Survey Tab Name & Field					Error	with suggested resolution
Contact Info & Revenues						
Agency	\boxtimes	Enter your	Agency na	ame		
FEIN/Tax ID	X	Enter at le	ast one FE	IN/Tax ID	Number	
Vendor ID(s)	X	Enter at le	ast one Ver	ndor ID		
DDS Revenues						
DDS Service Code Revenue	✓					
Admin Staff						
Wage & Benefit Amounts	✓					
Admin Other						
Calculated Admin Rate, Total	✓					
Employee/Contractor	Tailorea Day ✓	025 ✓	<i>0</i> 28 ✓	<i>048</i> ✓	055 ✓	
Total Hours Paid & Total Wages Paid	<u> </u>	<u> </u>	<u> </u>		<u> </u>	
Average Hourly Wage	<u> </u>		•		▼	
		\checkmark	✓	<u> </u>	→	
	062	<u> </u>	·	✓	✓	
Employee/Contractor	062 ✓	063 ✓	✓090✓			
Employee/Contractor Total Hours Paid & Total Wages Paid		063	090	091	094	
	✓	063	090 ✓	✓091✓	√ 094 √	
Total Hours Paid & Total Wages Paid	√ √ √ 103	063 ✓ ✓ 106	090 ✓ ✓ 108	 ✓ 091 ✓ ✓ ✓ 109 	 ✓ 094 ✓ ✓ ✓ 110 	
Total Hours Paid & Total Wages Paid	√ √ √	063 ✓ ✓	090 ✓ ✓	 ✓ 091 ✓ ✓ 	 ✓ 094 ✓ ✓ 	
Total Hours Paid & Total Wages Paid Average Hourly Wage	√ √ √ 103	063 ✓ ✓ 106	090 ✓ ✓ 108	 ✓ 091 ✓ ✓ ✓ 109 	 ✓ 094 ✓ ✓ ✓ 110 	

Survey Tab Name & Field Error with suggested resolution Wages, Training and Duties for Direct Care and Program Operations Staff (cont.) 113 505 510 111 515 \checkmark \checkmark \checkmark \checkmark Employee/Contractor Total Hours Paid & Total Wages Paid \checkmark \checkmark \checkmark \checkmark \checkmark Average Hourly Wage 520 525 605 612-620 635 Employee/Contractor \checkmark \checkmark \checkmark \checkmark \checkmark \checkmark Total Hours Paid & Total Wages Paid \checkmark Average Hourly Wage 645-650 680 805 860 862 Employee/Contractor \checkmark ✓ \checkmark \checkmark \checkmark \checkmark Total Hours Paid & Total Wages Paid \checkmark **√** Average Hourly Wage 875-882 896 904 905 910 Employee/Contractor Total Hours Paid & Total Wages Paid \checkmark \checkmark \checkmark \checkmark \checkmark **√** 1 Average Hourly Wage 915 920 950 952 954 Employee/Contractor \checkmark \checkmark \checkmark \checkmark Total Hours Paid & Total Wages Paid \checkmark \checkmark \checkmark Average Hourly Wage

California Department of Developmental Services

DDS Rate Study

Provider Survey

Prepared by Burns & Associates, Inc.

May 25, 2018

Questions? Contact Burns && Associates, Inc. at ddsprovidersurvey@burnshealthpolicy.com or (602) 241-8515

	complete the te	dentified worksheets	'			a
			General Informa	ation		Staff Information
Tailored Day Services	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	TailoredDay _Staff
025 - Tutor Services-Group	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	025_Staff
028 - Socialization Training Program	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	028_Staff
048 - Client/Parent Support Behavior Intervention Trng	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	048_Staff
055 - Community Integration Training as individual supported employment	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	055_Staff
055 - Community Integration Training as group supported employment	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	055_Staff
055 - Community Integration Training as look-alike day program	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	055_Staff
062 - Personal Assistance	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	062_Staff
063 - Community Activities Support Svcs. as individual supported employment	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	063_Staff
063 - Community Activities Support Svcs. as group supported employment	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	063_Staff
063 - Community Activities Support Svcs. as look-alike day program	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	063_Staff
090 - Crisis Intervention Facility/Bed	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	090_Staff
091 - In-Home/Mobile Day Program	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	091_Staff

	complete the ta		1		
	Consultant	Detailed			
	Information	Information		Other Information	on
Tailored Day Services			TailoredDay		
			_Other		
025 - Tutor Services-Group			025_Other		
•					
028 - Socialization Training			028_Other		
Program					
048 - Client/Parent Support			048_Other		
Behavior Intervention Trng					
055 - Community Integration			055_Other(D)	055_Other(E)	055_Other(H)
Training as individual supported					
employment					
055 - Community Integration			055_Other(D)	055_Other(E)	055_Other(H)
Training as group supported					
employment					
055 - Community Integration			055_Other(D)	055_Other(E)	055_Other(H)
Training as look-alike day			_ , ,		
program					
062 - Personal Assistance			062_Other		
063 - Community Activities			063_Other(D)	063_Other(E)	063_Other(H)
Support Svcs. as individual					
supported employment					
063 - Community Activities			063_Other(D)	063_Other(E)	063_Other(H)
Support Svcs. as group supported					
employment					
063 - Community Activities			063_Other(D)	063_Other(E)	063_Other(H)
Support Svcs. as look-alike day					
program					
090 - Crisis Intervention			090_Other		
Facility/Bed					
091 - In-Home/Mobile Day			091_Other		
Program					

		Staff Information				
094 - Creative Arts Program	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	094_Staff
103 - Specialized Health, Treatment & Training Svcs	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	103_Staff
106 - Specialized Recreational Therapy	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	106_Staff
108 - Parenting Support Services	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	108_Staff
109 - Program Support Group- Residential	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	109_Staff
110 - Program Support Group- Day Service	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	110_Staff
111 - Program Support Group- Other Services	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	111_Staff
113 - DSS Licensed-Spec Residentl FacilityHabilitation	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	113_Staff
Day Service 111 - Program Support Group- Other Services 113 - DSS Licensed-Spec Residentl FacilityHabilitation 505 - Activity Center 510 - Adult Development Center 515 - Behavior Management Program 520 - Independent Living Program	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	505_Staff
510 - Adult Development Center	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	510_Staff
515 - Behavior Management Program	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	515_Staff
520 - Independent Living Program	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	520_Staff
525 - Social Recreation Program	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	525_Staff
605 - Adaptive Skills Trainer	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	605_Staff
612 - Behavior Analyst	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	612-620_Staff
613 - Associate Behavior Analyst	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	612-620_Staff
615 - Behavior Management Assistant	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	612-620_Staff

	Consultant	Detailed				
	Information	Information	Other Information			
094 - Creative Arts Program			094_Other			
103 - Specialized Health, Treatment & Training Svcs			103_Other			
106 - Specialized Recreational Therapy			106_Other			
108 - Parenting Support Services			108_Other			
109 - Program Support Group- Residential			109_Other			
110 - Program Support Group- Day Service			110_Other			
111 - Program Support Group- Other Services			111_Other			
113 - DSS Licensed-Spec Residentl FacilityHabilitation	113_Consult		113_Other			
505 - Activity Center			505_Other			
510 - Adult Development Center			510_Other			
515 - Behavior Management Program			515_Other			
520 - Independent Living Program			520_Other			
525 - Social Recreation Program			525_Other			
605 - Adaptive Skills Trainer			605_Other			
612 - Behavior Analyst			612-620_Other			
613 - Associate Behavior Analyst			612-620_Other			
615 - Behavior Management Assistant			612-620_Other			

		•				Staff
			General Informa			Information
616 - Behavior Technician -	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	612-620_Staff
Paraprofessional	Revenues			Other		
620 - Behavior Management	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	612-620_Staff
Consultant	Revenues			Other		
635 - Independent Living	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	635_Staff
Specialist	Revenues			Other		
645 - Mobility Training Services	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	645-650_Staff
Agency	Revenues			Other		
650 - Mobility Training	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	645-650_Staff
Specialist	Revenues			Other		
680 - Tutor	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	680_Staff
	Revenues			Other		
805 - Infant Development	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	805_Staff
Program	Revenues			Other		
860 - Homemaker Services	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	860_Staff
	Revenues			Other		
862 - In-Home Respite Services	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	862_Staff
Agency	Revenues			Other		
875 - Transportation Company	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	875-882_Staff
	Revenues			Other		
880 - Transportation-Additional	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	875-882_Staff
Component	Revenues			Other		
882 - Transportation-Assistant	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	875-882_Staff
	Revenues			Other		
896 - Supported Living Services	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	896_Staff
	Revenues			Other		
904 - Family Home Agency	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	904_Staff
	Revenues			Other		
905 - Residential Facility Serving	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	905_Staff
Adults-Owner Operated	Revenues			Other		
910 - Residential Facility Serving	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	910_Staff
Children - Owner Operated	Revenues			Other		

		entijieu worksneet	.5	
	Consultant	Detailed		
	Information	Information		Other Information
616 - Behavior Technician -			612-620_Other	
Paraprofessional				
620 - Behavior Management			612-620_Other	
Consultant				
635 - Independent Living			635_Other	
Specialist				
645 - Mobility Training Services			645-650_Other	
Agency				
650 - Mobility Training			645-650_Other	
Specialist				
680 - Tutor			680_Other	
805 - Infant Development			805_Other(F)	805_Other(C)
Program				
860 - Homemaker Services			860_Other	
862 - In-Home Respite Services			862_Other	
Agency				
875 - Transportation Company			875-882_Other	
880 - Transportation-Additional			875-882_Other	
Component				
882 - Transportation-Assistant			875-882_Other	
896 - Supported Living Services			896_Other(H)	896_Other(CR)
904 - Family Home Agency		904_Detail	904_Other	
905 - Residential Facility Serving	905_Consult		905_Other	
Adults-Owner Operated				
910 - Residential Facility Serving	910_Consult		910_Other	
Children - Owner Operated				

... complete the identified worksheets

						Staff
			General Informa	tion		Information
915 - Residential Facility Serving	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	915_Staff
Adults - Staff Operated	Revenues			Other		
920 - Residential Facility Serving	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	920_Staff
Children-Staff Operated	Revenues			Other		
950 - Supported Employment-	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	950_Staff
Group	Revenues			Other		
952 - Supported Employment-	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	952_Staff
Individual	Revenues			Other		
954 - Rehab Work Activity	Contact Info &	DDS Revenue	Admin Staff	AdminProgOps	Benefits	954_Staff
Program	Revenues			Other		

If your organization provides this service...

	Consultant	Detailed			
	Information	Information		Other Information	1
915 - Residential Facility Serving Adults - Staff Operated			915_Other		
920 - Residential Facility Serving Children-Staff Operated	920_Consult		920_Other		
950 - Supported Employment- Group			950_Other		
952 - Supported Employment- Individual			952_Other		
954 - Rehab Work Activity Program			954_Other		

Agency Contact Information and Revenues (see p. 7 of the instructions)

Line	Factor	Input								
	Agency Contact Information									
1	Agency									
2	FEIN/Tax ID(s)									
3	Vendor ID(s)									
4	Contact name for individual re	esponsible for c	completing this	s survey						
5	Title of the individual listed	on Line 4								
6	Phone number for the indivi	dual listed on I	Line 4							
7	Email address for the individual	dual listed on L	ine 4							
8	Agency address									
9	City									
10	Zip Code									
	Annual Agency Revenues - R	eport revenues	from your ag	gency's most re	ecently comple	ted fiscal year.	•			
11	DDS program revenues (Total	l amount from l	DDS Revenue	form)						
12	Federal benefit payments for i	ndividuals rece	iving DDS sea	rvices (e.g., SS	I or SSDI)					
13	Total fundraising and investme	Otal fundraising and investment income								
14	4 All other agency revenues									
15	Total Revenues							 		

Agency DDS Program Revenues (see p. 8 of the instructions)

Includes all revenues paid using Regional Center approved rates

Excludes Federal Benefits payments for individuals receiving DDS services

Line	Factor	Input
	DDS Service Code	
1	Tailored Day Services, provided under Code 055	
2	Tailored Day Services, provided under Code 505	
3	Tailored Day Services, provided under Code 510	
4	Tailored Day Services, provided under Code 515	
5	Tailored Day Services, provided under Code 520	
6	Tailored Day Services, provided under Code 950	
7	Tailored Day Services, provided under Code 952	
8	Tailored Day Services, provided under Code 954	
9	Tailored Day Services	
10	025 - Tutor Services-Group	
11	028 - Socialization Training - 'Behavioral' Programs	
12	028 - Socialization Training - 'Medical' Programs	
13	028 - Socialization Training - 'Other' Programs	
14	048 - Client/Parent Support Behavior Intervention Trng	
15	055 - Community Integration Training - 'Behavioral' <i>Look-alike</i> Day Program	
16	055 - Community Integration Training - 'Medical' Look-alike Day Program	
17	055 - Community Integration Training - 'Other' Look-alike Day Program	
18	055 - Community Integration Training - Individual Employment	
19	055 - Community Integration Training - In-Home/Community Services	
20	062 - Personal Assistance	
21	063 - Community Activity Support Services - 'Behavioral' Look-alike Day Program	
22	063 - Community Activity Support Services - 'Medical' Look-alike Day Program	
23	063 - Community Activity Support Services - 'Other' Look-alike Day Program	
24	063 - Community Activity Support Services - Individual Employment	
25	063 - Community Activity Support Services - In-Home/Community Services	
26	090 - Crisis Intervention Facility/Bed	
27	091 - In-Home/Mobile Day Program - 'Behavioral' Programs	
28	091 - In-Home/Mobile Day Program - 'Medical' Programs	
29	091 - In-Home/Mobile Day Program - 'Other' Programs	
30	094 - Creative Arts Program - 'Behavioral' Programs	

Agency DDS Program Revenues (see p. 8 of the instructions)

Includes all revenues paid using Regional Center approved rates Excludes Federal Benefits payments for individuals receiving DDS services

Line	Factor	Input
31	094 - Creative Arts Program - 'Medical' Programs	
32	094 - Creative Arts Program - 'Other' Programs	
33	103 - Specialized Health, Treatment & Training Svcs - G-Tube related treatments	
34	103 - Specialized Health, Treatment & Training Svcs - Dental hygiene training	
35	103 - Specialized Health, Treatment & Training Svcs - Other treatments	
36	106 - Specialized Recreational Therapy - Equestrian Therapy	
37	106 - Specialized Recreational Therapy - Movement Therapy	
38	106 - Specialized Recreational Therapy - Therapeutic Play	
39	106 - Specialized Recreational Therapy - Other therapy	
40	108 - Parenting Support Services	
41	109 - Supplemental Residential Program Support	
42	110 - Supplemental Day Program Support	
43	111 - Supplemental Other Services Program Support	
44	113 - Adult Residential Facilities for Persons with Special Health Care Needs	
45	113 - Specialized Residential Facility	
46	505 - Activity Center - 'Behavioral' Programs	
47	505 - Activity Center - 'Medical' Programs	
48	505 - Activity Center - 'Other' Programs	
49	510 - Adult Development Center - 'Behavioral' Programs	
50	510 - Adult Development Center - 'Medical' Programs	
51	510 - Adult Development Center - 'Other' Programs	
52	515 - Behavior Management Program	
53	520 - Independent Living Program	
54	525 - Social Recreation - 'Behavioral' Programs	
55	525 - Social Recreation - 'Medical' Programs	
56	525 - Social Recreation - 'Other' Programs	
57	605 - Adaptive Skills Trainer	
58	612 - Behavior Analyst	
59	613 - Associate Behavior Analyst	
60	615 - Behavior Management Assistant	
61	616 - Behavior Technician - Paraprofessional	
62	620 - Behavior Management Consultant	

Agency DDS Program Revenues (see p. 8 of the instructions)

Includes all revenues paid using Regional Center approved rates Excludes Federal Benefits payments for individuals receiving DDS services

Line	Factor	Input
63	635 - Independent Living Specialist	
64	645 - Mobility Training Services Agency	
65	650 - Mobility Training Specialist	
66	680 - Tutor	
67	805 - Infant Development Program - Facility-Based	
68	805 - Infant Development Program - In-Home/Community	
69	860 - Homemaker Services	
70	862 - In-Home Respite Services - Agency Model	
71	862 - In-Home Respite Services - Employer of Record (EOR)	
72	875 - Transportation Company	
73	880 - Transportation-Additional Component	
74	882 - Transportation-Assistant	
75	896 - Supported Living Services, Intermittent (Include revenue from 894)	
76	896 - Supported Living Services, Continuous (Include revenue from 894)	
77	896 - Supported Living Services, Cluster Residences (Include revenue from 894)	
78	904 - Family Home Agency	
79	905 - Residential Facility for Adults-Owner Operated	
80	910 - Residential Facility for Children-Owner Operated	
81	915 - Residential Facility for Adults - Staff Operated	
82	920 - Residential Facility for Children - Staff Operated	
83	950 - Supported Employment-Group	
84	952 - Supported Employment-Individual	
85	954 - Rehab Work Activity Program	
86	All Other DDS Revenue (Total for DDS codes not listed above)	
87	DDS program revenues	

Administrative Staff - Salary and Benefit Costs (see p. 10 of the instructions)

Include only those staff who perform administrative functions

Report costs from your agency's most recently completed fiscal year

See the instructions for the specific benefits that should be recorded in the 'Cost of Payroll Taxes & Benefits' column

	see the instructions for fi			<i>y</i>	% of Time	% of Time		
				Cost of	Allocated	Allocated to	% of Time	% of Time
		# of		Payroll Taxes	to DDS Program	Fundraising/	Allocated to Other	
Line	Title	Emp.	Wages	& Benefits	Admin	Investments	Program Admin	Admin. Tasks
	Executive Director	1	\$75,000	\$6,000	50%		50%	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
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12								
13								
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23								
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26								

Administrative Staff - Salary and Benefit Costs (see p. 10 of the instructions)

Include only those staff who perform administrative functions

Report costs from your agency's most recently completed fiscal year

See the instructions for the specific benefits that should be recorded in the 'Cost of Payroll Taxes & Benefits' column

					% of Time	% of Time		
				Cost of	Allocated	Allocated to	% of Time	% of Time
		# of		Payroll Taxes		Fundraising/	Allocated to Other	
	Title	Emp.	Wages	& Benefits	Admin	Investments	Program Admin	Admin. Tasks
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
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55								

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

Line	Category	Total Expense	Total Allocation	% of Admin Cost Allocated to DDS Services	% of Admin Cost Allocated to Fundraising/ Investments
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-				
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)				
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)				
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space costs)				
8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)				
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)				
21	Allocated corporate office overhead				
22	[If Overhead is reported in Line 21, describe allocation methodology here]				
23	Other 1 (Input Description)				
24	Other 2 (Input Description)				
25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

		(i e		
					% of Admin
				% of Admin	Cost Allocated
		Total	Total	Cost Allocated	to Fundraising/
Line	Category	Expense	Allocation	to DDS Services	Investments
	Calculated Administrative/Program Operations Rate				_
28	Total calculated rate (as a percentage of reported revenues)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

Line	Category	Total Expense	Total Allocation	% of Admin Cost Allocated to Other Services
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
10	Hiring expenses (e.g., advertising; exclude staff costs)			
11	Staff training expense (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)			
14	Information technology expense (e.g., computers and software)			
15	Office supplies			
16	Program supplies			
17	Advertising			
18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]			
23	Other 1 (Input Description)			
24	Other 2 (Input Description)			
25	Other 3 (Input Description)			
26	Other 4 (Input Description)			
27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

Line	Category	Total Expense	Total Allocation	% of Admin Cost Allocated to Other Services
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
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18	Dues and subscriptions				
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:			
		Total	Total				
Line	Category	Expense	Allocation				
	Calculated Administrative/Program Operations Rate						
28	Total calculated rate (as a percentage of reported revenues)						

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
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3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

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		Tota	al	Total	
Line	Category	Exper	nse	Allocation	
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Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for further deduits on disocution of cost for individual amounts repor			Prog Ops for:
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Line	Category	Exper	nse Allocation	
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17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
22	[If Overhead is reported in Line 21, describe allocation methodolog	gy here]			
23	Other 1 (Input Description)				
24	Other 2 (Input Description)				
25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
Line	Category	Total Expense	Total Allocation	
Ziiic	Calculated Administrative/Program Operations Rate	Linpense	THOCHUM	
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
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23	Other 1 (Input Description)				
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25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
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15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
22	[If Overhead is reported in Line 21, describe allocation methodolog	gy here]			
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25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

					Prog Ops for:
		Tota	al	Total	
Line	Category	Exper	nse	Allocation	
	Calculated Administrative/Program Operations Rate				
28	Total calculated rate (as a percentage of reported revenues)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
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12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
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14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
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23	Other 1 (Input Description)				
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25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

					Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
	Calculated Administrative/Program Operations Rate				
28	Total calculated rate (as a percentage of reported revenues)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e uistructions for further details on dilocation of cost for maintain amounts reported			Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
10	Hiring expenses (e.g., advertising; exclude staff costs)			
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17	Advertising			
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27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
T in a	Cotogowy	Total Expense	Total Allocation	
Line	Category	Expense	Anocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

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				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

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				Prog Ops for:
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

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Line	Category	Expense	Allocation	
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

					Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
	Calculated Administrative/Program Operations Rate				
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

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			Total	Total	
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:			
		Total	Total				
Line	Category	Expense	Allocation				
	Calculated Administrative/Program Operations Rate						
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

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Line	Category	Expense	Allocation	
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

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Line	Category	Total Expense	Total Allocation	
Ziiic	Calculated Administrative/Program Operations Rate	Lispense	THOCHUM	
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
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18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]			
23	Other 1 (Input Description)			
24	Other 2 (Input Description)			
25	Other 3 (Input Description)			
26	Other 4 (Input Description)			
27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

					Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
	Calculated Administrative/Program Operations Rate				
28	Total calculated rate (as a percentage of reported revenues)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
22	[If Overhead is reported in Line 21, describe allocation methodolog	gy here]			
23	Other 1 (Input Description)				
24	Other 2 (Input Description)				
25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
T in a	Cotogowy	Total Expense	Total Allocation	
Line	Category	Expense	Anocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	tustructions for further actuals on anoctation of cost for marviatal amounts reported			Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
	Hiring expenses (e.g., advertising; exclude staff costs)			
11	Staff training expense (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)			
14	Information technology expense (e.g., computers and software)			
15	Office supplies			
16	Program supplies			
17	Advertising			
18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]			
23	Other 1 (Input Description)			
24	Other 2 (Input Description)			
25	Other 3 (Input Description)			
26	Other 4 (Input Description)			
27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
Line	Category	Total Expense	Total Allocation	
Ziiic	Calculated Administrative/Program Operations Rate	Lispense	THOCHUM	
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
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25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
Line	Category	Total Expense	Total Allocation	
Ziiic	Calculated Administrative/Program Operations Rate	Lispense	THOCHUM	
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	tustructions for further actuals on anoctation of cost for marviatal amounts reported			Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
	Hiring expenses (e.g., advertising; exclude staff costs)			
11	Staff training expense (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)			
14	Information technology expense (e.g., computers and software)			
15	Office supplies			
16	Program supplies			
17	Advertising			
18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
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24	Other 2 (Input Description)			
25	Other 3 (Input Description)			
26	Other 4 (Input Description)			
27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
T in a	Cotogowy	Total Expense	Total Allocation	
Line	Category	Expense	Anocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
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10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
22	[If Overhead is reported in Line 21, describe allocation methodolog	gy here]			
23	Other 1 (Input Description)				
24	Other 2 (Input Description)				
25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

					Prog Ops for:
			Total	Total	
Line	Category	Ex	Expense	Allocation	
	Calculated Administrative/Program Operations Rate				
28	Total calculated rate (as a percentage of reported revenues)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
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10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
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14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
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25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
T in a	Cotogowy	Total Expense	Total Allocation	
Line	Category	Expense	Anocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
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12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

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				Prog Ops for:
T in a	Cotogowy	Total Expense	Total Allocation	
Line	Category	Expense	Anocation	
	Calculated Administrative/Program Operations Rate			
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	tustructions for further actuals on anoctation of cost for marviatal amounts reported			Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
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Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
T in a	Cotogowy	Total Expense	Total Allocation	
Line	Category	Expense	Anocation	
	Calculated Administrative/Program Operations Rate			
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
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12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
22	[If Overhead is reported in Line 21, describe allocation methodolog	gy here]			
23	Other 1 (Input Description)				
24	Other 2 (Input Description)				
25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:			
		Total	Total				
Line	Category	Expense	Allocation				
	Calculated Administrative/Program Operations Rate						
28	Total calculated rate (as a percentage of reported revenues)						

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
22	[If Overhead is reported in Line 21, describe allocation methodolog	gy here]			
23	Other 1 (Input Description)				
24	Other 2 (Input Description)				
25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
22	[If Overhead is reported in Line 21, describe allocation methodolog	gy here]			
23	Other 1 (Input Description)				
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25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
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10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
22	[If Overhead is reported in Line 21, describe allocation methodolog	gy here]			
23	Other 1 (Input Description)				
24	Other 2 (Input Description)				
25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
22	[If Overhead is reported in Line 21, describe allocation methodolog	gy here]			
23	Other 1 (Input Description)				
24	Other 2 (Input Description)				
25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
T in a	Cotogowy	Total Expense	Total Allocation	
Line	Category	Expense	Anocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
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25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
10	Hiring expenses (e.g., advertising; exclude staff costs)			
11	Staff training expense (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)			
14	Information technology expense (e.g., computers and software)			
15	Office supplies			
16	Program supplies			
17	Advertising			
18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]			
23	Other 1 (Input Description)			
24	Other 2 (Input Description)			
25	Other 3 (Input Description)			
26	Other 4 (Input Description)			
27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

		riner details on allocation of cost for matriaual amounts reported			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative faci	ility rent/mortgage/depreciation (exclude direct service space such as community-	_		
	based day program	centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative faci	ility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and mainte	enance (includes facilities and furnishings)			
4	Office equipment a	and furniture			
5	Depreciation (exclu	ude facility and vehicles)			
6		xcluding mortgage)			
7	Utilities/telecommu	unications/etc. (exclude direct service space costs)			
8	Taxes (exclude pay	roll taxes and personal income taxes)			
9	Licensing/certificat	tion/accreditation fees			
10	Hiring expenses (e	.g., advertising; exclude staff costs)			
11	Staff training expen	nse (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude	auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensa	ation costs (for Administrative Staff only)			
14	Information techno	logy expense (e.g., computers and software)			
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscript	ions			
19	Professional consu	ltant services - legal/accounting/etc.			
20	Travel (exclude tra	insporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate	e office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]				
23	Other 1	(Input Description)			
24	Other 2	(Input Description)			
25	Other 3	(Input Description)			
26	Other 4	(Input Description)			
27	Other 5	(Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

						Prog Ops for:	
				Total	Total		
Line	Category			Expense	Allocation		
	Calculated Administrative/Program Operations Rate						
28	Total calculated rate (as a percentage of reported revenues)						

