACTORS

This section provides instructions for the Productivity and Other Factors worksheet for the Family Home Agency (904) service. Questions that are self-evident are not addressed within this document.

Recruitment, Certification, Placement, and Initial Training

Line 2 Report the average amount of staff hours required to recruit, train, and approve a family home to the point where an individual could be placed.

Line 3 Specify and report your organization's total non-staffing costs related to the recruitment, training, and placement of family homes in your organization's most recently completed fiscal year. Costs may include advertising costs, rental of conference space for informational sessions, etc. Do not include any costs that were reported on the Administrative & Program Operations Expenses Other Than Staff Salary and Benefits worksheet.

Monitoring and Supports for Family Homes

Line 7 Report the average number of annual hours of supports your organization provided to individuals placed in family homes in the past year. Do not include monitoring visits or any services for which your organization is separately paid.

Line 8 Report your workers' compensation cost for the direct care staff providing the applicable service as a rate for each $100 in wages paid as of the last day of your agency's most recently completed fiscal year.

Family Home Details

This form requests information for each individual receiving Family Home Agency services through your agency. For privacy purposes, the form does not request identification numbers for service recipients, but does request the vendor ID for each individual family home. Thus, if a single home serves two individuals, that home ID would be listed twice.

The form accommodates up to 50 individuals. If your agency provides services to a greater number of individuals, make additional copies of this worksheet.

Placement Start Date	Report the date the individual was placed in the home being reported.
Unit of Payment to Family Home Agency	Report the unit of service that is basis of the payment that your agency receives from the applicable Regional Center for each individual; for example, a daily unit or a monthly unit.
Payment Amount to Family Home Agency (Rate)	Report the current rate that your agency is being paid for each individual. Do not include any portion of the payment that is associated with individuals' federal benefits (e.g., SSI or SSDI) or other sources intended to cover room and board costs.
Unit of Payment to Family Home	Report the unit of service that is the basis of payments that your organization makes to the family homes with which it contracts; for example, a daily unit or a monthly unit.
Payment Amount to Family Home	Report the current amount that your agency pays to the family home for the individual(s) they serve. Do not include any portion of the payment that is associated with individuals' federal benefits (e.g., SSI or SSDI) or other sources intended to cover room and board costs.
Number of Absences in the Most Recent 12 months	Report the number of days that the individual was absent from the home (due to hospitalization, family visits, etc.) in the most recent 12 months.

SUPPORTED EMPLOYMENT – GROUP, PRODUCTIVITY AND OTHER FACTORS

This section provides instructions for the Productivity and Other Factors worksheet for Supported Employment – Group (950).

The forms collect information for each individual site at which programs are operated. The forms accommodate up to seven groups. If your agency serves a greater number of groups, make additional copies of the worksheet.

Questions that are self-evident are not addressed within this document.

Agency Caseload and Service Design

Line 6 Report your organization's attendance rate for supported employment group services by dividing the total hours of service provided to all individuals divided by the number of scheduled hours of service for those individuals.

Line 7 Report the staffing ratio approved for this group.

SUPPORTED EMPLOYMENT – INDIVIDUAL, PRODUCTIVITY AND OTHER FACTORS

This section provides instructions for the Productivity and Other Factors worksheet for the following services:

- Supported Employment – Individual (952).
- Community Integration Program (055). Note that these instructions only apply to employment-related services. For programs operated as community-based day programs, refer to the instructions on page 25; for home and community-based services, refer to the instructions on page 23.
- Community Activities Support Services (063). Note that these instructions only apply to employment-related services. For programs operated as community-based day programs, refer to the instructions on page 25; for home and community-based services, refer to the instructions on page 23.

For the purposes of this survey, the staffing and activities for all individual supported employment services have been split into two differing functions. These functions are 'job development' and 'job coaching'. Job development is related to the time and work of staff associated with networking with employers, pre-employment training and preparation, and placement work associated with supported employment. Job coaching is related to the time and work of staff associated with the supports required to allow the individual to maintain their position of employment.

Questions that are self-evident are not addressed within this document.

Agency Caseload and Service Design

Line 2 Report the average caseload per full time equivalent (FTE) staff providing job developer/job coaching. For example, if a staff person works full-time and spends 25 percent of their time on job development for four individual and spends the remaining 75 percent of their time providing job coaching to six individuals, the full time equivalent caseload for job development would be '16' (4 divided by .25) and job coaching caseload would be '8' (6 divided by .75).

Line 3 Report the average number of successful placements per full time equivalent (FTE) job developer. For example, if a staff person works full-time, spends 40 percent of their time on job development services, and helped 12 individuals to obtain a job, the full-time equivalent total would be 30 (12 divided by .40).

Line 5 For job development, report the average number of hours that is required to successfully place an individual in employment. These hours may not all be direct, face-to-face supports (that is, consider face-to-face activities such as completing an interest inventory with the individual as well as activities that are not face-to-face such as speaking with a potential employer on behalf of the individual), but only hours that are specific to the individual should be included (for example, do not include general activities such as networking with providers to identity potential jobs without a specific individual in mind).

Line 7 For individuals supported by your organization's job coaches, report the average number of hours of job coaching support that they receive. This will not be the same as their average number of hours worked (reported in Line 6) if they have some work hours during which they are not receiving job coaching.

Line 8 For individuals supported by your organization's job coaches, report their average hourly wage, calculated as total wages earned for all individuals divided by their total work hours.

WORK ACTIVITY PROGRAM, PRODUCTIVITY AND OTHER FACTORS

This section provides instructions for the Productivity and Other Factors worksheet for the Work Activity Program (954) service.

The forms collect information for each group. The forms accommodate up to seven groups. If your agency operates a greater number of groups, make additional copies of the applicable worksheet.

Questions that are self-evident are not addressed within this document.

Agency Caseload and Service Design

Line 6	Report your organization's attendance rate for Work Activity Program services by dividing the total hours of service provided to all individuals divided by the number of scheduled hours of service for those individuals.

Sites at Which Services Are Provided

Lines 23-24	Report the average number of days per week and hours per day that centers are open to provide services. These are the days/ hours during which services may be provided, not necessarily the hours that staff are present. For example, there may be staff at the center between 7:00 AM and 5:00 PM to perform set-up and clean-up tasks and other administrative activities, but if the program itself only operates from 8:30 AM to 3:30 PM, '7' hours would be reported.
Line 25	Report the total square footage of each site.
Line 26	Report the percentage of square footage (from Line 25) that is used to provide Work Activity Program services. This would not include administrative space such as offices; non-program space such as lobbies, hallways, and bathrooms; or direct service space for services other than the Work Activity Program services. Calculate the percentage by dividing the program space for the applicable service code by the total square footage reported on Line 25
Line 30	The operating cost per square foot is automatically calculated by dividing reported operating costs (Lines 27 thru 29) by total square footage (Line 25).