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	tustructions for further actuals on anoctation of cost for marviatal amounts reported			Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
	Hiring expenses (e.g., advertising; exclude staff costs)			
11	Staff training expense (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)			
14	Information technology expense (e.g., computers and software)			
15	Office supplies			
16	Program supplies			
17	Advertising			
18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]			
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24	Other 2 (Input Description)			
25	Other 3 (Input Description)			
26	Other 4 (Input Description)			
27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
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8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
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25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
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4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
22	[If Overhead is reported in Line 21, describe allocation methodolog	gy here]			
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25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
T in a	Cotogowy	Total Expense	Total Allocation	
Line	Category	Expense	Anocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
22	[If Overhead is reported in Line 21, describe allocation methodolog	gy here]			
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25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	tustructions for further actuals on anoctation of cost for marviatal amounts reported			Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
	Hiring expenses (e.g., advertising; exclude staff costs)			
11	Staff training expense (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)			
14	Information technology expense (e.g., computers and software)			
15	Office supplies			
16	Program supplies			
17	Advertising			
18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]			
23	Other 1 (Input Description)			
24	Other 2 (Input Description)			
25	Other 3 (Input Description)			
26	Other 4 (Input Description)			
27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
T in a	Cotogowy	Total Expense	Total Allocation	
Line	Category	Expense	Anocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	July 1	rtner details on allocation of cost for individual amounts reported			Prog Ops for:
			Total	Total	
	Category		Expense	Allocation	
1		lity rent/mortgage/depreciation (exclude direct service space such as community-			
	, , ,	centers, community care facilities, ARFPSHNs, or other residential facilities)			
2		lity janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	1	nance (includes facilities and furnishings)			
4	Office equipment a				
5		ide facility and vehicles)			
6	Interest expense (ex				
7		unications/etc. (exclude direct service space costs)			
8		roll taxes and personal income taxes)			
9		tion/accreditation fees			
10		g., advertising; exclude staff costs)			
11		nse (e.g., fees and materials; exclude staff costs)			
12	,	auto insurance for direct care staff and health, dental, workers' comp for all)			
13		ation costs (for Administrative Staff only)			
14	Information techno	logy expense (e.g., computers and software)			
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscript	ions			
19	Professional consul	ltant services - legal/accounting/etc.			
20	Travel (exclude tra	nsporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate	e office overhead			
22	[If Overhead is rep	orted in Line 21, describe allocation methodology here]			
23	Other 1	(Input Description)			
24	Other 2	(Input Description)			
25	Other 3	(Input Description)			
26	Other 4	(Input Description)			
27	Other 5	(Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
22	[If Overhead is reported in Line 21, describe allocation methodolog	gy here]			
23	Other 1 (Input Description)				
24	Other 2 (Input Description)				
25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
T in a	Cotogowy	Total Expense	Total Allocation	
Line	Category	Expense	Anocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

		riner details on allocation of cost for matriaual amounts reported			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative faci	ility rent/mortgage/depreciation (exclude direct service space such as community-	_		
	based day program	centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative faci	ility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and mainte	enance (includes facilities and furnishings)			
4	Office equipment a	and furniture			
5	Depreciation (exclu	ude facility and vehicles)			
6		xcluding mortgage)			
7	Utilities/telecommu	unications/etc. (exclude direct service space costs)			
8	Taxes (exclude pay	roll taxes and personal income taxes)			
9	Licensing/certificat	tion/accreditation fees			
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expen	nse (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude	auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensa	ation costs (for Administrative Staff only)			
14	Information techno	logy expense (e.g., computers and software)			
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscript	ions			
19	Professional consu	ltant services - legal/accounting/etc.			
20	Travel (exclude tra	insporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate	e office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]				
23	Other 1	(Input Description)			
24	Other 2	(Input Description)			
25	Other 3	(Input Description)			
26	Other 4	(Input Description)			
27	Other 5	(Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
22	[If Overhead is reported in Line 21, describe allocation methodolog	gy here]			
23	Other 1 (Input Description)				
24	Other 2 (Input Description)				
25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

					Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
	Calculated Administrative/Program Operation	s Rate			
28	Total calculated rate (as a percentage of reporte	d revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
10	Hiring expenses (e.g., advertising; exclude staff costs)			
11	Staff training expense (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)			
14	Information technology expense (e.g., computers and software)			
15	Office supplies			
16	Program supplies			
17	Advertising			
18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]			
23	Other 1 (Input Description)			
24	Other 2 (Input Description)			
25	Other 3 (Input Description)			
26	Other 4 (Input Description)			
27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
10	Hiring expenses (e.g., advertising; exclude staff costs)			
11	Staff training expense (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)			
14	Information technology expense (e.g., computers and software)			
15	Office supplies			
16	Program supplies			
17	Advertising			
18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]			
23	Other 1 (Input Description)			
24	Other 2 (Input Description)			
25	Other 3 (Input Description)			
26	Other 4 (Input Description)			
27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
10	Hiring expenses (e.g., advertising; exclude staff costs)			
11	Staff training expense (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)			
14	Information technology expense (e.g., computers and software)			
15	Office supplies			
16	Program supplies			
17	Advertising			
18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]			
23	Other 1 (Input Description)			
24	Other 2 (Input Description)			
25	Other 3 (Input Description)			
26	Other 4 (Input Description)			
27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	July 1	rtner details on allocation of cost for individual amounts reported			Prog Ops for:
			Total	Total	
	Category		Expense	Allocation	
1		lity rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)				
2		lity janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	1	nance (includes facilities and furnishings)			
4	Office equipment a				
5		ide facility and vehicles)			
6	Interest expense (ex				
7		unications/etc. (exclude direct service space costs)			
8		roll taxes and personal income taxes)			
9		tion/accreditation fees			
10		g., advertising; exclude staff costs)			
11		nse (e.g., fees and materials; exclude staff costs)			
12	,	auto insurance for direct care staff and health, dental, workers' comp for all)			
13		ation costs (for Administrative Staff only)			
14	Information techno	logy expense (e.g., computers and software)			
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscript	ions			
19	Professional consul	ltant services - legal/accounting/etc.			
20	Travel (exclude tra	nsporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate	e office overhead			
22	[If Overhead is rep	orted in Line 21, describe allocation methodology here]			
23	Other 1	(Input Description)			
24	Other 2	(Input Description)			
25	Other 3	(Input Description)			
26	Other 4	(Input Description)			
27	Other 5	(Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
10	Hiring expenses (e.g., advertising; exclude staff costs)			
11	Staff training expense (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)			
14	Information technology expense (e.g., computers and software)			
15	Office supplies			
16	Program supplies			
17	Advertising			
18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]			
23	Other 1 (Input Description)			
24	Other 2 (Input Description)			
25	Other 3 (Input Description)			
26	Other 4 (Input Description)			
27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
2	Administrative facility janitorial/landscaping/etc. not part of rent (e	exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)				
4	Office equipment and furniture				
5	Depreciation (exclude facility and vehicles)				
6	Interest expense (excluding mortgage)				
7	Utilities/telecommunications/etc. (exclude direct service space cost	s)			
8	Taxes (exclude payroll taxes and personal income taxes)				
9	Licensing/certification/accreditation fees				
10	Hiring expenses (e.g., advertising; exclude staff costs)				
11	Staff training expense (e.g., fees and materials; exclude staff costs)				
12	Insurance (exclude auto insurance for direct care staff and health, d	ental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)				
14	Information technology expense (e.g., computers and software)				
15	Office supplies				
16	Program supplies				
17	Advertising				
18	Dues and subscriptions				
19	Professional consultant services - legal/accounting/etc.				
20	Travel (exclude transporting service recipients or direct care vehicle	es/ reimbursement)			
21	Allocated corporate office overhead				
22	[If Overhead is reported in Line 21, describe allocation methodolog	gy here]			
23	Other 1 (Input Description)				
24	Other 2 (Input Description)				
25	Other 3 (Input Description)				
26	Other 4 (Input Description)				
27	Other 5 (Input Description)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
T in a	Cotogowy	Total Expense	Total Allocation	
Line	Category	Expense	Anocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
10	Hiring expenses (e.g., advertising; exclude staff costs)			
11	Staff training expense (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)			
14	Information technology expense (e.g., computers and software)			
15	Office supplies			
16	Program supplies			
17	Advertising			
18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]			
23	Other 1 (Input Description)			
24	Other 2 (Input Description)			
25	Other 3 (Input Description)			
26	Other 4 (Input Description)			
27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
10	Hiring expenses (e.g., advertising; exclude staff costs)			
11	Staff training expense (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)			
14	Information technology expense (e.g., computers and software)			
15	Office supplies			
16	Program supplies			
17	Advertising			
18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]			
23	Other 1 (Input Description)			
24	Other 2 (Input Description)			
25	Other 3 (Input Description)			
26	Other 4 (Input Description)			
27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

					Prog Ops for:
		Tota	al	Total	
Line	Category	Exper	nse	Allocation	
	Calculated Administrative/Program Operations Rate				
28	Total calculated rate (as a percentage of reported revenues)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
10	Hiring expenses (e.g., advertising; exclude staff costs)			
11	Staff training expense (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)			
14	Information technology expense (e.g., computers and software)			
15	Office supplies			
16	Program supplies			
17	Advertising			
18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]			
23	Other 1 (Input Description)			
24	Other 2 (Input Description)			
25	Other 3 (Input Description)			
26	Other 4 (Input Description)			
27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

					Prog Ops for:
			Total	Total	
Line	Category	Ex	Expense	Allocation	
	Calculated Administrative/Program Operations Rate				
28	Total calculated rate (as a percentage of reported revenues)				

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)			
3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
10	Hiring expenses (e.g., advertising; exclude staff costs)			
11	Staff training expense (e.g., fees and materials; exclude staff costs)			
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)			
13	Workers' compensation costs (for Administrative Staff only)			
14	Information technology expense (e.g., computers and software)			
15	Office supplies			
16	Program supplies			
17	Advertising			
18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate office overhead			
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

					Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
	Calculated Administrative/Program Operation	s Rate			
28	Total calculated rate (as a percentage of reporte	d revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	tustructions for further actuals on anoctation of cost for marviatal amounts reported			Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-			
	based day program centers, community care facilities, ARFPSHNs, or other residential facilities)			
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3	Repairs and maintenance (includes facilities and furnishings)			
4	Office equipment and furniture			
5	Depreciation (exclude facility and vehicles)			
6	Interest expense (excluding mortgage)			
7	Utilities/telecommunications/etc. (exclude direct service space costs)			
8	Taxes (exclude payroll taxes and personal income taxes)			
9	Licensing/certification/accreditation fees			
	Hiring expenses (e.g., advertising; exclude staff costs)			
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

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					Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
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Report and allocate costs from your agency's most recently completed fiscal year

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		Total	Total	
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

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				Prog Ops for:
T in a	Cotogowy	Total Expense	Total Allocation	
Line	Category	Expense	Anocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

	e instructions for furmer details on directation of cost for materialia	•			Prog Ops for:
			Total	Total	
Line	Category		Expense	Allocation	
1	Administrative facility rent/mortgage/depreciation (exclude direct s	1			
	based day program centers, community care facilities, ARFPSHNs.				
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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
Line	Category	Total Expense	Total Allocation	
Ziiic	Calculated Administrative/Program Operations Rate	Lispense	THOCHUM	
28	Total calculated rate (as a percentage of reported revenues)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year

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Report and allocate costs from your agency's most recently completed fiscal year

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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

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Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

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Line	Category	Total Expense	Total Allocation	
Ziiic	Calculated Administrative/Program Operations Rate	Linpense	THOCHUM	
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15	Office supplies			
16	Program supplies			
17	Advertising			
18	Dues and subscriptions			
19	Professional consultant services - legal/accounting/etc.			
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)			
21	Allocated corporate office overhead			
22	[If Overhead is reported in Line 21, describe allocation methodology here]			
23	Other 1 (Input Description)			
24	Other 2 (Input Description)			
25	Other 3 (Input Description)			
26	Other 4 (Input Description)			
27	Other 5 (Input Description)			

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

 $Report\ and\ allocate\ costs\ from\ your\ agency's\ most\ recently\ completed\ fiscal\ year$

				Prog Ops for:
		Total	Total	
Line	Category	Expense	Allocation	
	Calculated Administrative/Program Operations Rate			
28	Total calculated rate (as a percentage of reported revenues)			

Fringe Benefits for Direct Care and Program Operations Staff (see p. 14 of the instructions)

Line	Factor	Example	Full-Time	Part-Time
	Staffing			
1	Number of current employees provide direct services to individuals	30		
2	Average number of work hours per employee per week	35		
	Holidays			
3	Are direct care and program operations staff eligible for holiday pay?	Yes		
4	If yes, waiting period before these are eligible for holiday pay	4 - 6 Months		
5	Minimum number of hours per week that these staff must work to be eligible for holiday pay	20		
6	Of the staff listed on Line 1, number currently eligible for holiday pay	22		
7	Average number of annual holidays that eligible direct care and program operations staff receive (in days)	10		
	Paid Time Off (PTO, Vacation and Sick Time)			
8	Are direct care and program operations staff eligible to receive paid time off, in addition to holidays?	Yes		
9	If yes, waiting period before staff are eligible for PTO	7 - 9 Months		
10	Minimum number of hours per week that these staff must work to be eligible for PTO	20		
11	Of the staff listed on Line 1, number currently eligible for PTO	18		
12	Average number of annual PTO days that eligible direct care and program operations staff receive (in days)	10		
	Health Insurance			
13	Are direct care and program operations staff eligible to receive health insurance through your organization?	Yes		
14	If yes, waiting period before staff are eligible for health insurance	7 - 9 Months		
15	Minimum number of hours per week that these staff must work to be eligible for health insurance	30		
16	Of the staff listed on Line 1, number currently eligible for health insurance	15		
17	Of the staff listed on Line 16, number currently receiving health insurance from your organization	10		
18	Organization's total contribution to health insurance costs in the previous month for the staff listed on Line 17	\$3,835		
19	Calculated average monthly cost per participating employee	\$383.50		
	Other Benefits			
20	Does your organization contribute to any other benefits for direct care and program operations staff?	No		
21	[If yes, specify the benefit(s) here]			
22	If yes, waiting period before these staff are eligible for these benefits			
23	Minimum number of hours per week that these staff must work to be eligible for these benefits			
24	Of the staff listed on Line 1, number currently eligible for these benefits			
25	Of the staff listed on Line 24, number currently receiving these benefits from your organization			
26	Organization's cost for providing these benefits in the previous month for the staff listed on Line 25			
27	Calculated average monthly cost per participating employee			
	State Unemployment Insurance			
28	Organization's state unemployment insurance tax rate for 2018 (or calculated rate if paying actual costs)	1.50%		

Tailored Day Services

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a			, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Staff T	raining
					0/ 6					ours
	Job Titles Habilitation Worker	County or Regional Center (if LA County) Optional Responses Eastern Los Angeles	Employee/ Contractor Employee	Total Hours Paid 4,160	% of Hours that were Over-time	Total Wages Paid \$47,600	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
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Tailored Day Services

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your c		The state of the s	J			y Annual		raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage		1st Year (per staff	Following Years (per staff average)
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Tailored Day Services

				Job Fu	ınction			Jo	Services Delivered/ Supported Services Day Services Day Other Services Other Services				
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Tailored Day Services	Other Services			
	Habilitation Worker	100%							100%				
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Tailored Day Services

				Job Fu	ınction			_ of		Delivered/ orted
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Tailored Day Services	Other Services
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Tailored Day Services

Line	Factor	Example	Input
	Agency Caseload and Service Design		_
1	Number of individuals receiving Tailored Day services from your organization	100	
2	Average number of hours of service per week per individual	30.00	
3	Average number of service encounters per week per staff person	10	
4	Average encounter length in hours	3.00	
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios		
5	2:1 staff-to-individual ratio		
6	1:1 staff-to-individual ratio	95%	
7	1:2 staff-to-individual ratio	5%	
8	1:3 staff-to-individual ratio		
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:		
9	Total hours worked and paid for in a week	37.00	
10	Providing Tailored Day services (should be equivalent to Line 3 * Line 4)	30.00	
11	Providing other billable services	0.00	
12	Participating in individual planning meetings	0.50	
13	Travel time between individuals	4.00	
14	Recordkeeping (do not include documentation during the course of service provision)	1.50	
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00	
16	Time lost to missed appointments	0.00	
17	Other activities [type description here]	0.00	
18	Other activities [type description here]	0.00	
19	Other activities [type description here]	0.00	
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes
21	Total miles driven per week per staff to travel between service encounters	120	
22	Total miles driven per week per staff to transport individuals	60	
23	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	
	On-Site Supervision		
24	Does your organization provide on-site supervision of staff providing Tailored Day services?	Yes	
25	If yes, average number of hours of on-site supervision provided per staff per year	4.00	

Tutor Services - Group (Service Code 025)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	geney's most ree	enry comp	% of	yeur.				Training ours
	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	average)
	Math tutor	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Tutor Services - Group (Service Code 025)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

County Optional Responses	1st Year Year (per staff)	owing ears staff rage)
County or Regional Center (if LA County) Difference of the second of the	Follo 1st Year Yea (per staff (per	ears staff
26 0	average) aver	lage)
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Tutor Services - Group (Service Code 025)

				Job Fu	ınction			of	Services I Supp	
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Tutor Services-Group (025)	Other Services
	Math tutor	50%					50%		25%	
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Tutor Services - Group (Service Code 025)

				Job Fu	nction			of _		Delivered/ orted
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Tutor Services- Group (025)	Other Services
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Tutor Services - Group (Service Code 025)

Line	Factor	Example	Input
	Agency Caseload and Service Design		
1	Number of individuals receiving Tutor services from your organization	10	
2	Average number of hours of service per week per individual	4.00	
3	Average number of service encounters per week per staff person	3	
4	Average encounter length in hours	4.00	
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios		
5	2:1 staff-to-individual ratio		
6	1:1 staff-to-individual ratio	90%	
7	1:2 staff-to-individual ratio	10%	
8	1:3 staff-to-individual ratio		
9	1:4 staff-to-individual ratio		
10	1:5 staff-to-individual ratio		
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:		
11	Total hours worked and paid for in a week	39.00	
12	Providing Tutor services (should be equivalent to Line 3 * Line 4)	12.00	
13	Providing other billable services	20.50	
14	Participating in individual planning meetings	0.50	
15	Travel time between individuals	3.00	
16	Recordkeeping (do not include documentation during the course of service provision)	1.00	
17	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.50	
18	Time lost to missed appointments	0.50	
19	Other activities [type description here]	0.00	
20	Other activities [type description here]	0.00	
21	Other activities [type description here]	0.00	
22	Has all time been allocated? (Total hours from Line 11 should equal sum of Lines 12 - 21)	Yes	Yes
23	Total miles driven per week per staff to travel between service encounters	90	
24	Total miles driven per week per staff to transport individuals	15	
25	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	
	On-Site Supervision		
26	Does your organization provide on-site supervision of staff providing Tutor services?	Yes	
27	If yes, average number of hours of on-site supervision provided per staff per year	4.00	

Socialization Training Program (Service Code 028)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

	T	Provide responses for your a	igency's most rec	епну сотр	ietea fiscai	year.	ı	ı	ı	
1									Staff T	raining
Lino	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	
									average)	
	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Socialization Training Program (Service Code 028)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your d	8		J	<i></i>			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Overtime	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
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Socialization Training Program (Service Code 028)

				Job Fu	nction				Sei	rvices Delive	ered/ Suppor	ted
			H.	00010		_	N ²	of _		ation/Traini		
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Other Services
Ex.	Habilitation Worker	100%							100%			
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Socialization Training Program (Service Code 028)

				Job Fu	nction				Sei	rvices Delive	ered/ Suppor	ted
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	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Other Services
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Socialization Training Program (Service Code 028)

			Input-	Input-	Input-
Line	Factor	Example	Program #1	Program #2	Program #3
	Location				
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the program is located	Del Norte			
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site	Medical			
4	Number of persons receiving Socialization Training Program services	6			
5	Number of hours per week that a typical person receives center-based services	24.0			
6	Number of hours per week that a typical person receives services in the community	6.0			
7	Average number of hours of Socialization Training Program services per week	180.0			
8	Average attendance rate for persons receiving services	91%			
9	Staffing ratio authorized for site	1:6			
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site	2			
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals	1			
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals	18,000			
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)	173			
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes	75%			
15	Percent of miles reported on Line 12 associated with 'in-program' transportation	25%			
16	Typical vehicle size (in terms of passengers)	8			
17	Average useful life (in miles) of vehicles before disposal	100,000			
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10	\$52,000			
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10	\$375			
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service	10%			
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			

Socialization Training Program (Service Code 028)

T :	Factor	Enomala	Input-	Input-	Input-
Line	Factor Sites of Which Services And Brevilled	Example	Program #1	Program #2	Program #3
23	Sites at Which Services Are Provided	5			
	Average number of days per week that the site is open to provide services				
24	Average number of hours per week that the site is open to provide services	40			
25	Total approximate square footage for the site	800			
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')	80%			
27	Total annual cost of rent/mortgage/depreciation for the site	\$15,000			
28	Total annual cost of janitorial/landscaping/repairs for the site	\$1,500			
29	Total annual cost of utilities/telecommunications for the site	\$2,500			
30	Approximate operating cost per square foot (including rent)	\$23.75			
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week	40.00			
32	Providing Socialization Training Program services	22.00			
33	Providing other billable services	14.00			
34	Participating in individual planning meetings	0.50			
35	Recordkeeping (do not include documentation during the course of service provision)	1.00			
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
37	Program development	1.00			
38	Program preparation/set-up/clean-up	1.00			
39	Other activities [type description here]	0.00			
40	Other activities [type description here]	0.00			
41	Other activities [type description here]	0.00			
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Socialization Training Program (Service Code 028)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
	Location				
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site				
4	Number of persons receiving Socialization Training Program services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of Socialization Training Program services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Socialization Training Program (Service Code 028)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7				
	Sites at Which Services Are Provided								
23	Average number of days per week that the site is open to provide services								
24	Average number of hours per week that the site is open to provide services								
25	Total approximate square footage for the site								
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')								
27	Total annual cost of rent/mortgage/depreciation for the site								
28	Total annual cost of janitorial/landscaping/repairs for the site								
29	Total annual cost of utilities/telecommunications for the site								
30	Approximate operating cost per square foot (including rent)								
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:								
31	Total hours worked and paid for in a week								
32	Providing Socialization Training Program services								
33	Providing other billable services								
34	Participating in individual planning meetings								
35	Recordkeeping (do not include documentation during the course of service provision)								
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)								
37	Program development								
38	Program preparation/set-up/clean-up								
39	Other activities [type description here]								
40	Other activities [type description here]								
41	Other activities [type description here]								
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes				
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)								

Socialization Training Program (Service Code 028)

		Input-	Input-	Input-	Input-
Line	Factor	Program #8	Program #9	Program #10	Program #11
	Location				
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site				
4	Number of persons receiving Socialization Training Program services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of Socialization Training Program services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles	T		T	
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Socialization Training Program (Service Code 028)

I ine	Factor	Input- Program #8	Input-	Input- Program #10	Input- Program #11				
Line	Sites at Which Services Are Provided	Trogram #0	110grain #7	110gram #10	110grain #11				
23	Average number of days per week that the site is open to provide services								
24	Average number of hours per week that the site is open to provide services								
25	Total approximate square footage for the site								
26	11 7								
	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms') Total appual cost of root/mortgage/dappaiction for the site.								
27	Total annual cost of rent/mortgage/depreciation for the site								
28	Total annual cost of janitorial/landscaping/repairs for the site								
29	Total annual cost of utilities/telecommunications for the site								
30	Approximate operating cost per square foot (including rent)								
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:			1					
31	Total hours worked and paid for in a week								
32	Providing Socialization Training Program services								
33	Providing other billable services								
34	Participating in individual planning meetings								
35	Recordkeeping (do not include documentation during the course of service provision)								
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)								
37	Program development								
38	Program preparation/set-up/clean-up								
39	Other activities [type description here]								
40	Other activities [type description here]								
41	Other activities [type description here]								
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes				
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)								

Client/Parent Support Behavior Intervention Training (Service Code 048)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your o	igency i most rec	entry comp	% of	, year.				Training ours
	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	average)
Ex.	Behavioral Tech I	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Client/Parent Support Behavior Intervention Training (Service Code 048)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your c		The state of the s	J					raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff average)
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Client/Parent Support Behavior Intervention Training (Service Code 048)

				Staff]	Duties			of I	Services I Supp	orted
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Behavior Intervention Training (048)	Other Services
Ex.	Behavioral Tech I	50%					50%		100%	
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Client/Parent Support Behavior Intervention Training (Service Code 048)

				Staff 1	Duties			t of	Services I Supp	
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Behavior Intervention Training (048)	Other Services
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Client/Parent Support Behavior Intervention Training (Service Code 048)

Line	Factor	Example	Input
	Agency Caseload and Service Design		
1	Number of individuals receiving Behavior Intervention Training services from your organization	20	
2	Average number of hours of service per week per individual	4.00	
3	Average number of service encounters per week per staff person	10	
4	Average encounter length in hours	2	
5	Percentage of service hours provided in individuals' homes and the community	80%	
6	Percentage of service hours provided in clinic setting	20%	
	Clinic Space		
7	Number of clinics at which this service is provided	1	
8	Total approximate square footage for all clinics where services are provided	1,500	
9	Estimated percentage of square footage that is used for direct services	75%	
10	Total annual cost of rent/ mortgage/ depreciation for all clinics where services are provided	\$30,000	
11	Total annual cost of janitorial/ landscaping/ repairs for all clinics where services are provided	\$2,400	
12	Total annual cost of utilities/ telecommunications for all clinics where services are provided	\$4,800	
13	Approximate operating cost per square foot (including rent)	\$24.80	
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:		
14	Total hours worked and paid for in a week	40.00	
15	Providing Client/Parent Support Behavior Intervention Training services (Line 3 * Line 4)	20.00	
16	Providing other billable services	12.00	
17	Participating in individual planning meetings	0.50	
18	Travel time between individuals	5.00	
19	Recordkeeping (do not include documentation during the course of service provision)	1.50	
20	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00	
21	Time lost to missed appointments	0.00	
22	Other activities [type description here]	0.00	
23	Other activities [type description here]	0.00	
24	Other activities [type description here]	0.00	
25	Has all time been allocated? (Total hours from Line 14 should equal sum of Lines 15 - 24)	Yes	Yes
26	Total miles driven per week per staff to travel between service encounters	150	
27	Total miles driven per week per staff to transport individuals	0	
28	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	

Client/Parent Support Behavior Intervention Training (Service Code 048)

Line	Factor	Example	Input
	On-Site Supervision		
29	Does your organization provide on-site supervision of staff providing Behavior Intervention Training?	Yes	
30	If yes, average number of hours of on-site supervision provided per staff per year	4.00	

Community Integration Training Program (Service Code 055)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

	T	Provide responses for your a	igency's most rec	епну сотр	ietea fiscai	year.	ı	ı	ı	
1									Staff T	raining
Lino	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	
									average)	
	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Community Integration Training Program (Service Code 055)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a		, ,					Staff T	Training
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
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Community Integration Training Program (Service Code 055)

				Job Fu	ınction			_
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised
Ex.	Habilitation Worker	100%						
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Community Integration Training Program (Service Code 055)

				Job Fu	ınction			
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised
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Community Integration Training Program (Service Code 055)

				Services	Delivered/ S	upported		
		Look-a	alike Day Pr	ogram	Emplo	yment		
	Job Titles	'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Employment - Job Development	Employment - Job Coaching	In-Home/ Community	Other Services
Ex.	Habilitation Worker	100%						
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Community Integration Training Program (Service Code 055)

				Services	Delivered/ S	upported		
		Look-a	alike Day Pr	ogram	Emplo	yment		
Line	Job Titles	'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Employment - Job Development	Employment - Job Coaching	In-Home/ Community	Other Services
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Community Integration Training Program (Service Code 055) - Day Program

			Input-	Input-	Input-
Line	Factor	Example	Program #1	_	Program #3
	Location				
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the program is located	Del Norte			
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site	Medical			
4	Number of persons receiving Community Integration Training Program services	6			
5	Number of hours per week that a typical person receives center-based services	24.0			
6	Number of hours per week that a typical person receives services in the community	6.0			
7	Average number of hours of Community Integration Training Program services per week	180.0			
8	Average attendance rate for persons receiving services	91%			
9	Staffing ratio authorized for site	1:6			
	Vehicles				_
10	Total # of agency-owned and -leased vehicles for this site	2			
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals	1			
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals	32,000			
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)	308			
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes	75%			
15	Percent of miles reported on Line 12 associated with 'in-program' transportation	25%			
16	Typical vehicle size (in terms of passengers)	4			
17	Average useful life (in miles) of vehicles before disposal	100,000			
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10	\$38,000			
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10	\$375			
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service	10%			
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			

Community Integration Training Program (Service Code 055) - Day Program

			Input-	Input-	Input-
Line	Factor	Example	Program #1	Program #2	Program #3
	Sites at Which Services Are Provided				
23	Average number of days per week that the site is open to provide services	5			
24	Average number of hours per week that the site is open to provide services	40			
25	Total approximate square footage for the site	1,800			
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')	80%			
27	Total annual cost of rent/mortgage/depreciation for the site	\$28,000			
28	Total annual cost of janitorial/landscaping/repairs for the site	\$8,000			
29	Total annual cost of utilities/telecommunications for the site	\$2,200			
30	Approximate operating cost per square foot (including rent)	\$21.22			
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week	40.00			
32	Providing Community Integration Training Program services	22.00			
33	Providing other billable services	14.00			
34	Participating in individual planning meetings	0.50			
35	Recordkeeping (do not include documentation during the course of service provision)	1.00			
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
37	Program development	1.00			
38	Program preparation/set-up/clean-up	1.00			
39	Other activities [type description here]	0.00			
40	Other activities [type description here]	0.00			
41	Other activities [type description here]	0.00			
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Community Integration Training Program (Service Code 055) - Day Program

		Innut	Innut	Innut	Tunu4
Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
	Location		8	8	
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site				
4	Number of persons receiving Community Integration Training Program services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of Community Integration Training Program services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Community Integration Training Program (Service Code 055) - Day Program

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
	Sites at Which Services Are Provided	110814111111	110814111111	11081411111	110814444
23	Average number of days per week that the site is open to provide services				
24	Average number of hours per week that the site is open to provide services				
25	Total approximate square footage for the site				
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
27	Total annual cost of rent/mortgage/depreciation for the site				
28	Total annual cost of janitorial/landscaping/repairs for the site				
29	Total annual cost of utilities/telecommunications for the site				
30	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week				
32	Providing Community Integration Training Program services				
33	Providing other billable services				
34	Participating in individual planning meetings				
35	Recordkeeping (do not include documentation during the course of service provision)				
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
37	Program development				
38	Program preparation/set-up/clean-up				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Other activities [type description here]				
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Community Integration Training Program (Service Code 055) - Day Program

		T4	T4	T4	T4
Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
Line	Location	110grum #0	110grum #7	110grum #10	110grum #11
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)	I	1		
3	Primary program type for site				
4	Number of persons receiving Community Integration Training Program services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of Community Integration Training Program services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Community Integration Training Program (Service Code 055) - Day Program

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
	Sites at Which Services Are Provided				
23	Average number of days per week that the site is open to provide services				
24	Average number of hours per week that the site is open to provide services				
25	Total approximate square footage for the site				
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
27	Total annual cost of rent/mortgage/depreciation for the site				
28	Total annual cost of janitorial/landscaping/repairs for the site				
29	Total annual cost of utilities/telecommunications for the site				
30	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week				
32	Providing Community Integration Training Program services				
33	Providing other billable services				
34	Participating in individual planning meetings				
35	Recordkeeping (do not include documentation during the course of service provision)				
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
37	Program development				
38	Program preparation/set-up/clean-up				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Other activities [type description here]				
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Community Integration Training Program (Service Code 055) - Employment

Line	Factor	Example	Job Develop.	Job Coaching
	Agency Caseload and Service Design			8
1	Number of individuals receiving Individual Employment Supports services from your organization	80		
2	Average current caseload per full time equivalent job developer/job coach	8		
3	Annual number of individuals successfully placed in employment per full time equivalent job developer	12		
4	For individuals successfully placed in employment in 2017, % that remained employed for a least 90 days	75%		
5	Average number of staff hours required to successfully place an individual in employment	100		
6	Of the individuals receiving job coaching reported on Line 1, average number of work hours per week	25		
7	For individuals receiving job coaching from Line 1, avg. # of hours of job coaching svcs. received per week	12		
8	Of individuals receiving job coaching reported on Line 1, average hourly wage earned	\$10.75		
9	Average number of service encounters per week per job coach	8		
10	Average encounter length in hours	3.25		
	Staffing Pattern for a 'typical' week for a job developer/ job coach. Input the number of hours per week for	the following	•	
11	Total hours worked and paid for in a week	38.00		
12	Providing direct, face-to-face Individual Employment Supports services (Line 9 * Line 10)	26.00		
13	Performing 'collateral contacts' (e.g., calling an employer regarding a specific individual)	4.50		
14	Performing general job development activities that are not individual-specific	2.00		
15	Providing other billable services	1.00		
16	Participating in individual planning meetings	0.50		
17	Travel time between individuals	3.00		
18	Recordkeeping (do not include documentation during the course of service provision)	0.50		
19	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50		
20	Other activities [type description here]	0.00		
21	Other activities [type description here]	0.00		
22	Other activities [type description here]	0.00		
23	Has all time been allocated? (Total hours from Line 11 should equal sum of Lines 12 - 22)	Yes	Yes	Yes
24	Total miles driven per week per job developer/ job coach to travel between service encounters	90		
25	Total miles driven per week per job developer/ job coach to transport individuals	25		
26	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75		

Community Integration Training Program (Service Code 055) - In-Home/Community Based

Line	Factor	Example	Input
	Agency Caseload and Service Design		-
1	Number of individuals receiving Community Integration Training services from your organization	100	
2	Average number of hours of service per week per individual	30.00	
3	Average number of service encounters per week per staff person	5	
4	Average encounter length in hours	6.00	
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios		
5	2:1 staff-to-individual ratio		
6	1:1 staff-to-individual ratio	95%	
7	1:2 staff-to-individual ratio	5%	
8	1:3 staff-to-individual ratio		
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:		
9	Total hours worked and paid for in a week	37.00	
10	Providing Community Integration Training services (should be equivalent to Line 3 * Line 4)	30.00	
11	Providing other billable services	0.00	
12	Participating in individual planning meetings	0.50	
13	Travel time between individuals	4.00	
14	Recordkeeping (do not include documentation during the course of service provision)	1.50	
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00	
16	Time lost to missed appointments	0.00	
17	Other activities [type description here]	0.00	
18	Other activities [type description here]	0.00	
19	Other activities [type description here]	0.00	
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes
21	Total miles driven per week per staff to travel between service encounters	0	
22	Total miles driven per week per staff to transport individuals	150	
23	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	
	On-Site Supervision		
24	Does your organization provide on-site supervision of staff providing Community Integration Training?	Yes	
25	If yes, average number of hours of on-site supervision provided per staff per year	4.00	

Personal Assistance (Service Code 062)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

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	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage		1st Year (per staff average)	average)
_	Personal Care Aide	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Personal Assistance (Service Code 062)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a				<i></i>				Training ours
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years
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Personal Assistance (Service Code 062)

				Staff l	Duties			Jo	Services I Supp	
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Personal Assistance (062)	Other Services
	Personal Care Aide	95%					5%		100%	
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Personal Assistance (Service Code 062)

				Staff l	Duties			of _	Services I Supp	
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Personal Assistance (062)	Other Services
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Personal Assistance (062)

Line	Factor	Example	Input
	Agency Caseload and Service Design		
1	Number of individuals receiving Personal Assistance services from your organization	10	
2	Average number of hours of service per week per individual	4.00	
3	Average number of service encounters per week per staff person	6	
4	Average encounter length in hours	4.00	
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios		
5	2:1 staff-to-individual ratio		
6	1:1 staff-to-individual ratio	95%	
7	1:2 staff-to-individual ratio	5%	
8	1:3 staff-to-individual ratio		
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:		
9	Total hours worked and paid for in a week	28.00	
10	Providing Personal Assistance services (should be equivalent to Line 3 * Line 4)	24.00	
11	Providing other billable services	0.00	
12	Participating in individual planning meetings	0.00	
13	Travel time between individuals	3.00	
14	Recordkeeping (do not include documentation during the course of service provision)	0.50	
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50	
16	Time lost to missed appointments	0.00	
17	Other activities [type description here]	0.00	
18	Other activities [type description here]	0.00	
19	Other activities [type description here]	0.00	
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes
21	Total miles driven per week per staff to travel between service encounters	90	
22	Total miles driven per week per staff to transport individuals	15	
23	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	
	On-Site Supervision		
24	Does your organization provide on-site supervision of staff providing Personal Assistance?	Yes	
25	If yes, average number of hours of on-site supervision provided per staff per year	4.00	

Community Activities Support (Service Code 063)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	geney's most ree	chity comp	ierea jisean	year.			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Community Activities Support (Service Code 063)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	gency's most rec	ениу сотр	ieiea jiscai	year.			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff
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Community Activities Support (Service Code 063)

		Job Function										
				յստ բլ	menon			Je				
	Job Titles	Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised				
Ex.	Habilitation Worker	100%										
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Community Activities Support (Service Code 063)

				Job Fu	ınction			
Line	Job Titles	Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised
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Community Activities Support (Service Code 063)

				Services	Delivered/ S	upported		
		Look-a	alike Day Pr		Emplo	yment		
Line	Job Titles	'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Employment - Job Development ,	Employment - Job Coaching	In-Home/ Community	Other Services
Ex.	Habilitation Worker	100%						
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Community Activities Support (Service Code 063)

				Services	Delivered/ S	upported		
		Look-a	alike Day Pr	ogram	Emplo	yment		
	Job Titles	'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Employment - Job Development ,	Employment - Job Coaching	In-Home/ Community	Other Services
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Community Activities Support (Service Code 063) - Day Program

			Input-	Input-	Input-
Line	Factor	Example	Program #1	Program #2	Program #3
	Location				
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the program is located	Del Norte			
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site	Medical			
4	Number of persons receiving Community Integration Training Program services	6			
5	Number of hours per week that a typical person receives center-based services	24.0			
6	Number of hours per week that a typical person receives services in the community	6.0			
7	Average number of hours of Community Integration Training Program services per week	180.0			
8	Average attendance rate for persons receiving services	91%			
9	Staffing ratio authorized for site	1:6			
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site	2			
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals	1			
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals	32,000			
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)	308			
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes	75%			
15	Percent of miles reported on Line 12 associated with 'in-program' transportation	25%			
16	Typical vehicle size (in terms of passengers)	4			
17	Average useful life (in miles) of vehicles before disposal	100,000			
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10	\$38,000			
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10	\$375			
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service	10%			
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			

Community Activities Support (Service Code 063) - Day Program

			Input-	Input-	Input-
Line	Factor	Example	Program #1	Program #2	Program #3
	Sites at Which Services Are Provided				
23	Average number of days per week that the site is open to provide services	5			
24	Average number of hours per week that the site is open to provide services	40			
25	Total approximate square footage for the site	400			
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')	90%			
27	Total annual cost of rent/mortgage/depreciation for the site	\$2,800			
28	Total annual cost of janitorial/landscaping/repairs for the site	\$800			
29	Total annual cost of utilities/telecommunications for the site	\$1,500			
30	Approximate operating cost per square foot (including rent)	\$12.75			
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week	40.00			
32	Providing Community Integration Training Program services	22.00			
33	Providing other billable services	14.00			
34	Participating in individual planning meetings	0.50			
35	Recordkeeping (do not include documentation during the course of service provision)	1.00			
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
37	Program development	1.00			
38	Program preparation/set-up/clean-up	1.00			
39	Other activities [type description here]	0.00			
40	Other activities [type description here]	0.00			
41	Other activities [type description here]	0.00			
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Community Activities Support (Service Code 063) - Day Program

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
	Location		8	8	
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site				
4	Number of persons receiving Community Integration Training Program services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of Community Integration Training Program services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Community Activities Support (Service Code 063) - Day Program

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
	Sites at Which Services Are Provided	110814111111	110814111111	11081411111	110814111111
23	Average number of days per week that the site is open to provide services				
24	Average number of hours per week that the site is open to provide services				
25	Total approximate square footage for the site				
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
27	Total annual cost of rent/mortgage/depreciation for the site				
28	Total annual cost of janitorial/landscaping/repairs for the site				
29	Total annual cost of utilities/telecommunications for the site				
30	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week				
32	Providing Community Integration Training Program services				
33	Providing other billable services				
34	Participating in individual planning meetings				
35	Recordkeeping (do not include documentation during the course of service provision)				
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
37	Program development				
38	Program preparation/set-up/clean-up				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Other activities [type description here]				
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Community Activities Support (Service Code 063) - Day Program

Line	Factor	Input- Program #8	Input-	Input-	Input- Program #11
Line	Location	110grain #6	110grain#9	110gram #10	110grain #11
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site				
4	Number of persons receiving Community Integration Training Program services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of Community Integration Training Program services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Community Activities Support (Service Code 063) - Day Program

T ima	Factor	Input-	Input- Program #9	Input- Program #10	Input-
Line		Program #8	Frogram #9	Frogram #10	Frogram #11
	Sites at Which Services Are Provided				
23	Average number of days per week that the site is open to provide services				
24	Average number of hours per week that the site is open to provide services				
25	Total approximate square footage for the site				
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
27	Total annual cost of rent/mortgage/depreciation for the site				
28	Total annual cost of janitorial/landscaping/repairs for the site				
29	Total annual cost of utilities/telecommunications for the site				
30	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:	·			
31	Total hours worked and paid for in a week				
32	Providing Community Integration Training Program services				
33	Providing other billable services				
34	Participating in individual planning meetings				
35	Recordkeeping (do not include documentation during the course of service provision)				
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
37	Program development				
38	Program preparation/set-up/clean-up				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Other activities [type description here]				
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Community Activities Support (Service Code 063) - Employment

Line	Factor	Example	Job Develop.	Job Coaching
	Agency Caseload and Service Design			0
1	Number of individuals receiving Individual Employment Supports services from your organization	80		
2	Average current caseload per full time equivalent job developer/job coach	8		
3	Annual number of individuals successfully placed in employment per full time equivalent job developer	12		
4	For individuals successfully placed in employment in 2017, % that remained employed for a least 90 days	75%		
5	Average number of staff hours required to successfully place an individual in employment	100		
6	Of the individuals receiving job coaching reported on Line 1, average number of work hours per week	25		
7	For individuals receiving job coaching from Line 1, avg. # of hours of job coaching svcs. received per week	12		
8	Of individuals receiving job coaching reported on Line 1, average hourly wage earned	\$10.75		
9	Average number of service encounters per week per job coach	8		
10	Average encounter length in hours	3.25		
	Staffing Pattern for a 'typical' week for a job developer/ job coach. Input the number of hours per week for	the following	•	
11	Total hours worked and paid for in a week	38.00		
12	Providing direct, face-to-face Individual Employment Supports services (Line 9 * Line 10)	26.00		
13	Performing 'collateral contacts' (e.g., calling an employer regarding a specific individual)	4.50		
14	Performing general job development activities that are not individual-specific	2.00		
15	Providing other billable services	1.00		
16	Participating in individual planning meetings	0.50		
17	Travel time between individuals	3.00		
18	Recordkeeping (do not include documentation during the course of service provision)	0.50		
19	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50		
20	Other activities [type description here]	0.00		
21	Other activities [type description here]	0.00		
22	Other activities [type description here]	0.00		
23	Has all time been allocated? (Total hours from Line 11 should equal sum of Lines 12 - 22)	Yes	Yes	Yes
24	Total miles driven per week per job developer/ job coach to travel between service encounters	90		
25	Total miles driven per week per job developer/ job coach to transport individuals	25		
26	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75		

Community Activities Support (Service Code 063) - In-Home/Community Based

Line	Factor	Example	Input						
	Agency Caseload and Service Design		-						
1	Number of individuals receiving Community Integration Training services from your organization	100							
2	Average number of hours of service per week per individual	30.00							
3	Average number of service encounters per week per staff person	5							
4	Average encounter length in hours	6.00							
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios								
5	2:1 staff-to-individual ratio								
6	1:1 staff-to-individual ratio	95%							
7	1:2 staff-to-individual ratio	5%							
8	1:3 staff-to-individual ratio								
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:								
9	Total hours worked and paid for in a week	37.00							
10	Providing Community Integration Training services (should be equivalent to Line 3 * Line 4)	30.00							
11	Providing other billable services	0.00							
12	Participating in individual planning meetings	0.50							
13	Travel time between individuals	4.00							
14	Recordkeeping (do not include documentation during the course of service provision)	1.50							
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00							
16	Time lost to missed appointments	0.00							
17	Other activities [type description here]	0.00							
18	Other activities [type description here]	0.00							
19	Other activities [type description here]	0.00							
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes						
21	Total miles driven per week per staff to travel between service encounters	0							
22	Total miles driven per week per staff to transport individuals	150							
23	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75							
	On-Site Supervision								
24	Does your organization provide on-site supervision of staff providing Community Integration Training?	Yes							
25	If yes, average number of hours of on-site supervision provided per staff per year	4.00							

Crisis Intervention Facility/ Bed (Service Code 090)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

County or Regional Center (if LA County)			Provide responses for your a	geney a most ree	% of			Staff Training Hours			
1 2 3 4 4 5 6 6 7 8 9 10 11 11 12 3 13 4 15 5 16 6 17 18 19 9 20 9 21 9 22 9 23 24			Regional Center (if LA County) Optional Responses	Contractor	Hours Paid	were Over- time	Wages Paid	Hourly Wage	Turnover	(per staff average)	(per staff average)
2 3 3 4 4 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 19 20 21 22 23 24 24	Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
3 4 5 6 7 8 9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24 24											
4 5 6 6 7 8 9 10 11 11 12 13 13 14 15 16 17 18 19 20 21 22 23 24											
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Crisis Intervention Facility/ Bed (Service Code 090)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your c		The state of the s	J					raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff average)
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Crisis Intervention Facility/ Bed (Service Code 090)

				Staff l	Duties			Jo	Services I Supp	
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Crisis Intervention (090)	Other Services
	Habilitation Worker	75%					25%		100%	
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Crisis Intervention Facility/ Bed (Service Code 090)

				Staff 1	Duties			Jo	Services I Supp	Delivered/ orted
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Crisis Intervention (090)	Other Services
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Crisis Intervention Facility/ Bed (Service Code 090)

				Beds in
			Dedicated	Other
Line	Factor	Example	Facilities	Facilities
	Home Characteristics			
1	Number of dedicated Crisis Intervention facilities operated by your organization	10		
2	Number of Crisis Intervention beds operated by your organization	8		
3	Average length of an individual's stay in a Crisis Intervention facility/bed in 2017 (in days)	60		
4	Current occupancy rate	80%		
	Activities Outside of the Home			
5	% of individuals regularly participating in activities (paid or unpaid) away from the Crisis bed without Crisis staff	25%		
6	For individuals participating in outside activities, average scheduled hours per week	12		
7	For individuals participating in outside activities, average number of hours per week they participate	8		
	Vehicles			
8	Total number of agency-owned and -leased vehicles for your organization's Crisis Intervention facilities	2		
9	Of the vehicles reported on Line 8, number that accommodate non-ambulatory individuals	0		
10	Total annual number of miles traveled by the vehicles reported on Line 8 on behalf of individuals	25,000		
11	Average number of miles per vehicle per week (Line 10 divided by Line 8 divided by 52)	240		
12	Typical vehicle size (in terms of passengers)	6	6	
13	Average useful life (in miles) of vehicles before disposal	100,000	100,000	
14	As applicable, average purchase price of agency-owned vehicles reported on Line 8	\$38,000	\$38,000	
15	As applicable, average monthly lease price of agency-leased vehicles reported on Line 8	\$375	\$375	
16	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500	1,500	
17	Of the total miles reported on Lines 10 & 16 percentage billed under separate service	10%	10%	
18	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240	\$240	
	Staffing			
19	Average number of direct care staff hours scheduled per week per Crisis Intervention facility	416		
20	Average number of direct care staff hours dedicated to each crisis bed	12		
	Staffing Pattern for a 'typical' week for direct care staff. Input the number of hours per week for the following:			
21	Total hours worked and paid for in a week	40.00		
22	Providing Crisis Intervention services	39.50		
23	Providing other billable services	0.00		
24	Participating in individual planning meetings	0.00		
25	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50		
26	Other activities [type description here]	0.00		

Crisis Intervention Facility/ Bed (Service Code 090)

Line	Factor	Example	Dedicated Facilities	Beds in Other Facilities
27	Other activities [type description here]	0.00		
28	Other activities [type description here]	0.00		
29	Has all time been allocated? (Total hours from Line 18 should equal sum of Lines 19 - 25)	Yes	Yes	Yes
30	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75		

In-Home/ Mobile Day Program (Service Code 091)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	geney's most ree	chity comp	ierea jisean	year.			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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In-Home/ Mobile Day Program (Service Code 091)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your d	8		J	<i></i>			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
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In-Home/ Mobile Day Program (Service Code 091)

Line Job Titles Do Function Job Function	Other Services
Ex. Habilitation Worker 100% 1 1 2 1 3 1 4 1 5 1 6 1 7 1	Other Services
Ex. Habilitation Worker 100% 1 1 2 1 3 1 4 1 5 1 6 1 7 1	
2 3 4 5 6 7	
3 4 4 5 6 7	
4 5 6 7	
5 6 7	
6 1	
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In-Home/ Mobile Day Program (Service Code 091)

				Job Fu	nction				Sei	rvices Delive	ered/ Suppor	ted
						_	us	t of d		ome/Mobile		
	Job Titles	Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Other Services
26												
27												
28 29												
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In-Home/Mobile Day Program (Service Code 091)

			Input-	Input-	Input-
Line	Factor	Example	Program #1	Program #2	Program #3
	Location				
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the program is located	Del Norte			
	Agency Caseload and Service Design (report data based upon individual sites)				,
3	Primary program type for site	Medical			
4	Number of persons receiving In-Home/Mobile Day Program services	6			
5	Number of hours per week that a typical person receives center-based services	24.0			
6	Number of hours per week that a typical person receives services in the community	6.0			
7	Average number of hours of In-Home/Mobile Day Program services per week	180.0			
8	Average attendance rate for persons receiving services	91%			
9	Staffing ratio authorized for site	1:6			
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site	2			
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals	1			
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals	32,000			
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)	308			
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes	75%			
15	Percent of miles reported on Line 12 associated with 'in-program' transportation	25%			
16	Typical vehicle size (in terms of passengers)	4			
17	Average useful life (in miles) of vehicles before disposal	100,000			
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10	\$38,000			
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10	\$375			
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service	10%			
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			

In-Home/Mobile Day Program (Service Code 091)

			Input-	Input-	Input-
Line	Factor	Example	Program #1	Program #2	Program #3
	Sites at Which Services Are Provided				
23	Average number of days per week that the site is open to provide services	5			
24	Average number of hours per week that the site is open to provide services	40			
25	Total approximate square footage for the site	500			
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')	75%			
27	Total annual cost of rent/mortgage/depreciation for the site	\$6,250			
28	Total annual cost of janitorial/landscaping/repairs for the site	\$750			
29	Total annual cost of utilities/telecommunications for the site	\$1,420			
30	Approximate operating cost per square foot (including rent)	\$16.84			
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week	40.00			
32	Providing In-Home/Mobile Day Program services	22.00			
33	Providing other billable services	14.00			
34	Participating in individual planning meetings	0.50			
35	Recordkeeping (do not include documentation during the course of service provision)	1.00			
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
37	Program development	1.00			
38	Program preparation/set-up/clean-up	1.00			
39	Other activities [type description here]	0.00			
40	Other activities [type description here]	0.00			
41	Other activities [type description here]	0.00			
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

In-Home/Mobile Day Program (Service Code 091)

		Input-	Input-	Input-	Input-
Line	Factor	Program #4	Program #5	Program #6	Program #7
	Location				
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site				
4	Number of persons receiving In-Home/Mobile Day Program services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of In-Home/Mobile Day Program services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles	T			
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

In-Home/Mobile Day Program (Service Code 091)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
Line	Sites at Which Services Are Provided	110grum #4	110gruin #2	110grum #0	Trogram "7
23	Average number of days per week that the site is open to provide services				
24	Average number of hours per week that the site is open to provide services				
25	Total approximate square footage for the site				
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
27	Total annual cost of rent/mortgage/depreciation for the site				
28	Total annual cost of janitorial/landscaping/repairs for the site				
29	Total annual cost of utilities/telecommunications for the site				
30	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week				
32	Providing In-Home/Mobile Day Program services				
33	Providing other billable services				
34	Participating in individual planning meetings				
35	Recordkeeping (do not include documentation during the course of service provision)				
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
37	Program development				
38	Program preparation/set-up/clean-up				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Other activities [type description here]				
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

In-Home/Mobile Day Program (Service Code 091)

		T4	T4	T4	T4
Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
	Location	110910000	210824411111	110 g 1 w // 10	110gruin // 11
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site				
4	Number of persons receiving In-Home/Mobile Day Program services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of In-Home/Mobile Day Program services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles			,	
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

In-Home/Mobile Day Program (Service Code 091)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
Line	Sites at Which Services Are Provided	110gram #0	110gruin #7	110grum #10	110gruin #11
23	Average number of days per week that the site is open to provide services				
24	Average number of hours per week that the site is open to provide services				
25	Total approximate square footage for the site				
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
27	Total annual cost of rent/mortgage/depreciation for the site				
28	Total annual cost of janitorial/landscaping/repairs for the site				
29	Total annual cost of utilities/telecommunications for the site				
30	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week				
32	Providing In-Home/Mobile Day Program services				
33	Providing other billable services				
34	Participating in individual planning meetings				
35	Recordkeeping (do not include documentation during the course of service provision)				
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
37	Program development				
38	Program preparation/set-up/clean-up				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Other activities [type description here]				
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Creative Arts Program (Service Code 094)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

	T	Provide responses for your a	igency's most rec	епну сотр	ietea fiscai	year.	ı	ı	ı	
1									Staff T	raining
Lino	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	
									average)	
	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Creative Arts Program (Service Code 094)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Trovide responses for your d		The state of the s					Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
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Creative Arts Program (Service Code 094)

				Job Fu	nction				Se	rvices Delive	ered/ Suppor	ted
			aff			g	su	t of d		eative Arts (
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Other Services
	Habilitation Worker	100%							100%			
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Creative Arts Program (Service Code 094)

				Job Fu	nction				Sei	rvices Delive	red/ Suppor	ted
			aff			ι	18	t of	Cre	ative Arts (()94)	
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Other Services
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Creative Arts Program (Service Code 094)

			Input-	Input-	Input-
Line	Factor	Example	Program #1	Program #2	Program #3
	Location				
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the program is located	Del Norte			
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site	Medical			
4	Number of persons receiving Creative Arts Program services	6			
5	Number of hours per week that a typical person receives center-based services	24.0			
6	Number of hours per week that a typical person receives services in the community	6.0			
7	Average number of hours of Creative Arts Program services per week	180.0			
8	Average attendance rate for persons receiving services	91%			
9	Staffing ratio authorized for site	1:6			
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site	2			
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals	1			
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals	32,000			
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)	308			
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes	75%			
15	Percent of miles reported on Line 12 associated with 'in-program' transportation	25%			
16	Typical vehicle size (in terms of passengers)	4			
17	Average useful life (in miles) of vehicles before disposal	100,000			
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10	\$38,000			
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10	\$375			
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service	10%			
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			

Creative Arts Program (Service Code 094)

			Input-	Input-	Input-
Line	Factor	Example	Program #1	Program #2	Program #3
	Sites at Which Services Are Provided		_		
23	Average number of days per week that the site is open to provide services	5			
24	Average number of hours per week that the site is open to provide services	40			
25	Total approximate square footage for the site	500			
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')	75%			
27	Total annual cost of rent/mortgage/depreciation for the site	\$6,250			
28	Total annual cost of janitorial/landscaping/repairs for the site	\$750			
29	Total annual cost of utilities/telecommunications for the site	\$1,420			
30	Approximate operating cost per square foot (including rent)	\$16.84			
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week	40.00			
32	Providing Creative Arts Program services	22.00			
33	Providing other billable services	14.00			
34	Participating in individual planning meetings	0.50			
35	Recordkeeping (do not include documentation during the course of service provision)	1.00			
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
37	Program development	1.00			
38	Program preparation/set-up/clean-up	1.00			
39	Other activities [type description here]	0.00			
40	Other activities [type description here]	0.00			
41	Other activities [type description here]	0.00			
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Creative Arts Program (Service Code 094)

		Input-	Input-	Input-	Input-
Line	Factor	Program #4	Program #5	_	Program #7
	Location				
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site				
4	Number of persons receiving Creative Arts Program services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of Creative Arts Program services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Creative Arts Program (Service Code 094)

I ine	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
Line	Sites at Which Services Are Provided	110grain #4	Trogram π5	110gram #0	T Togram π7
23	Average number of days per week that the site is open to provide services				
24	Average number of hours per week that the site is open to provide services				
25	Total approximate square footage for the site				
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
27	Total annual cost of rent/mortgage/depreciation for the site				
28	Total annual cost of janitorial/landscaping/repairs for the site				
29	Total annual cost of utilities/telecommunications for the site				
30					
30	Approximate operating cost per square foot (including rent)				
21	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following: Total hours worked and paid for in a week				
31	*				
32	Providing Creative Arts Program services				
33	Providing other billable services				
34	Participating in individual planning meetings				
35	Recordkeeping (do not include documentation during the course of service provision)				
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
37	Program development				
38	Program preparation/set-up/clean-up				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Other activities [type description here]				
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Creative Arts Program (Service Code 094)

		Input-	Input-	Input-	Input-
Line	Factor	Program #8	_	-	Program #11
	Location				
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site				
4	Number of persons receiving Creative Arts Program services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of Creative Arts Program services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Creative Arts Program (Service Code 094)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
Line	Sites at Which Services Are Provided	1 Togram #o	110gram #/	110gram #10	110grain #11
23	Average number of days per week that the site is open to provide services				
24	Average number of hours per week that the site is open to provide services				
25	Total approximate square footage for the site				
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
27	Total annual cost of rent/mortgage/depreciation for the site				
28	Total annual cost of janitorial/landscaping/repairs for the site				
29	Total annual cost of utilities/telecommunications for the site				
30	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week				
32	Providing Creative Arts Program services				
33	Providing other billable services				
34	Participating in individual planning meetings				
35	Recordkeeping (do not include documentation during the course of service provision)				
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
37	Program development				
38	Program preparation/set-up/clean-up				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Other activities [type description here]				
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Specialized Health, Treatment and Training Services (Service Code 103)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

	1	Provide responses for your a	igency's most rec	епну сотр	ietea fiscai	year.	ı	T.	ı	
									Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	
Ex.	LVN	Eastern Los Angeles	Employee	2,000	0%	\$38,500	\$19.25	20%	45	20
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Specialized Health, Treatment and Training Services (Service Code 103)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your d	8		J	<i></i>			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Overtime	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
26										
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Specialized Health, Treatment and Training Services (Service Code 103)

				Job Fu	nction				Sei	ted		
						_	S	of 		ec. Health (1		
	Job Titles	Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	G-Tube related treatments	Dental hygiene training	Other Specialized Services Under 103	Other Services
Ex.	LVN	50%					50%		50%			50%
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Specialized Health, Treatment and Training Services (Service Code 103)

-				Job Fu	nction				Sei	rvices Delive	ered/ Support	ed
						ı	ıs	t of		ec. Health (1		
Line	Job Titles	Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	G-Tube related treatments	Dental hygiene training	Other Specialized Services Under 103	Other Services
26												
27												
28												
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Specialized Health, Treatment, and Training Services (Service Code 103)

			G-Tube		
			related	Dental hygiene	Other 103
Line	Factor	Example	treatments	training	Services
	Agency Caseload and Service Design				
1	Number of individuals receiving services from your organization	10			
2	Average number of hours of service per week per individual	4.00			
3	Average number of service encounters per week per staff person	3			
4	Average encounter length in hours	2.00			
5	Percentage of service hours provided in individuals' homes and the community	60%			
6	Percentage of service hours provided in clinic setting	40%			
	Clinic/Office Space				
7	Number of clinics/offices at which this service is provided	1			
8	Total approximate square footage for all clinics/ offices where services are provided	3,000			
9	Estimated percentage of square footage that is used for direct services	60%			
10	Total annual cost of rent/mortgage/depreciation for all clinics/offices where services are provided	\$60,000			
11	Total annual cost of janitorial/landscaping/repairs for all clinics/offices where services are provided	\$2,400			
12	Total annual cost of utilities/telecommunications for all clinics/ offices where services are provided	\$4,800			
13	Approximate operating cost per square foot (including rent)	\$22.40			
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:				
14	Total hours worked and paid for in a week	40.00			
15	Providing Specialized Health, Treatment & Training services (Line 3 * Line 4)	6.00			
16	Providing other billable services	30.00			
17	Participating in individual planning meetings	0.00			
18	Travel time between individuals	2.50			
19	Recordkeeping (do not include documentation during the course of service provision)	0.50			
20	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00			
21	Time lost to missed appointments	0.00			
22	Other activities [type description here]	0.00			
23	Other activities [type description here]	0.00			
24	Other activities [type description here]	0.00			
25	Has all time been allocated? (Total hours from Line 14 should equal sum of Lines 15 - 24)	Yes	Yes	Yes	Yes
26	Total miles driven per week per staff to travel between service encounters	80			
27	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Specialized Health, Treatment, and Training Services (Service Code 103)

Line	Factor	Example	G-Tube related treatments	Dental hygiene training	Other 103 Services
	On-Site Supervision				
28	Does your organization provide on-site supervision of staff providing these services?	Yes			
29	If yes, average number of hours of on-site supervision provided per staff per year	8.00			

Specialized Recreational Therapy (Service Code 106)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

									Staff T	raining
Line J	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
Ex. F	Recreation Therapist	Eastern Los Angeles	Employee	2,080	10%	\$65,000	\$31.25	15%	45	20
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Specialized Recreational Therapy (Service Code 106)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Trovide responses for your d		The state of the s					Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
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Specialized Recreational Therapy (Service Code 106)

				Job Fu	nction					Services	Delivered/ S	upported	
			aff			u	su	# of		Spec. Recre	ational (106)		
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Equestrian Therapy	Movement Therapy	Therapeutic Play	Other Services Under 106	Other Services
Ex.	Recreation Therapist	50%					50%		50%				50%
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Specialized Recreational Therapy (Service Code 106)

			Job Fu	nction					Services	Delivered/ S	upported	
		aff			g	su	# of d		Spec. Recre			
Line Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Equestrian Therapy	Movement Therapy	Therapeutic Play	Other Services Under 106	Other Services
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Specialized Recreational Therapy (Service Code 106)

			Equestrian	Movement	Therapeutic	Other 106
Line	Factor	Example	Therapy	Therapy	Play	Services
	Agency Caseload and Service Design					
1	Number of individuals receiving Specialized Recreational Therapy services from your organization	10				
2	Average number of hours of service per week per individual	4.00				
3	Average number of service encounters per week per staff person	3				
4	Average encounter length in hours	2.00				
5	Percentage of service hours provided in individuals' homes and the community	60%				
6	Percentage of service hours provided in clinic setting	40%				
	Clinic/Office Space					
7	Number of clinics/ offices at which this service is provided	1				
8	Total approximate square footage for all clinics/ offices where services are provided	3,000				
9	Estimated percentage of square footage that is used for direct services	60%				
10	Total annual cost of rent/mortgage/depreciation for all clinics/offices where services are provided	\$60,000				
11	Total annual cost of janitorial/landscaping/repairs for all clinics/offices where services are provided	\$2,400				
12	Total annual cost of utilities/telecommunications for all clinics/offices where services are provided	\$4,800				
13	Approximate operating cost per square foot (including rent)	\$22.40				
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:					
14	Total hours worked and paid for in a week	40.00				
15	Providing Specialized Recreation Therapy services (Line 3 * Line 4)	6.00				
16	Providing other direct (face-to-face) services	30.00				
17	Participating in individual planning meetings	0.00				
18	Travel time between individuals	2.50				
19	Recordkeeping (do not include documentation during the course of service provision)	0.50				
20	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00				
21	Time lost to missed appointments	0.00				
22	Other activities [type description here]	0.00				
23	Other activities [type description here]	0.00				
24	Other activities [type description here]	0.00				
25	Has all time been allocated? (Total hours from Line 14 should equal sum of Lines 15 - 24)	Yes	Yes	Yes	Yes	Yes
26	Total miles driven per week per staff to travel between service encounters	80				
27	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75				

Specialized Recreational Therapy (Service Code 106)

Line	Factor	Example	Equestrian Therapy	Movement Therapy	Therapeutic Play	Other 106 Services
	On-Site Supervision					
28	Does your organization provide on-site supervision of staff providing these services?	Yes				
29	If yes, average number of hours of on-site supervision provided per staff per year	8.00				

Parenting Support Services (Service Code 108)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	geney's most ree	enry comp	% of	yeur.				Training ours
	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	average)
	Hab Technician I	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Parenting Support Services (Service Code 108)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Frovide responses for your d			% of					Training ours
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
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Parenting Support Services (Service Code 108)

				Staff 1	Duties			of I	Services I Supp	orted
	Job Titles	Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Parenting Support Services (108)	Other Services
	Hab Technician I	75%					25%		100%	
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Parenting Support Services (Service Code 108)

				Staff]	Duties			of _	Services I Supp	orted
Line	Job Titles	Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Parenting Support Services (108)	Other Services
26										
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Parenting Support Services (Service Code 108)

Line	Factor	Example	Input
	Agency Caseload and Service Design		
1	Number of individuals receiving Parenting Support Services from your organization	10	
2	Average number of hours of service per week per individual	4.00	
3	Average number of service encounters per week per staff person	1	
4	Average encounter length in hours	4.00	
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios		
5	2:1 staff-to-individual ratio		
6	1:1 staff-to-individual ratio	95%	
7	1:2 staff-to-individual ratio	5%	
8	1:3 staff-to-individual ratio		
9	1:4 staff-to-individual ratio		
10	1:5 staff-to-individual ratio		
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:		
11	Total hours worked and paid for in a week	25.00	
12	Providing Parenting Support services (should be equivalent to Line 3 * Line 4)	4.00	
13	Providing other billable services	16.00	
14	Participating in individual planning meetings	0.00	
15	Travel time between individuals	3.00	
16	Recordkeeping (do not include documentation during the course of service provision)	1.00	
17	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00	
18	Time lost to missed appointments	0.00	
19	Other activities [type description here]	0.00	
20	Other activities [type description here]	0.00	
21	Other activities [type description here]	0.00	
22	Has all time been allocated? (Total hours from Line 11 should equal sum of Lines 12 - 21)	Yes	Yes
23	Total miles driven per week per staff to travel between service encounters	90	
24	Total miles driven per week per staff to transport individuals	15	
25	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	
	On-Site Supervision		
26	Does your organization provide on-site supervision of staff providing Parenting Support Services?	Yes	
27	If yes, average number of hours of on-site supervision provided per staff per year	4.00	

Supplemental Residential Program Support (Service Code 109)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

County or Regional Center (if LA County)			Provide responses for your a	geney a most ree	entry comp	% of	yeur.				Training ours
1 2 3 4 4 5 6 6 7 8 9 10 11 11 12 3 13 4 15 5 16 6 17 18 19 9 20 9 21 9 22 9 23 24			Regional Center (if LA County) Optional Responses	Contractor	Hours Paid	were Over- time	Wages Paid	Hourly Wage	Turnover	(per staff average)	(per staff average)
2 3 3 4 4 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 19 20 21 22 23 24 24	Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
3 4 5 6 7 8 9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24 24											
4 5 6 6 7 8 9 10 11 11 12 13 13 14 15 16 17 18 19 20 21 22 23 24											
5 6 7 8 9 10 11 11 12 13 13 14 15 16 17 18 19 20 21 22 23 24											
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Supplemental Residential Program Support (Service Code 109)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your c		The state of the s	J					raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff average)
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Supplemental Residential Program Support (Service Code 109)

				Job Fu	inction			of	Services I Supp	
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Supplemental Residential Program Support	Other Services
Ex.	Habilitation Worker	100%							100%	
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Supplemental Residential Program Support (Service Code 109)

				Job Fu	ınction			Jo	Services I Supp	
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Supplemental Residential Program Support	Other Services
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Supplemental Residential Program Support (Service Code 109)

Line	Factor	Example	Input
	Agency Caseload and Service Design		
1	Number of individuals receiving services from your organization	10	
2	Average number of hours of service per week per individual	4.00	
3	Average number of service encounters per week per staff person	5	
4	Average encounter length in hours	4.00	
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios		
5	2:1 staff-to-individual ratio		
6	1:1 staff-to-individual ratio	95%	
7	1:2 staff-to-individual ratio	5%	
8	1:3 staff-to-individual ratio		
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:		
9	Total hours worked and paid for in a week	22.00	
10	Providing Supplemental Residential Program services (should be equivalent to Line 3 * Line 4)	20.00	
11	Providing other billable services	0.00	
12	Participating in individual planning meetings	0.00	
13	Travel time between individuals	0.00	
14	Recordkeeping (do not include documentation during the course of service provision)	1.50	
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50	
16	Time lost to missed appointments	0.00	
17	Other activities [type description here]	0.00	
18	Other activities [type description here]	0.00	
19	Other activities [type description here]	0.00	
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes
21	Total miles driven per week per staff to travel between service encounters	90	
22	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	

Supplemental Day Services Program Support (Service Code 110)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your d	general mass rec	emy comp	% of	· yeur.				Training ours
	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	average)	Following Years (per staff average)
	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Supplemental Day Services Program Support (Service Code 110)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your c		The state of the s	J					raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff average)
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Supplemental Day Services Program Support (Service Code 110)

				Job Fu	nction			Jo	Services Delivered/ Supported	
Line	Job Titles	Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Supplemental Day Services Program Support	Other Services
Ex.	Habilitation Worker	100%							100%	
1										
2										
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Supplemental Day Services Program Support (Service Code 110)

				Job Fu	nction			of	Services Delivered/ Supported	
	Job Titles	Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Supplemental Day Services Program Support	Other Services
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Supplemental Day Services Program Support (Service Code 110)

Line	Factor	Example	Input
	Agency Caseload and Service Design		
1	Number of individuals receiving services from your organization	10	
2	Average number of hours of service per week per individual	4.00	
3	Average number of service encounters per week per staff person	6	
4	Average encounter length in hours	5.00	
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios		
5	2:1 staff-to-individual ratio		
6	1:1 staff-to-individual ratio	95%	
7	1:2 staff-to-individual ratio	5%	
8	1:3 staff-to-individual ratio		
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:		
9	Total hours worked and paid for in a week	32.00	
10	Providing Supplemental Day Services Program Support services (Line 3 * Line 4)	30.00	
11	Providing other billable services	0.00	
12	Participating in individual planning meetings	0.00	
13	Travel time between individuals	0.00	
14	Recordkeeping (do not include documentation during the course of service provision)	1.50	
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50	
16	Time lost to missed appointments	0.00	
17	Other activities [type description here]	0.00	
18	Other activities [type description here]	0.00	
19	Other activities [type description here]	0.00	
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes
21	Total miles driven per week per staff to travel between service encounters	90	
22	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	

Supplemental Other Services Program Support (Service Code 111)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	geney's most ree	enry comp	% of	yeur.				Training ours
	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	average)
	Math tutor	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
3										
4										
5										
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7										
8										
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Supplemental Other Services Program Support (Service Code 111)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your c		The state of the s	J					raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff average)
26										
27										
28										
29										
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31										
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Supplemental Other Services Program Support (Service Code 111)

				Staff]	Duties			of	Services I Supp	
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Supplemental Other Svcs. Program Support	Other Services
Ex.	Math tutor	25%					50%		100%	
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Supplemental Other Services Program Support (Service Code 111)

				Staff l	Duties			of	Services I Supp	
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Supplemental Other Svcs. Program Support	Other Services
26										
27										
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Supplemental Other Services Program Support (Service Code 111)

Line	Factor	Example	Input
	Agency Caseload and Service Design		
1	Number of individuals receiving services from your organization	10	
2	Average number of hours of service per week per individual	4.00	
3	Average number of service encounters per week per staff person	5	
4	Average encounter length in hours	4.00	
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios		
5	2:1 staff-to-individual ratio		
6	1:1 staff-to-individual ratio	95%	
7	1:2 staff-to-individual ratio	5%	
8	1:3 staff-to-individual ratio		
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:		
9	Total hours worked and paid for in a week	22.00	
10	Providing Supplemental Other/Program Support services (should be equivalent to Line 3 * Line 4)	20.00	
11	Providing other billable services	0.00	
12	Participating in individual planning meetings	0.00	
13	Travel time between individuals	0.00	
14	Recordkeeping (do not include documentation during the course of service provision)	1.50	
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50	
16	Time lost to missed appointments	0.00	
17	Other activities [type description here]	0.00	
18	Other activities [type description here]	0.00	
19	Other activities [type description here]	0.00	
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes
21	Total miles driven per week per staff to travel between service encounters	90	
22	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	

DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	geney's most ree	chity comp	ierea jisean	year.			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
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DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your d	8		J	<i></i>			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
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DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)

				Staff 1	Duties				Services	Services Delivered/ Supported		
			aff			_	St	t of		nsed (113)		
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	ARFPSHN Services	SRF Services	Other Services	
Ex.	Habilitation Worker	75%	25%					5	100%			
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DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)

				Staff I	Duties			_	Services	Delivered/ S	upported
			aff			g	us	‡of d	DSS Licer	nsed (113)	
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	ARFPSHN Services	SRF Services	Other Services
26											
27											
28											
29											
30											
31											
32											
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DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)

Detailed Information on Consultation Costs provided to Homes (see p. 33 of the instructions)

	Provide responses for your agency's most rece	nny compietea jiscai year.				
Line	Consultant Specialty	'Other' Consultant Specialties	County or Regional Center (if LA County)	Total Number of Hours Provided	Total Payments	Total Number of Residents Served
Ex.	Physical Therapist		Eastern Los Angeles	24	\$1,920	12
1						
2						
3						
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DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)

			Input-	Input-	Input-
Line	Factor	Example	Home #1	Home #2	Home #3
	Home and Resident Characteristics				
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the home is located	Del Norte			
3	Primary home type	ARFPSHN			
4	Number of individuals approved for placement in this home	4			
5	Number of individuals receiving/placed in this home	4			
6	Average number of absence days per individual per year (due to hospitalization, vacation, etc.)	6			
	Activities Outside of the Home				
7	Of the individuals reported on Line 4, number regularly participating in activities (paid or unpaid) outside of the home without home staff (e.g., Day, Employment, School)	3			
8	For individuals participating in outside activities, average scheduled hours per week	30			
9	For individuals participating in outside activities, average number of hours per week they participate	27			
10	Average number of hours per week that no staff are in the home because all residents are away from the home	0			
	Vehicles				
11	Total # of agency-owned and -leased vehicles for this site	1			
12	Of the vehicles reported on Line 11, number that accommodate non-ambulatory individuals	1			
13	Total annual number of miles traveled by the vehicles reported on Line 11 on behalf of individuals	19,500			
14	Average number of miles per vehicle per week (Line 13 divided by Line 11 divided by 52)	375			
15	Typical vehicle size (in terms of passengers)	4			
16	Average useful life (in miles) of vehicles before disposal	100,000			
17	As applicable, average purchase price of agency-owned vehicles reported on Line 11	\$38,000			
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 11	\$150			
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
20	Of the total miles reported on Lines 13 & 19 percentage billed under separate service	10%			
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			
	Staffing				
22	Are staff working overnight shifts permitted to sleep?	No			
23	If yes, does your organization pay a "sleep-time" differential?				
	Supplemental - Program Support services				
24	Are supplemental/program support services (109/110/111) approved for use in the home?	Yes			
25	If so, how many individuals in the home are using these supports?	3			
26	If so, how many hours per week of these supports are used?	25			

DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)

			Input-	Input-	Input-
Line	Factor	Example	Home #1	Home #2	Home #3
	Household Expenses				
24	As applicable, purchase price of home	\$450,000			
25	Total annual cost of rent, lease, mortgage payments, and homeowner association fees	\$25,200			
26	Total annual cost of food for residents residing within the home	\$18,500			
27	Total annual cost of food for staff providing services to residents residing within the home	\$15,000			
28	Total annual cost of household supplies for residents residing within the home	\$1,800			
29	Total annual cost of laundry and dry cleaning for residents residing within the home	\$1,200			
30	Total annual cost of personal hygiene items for residents residing within the home	\$1,575			
31	Total annual cost of recreational activities for residents residing within the home	\$2,000			
32	Total annual cost of recreational activities for staff providing services to residents residing within the home	\$1,500			
33	Total annual cost of newspapers, magazines, phones, cable and internet for residents residing within the home	\$800			
34	Total annual cost of medical and first aid for residents residing within the home	\$500			
35	Total annual cost of property taxes for the home	\$3,750			
36	Total annual cost of utilities (e.g., gas, electric, water, garbage) for the home	\$0			
37	Total annual cost of repairs and maintenance (building) for the home	\$1,200			
38	Total annual cost of repairs and maintenance (furniture and equipment) for the home	\$1,800			
39	Total annual cost of other costs not listed above for the home [list]	\$0			
40	Total annual cost of other costs not listed above for the home [list]	\$0			
	Staffing Pattern for a 'typical' week for a DCS/CNA. Input the number of hours per week for the following:				
41	Total hours worked and paid for in a week	40.00			
42	Providing SRF/ARFPSHN services	39.00			
43	Providing other billable services	0.00			
44	Participating in individual planning meetings	0.50			
45	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
46	Other activities [type description here]	0.00			
47	Other activities [type description here]	0.00			
48	Other activities [type description here]	0.00			
49	Has all time been allocated? (Total hours from Line 41 should equal sum of Lines 42 - 48)	Yes	Yes	Yes	Yes
50	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)

- .		_	Input-	Input-	Input-
Line	Factor	Example	Home #1	Home #2	Home #3
	Staffing Pattern for a 'typical' week for a LVN. Input the number of hours per week for the following:				
51	Total hours worked and paid for in a week	40.00			
52	Providing SRF/ARFPSHN services	38.50			
53	Providing other billable services	0.00			
54	Participating in individual planning meetings	1.00			
55	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
56	Other activities [type description here]	0.00			
57	Other activities [type description here]	0.00			
58	Other activities [type description here]	0.00			
59	Has all time been allocated? (Total hours from Line 51 should equal sum of Lines 52 - 58)	Yes	Yes	Yes	Yes
60	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			
	Staffing Pattern for a 'typical' week for a RN. Input the number of hours per week for the following:				
61	Total hours worked and paid for in a week	40.00			
62	Providing SRF/ARFPSHN services	38.00			
63	Providing other billable services	0.00			
64	Participating in individual planning meetings	1.50			
65	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
66	Other activities [type description here]	0.00			
67	Other activities [type description here]	0.00			
68	Other activities [type description here]	0.00			
69	Has all time been allocated? (Total hours from Line 61 should equal sum of Lines 62 - 68)	Yes	Yes	Yes	Yes
70	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)

I ino	Factor	Input- Home #4	Input- Home #5	Input- Home #6	Input- Home #7
Line	Home and Resident Characteristics	Поше #4	Home #3	Ποιπε πο	Home #7
1	Vendor ID				
$\frac{1}{2}$	County or Regional Center (if LA County) in which the home is located				
3	Primary home type				
4	Number of individuals approved for placement in this home				
5	Number of individuals receiving/placed in this home				
6	Average number of absence days per individual per year (due to hospitalization, vacation, etc.)				
	Activities Outside of the Home				
7	Of the individuals reported on Line 4, number regularly participating in activities (paid or unpaid) outside of the home without home staff (e.g., Day, Employment, School)				
8	For individuals participating in outside activities, average scheduled hours per week				
9	For individuals participating in outside activities, average number of hours per week they participate				
10	Average number of hours per week that no staff are in the home because all residents are away from the home				
	Vehicles				
11	Total # of agency-owned and -leased vehicles for this site				
12	Of the vehicles reported on Line 11, number that accommodate non-ambulatory individuals				
13	Total annual number of miles traveled by the vehicles reported on Line 11 on behalf of individuals				
14	Average number of miles per vehicle per week (Line 13 divided by Line 11 divided by 52)				
15	Typical vehicle size (in terms of passengers)				
16	Average useful life (in miles) of vehicles before disposal				
17	As applicable, average purchase price of agency-owned vehicles reported on Line 11				
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 11				
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
20	Of the total miles reported on Lines 13 & 19 percentage billed under separate service				
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				
	Staffing				
22	Are staff working overnight shifts permitted to sleep?				_
23	If yes, does your organization pay a "sleep-time" differential?				
	Supplemental - Program Support services				
24	Are supplemental/program support services (109/110/111) approved for use in the home?				
25	If so, how many individuals in the home are using these supports?				
26	If so, how many hours per week of these supports are used?				

DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)

		Input-	Input-	Input-	Input-
Line	Factor	Home #4	Home #5	Home #6	Home #7
	Household Expenses				
24	As applicable, purchase price of home				
25	Total annual cost of rent, lease, mortgage payments, and homeowner association fees				
26	Total annual cost of food for residents residing within the home				
27	Total annual cost of food for staff providing services to residents residing within the home				
28	Total annual cost of household supplies for residents residing within the home				
29	Total annual cost of laundry and dry cleaning for residents residing within the home				
30	Total annual cost of personal hygiene items for residents residing within the home				
31	Total annual cost of recreational activities for residents residing within the home				
32	Total annual cost of recreational activities for staff providing services to residents residing within the home				
33	Total annual cost of newspapers, magazines, phones, cable and internet for residents residing within the home				
34	Total annual cost of medical and first aid for residents residing within the home				
35	Total annual cost of property taxes for the home				
36	Total annual cost of utilities (e.g., gas, electric, water, garbage) for the home				
37	Total annual cost of repairs and maintenance (building) for the home				
38	Total annual cost of repairs and maintenance (furniture and equipment) for the home				
39	Total annual cost of other costs not listed above for the home [list]				
40	Total annual cost of other costs not listed above for the home [list]				
	Staffing Pattern for a 'typical' week for a DCS/CNA. Input the number of hours per week for the following:				
41	Total hours worked and paid for in a week				
42	Providing SRF/ARFPSHN services				
43	Providing other billable services				
44	Participating in individual planning meetings				
45	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
46	Other activities [type description here]				
47	Other activities [type description here]				
48	Other activities [type description here]				
49	Has all time been allocated? (Total hours from Line 41 should equal sum of Lines 42 - 48)	Yes	Yes	Yes	Yes
50	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)

Line	Factor	Input- Home #4	Input- Home #5	Input- Home #6	Input- Home #7
	Staffing Pattern for a 'typical' week for a LVN. Input the number of hours per week for the following:		l.		
51	Total hours worked and paid for in a week				
52	Providing SRF/ARFPSHN services				
53	Providing other billable services				
54	Participating in individual planning meetings				
55	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
56	Other activities [type description here]				
57	Other activities [type description here]				
58	Other activities [type description here]				
59	Has all time been allocated? (Total hours from Line 51 should equal sum of Lines 52 - 58)	Yes	Yes	Yes	Yes
60	Workers' Compensation rate for direct service staff (amount per \$100 wages)				
	Staffing Pattern for a 'typical' week for a RN. Input the number of hours per week for the following:				
61	Total hours worked and paid for in a week				
62	Providing SRF/ARFPSHN services				
63	Providing other billable services				
64	Participating in individual planning meetings				
65	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
66	Other activities [type description here]				
67	Other activities [type description here]				
68	Other activities [type description here]				
69	Has all time been allocated? (Total hours from Line 61 should equal sum of Lines 62 - 68)	Yes	Yes	Yes	Yes
70	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)

T :	Footon	Input-	Input-	Input-	Input-
Line	Factor	Home #8	Home #9	Home #10	Home #11
	Home and Resident Characteristics				
1	Vendor ID				
2	County or Regional Center (if LA County) in which the home is located				
3	Primary home type				
4	Number of individuals approved for placement in this home				
5	Number of individuals receiving/placed in this home				
6	Average number of absence days per individual per year (due to hospitalization, vacation, etc.)				
	Activities Outside of the Home			1	<u> </u>
7	Of the individuals reported on Line 4, number regularly participating in activities (paid or unpaid) outside of the home without home staff (e.g., Day, Employment, School)				
8	For individuals participating in outside activities, average scheduled hours per week				
9	For individuals participating in outside activities, average number of hours per week they participate				
10	Average number of hours per week that no staff are in the home because all residents are away from the home				
	Vehicles				
11	Total # of agency-owned and -leased vehicles for this site				
12	Of the vehicles reported on Line 11, number that accommodate non-ambulatory individuals				
13	Total annual number of miles traveled by the vehicles reported on Line 11 on behalf of individuals				
14	Average number of miles per vehicle per week (Line 13 divided by Line 11 divided by 52)				
15	Typical vehicle size (in terms of passengers)				
16	Average useful life (in miles) of vehicles before disposal				
17	As applicable, average purchase price of agency-owned vehicles reported on Line 11				
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 11				
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
20	Of the total miles reported on Lines 13 & 19 percentage billed under separate service				
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				
	Staffing			1	
22	Are staff working overnight shifts permitted to sleep?				
23	If yes, does your organization pay a "sleep-time" differential?				
	Supplemental - Program Support services				
24	Are supplemental/program support services (109/110/111) approved for use in the home?				
25	If so, how many individuals in the home are using these supports?				
26	If so, how many hours per week of these supports are used?				

DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)

		Input-	Input-	Input-	Input-
Line	Factor	Home #8	Home #9	Home #10	Home #11
	Household Expenses				
24	As applicable, purchase price of home				
25	Total annual cost of rent, lease, mortgage payments, and homeowner association fees				
26	Total annual cost of food for residents residing within the home				
27	Total annual cost of food for staff providing services to residents residing within the home				
28	Total annual cost of household supplies for residents residing within the home				
29	Total annual cost of laundry and dry cleaning for residents residing within the home				
30	Total annual cost of personal hygiene items for residents residing within the home				
31	Total annual cost of recreational activities for residents residing within the home				
32	Total annual cost of recreational activities for staff providing services to residents residing within the home				
33	Total annual cost of newspapers, magazines, phones, cable and internet for residents residing within the home				
34	Total annual cost of medical and first aid for residents residing within the home				
35	Total annual cost of property taxes for the home				
36	Total annual cost of utilities (e.g., gas, electric, water, garbage) for the home				
37	Total annual cost of repairs and maintenance (building) for the home				
38	Total annual cost of repairs and maintenance (furniture and equipment) for the home				
39	Total annual cost of other costs not listed above for the home [list]				
40	Total annual cost of other costs not listed above for the home [list]				
	Staffing Pattern for a 'typical' week for a DCS/CNA. Input the number of hours per week for the following:				
41	Total hours worked and paid for in a week				
42	Providing SRF/ARFPSHN services				
43	Providing other billable services				
44	Participating in individual planning meetings				
45	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
46	Other activities [type description here]				
47	Other activities [type description here]				
48	Other activities [type description here]				
49	Has all time been allocated? (Total hours from Line 41 should equal sum of Lines 42 - 48)	Yes	Yes	Yes	Yes
50	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)

Line	Factor	Input- Home #8	Input- Home #9	Input- Home #10	Input- Home #11			
	Staffing Pattern for a 'typical' week for a LVN. Input the number of hours per week for the following:			l				
51	Total hours worked and paid for in a week							
52	Providing SRF/ARFPSHN services							
53								
54	Participating in individual planning meetings							
55	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)							
56	Other activities [type description here]							
57	Other activities [type description here]							
58	Other activities [type description here]							
59	Has all time been allocated? (Total hours from Line 51 should equal sum of Lines 52 - 58)	Yes	Yes	Yes	Yes			
60	Workers' Compensation rate for direct service staff (amount per \$100 wages)							
	Staffing Pattern for a 'typical' week for a RN. Input the number of hours per week for the following:							
61	Total hours worked and paid for in a week							
62	Providing SRF/ARFPSHN services							
63	Providing other billable services							
64	Participating in individual planning meetings							
65	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)							
66	Other activities [type description here]							
67	Other activities [type description here]							
68	Other activities [type description here]							
69	Has all time been allocated? (Total hours from Line 61 should equal sum of Lines 62 - 68)	Yes	Yes	Yes	Yes			
70	Workers' Compensation rate for direct service staff (amount per \$100 wages)							

Activity Center (Service Code 505)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

	T	Provide responses for your a	igency's most rec	епну сотр	ietea fiscai	year.	ı	ı	ı	
1									Staff T	raining
Lino	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	
									average)	
	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Activity Center (Service Code 505)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Trovide responses for your d		The state of the s					Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
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Activity Center (Service Code 505)

				Job Fu	nction				Sei	rvices Delive	ered/ Support	ted
			aff			_	SI	of 1		vity Center		
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Other Services
Ex.	Habilitation Worker	100%							100%			
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Activity Center (Service Code 505)

				Job Fu	ınction			_	Sei	rvices Delive	ered/ Suppor	ted
			aff			u	us	to #	Acti	vity Center	(505)	
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Other Services
26												
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Activity Center (Svc. Code 505)

			Input-	Input-	Input-
Line	Factor	Example	Program #1	_	Program #3
	Location		-		
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the program is located	Del Norte			
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site	Behavioral			
4	Number of persons receiving Activity Center services	6			
5	Number of hours per week that a typical person receives center-based services	24.0			
6	Number of hours per week that a typical person receives services in the community	6.0			
7	Average number of hours of Activity Center services per week	180.0			
8	Average attendance rate for persons receiving services	91%			
9	Staffing ratio authorized for site	1:6			
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site	2			
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals	1			
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals	32,000			
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)	308			
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes	75%			
15	Percent of miles reported on Line 12 associated with 'in-program' transportation	25%			
16	Typical vehicle size (in terms of passengers)	4			
17	Average useful life (in miles) of vehicles before disposal	100,000			
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10	\$38,000			
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10	\$375			
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service	10%			
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			

Activity Center (Svc. Code 505)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- Program #3
Diffe	Sites at Which Services Are Provided	Lample	110gram #1	110gram #2	110gram #3
23	Average number of days per week that the site is open to provide services	5			
24	Average number of hours per week that the site is open to provide services	40			
25	Total approximate square footage for the site	500			
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')	75%			
27	Total annual cost of rent/ mortgage/ depreciation for the site	\$6,250			
28	Total annual cost of janitorial/ landscaping/ repairs for the site	\$750			
29	Total annual cost of utilities/ telecommunications for the site	\$1,420			
30	Approximate operating cost per square foot (including rent)	\$16.84			
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week	40.00			
32	Providing Activity Center services	22.00			
33	Providing other billable services	14.00			
34	Participating in individual planning meetings	0.50			
35	Recordkeeping (do not include documentation during the course of service provision)	1.00			
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
37	Program development	1.00			
38	Program preparation/set-up/clean-up	1.00			
39	Other activities [type description here]	0.00			
40	Other activities [type description here]	0.00			
41	Other activities [type description here]	0.00			
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Activity Center (Svc. Code 505)

		Input-	Input-	Input-	Input-
Line	Factor	Program #4	Program #5	Program #6	Program #7
	Location				
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site				
4	Number of persons receiving Activity Center services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of Activity Center services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles	T			
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Activity Center (Svc. Code 505)

I ine	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
Line	Sites at Which Services Are Provided	1 Togram π-4	Trogramπ3	Trogramπυ	Trogramπ
23	Average number of days per week that the site is open to provide services				
24	Average number of days per week that the site is open to provide services Average number of hours per week that the site is open to provide services				
25	· · · · · · · · · · · · · · · · · · ·				
	Total approximate square footage for the site				
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
27	Total annual cost of rent/ mortgage/ depreciation for the site				
28	Total annual cost of janitorial/ landscaping/ repairs for the site				
29	Total annual cost of utilities/ telecommunications for the site				
30	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week				
32	Providing Activity Center services				
33	Providing other billable services				
34	Participating in individual planning meetings				
35	Recordkeeping (do not include documentation during the course of service provision)				
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
37	Program development				
38	Program preparation/set-up/clean-up				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Other activities [type description here]				
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Activity Center (Svc. Code 505)

		Input-	Input-	Input-	Input-
Line	Factor	Program #8	Program #9	Program #10	Program #11
	Location				
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site				
4	Number of persons receiving Activity Center services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of Activity Center services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Activity Center (Svc. Code 505)

I ina	Factor	Input- Program #8	Input-	Input- Program #10	Input-
Line	Sites at Which Services Are Provided	Trogram πο	T Togram π2	1 Togram #10	110grain#11
23	Average number of days per week that the site is open to provide services				
24	Average number of days per week that the site is open to provide services Average number of hours per week that the site is open to provide services				
25	Total approximate square footage for the site				
26	11 7				
	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
27	Total annual cost of rent/ mortgage/ depreciation for the site				
28	Total annual cost of janitorial/ landscaping/ repairs for the site				
29	Total annual cost of utilities/ telecommunications for the site				
30	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week				
32	Providing Activity Center services				
33	Providing other billable services				
34	Participating in individual planning meetings				
35	Recordkeeping (do not include documentation during the course of service provision)				
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
37	Program development				
38	Program preparation/set-up/clean-up				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Other activities [type description here]				
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Adult Development Center (Service Code 510)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	geney's most ree	chity comp	ierea jisean	year.			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Adult Development Center (Service Code 510)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	gency's most rec	ениу сотр	ieiea jiscai	year.			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff
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Adult Development Center (Service Code 510)

	Job Function								Services Delivered/ Supported Adult Dev. Center (510) Wedical Woor-Beh Woor-Beh		
			aff				SI	t of			
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	'Behavioral' Programs		Other Services
Ex.	Habilitation Worker	100%							100%		
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Adult Development Center (Service Code 510)

				Job Fu	nction			_	Sei	rvices Delive	ered/ Suppor	d/ Supported	
			aff			g	su	to #	Adult	Dev. Center	r (510)	70	
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Other Services	
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Adult Development Center (Service Code 510)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- Program #3
	Location	2	110g1	110g1 w	110g1mmme
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the program is located	Del Norte			
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site	Behavioral			
4	Number of persons receiving Adult Development Center services	6			
5	Number of hours per week that a typical person receives center-based services	24.0			
6	Number of hours per week that a typical person receives services in the community	6.0			
7	Average number of hours of Adult Development Center services per week	180.0			
8	Average attendance rate for persons receiving services	91%			
9	Staffing ratio authorized for site	1:6			
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site	2			
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals	1			
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals	32,000			
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)	308			
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes	75%			
15	Percent of miles reported on Line 12 associated with 'in-program' transportation	25%			
16	Typical vehicle size (in terms of passengers)	4			
17	Average useful life (in miles) of vehicles before disposal	100,000			
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10	\$38,000			
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10	\$375			
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service	10%			
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			

Adult Development Center (Service Code 510)

			Input-	Input-	Input-
Line	Factor	Example	Program #1	Program #2	Program #3
	Sites at Which Services Are Provided				
23	Average number of days per week that the site is open to provide services	5			
24	Average number of hours per week that the site is open to provide services	40			
25	Total approximate square footage for the site	500			
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')	75%			
27	Total annual cost of rent/ mortgage/ depreciation for the site	\$6,250			
28	Total annual cost of janitorial/ landscaping/ repairs for the site	\$750			
29	Total annual cost of utilities/ telecommunications for the site	\$1,420			
30	Approximate operating cost per square foot (including rent)	\$16.84			
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week	40.00			
32	Providing Adult Development Center services	22.00			
33	Providing other billable services	14.00			
34	Participating in individual planning meetings	0.50			
35	Recordkeeping (do not include documentation during the course of service provision)	1.00			
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
37	Program development	1.00			
38	Program preparation/set-up/clean-up	1.00			
39	Other activities [type description here]	0.00			
40	Other activities [type description here]	0.00			
41	Other activities [type description here]	0.00			
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Adult Development Center (Service Code 510)

		Input-	Input-	Input-	Input-
Line	Factor	Program #4	Program #5	_	Program #7
	Location	9			
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site				
4	Number of persons receiving Adult Development Center services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of Adult Development Center services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Adult Development Center (Service Code 510)

Τ.		Input-	Input-	Input-	Input-
Line	Factor	Program #4	Program #5	Program #6	Program #7
	Sites at Which Services Are Provided				
23	Average number of days per week that the site is open to provide services				
24	Average number of hours per week that the site is open to provide services				
25	Total approximate square footage for the site				
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
27	Total annual cost of rent/ mortgage/ depreciation for the site				
28	Total annual cost of janitorial/ landscaping/ repairs for the site				
29	Total annual cost of utilities/ telecommunications for the site				
30	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week				
32	Providing Adult Development Center services				
33	Providing other billable services				
34	Participating in individual planning meetings				
35	Recordkeeping (do not include documentation during the course of service provision)				
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
37	Program development				
38	Program preparation/set-up/clean-up				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Other activities [type description here]				
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Adult Development Center (Service Code 510)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
	Location			ı	
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)	T	ı	T	
3	Primary program type for site				
4	Number of persons receiving Adult Development Center services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of Adult Development Center services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles				,
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Adult Development Center (Service Code 510)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
Line	Sites at Which Services Are Provided	110gram #0	110gruin #7	110gruin #10	110gruin #11
23	Average number of days per week that the site is open to provide services				
24	Average number of hours per week that the site is open to provide services				
25	Total approximate square footage for the site				
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
27	Total annual cost of rent/ mortgage/ depreciation for the site				
28	Total annual cost of janitorial/ landscaping/ repairs for the site				
29	Total annual cost of utilities/ telecommunications for the site				
30	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week				
32	Providing Adult Development Center services				
33	Providing other billable services				
34	Participating in individual planning meetings				
35	Recordkeeping (do not include documentation during the course of service provision)				
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
37	Program development				
38	Program preparation/set-up/clean-up				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Other activities [type description here]				
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Behavior Management. Program (Service Code 515)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your d	general mass rec	emy comp	% of	, , , , , , , , , , , , , , , , , , , ,				Training ours
	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	average)	Following Years (per staff average)
	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Behavior Management. Program (Service Code 515)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

	Frovide responses for your t		The state of the s	J	,			Staff T	raining
				% of				Н	ours
Line Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	
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27									
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Behavior Management. Program (Service Code 515)

				Jo	Services I Supp					
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Behavior Management Program (515)	Other Services
	Habilitation Worker	100%							100%	
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Behavior Management. Program (Service Code 515)

				Job Fu	ınction		of _	Services I Supp		
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Behavior Management Program (515)	Other Services
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Behavior Management. Program (Service Code 515)

		Б. 1	Input-	Input-	Input-
Line	Factor	Example	Program #1	Program #2	Program #3
-	Location	*/*/*/000			
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the program is located	Del Norte			
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Number of persons receiving Behavior Management. Program services	6			
4	Number of hours per week that a typical person receives center-based services	24.0			
5	Number of hours per week that a typical person receives services in the community	6.0			
6	Average number of hours of Behavior Management. Program services per week	180.0			
7	Average attendance rate for persons receiving services	91%			
8	Staffing ratio authorized for site	1:6			
	Vehicles				_
9	Total # of agency-owned and -leased vehicles for this site	2			
10	Of the vehicles reported on Line 9, number that accommodate non-ambulatory individuals	1			
11	Total annual number of miles traveled by the vehicles reported on Line 9 on behalf of individuals	32,000			
12	Average number of miles per vehicle per week (Line 11 divided by Line 9 divided by 52)	308			
13	Percent of miles reported on Line 11 associated with transporting individuals to/from their homes	75%			
14	Percent of miles reported on Line 11 associated with 'in-program' transportation	25%			
15	Typical vehicle size (in terms of passengers)	4			
16	Average useful life (in miles) of vehicles before disposal	100,000			
17	As applicable, average purchase price of agency-owned vehicles reported on Line 9	\$38,000			
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 9	\$375			
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
20	Of the total miles reported on Lines 11 & 19 percentage billed under separate service	10%			
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			

Behavior Management. Program (Service Code 515)

			Input-	Input-	Input-
Line	Factor	Example	Program #1	Program #2	Program #3
	Sites at Which Services Are Provided				
22	Average number of days per week that the site is open to provide services	5			
23	Average number of hours per week that the site is open to provide services	40			
24	Total approximate square footage for the site	500			
25	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')	75%			
26	Total annual cost of rent/ mortgage/ depreciation for the site	\$6,250			
27	Total annual cost of janitorial/ landscaping/ repairs for the site	\$750			
28	Total annual cost of utilities/ telecommunications for the site	\$1,420			
29	Approximate operating cost per square foot (including rent)	\$16.84			
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
30	Total hours worked and paid for in a week	40.00			
31	Providing Behavior Management. Program services	22.00			
32	Providing other billable services	14.00			
33	Participating in individual planning meetings	0.50			
34	Recordkeeping (do not include documentation during the course of service provision)	1.00			
35	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
36	Program development	1.00			
37	Program preparation/set-up/clean-up	1.00			
38	Other activities [type description here]	0.00			
39	Other activities [type description here]	0.00			
40	Other activities [type description here]	0.00			
41	Has all time been allocated? (Total hours from Line 30 should equal sum of Lines 31 - 40)	Yes	Yes	Yes	Yes
42	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Behavior Management. Program (Service Code 515)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
	Location	g :: -		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Number of persons receiving Behavior Management. Program services				
4	Number of hours per week that a typical person receives center-based services				
5	Number of hours per week that a typical person receives services in the community				
6	Average number of hours of Behavior Management. Program services per week				
7	Average attendance rate for persons receiving services				
8	Staffing ratio authorized for site				
	Vehicles				
9	Total # of agency-owned and -leased vehicles for this site				
10	Of the vehicles reported on Line 9, number that accommodate non-ambulatory individuals				
11	Total annual number of miles traveled by the vehicles reported on Line 9 on behalf of individuals				
12	Average number of miles per vehicle per week (Line 11 divided by Line 9 divided by 52)				
13	Percent of miles reported on Line 11 associated with transporting individuals to/from their homes				
14	Percent of miles reported on Line 11 associated with 'in-program' transportation				
15	Typical vehicle size (in terms of passengers)				
16	Average useful life (in miles) of vehicles before disposal				
17	As applicable, average purchase price of agency-owned vehicles reported on Line 9				
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 9				
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
20	Of the total miles reported on Lines 11 & 19 percentage billed under separate service				
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Behavior Management. Program (Service Code 515)

T	Forder	Input-	Input-	Input-	Input-
Line	Factor	Program #4	Program #5	Program #6	Program #7
	Sites at Which Services Are Provided				
22	Average number of days per week that the site is open to provide services				
23	Average number of hours per week that the site is open to provide services				
24	Total approximate square footage for the site				
25	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
26	Total annual cost of rent/ mortgage/ depreciation for the site				
27	Total annual cost of janitorial/ landscaping/ repairs for the site				
28	Total annual cost of utilities/ telecommunications for the site				
29	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
30	Total hours worked and paid for in a week				
31	Providing Behavior Management. Program services				
32	Providing other billable services				
33	Participating in individual planning meetings				
34	Recordkeeping (do not include documentation during the course of service provision)				
35	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
36	Program development				
37	Program preparation/set-up/clean-up				
38	Other activities [type description here]				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Has all time been allocated? (Total hours from Line 30 should equal sum of Lines 31 - 40)	Yes	Yes	Yes	Yes
42	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Behavior Management. Program (Service Code 515)

T :	Factor	Input-	Input-	Input-	Input-
Line	Factor Location	Program #8	Program #9	Program #10	Program #11
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3					
4	Number of persons receiving Behavior Management. Program services Number of hours per week that a typical person receives center-based services				
	Number of hours per week that a typical person receives services in the community				
5					
7	Average number of hours of Behavior Management. Program services per week				
	Average attendance rate for persons receiving services				
8	Staffing ratio authorized for site				
	Vehicles				
9	Total # of agency-owned and -leased vehicles for this site				
10	Of the vehicles reported on Line 9, number that accommodate non-ambulatory individuals				
11	Total annual number of miles traveled by the vehicles reported on Line 9 on behalf of individuals				
12	Average number of miles per vehicle per week (Line 11 divided by Line 9 divided by 52)				
13	Percent of miles reported on Line 11 associated with transporting individuals to/from their homes				
14	Percent of miles reported on Line 11 associated with 'in-program' transportation				
15	Typical vehicle size (in terms of passengers)				
16	Average useful life (in miles) of vehicles before disposal				
17	As applicable, average purchase price of agency-owned vehicles reported on Line 9				
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 9				
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
20	Of the total miles reported on Lines 11 & 19 percentage billed under separate service				
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Behavior Management. Program (Service Code 515)

I ine	Factor	Input- Program #8	Input-	Input- Program #10	Input- Program #11
Line	Sites at Which Services Are Provided	1 Togram #0	Trogram π2	Trogram π10	110grain #11
22	Average number of days per week that the site is open to provide services				
23	Average number of hours per week that the site is open to provide services				
24	Total approximate square footage for the site				
25	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
26	Total annual cost of rent/ mortgage/ depreciation for the site				
27	Total annual cost of janitorial/ landscaping/ repairs for the site				
28	Total annual cost of utilities/ telecommunications for the site				
29	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
30	Total hours worked and paid for in a week				
31	Providing Behavior Management. Program services				
32	Providing other billable services				
33	Participating in individual planning meetings				
34	Recordkeeping (do not include documentation during the course of service provision)				
35	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
36	Program development				
37	Program preparation/set-up/clean-up				
38	Other activities [type description here]				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Has all time been allocated? (Total hours from Line 30 should equal sum of Lines 31 - 40)	Yes	Yes	Yes	Yes
42	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Independent Living Program (520)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your d	general mass rec	emy comp	% of	, , , , , , , , , , , , , , , , , , , ,				Training ours
	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	average)	Following Years (per staff average)
	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Independent Living Program (520)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your c		The state of the s	J					raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over-time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff average)
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Independent Living Program (520)

				Job Fu	ınction			of		Delivered/ orted
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Independent Living (520)	Other Services
Ex.	Habilitation Worker	100%							100%	
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2										
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Independent Living Program (520)

				Job Fu	ınction			of _		Delivered/ orted
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Independent Living (520)	Other Services
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Independent Living Program (Service Code 520)

Line	Factor	Example	Input
	Agency Caseload and Service Design		
1	Number of individuals receiving Independent Living services from your organization	100	
2	Average number of hours of service per week per individual	30.00	
3	Average number of service encounters per week per staff person	10	
4	Average encounter length in hours	3.00	
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios		
5	2:1 staff-to-individual ratio		
6	1:1 staff-to-individual ratio	95%	
7	1:2 staff-to-individual ratio	5%	
8	1:3 staff-to-individual ratio		
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:		
9	Total hours worked and paid for in a week	37.00	
10	Providing Independent Living services (should be equivalent to Line 3 * Line 4)	30.00	
11	Providing other billable services	0.00	
12	Participating in individual planning meetings	0.50	
13	Travel time between individuals	4.00	
14	Recordkeeping (do not include documentation during the course of service provision)	1.50	
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00	
16	Time lost to missed appointments	0.00	
17	Other activities [type description here]	0.00	
18	Other activities [type description here]	0.00	
19	Other activities [type description here]	0.00	
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes
21	Total miles driven per week per staff to travel between service encounters	120	
22	Total miles driven per week per staff to transport individuals	60	
23	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$2,400	
24	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	
	On-Site Supervision		
25	Does your organization provide on-site supervision of staff providing Independent Living services?	Yes	
26	If yes, average number of hours of on-site supervision provided per staff per year	4.00	

Social Recreation Program (Service Code 525)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	geney's most ree	chity comp	ierea jisean	year.			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Social Recreation Program (Service Code 525)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your d	8		J	<i></i>			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
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Social Recreation Program (Service Code 525)

				Job Fu	nction				Se	rvices Delive	ered/ Suppor	ted
			aff			u	su	≠ of d	Socia	l Recreation	(525)	
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Other Services
Ex.	Habilitation Worker	100%							100%			
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Social Recreation Program (Service Code 525)

				Job Fu	nction			_	Sei	rvices Delive	ered/ Suppor	ted
			aff			u	su	d d	Social	Recreation	(525)	70
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Other Services
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Social Recreation Program (Service Code 525)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- Program #3
Line	Location	Example	110gram #1	110gram #2	Trogram π3
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the program is located	Del Norte			
	Agency Caseload and Service Design (report data based upon individual sites)			ı	
3	Primary program type for site	Behavioral			
4	Number of persons receiving Social Recreation Program services	6			
5	Number of hours per week that a typical person receives center-based services	24.0			
6	Number of hours per week that a typical person receives services in the community	6.0			
7	Average number of hours of Social Recreation Program services per week	180.0			
8	Average attendance rate for persons receiving services	91%			
9	Staffing ratio authorized for site	1:6			
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site	2			
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals	1			
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals	32,000			
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)	308			
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes	75%			
15	Percent of miles reported on Line 12 associated with 'in-program' transportation	25%			
16	Typical vehicle size (in terms of passengers)	4			
17	Average useful life (in miles) of vehicles before disposal	100,000			
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10	\$38,000			
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10	\$375			
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service	10%			
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			

Social Recreation Program (Service Code 525)

			Input-	Input-	Input-
Line	Factor	Example	Program #1	Program #2	Program #3
	Sites at Which Services Are Provided		_		
23	Average number of days per week that the site is open to provide services	5			
24	Average number of hours per week that the site is open to provide services	40			
25	Total approximate square footage for the site	500			
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')	75%			
27	Total annual cost of rent/ mortgage/ depreciation for the site	\$6,250			
28	Total annual cost of janitorial/landscaping/repairs for the site	\$750			
29	Total annual cost of utilities/ telecommunications for the site	\$1,420			
30	Approximate operating cost per square foot (including rent)	\$16.84			
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week	40.00			
32	Providing Social Recreation Program services	22.00			
33	Providing other billable services	14.00			
34	Participating in individual planning meetings	0.50			
35	Recordkeeping (do not include documentation during the course of service provision)	1.00			
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
37	Program development	1.00			
38	Program preparation/set-up/clean-up	1.00			
39	Other activities [type description here]	0.00			
40	Other activities [type description here]	0.00			
41	Other activities [type description here]	0.00			
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Social Recreation Program (Service Code 525)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
	Location				
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Primary program type for site				
4	Number of persons receiving Social Recreation Program services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of Social Recreation Program services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Social Recreation Program (Service Code 525)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
	Sites at Which Services Are Provided				
23	Average number of days per week that the site is open to provide services				
24	Average number of hours per week that the site is open to provide services				
25	Total approximate square footage for the site				
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
27	Total annual cost of rent/ mortgage/ depreciation for the site				
28	Total annual cost of janitorial/ landscaping/ repairs for the site				
29	Total annual cost of utilities/ telecommunications for the site				
30	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week				
32	Providing Social Recreation Program services				
33	Providing other billable services				
34	Participating in individual planning meetings				
35	Recordkeeping (do not include documentation during the course of service provision)				
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
37	Program development				
38	Program preparation/set-up/clean-up				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Other activities [type description here]				
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Social Recreation Program (Service Code 525)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
	Location				
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)	T		T	
3	Primary program type for site				
4	Number of persons receiving Social Recreation Program services				
5	Number of hours per week that a typical person receives center-based services				
6	Number of hours per week that a typical person receives services in the community				
7	Average number of hours of Social Recreation Program services per week				
8	Average attendance rate for persons receiving services				
9	Staffing ratio authorized for site				
	Vehicles				,
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Social Recreation Program (Service Code 525)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11				
Line	Sites at Which Services Are Provided	110gram #0	110gruin #7	110grum #10	110gruin #11				
23	Average number of days per week that the site is open to provide services								
24	Average number of hours per week that the site is open to provide services								
25	Total approximate square footage for the site								
26									
27	Total annual cost of rent/ mortgage/ depreciation for the site								
28	Total annual cost of janitorial/ landscaping/ repairs for the site								
29	Total annual cost of utilities/ telecommunications for the site								
30	Approximate operating cost per square foot (including rent)								
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:								
31	Total hours worked and paid for in a week								
32	Providing Social Recreation Program services								
33	Providing other billable services								
34	Participating in individual planning meetings								
35	Recordkeeping (do not include documentation during the course of service provision)								
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)								
37	Program development								
38	Program preparation/set-up/clean-up								
39	Other activities [type description here]								
40	Other activities [type description here]								
41	Other activities [type description here]								
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes				
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)								

Adaptive Skills Training (Service Code 605)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	geney a most ree	entry comp	% of	yeur.				Training ours
	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	average)
	Behavioral Tech I	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Adaptive Skills Training (Service Code 605)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Frovide responses for your d			% of					Training ours
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
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Adaptive Skills Training (Service Code 605)

				Staff 1	Duties			of _	Supp	Delivered/ orted
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Adaptive Skills Training (605)	Other Services
	Behavioral Tech I	100%							100%	
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Adaptive Skills Training (Service Code 605)

				Staff l	Duties			Jo _	Supp	Delivered/ orted
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Adaptive Skills Training (605)	Other Services
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Adaptive Skills Training (Service Code 605)

Line	Factor	Example	Input
	Agency Caseload and Service Design		
1	Number of individuals receiving Adaptive Skills Training services from your organization	10	
2	Average number of hours of service per week per individual	9.00	
3	Average number of service encounters per week per staff person	10	
4	Average encounter length in hours	3.00	
5	Percentage of service hours provided in individuals' homes and the community	80%	
6	Percentage of service hours provided in clinic setting	20%	
	Clinic Space		
7	Number of clinics at which this service is provided	1	
8	Total approximate square footage for all clinics where services are provided	1,500	
9	Estimated percentage of square footage that is used for direct services	75%	
10	Total annual cost of rent/mortgage/depreciation for all clinics where services are provided	\$30,000	
11	Total annual cost of janitorial/landscaping/repairs for all clinics where services are provided	\$2,400	
12	Total annual cost of utilities/telecommunications for all clinics where services are provided	\$4,800	
13	Approximate operating cost per square foot (including rent)	\$24.80	
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:		
14	Total hours worked and paid for in a week	37.50	
15	Providing Adaptive Skills Training services (Line 3 * Line 4)	30.00	
16	Providing other billable services	0.00	
17	Participating in individual planning meetings	0.50	
18	Travel time between individuals	5.00	
19	Recordkeeping (do not include documentation during the course of service provision)	1.00	
20	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00	
21	Time lost to missed appointments	0.00	
22	Other activities [type description here]	0.00	
23	Other activities [type description here]	0.00	
24	Other activities [type description here]	0.00	
25	Has all time been allocated? (Total hours from Line 14 should equal sum of Lines 15 - 24)	Yes	Yes
26	Total miles driven per week per staff to travel between service encounters	150	
27	Total miles driven per week per staff to transport individuals	0	
28	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	

Adaptive Skills Training (Service Code 605)

Line	Factor	Example	Input
	On-Site Supervision		
29	Does your organization provide on-site supervision of staff providing Adaptive Skills Training services?	Yes	
30	If yes, average number of hours of on-site supervision provided per staff per year	4.00	

Behavior Services (Service Codes 612, 613, 615, 616, and 620)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	igency's mosi rec	ешіу сотр		yeur.			Staff T	raining
	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff average)
Ex.	Behavior Analyst	Eastern Los Angeles	Employee	2,080	0%	\$70,000	\$33.65	10%	60	30
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Behavior Services (Service Codes 612, 613, 615, 616, and 620)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Trovide responses for your d			% of				Staff T	Training
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	
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Behavior Services (Service Codes 612, 613, 615, 616, and 620)

				Job Fu	ınction		T	of
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised
Ex.	Behavior Analyst	50%					50%	
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Behavior Services (Service Codes 612, 613, 615, 616, and 620)

Line Job Titles Direct Care C	If supervisor, # of staff supervised
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Behavior Services (Service Codes 612, 613, 615, 616, and 620)

			Sei	rvices Delive	ered/ Suppor	ted	
	Job Titles	Behavior Analyst (612)	Associate Behavior Analyst (613)	Behavior Management Assistant (615)	Behavior Tech Paraprofession al (616)	Behavior Management Consultant (620)	Other Services
Ex.	Behavior Analyst	100%					
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Behavior Services (Service Codes 612, 613, 615, 616, and 620)

			Sei	rvices Delive	ered/ Suppor	ted	
Line	Job Titles	Behavior Analyst (612)	Associate Behavior Analyst (613)	Behavior Management Assistant (615)	Behavior Tech Paraprofession al (616)	Behavior Management Consultant (620)	Other Services
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Behavior Services (Service Codes 612, 613, 615, 616, and 620)

Line	Factor	Example	Behavior Analyst (612)	Associate Behavior Analyst (613)	Behavior Management Assistant (615)
Line	Agency Caseload and Service Design	Example	Analyst (012)	Analyst (013)	Assistant (013)
1	Number of individuals receiving services from your organization	10			
2	Average number of hours of service per week per individual	6.00			
3	Average number of service encounters per week per staff person	22			
4	Average encounter length in hours	1.50			
5	Percentage of service hours provided in individuals' homes and the community	60%			
6	Percentage of service hours provided in clinic setting	40%			
	Clinic Space				_
7	Number of clinics at which this service is provided	1			
8	Total approximate square footage for all clinics where services are provided	3,000			
9	Estimated percentage of square footage that is used for direct services	60%			
10	Total annual cost of rent/mortgage/depreciation for all clinics where services are provided	\$60,000			
11	Total annual cost of janitorial/landscaping/repairs for all clinics where services are provided	\$2,400			
12	Total annual cost of utilities/telecommunications for all clinics where services are provided	\$4,800			
13	Approximate operating cost per square foot (including rent)	\$22.40			

Behavior Services (Service Codes 612, 613, 615, 616, and 620)

Line	Factor Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:	Example	Behavior Analyst (612)	Associate Behavior Analyst (613)	Behavior Management Assistant (615)
14	Total hours worked and paid for in a week	40.00			
15	Providing Behavior services (Line 3 * Line 4)	33.00			
16	Providing other billable services	0.00			
17	Participating in individual planning meetings	0.00			
18	Travel time between individuals	3.00			
19	Recordkeeping (do not include documentation during the course of service provision)	1.00			
20	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00			
21	Performing 'collateral contacts' (e.g., speaking with other provider(s) regarding a specific individual)	2.00			
22	Time lost to missed appointments	0.00			
23	Other activities [type description here]	0.00			
24	Other activities [type description here]	0.00			
25	Other activities [type description here]	0.00			
26	Has all time been allocated? (Total hours from Line 14 should equal sum of Lines 15 - 25)	Yes	Yes	Yes	Yes
27	Total miles driven per week per staff to travel between service encounters	90			
28	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			
	Supervision from a Behavior Analyst/Behavior Management Consultant				
29	Average number hours of direct supervision provided per staff per month	3.00			

Behavior Services (Service Codes 612, 613, 615, 616, and 620)

		Behavior	Behavior
		Technician -	Management
		Paraprofes-	Consultant
Line	Factor	sional (616)	(620)
	Agency Caseload and Service Design		
1	Number of individuals receiving services from your organization		
2	Average number of hours of service per week per individual		
3	Average number of service encounters per week per staff person		
4	Average encounter length in hours		
5	Percentage of service hours provided in individuals' homes and the community		
6	Percentage of service hours provided in clinic setting		
	Clinic Space		
7	Number of clinics at which this service is provided		
8	Total approximate square footage for all clinics where services are provided		
9	Estimated percentage of square footage that is used for direct services		
10	Total annual cost of rent/mortgage/depreciation for all clinics where services are provided		
11	Total annual cost of janitorial/landscaping/repairs for all clinics where services are provided		
12	Total annual cost of utilities/telecommunications for all clinics where services are provided		
13	Approximate operating cost per square foot (including rent)		

Behavior Services (Service Codes 612, 613, 615, 616, and 620)

Line	Factor	Behavior Technician - Paraprofes- sional (616)	Behavior Management Consultant (620)
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:		T
14	Total hours worked and paid for in a week		
15	Providing Behavior services (Line 3 * Line 4)		
16	Providing other billable services		
17	Participating in individual planning meetings		
18	Travel time between individuals		
19	Recordkeeping (do not include documentation during the course of service provision)		
20	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)		
21	Performing 'collateral contacts' (e.g., speaking with other provider(s) regarding a specific individual)		
22	Time lost to missed appointments		
23	Other activities [type description here]		
24	Other activities [type description here]		
25	Other activities [type description here]		
26	Has all time been allocated? (Total hours from Line 14 should equal sum of Lines 15 - 25)	Yes	Yes
27	Total miles driven per week per staff to travel between service encounters		
28	Workers' Compensation rate for direct service staff (amount per \$100 wages)		
	Supervision from a Behavior Analyst/Behavior Management Consultant		
29	Average number hours of direct supervision provided per staff per month		

Independent Living Specialist (Service Code 635)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	geney's most ree	enry comp	% of	yeur.				Training ours
	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	average)
	Hab Technician I	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Independent Living Specialist (Service Code 635)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your c		The state of the s	J					raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over-time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff average)
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Independent Living Specialist (Service Code 635)

				Staff l	Duties			Jo	Services I Supp	Delivered/ orted
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Independent Living Spec. (635)	Other Services
	Hab Technician I	50%					50%		100%	
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Independent Living Specialist (Service Code 635)

				Staff 1	Duties			Jo _	Services I Supp	Delivered/ orted
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Independent Living Spec. (635)	Other Services
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Independent Living Specialist (Service Code 635)

Line	Factor	Example	Input
	Agency Caseload and Service Design		
1	Number of individuals receiving Independent Living Specialist services from your organization	10	
2	Average number of hours of service per week per individual	4.00	
3	Average number of service encounters per week per staff person	8	
4	Average encounter length in hours	4.00	
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios		
5	2:1 staff-to-individual ratio		
6	1:1 staff-to-individual ratio	95%	
7	1:2 staff-to-individual ratio	5%	
8	1:3 staff-to-individual ratio		
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:		
9	Total hours worked and paid for in a week	40.00	
10	Providing Independent Living services (should be equivalent to Line 3 * Line 4)	32.00	
11	Providing other billable services	0.00	
12	Participating in individual planning meetings	0.50	
13	Travel time between individuals	5.00	
14	Recordkeeping (do not include documentation during the course of service provision)	1.50	
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00	
16	Time lost to missed appointments	0.00	
17	Other activities [type description here]	0.00	
18	Other activities [type description here]	0.00	
19	Other activities [type description here]	0.00	
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes
21	Total miles driven per week per staff to travel between service encounters	150	
22	Total miles driven per week per staff to transport individuals	15	
23	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	
	On-Site Supervision		
24	Does your organization provide on-site supervision of staff providing Independent Living services?	Yes	
25	If yes, average number of hours of on-site supervision provided per staff per year	4.00	

Mobility Training (Service Codes 645 and 650)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

	1	Provide responses for your a	igency's most rec	ениу сотр	ieiea jiscai	year.	ı	ı	ı	
					% of				Staff 7	raining
					Hours					
		G								F 11 .
		County or			that					Following
		Regional Center (if LA		Total	were	Total	Average		1st Year	Years
		County)	Employee/	Hours	Over-	Wages	Hourly	Annual	(per staff	
Line	Job Titles	Optional Responses	Contractor	Paid	time	Paid	Wage	Turnover	average)	average)
Ex.	Hab Technician I	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Mobility Training (Service Codes 645 and 650)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	geney's mest ree		% of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Staff T	Training
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over-time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
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Mobility Training (Service Codes 645 and 650)

				Job Fu	nction			of	Services l	Delivered/ Si	apported
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Mobility Training Services Agency (645)	Mobility Training Specialist (650)	Other Services
Ex.	Hab Technician I	50%					50%		25%	75%	
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Mobility Training (Service Codes 645 and 650)

				Job Fu	ınction			of	Services l	Delivered/ S	upported
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Mobility Training Services Agency (645)	Mobility Training Specialist (650)	Other Services
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Mobility Training (Service Codes 645 and 650)

Line	Factor	Example	Mobility Training Svcs. Agency (645)	Mobility Training Specialist (650)
	Agency Caseload and Service Design		1	
1	Number of individuals receiving Mobility Training services from your organization	10		
2	Average number of hours of service per week per individual	4.00		
3	Average number of service encounters per week per staff person	15		
4	Average encounter length in hours	2.00		
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios			
5	2:1 staff-to-individual ratio			
6	1:1 staff-to-individual ratio	90%		
7	1:2 staff-to-individual ratio	10%		
8	1:3 staff-to-individual ratio			
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:			
9	Total hours worked and paid for in a week	38.00		
10	Providing Mobility Training services (should be equivalent to Line 3 * Line 4)	30.00		
11	Providing other billable services	0.00		
12	Participating in individual planning meetings	0.50		
13	Travel time between individuals	5.00		
14	Recordkeeping (do not include documentation during the course of service provision)	1.50		
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00		
16	Time lost to missed appointments	0.00		
17	Other activities [type description here]	0.00		
18	Other activities [type description here]	0.00		
19	Other activities [type description here]	0.00		
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes	Yes
21	Total miles driven per week per staff to travel between service encounters	150		
22	Total miles driven per week per staff to transport individuals	60		
23	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75		
	On-Site Supervision			
24	Does your organization provide on-site supervision of staff providing Mobility Training services?	Yes		
25	If yes, average number of hours of on-site supervision provided per staff per year	4.00		

Tutor Services (Service Code 680)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your d	geney's most ree	enry comp	% of	yeur.				Training ours
	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage		1st Year (per staff average)	average)
	Math tutor	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Tutor Services (Service Code 680)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

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Tutor Services (Service Code 680)

				Job Fu	ınction			٠ <u>ـ</u>		Delivered/ orted
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Tutor (680)	Other Services
Ex.	Math tutor	50%					50%		25%	
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Tutor Services (Service Code 680)

				Job Fu	ınction			of		Delivered/ orted
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Tutor (680)	Other Services
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Tutor Services (Service Code 680)

Line	Factor	Example	Tutor (680)
	Agency Caseload and Service Design		
1	Number of individuals receiving Tutor services from your organization	10	
2	Average number of hours of service per week per individual	4.00	
3	Average number of service encounters per week per staff person	3	
4	Average encounter length in hours	4.00	
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios		
5	2:1 staff-to-individual ratio		
6	1:1 staff-to-individual ratio	90%	
7	1:2 staff-to-individual ratio	10%	
8	1:3 staff-to-individual ratio		
9	1:4 staff-to-individual ratio		
10	1:5 staff-to-individual ratio		
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:		
11	Total hours worked and paid for in a week	39.00	
12	Providing Tutor services (should be equivalent to Line 3 * Line 4)	12.00	
13	Providing other billable services	20.50	
14	Participating in individual planning meetings	0.50	
15	Travel time between individuals	3.00	
16	Recordkeeping (do not include documentation during the course of service provision)	1.00	
17	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.50	
18	Time lost to missed appointments	0.50	
19	Other activities [type description here]	0.00	
20	Other activities [type description here]	0.00	
21	Other activities [type description here]	0.00	
22	Has all time been allocated? (Total hours from Line 11 should equal sum of Lines 12 - 21)	Yes	Yes
23	Total miles driven per week per staff to travel between service encounters	90	
24	Total miles driven per week per staff to transport individuals	15	
25	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	
	On-Site Supervision		
26	Does your organization provide on-site supervision of staff providing Tutor services?	Yes	
27	If yes, average number of hours of on-site supervision provided per staff per year	4.00	

Infant Development Program (Service Code 805)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	geney's most ree	chity comp	ierea jisean	year.			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Infant Development Program (Service Code 805)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	gency's most rec	ениу сотр	ieiea jiscai	year.			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff
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Infant Development Program (Service Code 805)

				Job Fu	nction				Services	Delivered/ S	upported
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	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Facility Based	In-Home/ Community	Other Services
Ex.	Habilitation Worker	100%								100%	
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Infant Development Program (Service Code 805)

				Job Fu	nction			_	Services	Delivered/ S	upported
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Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Facility Based	In-Home/ Community	Other Services
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Infant Development Program (Service Code 805) - Facility Based

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- Program #3
	Location				Ü
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the program is located	Del Norte			
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Number of persons receiving Infant Development services	6			
4	Number of hours per week that a typical person receives center-based services	24.0			
5	Number of hours per week that a typical person receives services in the community	6.0			
6	Average number of hours of Infant Development services per week	180.0			
7	Average attendance rate for persons receiving services	91%			
8	Staffing ratio authorized for site	1:6			
	Vehicles				
9	Total # of agency-owned and -leased vehicles for this site	2			
10	Of the vehicles reported on Line 9, number that accommodate non-ambulatory individuals	1			
11	Total annual number of miles traveled by the vehicles reported on Line 9 on behalf of individuals	32,000			
12	Average number of miles per vehicle per week (Line 11 divided by Line 9 divided by 52)	308			
13	Percent of miles reported on Line 11 associated with transporting individuals to/from their homes	75%			
14	Percent of miles reported on Line 11 associated with 'in-program' transportation	25%			
15	Typical vehicle size (in terms of passengers)	4			
16	Average useful life (in miles) of vehicles before disposal	100,000			
17	As applicable, average purchase price of agency-owned vehicles reported on Line 9	\$38,000			
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 9	\$375			
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
20	Of the total miles reported on Lines 11 & 19 percentage billed under separate service	10%			
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			

Infant Development Program (Service Code 805) - Facility Based

			Input-	Input-	Input-
Line	Factor	Example	Program #1	Program #2	Program #3
	Sites at Which Services Are Provided			T	
22	Average number of days per week that the site is open to provide services	5			
23	Average number of hours per week that the site is open to provide services	40			
24	Total approximate square footage for the site	500			
25	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')	75%			
26	Total annual cost of rent/ mortgage/ depreciation for the site	\$6,250			
27	Total annual cost of janitorial/ landscaping/ repairs for the site	\$750			
28	Total annual cost of utilities/ telecommunications for the site	\$1,420			
29	Approximate operating cost per square foot (including rent)	\$16.84			
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
30	Total hours worked and paid for in a week	40.00			
31	Providing Infant Development services	22.00			
32	Providing other billable services	14.00			
33	Participating in individual planning meetings	0.50			
34	Recordkeeping (do not include documentation during the course of service provision)	1.00			
35	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
36	Program development	1.00			
37	Program preparation/set-up/clean-up	1.00			
38	Other activities [type description here]	0.00			
39	Other activities [type description here]	0.00			
40	Other activities [type description here]	0.00			
41	Has all time been allocated? (Total hours from Line 30 should equal sum of Lines 31 - 40)	Yes	Yes	Yes	Yes
42	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Infant Development Program (Service Code 805) - Facility Based

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
	Location				
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)	,			
3	Number of persons receiving Infant Development services				
4	Number of hours per week that a typical person receives center-based services				
5	Number of hours per week that a typical person receives services in the community				
6	Average number of hours of Infant Development services per week				
7	Average attendance rate for persons receiving services				
8	Staffing ratio authorized for site				
	Vehicles	,			
9	Total # of agency-owned and -leased vehicles for this site				
10	Of the vehicles reported on Line 9, number that accommodate non-ambulatory individuals				
11	Total annual number of miles traveled by the vehicles reported on Line 9 on behalf of individuals				
12	Average number of miles per vehicle per week (Line 11 divided by Line 9 divided by 52)				
13	Percent of miles reported on Line 11 associated with transporting individuals to/from their homes				
14	Percent of miles reported on Line 11 associated with 'in-program' transportation				
15	Typical vehicle size (in terms of passengers)				
16	Average useful life (in miles) of vehicles before disposal				
17	As applicable, average purchase price of agency-owned vehicles reported on Line 9				
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 9				
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
20	Of the total miles reported on Lines 11 & 19 percentage billed under separate service				
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Infant Development Program (Service Code 805) - Facility Based

I inc	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
Line	Sites at Which Services Are Provided	110grain #4	110grain #3	110grain #0	110grain#/
22	Average number of days per week that the site is open to provide services				
23	Average number of hours per week that the site is open to provide services Average number of hours per week that the site is open to provide services				
-					
24	Total approximate square footage for the site				
25	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
26	Total annual cost of rent/ mortgage/ depreciation for the site				
27	Total annual cost of janitorial/landscaping/ repairs for the site				
28	Total annual cost of utilities/ telecommunications for the site				
29	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:			Г	
30	Total hours worked and paid for in a week				
31	Providing Infant Development services				
32	Providing other billable services				
33	Participating in individual planning meetings				
34	Recordkeeping (do not include documentation during the course of service provision)				
35	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
36	Program development				
37	Program preparation/set-up/clean-up				
38	Other activities [type description here]				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Has all time been allocated? (Total hours from Line 30 should equal sum of Lines 31 - 40)	Yes	Yes	Yes	Yes
42	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Infant Development Program (Service Code 805) - Facility Based

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
	Location	T		I	
1	Vendor ID				
2	County or Regional Center (if LA County) in which the program is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Number of persons receiving Infant Development services				
4	Number of hours per week that a typical person receives center-based services				
5	Number of hours per week that a typical person receives services in the community				
6	Average number of hours of Infant Development services per week				
7	Average attendance rate for persons receiving services				
8	Staffing ratio authorized for site				
	Vehicles				
9	Total # of agency-owned and -leased vehicles for this site				
10	Of the vehicles reported on Line 9, number that accommodate non-ambulatory individuals				
11	Total annual number of miles traveled by the vehicles reported on Line 9 on behalf of individuals				
12	Average number of miles per vehicle per week (Line 11 divided by Line 9 divided by 52)				
13	Percent of miles reported on Line 11 associated with transporting individuals to/from their homes				
14	Percent of miles reported on Line 11 associated with 'in-program' transportation				
15	Typical vehicle size (in terms of passengers)				
16	Average useful life (in miles) of vehicles before disposal				
17	As applicable, average purchase price of agency-owned vehicles reported on Line 9				
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 9				
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
20	Of the total miles reported on Lines 11 & 19 percentage billed under separate service				
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Infant Development Program (Service Code 805) - Facility Based

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
Line	Sites at Which Services Are Provided	110gram #0	110gram #/	110gram #10	110gram #11
22	Average number of days per week that the site is open to provide services				
23	Average number of hours per week that the site is open to provide services				
24	Total approximate square footage for the site				
25	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
26	Total annual cost of rent/ mortgage/ depreciation for the site				
27	Total annual cost of janitorial/ landscaping/ repairs for the site				
28	Total annual cost of utilities/ telecommunications for the site				
29	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
30	Total hours worked and paid for in a week				
31	Providing Infant Development services				
32	Providing other billable services				
33	Participating in individual planning meetings				
34	Recordkeeping (do not include documentation during the course of service provision)				
35	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
36	Program development				
37	Program preparation/set-up/clean-up				
38	Other activities [type description here]				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Has all time been allocated? (Total hours from Line 30 should equal sum of Lines 31 - 40)	Yes	Yes	Yes	Yes
42	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Infant Development Program (Service Code 805) - In-Home/Community

Line	Factor	Example	Input
	Agency Caseload and Service Design		
1	Number of individuals receiving Infant Development Program services from your organization	12	
2	Avg. # of hours per week that an individual receives Infant Development Program services	10	
3	Average attendance rate for individuals receiving Infant Development Program services	94%	
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratio	os .	
4	2:1 staff-to-individual ratio		
5	1:1 staff-to-individual ratio	80%	
6	1:2 staff-to-individual ratio	20%	
7	1:3 staff-to-individual ratio		
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the follo	wing:	
8	Total hours worked and paid for in a week	40.00	
9	Providing Infant Development Program services	28.00	
10	Providing other billable services	3.00	
11	Participating in individual planning meetings	0.50	
12	Recordkeeping (do not include documentation during the course of service provision)	1.00	
13	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50	
14	Performing 'collateral contacts' (e.g., calling another service professional regarding a client)	3.00	
14	Program development	1.00	
15	Program preparation/set-up/clean-up	1.00	
16	Travel time between individuals	2.00	
17	Time lost to missed appointments	0.00	
16	Other activities [type description here]	0.00	
17	Other activities [type description here]	0.00	
18	Other activities [type description here]	0.00	
19	Has all time been allocated? (Total hours from Line 8 should equal sum of Lines 9 - 18)	Yes	Yes
20	Total miles driven per week per staff to travel between service encounters	90	
21	Total miles driven per week per staff to transport individuals	15	
22	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	
	On-Site Supervision		
23	Does your agency provide on-site supervision of staff providing Infant Development services?	Yes	
24	If yes, average number of hours of on-site supervision provided per staff per year	4.00	

Homemaker Services (860)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	geney a most ree	entry comp	% of	yeur.				Training ours
	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	average)
Ex.	Personal Care Aide	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Homemaker Services (860)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

	Frovide responses for your t		The state of the s	J	,			Staff T	raining
				% of				Н	ours
Line Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	
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Homemaker Services (860)

				Staff l	Duties			of		Delivered/ orted
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Homemaker (860)	Other Services
	Personal Care Aide	25%					50%		100%	
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Homemaker Services (860)

				Staff l	Duties			of _	Services I Supp	Delivered/ orted
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Homemaker (860)	Other Services
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Homemaker (Service Code 860)

Line	Factor	Example	Input
	Agency Caseload and Service Design		
1	Number of individuals receiving Homemaker services from your organization	10	
2	Average number of hours of service per week per individual	2.00	
3	Average number of service encounters per week per staff person	15	
4	Average encounter length in hours	2.00	
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios		
5	2:1 staff-to-individual ratio		
6	1:1 staff-to-individual ratio	95%	
7	1:2 staff-to-individual ratio	5%	
8	1:3 staff-to-individual ratio		
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:		
9	Total hours worked and paid for in a week	36.00	
10	Providing Homemaker services (should be equivalent to Line 3 * Line 4)	30.00	
11	Providing other billable services	0.00	
12	Participating in individual planning meetings	0.00	
13	Travel time between individuals	5.00	
14	Recordkeeping (do not include documentation during the course of service provision)	0.00	
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00	
16	Time lost to missed appointments	0.00	
17	Other activities [type description here]	0.00	
18	Other activities [type description here]	0.00	
19	Other activities [type description here]	0.00	
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes
21	Total miles driven per week per staff to travel between service encounters	150	
22	Total miles driven per week per staff to transport individuals	0	
23	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	
	On-Site Supervision		
24	Does your organization provide on-site supervision of staff providing Homemaker services?	Yes	
25	If yes, average number of hours of on-site supervision provided per staff per year	4.00	

Respite Services (Service Code 862)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	igency's most rec	ешіу сотр		yeur.			Staff T	raining
	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
Ex.	Respite Aide	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Respite Services (Service Code 862)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	geney's mest ree		% of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Staff T	Training
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over-time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
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Respite Services (Service Code 862)

				Job Fu	nction			of	Services	Delivered/ S	upported
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	In-Home Respite Services, Agency (862)		Other Services
Ex.	Respite Aide	50%					50%		75%	25%	
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Respite Services (Service Code 862)

				Job Fu	ınction			of	Services Delivered/	Supported
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	In-Home Respite Services, Agency (862) In-Home Respite Services, EOR (862)	Other Services
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In-Home Respite Services Agency (Service Code 862)

Line	Factor	Example	In-Home Respite Services, Agency (862)	In-Home Respite Services, EOR (862)
	Agency Caseload and Service Design			
1	Number of individuals receiving In-Home Respite services from your organization	10		
2	Average number of hours of service per year per individual	320		
3	Average number of service encounters per week per staff person	4		
4	Average encounter length in hours	8.00		
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios			
5	2:1 staff-to-individual ratio			
6	1:1 staff-to-individual ratio	95%		
7	1:2 staff-to-individual ratio	5%		
8	1:3 staff-to-individual ratio			
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:			
9	Total hours worked and paid for in a week	38.00		
10	Providing In-Home Respite services (should be equivalent to Line 3 * Line 4)	32.00		
11	Providing other billable services	4.00		
12	Participating in individual planning meetings	0.00		
13	Travel time between individuals	0.00		
14	Recordkeeping (do not include documentation during the course of service provision)	1.00		
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00		
16	Time lost to missed appointments	0.00		
17	Other activities [type description here]	0.00		
18	Other activities [type description here]	0.00		
19	Other activities [type description here]	0.00		
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes	Yes
21	Total miles driven per week per staff to travel between service encounters	0		
22	Total miles driven per week per staff to transport individuals	0		
23	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75		
	On-Site Supervision			
24	Does your organization provide on-site supervision of staff providing In-Home Respite services?	Yes		
25	If yes, average number of hours of on-site supervision provided per staff per year	4.00		

Transportation Services (Service Codes 875, 880, and 882)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

	1	Provide responses for your a	gency s most rec	еппу сотр	ietea Jiscai	year.	T	ı		
					% of				Staff T	raining
					Hours					
		County or			that					Following
		Regional Center (if LA		Total	were	Total	Average		1st Year	Years
		County)	Employee/	Hours	Over-	Wages	Hourly	Annual	(per staff	
Line	Job Titles	Optional Responses	Contractor	Paid	time	Paid	Wage	Turnover	average)	average)
Ex.	Driver	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	40%	40	20
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Transportation Services (Service Codes 875, 880, and 882)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	geney's mest ree		% of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Staff T	Training
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over-time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
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Transportation Services (Service Codes 875, 880, and 882)

				Job Fu	nction			of	Se	rvices Delive	red/ Suppor	ted
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Transportatio n Company (875)	Transportatio n-Additional Component (880)	Transportatio n-Assistant (882)	Other Services
Ex.	Driver	50%	50%					5	100%			
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Transportation Services (Service Codes 875, 880, and 882)

				Job Fu	nction			of	Se	rvices Delive	red/ Suppor	ted
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Transportatio n Company (875)	Transportatio n-Additional Component (880)	Transportatio n-Assistant (882)	Other Services
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Transportation Services (Service Codes 875, 880, and 882)

			Transportation	Transportation- Additional Component	Transportation-
Line	Factor	Example	Company (875)	(880)	Assistant (882)
	Agency Caseload and Service Design				
1	Number of individuals receiving Transportation services from your organization	24			
2	Number of individuals receiving Transportation services with non-ambulatory supports	1			
3	Average number of one-way routes completed per vehicle per week	10			
4	Average time (in hours) to complete a one-way route (i.e., time from first pick-up to final drop-off)	1.5			
5	Average number of individuals transported on a one-way route	6			
6	Percentage of one-way trips utilizing Transportation Assistant	15%			
7	Average mileage traveled per vehicle per week	550			
	Vehicles				
8	Number of vehicles owned/leased by your organization used to provide Transportation services	8			
9	Of the vehicles reported on Line 8, number that are modified to accommodate non-ambulatory svcs	1			
10	Average useful life (in miles) of vehicles before disposal	100,000			
11	Typical vehicle size (in terms of passengers)	6			
12	As applicable, average purchase price of agency-owned vehicles reported on Line 8	\$50,000			
13	As applicable, average monthly lease price of agency-leased vehicles reported on Line 8	\$350			
14	As applicable, average monthly mileage reimbursement for staff-owned vehicles reported on Line 8	\$1,500			
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
15	Total hours worked and paid for in a week	35.00			
16	Providing Transportation services (with an individual in the vehicle)	28.00			
17	Providing other billable services	0.00			
18	Travel time between individuals	6.50			
19	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
20	Other activities [type description here]	0.00			
21	Other activities [type description here]	0.00			
22	Other activities [type description here]	0.00			
23	Has all time been allocated? (Total hours from Line 15 should equal sum of Lines 16 - 22)	Yes	Yes	Yes	Yes
24	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Supported Living Services (Service Code 896)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a	igency's most rec	ently comp	ietea fiscai	year.	ı	1		
									Staff T	raining
		County or Regional Center (if LA County)	Employee/	Total Hours	% of Hours that were Over-	Total Wages	Average Hourly	Annual	1st Year	Following Years
I inc	Job Titles	Optional Responses	Contractor	Paid	time	wages Paid	Wage	Turnover	(per staff	
	Hab Technician I	Eastern Los Angeles			10%		\$11.44	35%	average) 40	average)
	Hab Technician I	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Supported Living Services (Service Code 896)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your d	8		J	<i></i>			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Overtime	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
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Supported Living Services (Service Code 896)

				Staff I	Duties				Services Delivered/ Support			ted
			aff			T T	Su	f of d	Supp	orted Living	g (896)	
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Intermittent	Continuous	Cluster Residences	Other Services
Ex.	Hab Technician I	100%							100%			
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Supported Living Services (Service Code 896)

				Staff I	Outies				Se	rvices Delive	ered/ Suppor	ted
			aff			g	us	d d	Supp	orted Living	g (896)	70
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Intermittent	Continuous	Cluster Residences	Other Services
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Supported Living Services (Service Code 896) delivered in individuals' own homes

			Supported	Supported
			Living Svcs. (896)	Living Svcs. (896)
Lino	Factor	Example	(890) Intermittent	(890) Continuous
Lille	Agency Caseload and Service Design	Example	<i>Intermittent</i>	Commuous
1	Number of individuals receiving Supported Living Services from your organization	100		
	Average number of hours of service per week per individual			
2		30.00		
3	Average number of service encounters per week per staff person	10		
4	Average encounter length in hours	3.00		
	Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios			
5	2:1 staff-to-individual ratio			
6	1:1 staff-to-individual ratio	95%		
7	1:2 staff-to-individual ratio	5%		
8	1:3 staff-to-individual ratio			
	Activities Outside of the Home			
9	Of the individuals reported on Line 1, number regularly participating in activities (paid or unpaid) away from	95		
9	their home without Supported Living staff (e.g., Day, Employment, School)	95		
10	For individuals participating in outside activities, average scheduled hours per week	30		
11	For individuals participating in outside activities, average number of hours per week they participate	27		
12	Average number of hours per week of unstaffed hours the resident is away	25		
	Staffing			
13	Are staff working overnight shifts permitted to sleep?	No		
14	If yes, does your organization pay a "sleep-time" differential?			
15	Total annual cost of food for staff providing services to residents residing within the home	\$3,500		
16	Total annual cost of recreational activities for staff providing services to residents residing within the home	\$750		
17	Are any of the individuals served by your organization eligible for IHSS services?	Yes		
18	If so, how many of the individuals appearing on Line 1 receive IHSS services?	50		
19	If so, how many hours of IHSS services are authorized per individual, per week?	30		
20	If so, how many hours of IHSS services are provided per individual, per week?	25		

Supported Living Services (Service Code 896) delivered in individuals' own homes

Line	Factor	Example	Supported Living Svcs. (896) Intermittent	Supported Living Svcs. (896) Continuous
	Agency Caseload and Service Design			
	Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:			1
17	Total hours worked and paid for in a week	37.00		
18	Providing Supported Living services (should be equivalent to Line 3 * Line 4)	30.00		
19	Providing other billable services	0.00		
20	Participating in individual planning meetings	0.50		
21	Travel time between individuals	4.00		
22	Recordkeeping (do not include documentation during the course of service provision)	1.50		
23	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00		
24	Time lost to missed appointments	0.00		
25	Other activities [type description here]	0.00		
26	Other activities [type description here]	0.00		
27	Other activities [type description here]	0.00		
28	Has all time been allocated? (Total hours from Line 17 should equal sum of Lines 18 - 27)	Yes	Yes	Yes
29	Total miles driven per week per staff to travel between service encounters	120		
30	Total miles driven per week per staff to transport individuals	60		
31	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75		
	On-Site Supervision			
32	Does your organization provide on-site supervision of staff providing Supported Living Services?	Yes		
33	If yes, average number of hours of on-site supervision provided per staff per year	4.00		

Supported Living Services (Service Code 896) delivered in clustered residential setting

			Input-	Input-	Input-
Line	Factor	Example	Site #1	Site #2	Site #3
	Home and Resident Characteristics			,	
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the site is located	Del Norte			
3	Primary program type for this home	Behavioral			
4	Capacity of this Supported Living services site	4			
5	Number of individuals receiving Supported Living services at this site	4			
6	Average number of absence days per individual per year (due to hospitalization, vacation, etc.)	6			
	Activities Outside of the Home				
7	Of the individuals reported on Line 5, number regularly participating in activities (paid or unpaid) with other staff	4			
8	For individuals participating in outside activities, average scheduled hours per week	35			
9	For individuals participating in outside activities, average number of hours per week they participate	32			
10	Average number of hours per week that the site is unstaffed because all residents are away from the site	30			
	Vehicles				
11	Total # of agency-owned and -leased vehicles for this site	1			
12	Of the vehicles reported on Line 11, number that accommodate non-ambulatory individuals	1			
13	Total annual number of miles traveled by the vehicles reported on Line 11 on behalf of individuals	19,500			
14	Average number of miles per vehicle per week (Line 13 divided by Line 11 divided by 52)	375			
15	Typical vehicle size (in terms of passengers)	4			
16	Average useful life (in miles) of vehicles before disposal	100,000			
17	As applicable, average purchase price of agency-owned vehicles reported on Line 11	\$38,000			
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10	\$375			
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
20	Of the total miles reported on Lines 13 & 19 percentage billed under separate service	10%			
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			
	Staffing				
22	Are staff working overnight shifts permitted to sleep?	No			
23	If yes, does your organization pay a "sleep-time" differential?				
24	Are any of the individuals served by your organization eligible for IHSS services?	Yes			
25	If so, how many of the individuals appearing on Line 5 receive IHSS services?	3			
26	If so, how many hours of IHSS services are authorized per individual, per week?	40			
27	If so, how many hours of IHSS services are provided per individual, per week?	20			

Supported Living Services (Service Code 896) delivered in clustered residential setting

Line	Factor	Example	Input- Site #1	Input- Site #2	Input- Site #3
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
28	Total hours worked and paid for in a week	40.00			
29	Providing Supported Living services	39.00			
30	Providing other billable services	0.00			
31	Participating in individual planning meetings	0.50			
32	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
33	Other activities [type description here]	0.00			
34	Other activities [type description here]	0.00			
35	Other activities [type description here]	0.00			
36	Has all time been allocated? (Total hours from Line 28 should equal sum of Lines 29 - 35)	Yes	Yes	Yes	Yes
37	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Supported Living Services (Service Code 896) delivered in clustered residential setting

1 Ve 2 Cc 3 Pr 4 Ca 5 Nu 6 Au 7 Of 8 2 10 Au Ve 11 Tc	come and Resident Characteristics endor ID county or Regional Center (if LA County) in which the site is located rimary program type for this home	Site #4	Site #5	Site #6	Site #7
1 Ve 2 Cc 3 Pr 4 Ca 5 Nu 6 Au 7 Of 8 2 10 Au Ve 11 Tc	endor ID ounty or Regional Center (if LA County) in which the site is located				
2 Ccc 3 Pr 4 Ca 5 Nu 6 Av 7 Of 8 9 10 Av Ve	ounty or Regional Center (if LA County) in which the site is located				
3 Pr 4 Ca 5 Nu 6 Av 7 Ot 8 9 10 Av Ve					
4 Ca 5 Nu 6 Av 7 Of 8 2 10 Av 11 To 12	iniary program type for this nome				
5 Nu 6 Av Ac 7 Or 8 10 Av Vc 11 To 12	apacity of this Supported Living services site				
6 Av Ac 7 Or 8 9 10 Av Ve 11 Te 12	umber of individuals receiving Supported Living services at this site				
7 Of 8 9 10 Av Ve 11 Tc 12	verage number of absence days per individual per year (due to hospitalization, vacation, etc.)				
7 Of 8 9 10 As Ve 11 To 12	ctivities Outside of the Home				
8 9 10 Av Ve 11 To 12 0	f the individuals reported on Line 5, number regularly participating in activities (paid or unpaid) with other staff				
9 10 Av Ve 11 To 12	For individuals participating in outside activities, average scheduled hours per week				
10 Av Ve 11 To 12	For individuals participating in outside activities, average number of hours per week they participate				
11 To 12	verage number of hours per week that the site is unstaffed because all residents are away from the site				
11 To	ehicles				
12	otal # of agency-owned and -leased vehicles for this site				
	Of the vehicles reported on Line 11, number that accommodate non-ambulatory individuals				
	Total annual number of miles traveled by the vehicles reported on Line 11 on behalf of individuals				
	Average number of miles per vehicle per week (Line 13 divided by Line 11 divided by 52)				
	Typical vehicle size (in terms of passengers)				
	Average useful life (in miles) of vehicles before disposal				
	As applicable, average purchase price of agency-owned vehicles reported on Line 11				
	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
	f the total miles reported on Lines 13 & 19 percentage billed under separate service				
	otal annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				
	raffing				
	re staff working overnight shifts permitted to sleep?				
	If yes, does your organization pay a "sleep-time" differential?				
	re any of the individuals served by your organization eligible for IHSS services?				
	If so, how many of the individuals appearing on Line 5 receive IHSS services?				
	. ,				
27	If so, how many hours of IHSS services are authorized per individual, per week?				

Supported Living Services (Service Code 896) delivered in clustered residential setting

Line	Factor	Input- Site #4	Input- Site #5	Input- Site #6	Input- Site #7
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
28	Total hours worked and paid for in a week				
29	Providing Supported Living services				
30	Providing other billable services				
31	Participating in individual planning meetings				
32	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
33	Other activities [type description here]				
34	Other activities [type description here]				
35	Other activities [type description here]				
36	Has all time been allocated? (Total hours from Line 28 should equal sum of Lines 29 - 35)	Yes	Yes	Yes	Yes
37	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Supported Living Services (Service Code 896) delivered in clustered residential setting

Line	Factor	Input- Site #8	Input- Site #9	Input- Site #10	Input- Site #11
	Home and Resident Characteristics	Site iio	Site III	Site #10	Site #11
1	Vendor ID				
2	County or Regional Center (if LA County) in which the site is located				
3	Primary program type for this home				
4	Capacity of this Supported Living services site				
5	Number of individuals receiving Supported Living services at this site				
6	Average number of absence days per individual per year (due to hospitalization, vacation, etc.)				
	Activities Outside of the Home				
7	Of the individuals reported on Line 5, number regularly participating in activities (paid or unpaid) with other staff				
8	For individuals participating in outside activities, average scheduled hours per week				
9	For individuals participating in outside activities, average number of hours per week they participate				
10	Average number of hours per week that the site is unstaffed because all residents are away from the site				
	Vehicles				
11	Total # of agency-owned and -leased vehicles for this site				
12	Of the vehicles reported on Line 11, number that accommodate non-ambulatory individuals				
13	Total annual number of miles traveled by the vehicles reported on Line 11 on behalf of individuals				
14	Average number of miles per vehicle per week (Line 13 divided by Line 11 divided by 52)				
15	Typical vehicle size (in terms of passengers)				
16	Average useful life (in miles) of vehicles before disposal				
17	As applicable, average purchase price of agency-owned vehicles reported on Line 11				
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
20	Of the total miles reported on Lines 13 & 19 percentage billed under separate service				
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				
	Staffing				
22	Are staff working overnight shifts permitted to sleep?				
23	If yes, does your organization pay a "sleep-time" differential?				
24	Are any of the individuals served by your organization eligible for IHSS services?				
25	If so, how many of the individuals appearing on Line 5 receive IHSS services?				
26	If so, how many hours of IHSS services are authorized per individual, per week?				
27	If so, how many hours of IHSS services are provided per individual, per week?				

Supported Living Services (Service Code 896) delivered in clustered residential setting

Line	Factor	Input- Site #8	Input- Site #9	Input- Site #10	Input- Site #11
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
28	Total hours worked and paid for in a week				
29	Providing Supported Living services				
30	Providing other billable services				
31	Participating in individual planning meetings				
32	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
33	Other activities [type description here]				
34	Other activities [type description here]				
35	Other activities [type description here]				
36	Has all time been allocated? (Total hours from Line 28 should equal sum of Lines 29 - 35)	Yes	Yes	Yes	Yes
37	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Family Home Agency (Service Code 904)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

County or Regional Center (if LA County)			Provide responses for your a	geney a most ree	entry comp	% of	yeur.				Training ours
1 2 3 4 4 5 6 6 7 8 9 10 11 11 12 3 13 4 15 16 17 18 19 9 20 20 21 22 23 24			Regional Center (if LA County) Optional Responses	Contractor	Hours Paid	were Over- time	Wages Paid	Hourly Wage	Turnover	(per staff average)	(per staff average)
2 3 3 4 4 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 19 20 21 22 23 24 24	Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
3 4 5 6 7 8 9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24 24											
4 5 6 6 7 8 9 10 11 11 12 13 13 14 15 16 17 18 19 20 21 22 23 24											
5 6 7 8 9 10 11 11 12 13 13 14 15 16 17 18 19 20 21 22 23 24											
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7 8 9 9 10 9 11 11 12 13 13 14 15 16 17 18 19 19 20 21 21 22 23 24											
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Family Home Agency (Service Code 904)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your c		The state of the s	J					raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff average)
26										
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Family Home Agency (Service Code 904)

				Staff l	Duties			Jo		Delivered/ orted
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Family Home Agency (904)	Other Services
	Habilitation Worker	90%					10%		100%	
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Family Home Agency (Service Code 904)

		Staff Duties						of	Services I Supp	Delivered/ orted
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Family Home Agency (904)	Other Services
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Family Home Agency (Service Code 904)

Line	Factor	Example	Input
	Provider Characteristics		
1	Number of years that your agency has been supporting family home placements	2.5	
	Recruitment, Certification, Placement, and Initial Training		
2	Average staff hours required to recruit, train, and approve a family home prior to a placement	30	
3	Other non-staff costs related to recruitment, training, and placement [type description here]	\$100	
	Monitoring and Supports for Family Homes		
4	Average caseload (number of sponsored homes) per agency monitor	30	
5	Average number of monitoring visits per family home per year	12	
6	Average number of miles driven per week per monitor	150	
7	Average number of hours of in-home supports provided by staff other than the monitor per family home per year	75	
8	Workers' Compensation rate for monitoring/support staff (amount per \$100 wages)	\$1.75	

Family Home Agency (Service Code 904)

Individual Detail (see p. 39 of the instructions)

	Family Home ID	County or Regional Center (if LA County)	Placement Start Date	Unit of Payment to Family Home Agency	Payment Amount to Family Home Agency	Unit of Payment to Family Home	Payment Amount to Family Home	Number of Absences, most recent 12 Months
Ex.	XXX999	Eastern Los Angeles	06/23/15	Month	\$3,000.00	Month	\$2,400.00	6
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Family Home Agency (Service Code 904)

Individual Detail (see p. 39 of the instructions)

T •	Family Home	County or Regional Center (if LA	Placement Start	Unit of Payment to Family Home	Payment Amount to Family Home	Unit of Payment to	Payment Amount to	Number of Absences, most recent 12
Line 26	ID	County)	Date	Agency	Agency	Family Home	Family Home	Months
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Community Care Facilities for Adults - Owner-Operated (Service Code 905)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

County or Regional Center (if LA County)			Provide responses for your a	geney a most ree	entry comp	% of	yeur.				Training ours
1 2 3 4 4 5 6 6 7 8 9 10 11 11 12 3 13 4 15 5 16 6 17 18 19 9 20 9 21 9 22 9 23 24			Regional Center (if LA County) Optional Responses	Contractor	Hours Paid	were Over- time	Wages Paid	Hourly Wage	Turnover	(per staff average)	(per staff average)
2 3 3 4 4 4 5 6 7 8 9 10 11 11 12 13 13 14 15 16 17 18 19 19 20 21 22 23 24 24	Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
3 4 5 6 7 8 9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24 24											
4 5 6 6 7 8 9 10 11 11 12 13 13 14 15 16 17 18 19 20 21 22 23 24											
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Community Care Facilities for Adults - Owner-Operated (Service Code 905)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your c		The state of the s	J					raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff average)
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Community Care Facilities for Adults - Owner-Operated (Service Code 905)

				Job Fu	nction			Je	Services I Supp	
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Residential Facility for Adults - Owner Op	Other Services
Ex.	Habilitation Worker	100%							100%	
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Community Care Facilities for Adults - Owner-Operated (Service Code 905)

				Job Fu	nction			Jo	Services Delivered/ Supported		
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Residential Facility for Adults - Owner Op	Other Services	
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Community Care Facilities for Adults - Owner-Operated (Service Code 905)

Detailed Information on Consultation Costs provided to Homes (see p. 33 of the instructions)

	Provide responses for your agency's most rece	ntly completed fiscal year.				
			County or	Total Number		Total Number
			Regional Center (if LA	of Hours	Total	of Residents
Line	Consultant Specialty	'Other' Consultant Specialties	County)	Provided	Payments	Served
Ev	Physical Therapist	Other Consultant Specialties	Eastern Los Angeles	24	\$1,920	12
1	1 hysical Therapist		Eastern Los Angeles	24	Φ1,920	12
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Community Care Facilities for Adults - Owner-Operated (Service Code 905)

			Input-	Input-	Input-
Line	Factor	Example	Home #1	Home #2	Home #3
	Home and Resident Characteristics				
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the home is located	Del Norte			
3	Service level (1 - 3, 4A -4I)	2			
4	Capacity of this Community Care Facility home	5			
5	Number of individuals receiving Community Care Facility services in this home	4			
6	Average number of absence days per individual per year (due to hospitalization, vacation, etc.)	6			
	Activities Outside of the Home				
7	Of the individuals reported on Line 5, number regularly participating in activities (paid or unpaid) outside of the CCF without CCF staff (e.g., Day, Employment, School)	4			
8	For individuals participating in outside activities, average scheduled hours per week	30			
9	For individuals participating in outside activities, average number of hours per week they participate	27			
10	Average number of hours per week that no staff are in the home because all residents are away from the home	25			
	Vehicles				
11	Total # of agency-owned and -leased vehicles for this site	1			
12	Of the vehicles reported on Line 11, number that accommodate non-ambulatory individuals	1			
13	Total annual number of miles traveled by the vehicles reported on Line 11 on behalf of individuals	19,500			
14	Average number of miles per vehicle per week (Line 13 divided by Line 11 divided by 52)	375			
15	Typical vehicle size (in terms of passengers)	4			
16	Average useful life (in miles) of vehicles before disposal	100,000			
17	As applicable, average purchase price of agency-owned vehicles reported on Line 11	\$38,000			
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 11				
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
20	Of the total miles reported on Lines 13 & 19 percentage billed under separate service	10%			
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			
	Staffing				
22	Does your agency employ staff to provide direct care within the CCF?	Yes			
23	If yes, total number of hours per week that employed staff are scheduled to work	80			
24	Are staff working overnight shifts permitted to sleep?	Yes			
25	If yes, does your organization pay a "sleep-time" differential?	No			

Community Care Facilities for Adults - Owner-Operated (Service Code 905)

			Input-	Input-	Input-
Line	Factor	Example	Home #1	Home #2	Home #3
	Supplemental - Program Support services			T	
26	Are supplemental/program support services (109/110/111) approved for use in the home?	Yes			
27	If so, how many individuals in the home are using these supports?	3			
28	If so, how many hours per week of these supports are used?	25			
	Household Expenses				
29	As applicable, purchase price of home	\$450,000			
30	Total annual cost of rent, lease, mortgage payments, and homeowner association fees	\$25,200			
31	Total annual cost of food for residents residing within the home	\$18,500			
32	Total annual cost of food for staff providing services to residents residing within the home	\$15,000			
33	Total annual cost of household supplies for residents residing within the home	\$1,800			
34	Total annual cost of laundry and dry cleaning for residents residing within the home	\$1,200			
35	Total annual cost of personal hygiene items for residents residing within the home	\$1,575			
36	Total annual cost of recreational activities for residents residing within the home	\$2,000			
37	Total annual cost of recreational activities for staff providing services to residents residing within the home	\$1,500			
38	Total annual cost of newspapers, magazines, phones, cable and internet for residents residing within the home	\$800			
39	Total annual cost of medical and first aid for residents residing within the home	\$500			
40	Total annual cost of property taxes for the home	\$3,750			
41	Total annual cost of utilities (e.g., gas, electric, water, garbage) for the home	\$0			
42	Total annual cost of repairs and maintenance (building) for the home	\$1,200			
43	Total annual cost of repairs and maintenance (furniture and equipment) for the home	\$1,800			
44	Total annual cost of other costs not listed above for the home [list]	\$0			
45	Total annual cost of other costs not listed above for the home [list]	\$0			

Community Care Facilities for Adults - Owner-Operated (Service Code 905)

			Input-	Input-	Input-
Line	Factor	Example	Home #1	Home #2	Home #3
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
46	Total hours worked and paid for in a week	40.00			
47	Providing Community Care Facility - Owner-Operated services	39.00			
48	Providing other billable services	0.00			
49	Participating in individual planning meetings	0.50			
50	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
51	Other activities [type description here]	0.00			
52	Other activities [type description here]	0.00			
53	Other activities [type description here]	0.00			
54	Has all time been allocated? (Total hours from Line 46 should equal sum of Lines 47 - 53)	Yes	Yes	Yes	Yes
55	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Community Care Facilities for Children - Owner-Operated (Service Code 910)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

County or Regional Center (if LA County)			Provide responses for your a	geney a most ree	entry comp	% of	yeur.				Training ours
1 2 3 4 4 5 6 6 7 8 9 10 11 11 12 3 13 4 15 5 16 6 17 18 19 9 20 9 21 9 22 9 23 24			Regional Center (if LA County) Optional Responses	Contractor	Hours Paid	were Over- time	Wages Paid	Hourly Wage	Turnover	(per staff average)	(per staff average)
2 3 3 4 4 4 5 6 7 8 9 10 11 11 12 13 13 14 15 16 17 18 19 19 20 21 22 23 24 24	Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
3 4 5 6 7 8 9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24 24											
4 5 6 6 7 8 9 10 11 11 12 13 13 14 15 16 17 18 19 20 21 22 23 24											
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11 12 13 3 14 4 15 4 16 5 17 6 18 7 19 7 20 7 21 7 22 7 23 7 24 7	9										
12 13 14 15 16 17 18 19 20 21 22 23 24	10										
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Community Care Facilities for Children - Owner-Operated (Service Code 910)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your c		The state of the s	J					raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff average)
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Community Care Facilities for Children - Owner-Operated (Service Code 910)

				Job Fu	inction			of	Services I Supp	
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Residential Facility for Children - Owner Op	Other Services
Ex.	Habilitation Worker	100%							100%	
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Community Care Facilities for Children - Owner-Operated (Service Code 910)

				Job Fu	ınction			of	Services I Supp	
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Residential Facility for Children - Owner Op	Other Services
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Community Care Facilities for Children - Owner-Operated (Service Code 910)

Detailed Information on Consultation Costs provided to Homes (see p. 33 of the instructions)

-	Provide responses for your agency's most rece	ntiy compietea jiscai year.	_	1		
			County or	Total Number		Total Number
			Regional Center (if LA	of Hours	Total	of Residents
Line	Consultant Speciality	'Other' Consultant Specialties	County)	Provided	Payments	Served
Ex.	Physical Therapist	•	Eastern Los Angeles	24	\$1,920	12
1						
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Community Care Facilities for Children - Owner-Operated (Service Code 910)

			Input-	Input-	Input-
Line	Factor	Example	Home #1	Home #2	Home #3
	Home and Resident Characteristics				
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the home is located	Del Norte			
3	Service level (1 - 3, 4A -4I)	2			
4	Capacity of this Community Care Facility home	5			
5	Number of individuals receiving Community Care Facility services in this home	4			
6	Average number of absence days per individual per year (due to hospitalization, vacation, etc.)	6			
	Activities Outside of the Home				
7	Of the individuals reported on Line 5, number regularly participating in activities (paid or unpaid) outside of the CCF without CCF staff (e.g., Day, Employment, School)	4			
8	For individuals participating in outside activities, average scheduled hours per week	30			
9	For individuals participating in outside activities, average number of hours per week they participate	27			
10	Average number of hours per week that no staff are in the home because all residents are away from the home	25			
	Vehicles				
11	Total # of agency-owned and -leased vehicles for this site	1			
12	Of the vehicles reported on Line 11, number that accommodate non-ambulatory individuals	1			
13	Total annual number of miles traveled by the vehicles reported on Line 11 on behalf of individuals	19,500			
14	Average number of miles per vehicle per week (Line 13 divided by Line 11 divided by 52)	375			
15	Typical vehicle size (in terms of passengers)	4			
16	Average useful life (in miles) of vehicles before disposal	100,000			
17	As applicable, average purchase price of agency-owned vehicles reported on Line 11	\$38,000			
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 11				
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
20	Of the total miles reported on Lines 13 & 19 percentage billed under separate service	10%			
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			
	Staffing				
22	Does your agency employ staff to provide direct care within the CCF?	Yes			
23	If yes, total number of hours per week that employed staff are scheduled to work	80			
24	Are staff working overnight shifts permitted to sleep?	Yes			
25	If yes, does your organization pay a "sleep-time" differential?	No			

Community Care Facilities for Children - Owner-Operated (Service Code 910)

			Input-	Input-	Input-
Line	Factor	Example	Home #1	Home #2	Home #3
	Supplemental - Program Support services				
26	Are supplemental/program support services (109/110/111) approved for use in the home?	Yes			
27	If so, how many individuals in the home are using these supports?	3			
28	If so, how many hours per week of these supports are used?	25			
	Household Expenses				
29	As applicable, purchase price of home	\$450,000			
30	Total annual cost of rent, lease, mortgage payments, and homeowner association fees	\$25,200			
31	Total annual cost of food for residents residing within the home	\$18,500			
32	Total annual cost of food for staff providing services to residents residing within the home	\$15,000			
33	Total annual cost of household supplies for residents residing within the home	\$1,800			
34	Total annual cost of laundry and dry cleaning for residents residing within the home	\$1,200			
35	Total annual cost of personal hygiene items for residents residing within the home	\$1,575			
36	Total annual cost of recreational activities for residents residing within the home	\$2,000			
37	Total annual cost of recreational activities for staff providing services to residents residing within the home	\$1,500			
38	Total annual cost of newspapers, magazines, phones, cable and internet for residents residing within the home	\$800			
39	Total annual cost of medical and first aid for residents residing within the home	\$500			
40	Total annual cost of property taxes for the home	\$3,750			
41	Total annual cost of utilities (e.g., gas, electric, water, garbage) for the home	\$0			
42	Total annual cost of repairs and maintenance (building) for the home	\$1,200			
43	Total annual cost of repairs and maintenance (furniture and equipment) for the home	\$1,800			
44	Total annual cost of other costs not listed above for the home [list]	\$0			
45	Total annual cost of other costs not listed above for the home [list]	\$0			

Community Care Facilities for Children - Owner-Operated (Service Code 910)

			Input-	Input-	Input-
Line	Factor	Example	Home #1	Home #2	Home #3
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
46	Total hours worked and paid for in a week	40.00			
47	Providing Community Care Facility - Owner-Operated services	39.00			
48	Providing other billable services	0.00			
49	Participating in individual planning meetings	0.50			
50	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
51	Other activities [type description here]	0.00			
52	Other activities [type description here]	0.00			
53	Other activities [type description here]	0.00			
54	Has all time been allocated? (Total hours from Line 46 should equal sum of Lines 47 - 53)	Yes	Yes	Yes	Yes
55	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Community Care Facilities for Adults - Staff-Operated (Service Code 915)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your c			% of	· yeur.				Training ours
	Job Titles Habilitation Worker	County or Regional Center (if LA County) Optional Responses Eastern Los Angeles	Employee/ Contractor Employee	Total Hours Paid 4,160	Hours that were Over- time 10%	Total Wages Paid \$47,600	Average Hourly Wage \$11.44	Annual Turnover 35%	1st Year (per staff average) 40	Following Years (per staff average)
1	Habilitation Worker	Lastern Los Angeles	Employee	7,100	10 /0	φ+7,000	ф11.77	33 /0	70	20
2										
3										
4										
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Community Care Facilities for Adults - Staff-Operated (Service Code 915)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your a			% of	<i></i>				Training ours
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
26									0 /	
27										
28										
29										
30										
31										
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47										
48										
49										
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Community Care Facilities for Adults - Staff-Operated (Service Code 915)

				Job Fu	ınction			of _	Services I Supp	
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Residential Facility for Adults - Staff Op	Other Services
Ex.	Habilitation Worker	50%	50%					5	100%	
1										
3										
4										
5										
6										
7										
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22										
23										
24										
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Community Care Facilities for Adults - Staff-Operated (Service Code 915)

				Job Fu	nction			Jo	Services I Supp	
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Residential Facility for Adults - Staff Op	Other Services
26										
27										
28										
29										
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31										
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Community Care Facilities for Adults - Staff-Operated (Service Code 915)

Detailed Information on Consultation Costs provided to Homes (see p. 33 of the instructions)

	Provide responses for your agency's most rece	nny compietea jiscai year.				
Line	Consultant Speciality	'Other' Consultant Specialties	County or Regional Center (if LA County)	Total Number of Hours Provided	Total Payments	Total Number of Residents Served
Ex.	Physical Therapist		Eastern Los Angeles	24	\$1,920	12
1						
2						
3						
4						
5						
6						
7						
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25						

Community Care Facilities for Adults - Staff-Operated (Service Code 915)

			Input-	Input-	Input-
Line	Factor	Example	Home #1	Home #2	Home #3
	Home and Resident Characteristics				
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the home is located	Del Norte			
3	Service level (1 - 3, 4A -4I)	4H			
4	Capacity of this Community Care Facility home	5			
5	Number of individuals receiving Community Care Facility services in this home	4			
6	Average number of absence days per individual per year (due to hospitalization, vacation, etc.)	6			
	Activities Outside of the Home				
7	Of the individuals reported on Line 5, number regularly participating in activities (paid or unpaid) outside of the CCF without CCF staff (e.g., Day, Employment, School)	4			
8	For individuals participating in outside activities, average scheduled hours per week	30			
9	For individuals participating in outside activities, average number of hours per week they participate	27			
10	Average number of hours per week that no staff are in the home because all residents are away from the home	25			
	Vehicles				
11	Total # of agency-owned and -leased vehicles for this site	1			
12	Of the vehicles reported on Line 11, number that accommodate non-ambulatory individuals	1			
13	Total annual number of miles traveled by the vehicles reported on Line 11 on behalf of individuals	19,500			
14	Average number of miles per vehicle per week (Line 13 divided by Line 11 divided by 52)	375			
15	Typical vehicle size (in terms of passengers)	4			
16	Average useful life (in miles) of vehicles before disposal	100,000			
17	As applicable, average purchase price of agency-owned vehicles reported on Line 11	\$38,000			
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 11				
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
20	Of the total miles reported on Lines 13 & 19 percentage billed under separate service	10%			
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			
	Staffing				
22	Are staff working overnight shifts permitted to sleep?	Yes			
23	If yes, does your organization pay a "sleep-time" differential?	No			
	Supplemental - Program Support services				
24	Are supplemental/program support services (109/110/111) approved for use in the home?	Yes			
25	If so, how many individuals in the home are using these supports?	3			
26	If so, how many hours per week of these supports are used?	25			

Community Care Facilities for Adults - Staff-Operated (Service Code 915)

[inc	Footon	Evample	Input- Home #1	Input-	Input-
Line	Factor	Example	Home #1	Home #2	Home #3
	Household Expenses	* • • • • • • •			
24	As applicable, purchase price of home	\$450,000			
25	Total annual cost of rent, lease, mortgage payments, and homeowner association fees	\$25,200			
26	Total annual cost of food for residents residing within the home	\$18,500			
27	Total annual cost of food for staff providing services to residents residing within the home	\$15,000			
28	Total annual cost of household supplies for residents residing within the home	\$1,800			
29	Total annual cost of laundry and dry cleaning for residents residing within the home	\$1,200			
30	Total annual cost of personal hygiene items for residents residing within the home	\$1,575			
31	Total annual cost of recreational activities for residents residing within the home	\$2,000			
32	Total annual cost of recreational activities for staff providing services to residents residing within the home	\$1,500			
33	Total annual cost of newspapers, magazines, phones, cable and internet for residents residing within the home	\$800			
34	Total annual cost of medical and first aid for residents residing within the home	\$500			
35	Total annual cost of property taxes for the home	\$3,750			
36	Total annual cost of utilities (e.g., gas, electric, water, garbage) for the home	\$0			
37	Total annual cost of repairs and maintenance (building) for the home	\$1,200			
38	Total annual cost of repairs and maintenance (furniture and equipment) for the home	\$1,800			
39	Total annual cost of other costs not listed above for the home [list]	\$0			
40	Total annual cost of other costs not listed above for the home [list]	\$0			
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:	·	ı	I.	
41	Total hours worked and paid for in a week	40.00			
42	Providing Community Care Facility - Staff-Operated services	39.00			
43	Providing other billable services	0.00			
44	Participating in individual planning meetings	0.50			
45	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
46	Other activities [type description here]	0.00			
47	Other activities [type description here]	0.00			
48	Other activities [type description here]	0.00			
49	Has all time been allocated? (Total hours from Line 41 should equal sum of Lines 42 - 48)	Yes	Yes	Yes	Yes
50	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Community Care Facilities for Adults - Staff-Operated (Service Code 915)

		Input-	Input-	Input-	Input-
Line	Factor	Home #4	Home #5	Home #6	Home #7
	Home and Resident Characteristics				
1	Vendor ID				
2	County or Regional Center (if LA County) in which the home is located				
3	Service level (1 - 3, 4A -4I)				
4	Capacity of this Community Care Facility home				
5	Number of individuals receiving Community Care Facility services in this home				
6	Average number of absence days per individual per year (due to hospitalization, vacation, etc.)				
	Activities Outside of the Home	T		ı	ı
7	Of the individuals reported on Line 5, number regularly participating in activities (paid or unpaid) outside of the CCF without CCF staff (e.g., Day, Employment, School)				
8	For individuals participating in outside activities, average scheduled hours per week				
9	For individuals participating in outside activities, average number of hours per week they participate				
10	Average number of hours per week that no staff are in the home because all residents are away from the home				
	Vehicles				
11	Total # of agency-owned and -leased vehicles for this site				
12	Of the vehicles reported on Line 11, number that accommodate non-ambulatory individuals				
13	Total annual number of miles traveled by the vehicles reported on Line 11 on behalf of individuals				
14	Average number of miles per vehicle per week (Line 13 divided by Line 11 divided by 52)				
15	Typical vehicle size (in terms of passengers)				
16	Average useful life (in miles) of vehicles before disposal				
17	As applicable, average purchase price of agency-owned vehicles reported on Line 11				
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 11				
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
20	Of the total miles reported on Lines 13 & 19 percentage billed under separate service				
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				
	Staffing				
22	Are staff working overnight shifts permitted to sleep?				
23	If yes, does your organization pay a "sleep-time" differential?				
	Supplemental - Program Support services				
24	Are supplemental/program support services (109/110/111) approved for use in the home?				
25	If so, how many individuals in the home are using these supports?				
26	If so, how many hours per week of these supports are used?				

Community Care Facilities for Adults - Staff-Operated (Service Code 915)

T ·		Input-	Input-	Input-	Input-
Line	Factor	Home #4	Home #5	Home #6	Home #7
	Household Expenses				
24	As applicable, purchase price of home				
25	Total annual cost of rent, lease, mortgage payments, and homeowner association fees				
26	Total annual cost of food for residents residing within the home				
27	Total annual cost of food for staff providing services to residents residing within the home				
28	Total annual cost of household supplies for residents residing within the home				
29	Total annual cost of laundry and dry cleaning for residents residing within the home				
30	Total annual cost of personal hygiene items for residents residing within the home				
31	Total annual cost of recreational activities for residents residing within the home				
32	Total annual cost of recreational activities for staff providing services to residents residing within the home				
33	Total annual cost of newspapers, magazines, phones, cable and internet for residents residing within the home				
34	Total annual cost of medical and first aid for residents residing within the home				
35	Total annual cost of property taxes for the home				
36	Total annual cost of utilities (e.g., gas, electric, water, garbage) for the home				
37	Total annual cost of repairs and maintenance (building) for the home				
38	Total annual cost of repairs and maintenance (furniture and equipment) for the home				
39	Total annual cost of other costs not listed above for the home [list]				
40	Total annual cost of other costs not listed above for the home [list]				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
41	Total hours worked and paid for in a week				
42	Providing Community Care Facility - Staff-Operated services				
43	Providing other billable services				
44	Participating in individual planning meetings				
45	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
46	Other activities [type description here]				
47	Other activities [type description here]				
48	Other activities [type description here]				
49	Has all time been allocated? (Total hours from Line 41 should equal sum of Lines 42 - 48)	Yes	Yes	Yes	Yes
50	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Community Care Facilities for Adults - Staff-Operated (Service Code 915)

		Input-	Input-	Input-	Input-
Line	Factor	Home #8	Home #9	Home #10	Home #11
	Home and Resident Characteristics		I		I
1	Vendor ID				
2	County or Regional Center (if LA County) in which the home is located				
3	Service level (1 - 3, 4A -4I)				
4	Capacity of this Community Care Facility home				
5	Number of individuals receiving Community Care Facility services in this home				
6	Average number of absence days per individual per year (due to hospitalization, vacation, etc.)				
	Activities Outside of the Home				
7	Of the individuals reported on Line 5, number regularly participating in activities (paid or unpaid) outside of the CCF without CCF staff (e.g., Day, Employment, School)				
8	For individuals participating in outside activities, average scheduled hours per week				
9	For individuals participating in outside activities, average number of hours per week they participate				
10	Average number of hours per week that no staff are in the home because all residents are away from the home				
	Vehicles				
11	Total # of agency-owned and -leased vehicles for this site				
12	Of the vehicles reported on Line 11, number that accommodate non-ambulatory individuals				
13	Total annual number of miles traveled by the vehicles reported on Line 11 on behalf of individuals				
14	Average number of miles per vehicle per week (Line 13 divided by Line 11 divided by 52)				
15	Typical vehicle size (in terms of passengers)				
16	Average useful life (in miles) of vehicles before disposal				
17	As applicable, average purchase price of agency-owned vehicles reported on Line 11				
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 11				
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
20	Of the total miles reported on Lines 13 & 19 percentage billed under separate service				
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				
	Staffing				
22	Are staff working overnight shifts permitted to sleep?				
23	If yes, does your organization pay a "sleep-time" differential?				
	Supplemental - Program Support services				
24	Are supplemental/program support services (109/110/111) approved for use in the home?				
25	If so, how many individuals in the home are using these supports?				
26	If so, how many hours per week of these supports are used?				

Community Care Facilities for Adults - Staff-Operated (Service Code 915)

		Input-	Input-	Input-	Input-
Line	Factor	Home #8	Home #9	Home #10	Home #11
	Household Expenses				
24	As applicable, purchase price of home				
25	Total annual cost of rent, lease, mortgage payments, and homeowner association fees				
26	Total annual cost of food for residents residing within the home				
27	Total annual cost of food for staff providing services to residents residing within the home				
28	Total annual cost of household supplies for residents residing within the home				
29	Total annual cost of laundry and dry cleaning for residents residing within the home				
30	Total annual cost of personal hygiene items for residents residing within the home				
31	Total annual cost of recreational activities for residents residing within the home				
32	Total annual cost of recreational activities for staff providing services to residents residing within the home				
33	Total annual cost of newspapers, magazines, phones, cable and internet for residents residing within the home				
34	Total annual cost of medical and first aid for residents residing within the home				
35	Total annual cost of property taxes for the home				
36	Total annual cost of utilities (e.g., gas, electric, water, garbage) for the home				
37	Total annual cost of repairs and maintenance (building) for the home				
38	Total annual cost of repairs and maintenance (furniture and equipment) for the home				
39	Total annual cost of other costs not listed above for the home [list]				
40	Total annual cost of other costs not listed above for the home [list]				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
41	Total hours worked and paid for in a week				
42	Providing Community Care Facility - Staff-Operated services				
43	Providing other billable services				
44	Participating in individual planning meetings				
45	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
46	Other activities [type description here]				
47	Other activities [type description here]				
48	Other activities [type description here]				
49	Has all time been allocated? (Total hours from Line 41 should equal sum of Lines 42 - 48)	Yes	Yes	Yes	Yes
50	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Community Care Facilities for Children - Staff-Operated (Service Code 920)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

County or Regional Center (if LA County)			Provide responses for your a	geney a most ree	entry comp	% of	yeur.				Training ours
1 2 3 4 4 5 6 6 7 8 9 10 11 11 12 3 13 4 15 5 16 6 17 18 19 9 20 9 21 9 22 9 23 24			Regional Center (if LA County) Optional Responses	Contractor	Hours Paid	were Over- time	Wages Paid	Hourly Wage	Turnover	(per staff average)	(per staff average)
2 3 3 4 4 4 5 6 7 8 9 10 11 11 12 13 13 14 15 16 17 18 19 19 20 21 22 23 24 24	Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
3 4 5 6 7 8 9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24 24											
4 5 6 6 7 8 9 10 11 11 12 13 13 14 15 16 17 18 19 20 21 22 23 24											
5 6 7 8 9 10 11 11 12 13 13 14 15 16 17 18 19 20 21 22 23 24											
6 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9											
7 8 9 9 10 9 11 11 12 13 13 14 15 16 17 18 19 19 20 21 21 22 23 24											
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10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	8										
11 12 13 3 14 4 15 4 16 5 17 6 18 7 19 7 20 7 21 7 22 7 23 7 24 7	9										
12 13 14 15 16 17 18 19 20 21 22 23 24	10										
13 14 15 16 17 18 19 20 21 22 23 24											
14 15 16 17 18 19 20 21 22 23 24											
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	25										

Community Care Facilities for Children - Staff-Operated (Service Code 920)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your c		The state of the s	J					raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff average)
26										
27										
28										
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31										
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Community Care Facilities for Children - Staff-Operated (Service Code 920)

				Job Fu	nction			Jo _	Services I Supp	
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Residential Facility for Children - Staff Op	Other Services
Ex.	Habilitation Worker	100%							100%	
1										
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Community Care Facilities for Children - Staff-Operated (Service Code 920)

				Job Fu	ınction			of	Services I Supp	
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Residential Facility for Children - Staff Op	Other Services
26										
27										
28										
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31										
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Community Care Facilities for Children - Staff-Operated (Service Code 920)

Detailed Information on Consultation Costs provided to Homes (see p. 33 of the instructions)

	Provide responses for your agency's most rece	nny compietea jiscai year.				
Line	Consultant Speciality	'Other' Consultant Specialties	County or Regional Center (if LA County)	Total Number of Hours Provided	Total Payments	Total Number of Residents Served
Ex.	Physical Therapist		Eastern Los Angeles	24	\$1,920	12
1						
2						
3						
4						
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Community Care Facilities for Children - Staff-Operated (Service Code 920)

			Input-	Input-	Input-
Line	Factor	Example	Home #1	Home #2	Home #3
	Home and Resident Characteristics				
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the home is located	Del Norte			
3	Service level (1 - 3, 4A -4I)	4H			
4	Capacity of this Community Care Facility home	5			
5	Number of individuals receiving Community Care Facility services in this home	4			
6	Average number of absence days per individual per year (due to hospitalization, vacation, etc.)	6			
	Activities Outside of the Home				
7	Of the individuals reported on Line 5, number regularly participating in activities (paid or unpaid) outside of the CCF without CCF staff (e.g., Day, Employment, School)	4			
8	For individuals participating in outside activities, average scheduled hours per week	30			
9	For individuals participating in outside activities, average number of hours per week they participate	27			
10	Average number of hours per week that no staff are in the home because all residents are away from the home	25			
	Vehicles				
11	Total # of agency-owned and -leased vehicles for this site	1			
12	Of the vehicles reported on Line 11, number that accommodate non-ambulatory individuals	1			
13	Total annual number of miles traveled by the vehicles reported on Line 11 on behalf of individuals	19,500			
14	Average number of miles per vehicle per week (Line 13 divided by Line 11 divided by 52)	375			
15	Typical vehicle size (in terms of passengers)	4			
16	Average useful life (in miles) of vehicles before disposal	100,000			
17	As applicable, average purchase price of agency-owned vehicles reported on Line 11	\$38,000			
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 11				
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
20	Of the total miles reported on Lines 13 & 19 percentage billed under separate service	10%			
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			
	Staffing				
22	Are staff working overnight shifts permitted to sleep?	Yes			
23	If yes, does your organization pay a "sleep-time" differential?	No			
	Supplemental - Program Support services				
24	Are supplemental/program support services (109/110/111) approved for use in the home?	Yes			
25	If so, how many individuals in the home are using these supports?	3			
26	If so, how many hours per week of these supports are used?	25			

Community Care Facilities for Children - Staff-Operated (Service Code 920)

			Input-	Input-	Input-
Line	Factor	Example	Home #1	Home #2	Home #3
	Household Expenses				
24	As applicable, purchase price of home	\$450,000			
25	Total annual cost of rent, lease, mortgage payments, and homeowner association fees	\$25,200			
26	Total annual cost of food for residents residing within the home	\$18,500			
27	Total annual cost of food for staff providing services to residents residing within the home	\$15,000			
28	Total annual cost of household supplies for residents residing within the home	\$1,800			
29	Total annual cost of laundry and dry cleaning for residents residing within the home	\$1,200			
30	Total annual cost of personal hygiene items for residents residing within the home	\$1,575			
31	Total annual cost of recreational activities for residents residing within the home	\$2,000			
32	Total annual cost of recreational activities for staff providing services to residents residing within the home	\$1,500			
33	Total annual cost of newspapers, magazines, phones, cable and internet for residents residing within the home	\$800			
34	Total annual cost of medical and first aid for residents residing within the home	\$500			
35	Total annual cost of property taxes for the home	\$3,750			
36	Total annual cost of utilities (e.g., gas, electric, water, garbage) for the home	\$0			
37	Total annual cost of repairs and maintenance (building) for the home	\$1,200			
38	Total annual cost of repairs and maintenance (furniture and equipment) for the home	\$1,800			
39	Total annual cost of other costs not listed above for the home [list]	\$0			
40	Total annual cost of other costs not listed above for the home [list]	\$0			
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
41	Total hours worked and paid for in a week	40.00			
42	Providing Community Care Facility - Staff-Operated services	39.00			
43	Providing other billable services	0.00			
44	Participating in individual planning meetings	0.50			
45	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
46	Other activities [type description here]	0.00			
47	Other activities [type description here]	0.00			
48	Other activities [type description here]	0.00			
49	Has all time been allocated? (Total hours from Line 41 should equal sum of Lines 42 - 48)	Yes	Yes	Yes	Yes
50	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Community Care Facilities for Children - Staff-Operated (Service Code 920)

		Input-	Input-	Input-	Input-
Line	Factor	Home #4	Home #5	Home #6	Home #7
	Home and Resident Characteristics				
1	Vendor ID				
2	County or Regional Center (if LA County) in which the home is located				
3	Service level (1 - 3, 4A -4I)				
4	Capacity of this Community Care Facility home				
5	Number of individuals receiving Community Care Facility services in this home				
6	Average number of absence days per individual per year (due to hospitalization, vacation, etc.)				
	Activities Outside of the Home	T	1		
7	Of the individuals reported on Line 5, number regularly participating in activities (paid or unpaid) outside of the CCF without CCF staff (e.g., Day, Employment, School)				
8	For individuals participating in outside activities, average scheduled hours per week				
9	For individuals participating in outside activities, average number of hours per week they participate				
10	Average number of hours per week that no staff are in the home because all residents are away from the home				
	Vehicles				
11	Total # of agency-owned and -leased vehicles for this site				
12	Of the vehicles reported on Line 11, number that accommodate non-ambulatory individuals				
13	Total annual number of miles traveled by the vehicles reported on Line 11 on behalf of individuals				
14	Average number of miles per vehicle per week (Line 13 divided by Line 11 divided by 52)				
15	Typical vehicle size (in terms of passengers)				
16	Average useful life (in miles) of vehicles before disposal				
17	As applicable, average purchase price of agency-owned vehicles reported on Line 11				
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 11				
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
20	Of the total miles reported on Lines 13 & 19 percentage billed under separate service				
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				
	Staffing				
22	Are staff working overnight shifts permitted to sleep?				
23	If yes, does your organization pay a "sleep-time" differential?				
	Supplemental - Program Support services				
24	Are supplemental/program support services (109/110/111) approved for use in the home?				
25	If so, how many individuals in the home are using these supports?				
26	If so, how many hours per week of these supports are used?				

Community Care Facilities for Children - Staff-Operated (Service Code 920)

		Input-	Input-	Input-	Input-
Line	Factor	Home #4	Home #5	Home #6	Home #7
	Household Expenses				
24	As applicable, purchase price of home				
25	Total annual cost of rent, lease, mortgage payments, and homeowner association fees				
26	Total annual cost of food for residents residing within the home				
27	Total annual cost of food for staff providing services to residents residing within the home				
28	Total annual cost of household supplies for residents residing within the home				
29	Total annual cost of laundry and dry cleaning for residents residing within the home				
30	Total annual cost of personal hygiene items for residents residing within the home				
31	Total annual cost of recreational activities for residents residing within the home				
32	Total annual cost of recreational activities for staff providing services to residents residing within the home				
33	Total annual cost of newspapers, magazines, phones, cable and internet for residents residing within the home				
34	Total annual cost of medical and first aid for residents residing within the home				
35	Total annual cost of property taxes for the home				
36	Total annual cost of utilities (e.g., gas, electric, water, garbage) for the home				
37	Total annual cost of repairs and maintenance (building) for the home				
38	Total annual cost of repairs and maintenance (furniture and equipment) for the home				
39	Total annual cost of other costs not listed above for the home [list]				
40	Total annual cost of other costs not listed above for the home [list]				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
41	Total hours worked and paid for in a week				
42	Providing Community Care Facility - Staff-Operated services				
43	Providing other billable services				
44	Participating in individual planning meetings				
45	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
46	Other activities [type description here]				
47	Other activities [type description here]				
48	Other activities [type description here]				
49	Has all time been allocated? (Total hours from Line 41 should equal sum of Lines 42 - 48)	Yes	Yes	Yes	Yes
50	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Community Care Facilities for Children - Staff-Operated (Service Code 920)

		Input-	Input-	Input-	Input-
Line	Factor	Home #8	Home #9	Home #10	Home #11
	Home and Resident Characteristics	I			
1	Vendor ID				
2	County or Regional Center (if LA County) in which the home is located				
3	Service level (1 - 3, 4A -4I)				
4	Capacity of this Community Care Facility home				
5	Number of individuals receiving Community Care Facility services in this home				
6	Average number of absence days per individual per year (due to hospitalization, vacation, etc.)				
	Activities Outside of the Home				
7	Of the individuals reported on Line 5, number regularly participating in activities (paid or unpaid) outside of the CCF without CCF staff (e.g., Day, Employment, School)				
8	For individuals participating in outside activities, average scheduled hours per week				
9	For individuals participating in outside activities, average number of hours per week they participate				
10	Average number of hours per week that no staff are in the home because all residents are away from the home				
	Vehicles				
11	Total # of agency-owned and -leased vehicles for this site				
12	Of the vehicles reported on Line 11, number that accommodate non-ambulatory individuals				
13	Total annual number of miles traveled by the vehicles reported on Line 11 on behalf of individuals				
14	Average number of miles per vehicle per week (Line 13 divided by Line 11 divided by 52)				
15	Typical vehicle size (in terms of passengers)				
16	Average useful life (in miles) of vehicles before disposal				
17	As applicable, average purchase price of agency-owned vehicles reported on Line 11				
18	As applicable, average monthly lease price of agency-leased vehicles reported on Line 11				
19	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
20	Of the total miles reported on Lines 13 & 19 percentage billed under separate service				
21	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				
	Staffing				
22	Are staff working overnight shifts permitted to sleep?				
23	If yes, does your organization pay a "sleep-time" differential?				
	Supplemental - Program Support services				
24	Are supplemental/program support services (109/110/111) approved for use in the home?				
25	If so, how many individuals in the home are using these supports?				
26	If so, how many hours per week of these supports are used?				

Community Care Facilities for Children - Staff-Operated (Service Code 920)

		Input-	Input-	Input-	Input-
Line	Factor	Home #8	Home #9	Home #10	Home #11
	Household Expenses				
24	As applicable, purchase price of home				
25	Total annual cost of rent, lease, mortgage payments, and homeowner association fees				
26	Total annual cost of food for residents residing within the home				
27	Total annual cost of food for staff providing services to residents residing within the home				
28	Total annual cost of household supplies for residents residing within the home				
29	Total annual cost of laundry and dry cleaning for residents residing within the home				
30	Total annual cost of personal hygiene items for residents residing within the home				
31	Total annual cost of recreational activities for residents residing within the home				
32	Total annual cost of recreational activities for staff providing services to residents residing within the home				
33	Total annual cost of newspapers, magazines, phones, cable and internet for residents residing within the home				
34	Total annual cost of medical and first aid for residents residing within the home				
35	Total annual cost of property taxes for the home				
36	Total annual cost of utilities (e.g., gas, electric, water, garbage) for the home				
37	Total annual cost of repairs and maintenance (building) for the home				
38	Total annual cost of repairs and maintenance (furniture and equipment) for the home				
39	Total annual cost of other costs not listed above for the home [list]				
40	Total annual cost of other costs not listed above for the home [list]				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
41	Total hours worked and paid for in a week				
42	Providing Community Care Facility - Staff-Operated services				
43	Providing other billable services				
44	Participating in individual planning meetings				
45	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
46	Other activities [type description here]				
47	Other activities [type description here]				
48	Other activities [type description here]				
49	Has all time been allocated? (Total hours from Line 41 should equal sum of Lines 42 - 48)	Yes	Yes	Yes	Yes
50	Workers' Compensation rate for direct service staff (amount per \$100 wages)				

Supported Employment - Group (Service Code 950)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

County or Regional Center (if LA County)			Provide responses for your a	geney a most ree	entry comp	% of	yeur.				Training ours
1 2 3 4 4 5 6 6 7 8 9 10 11 11 12 3 13 4 15 5 16 6 17 18 19 9 20 9 21 9 22 9 23 24			Regional Center (if LA County) Optional Responses	Contractor	Hours Paid	were Over- time	Wages Paid	Hourly Wage	Turnover	(per staff average)	(per staff average)
2 3 3 4 4 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 19 20 21 22 23 24 24	Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
3 4 5 6 7 8 9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24 24											
4 5 6 6 7 8 9 10 11 11 12 13 13 14 15 16 17 18 19 20 21 22 23 24											
5 6 7 8 9 10 11 11 12 13 13 14 15 16 17 18 19 20 21 22 23 24											
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Supported Employment - Group (Service Code 950)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your c		The state of the s	J					raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff average)
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Supported Employment - Group (Service Code 950)

				Job Fu	ınction			of		Delivered/ orted
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Supp. Employ. - Group (950)	Other Services
Ex.	Habilitation Worker	100%							100%	
1										
2										
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Supported Employment - Group (Service Code 950)

				Job Fu	nction			of	Services I Supp	
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Supp. Employ Group (950)	Other Services
26										
27										
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Supported Employment - Group (Service Code 950)

			Input-Group	Input-Group	Input-Group
Line	Factor	Example	#1	#2	#3
	Site				
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the group is located	Del Norte			
	Agency Caseload and Service Design (report data based upon individual groups served)				
3	Number of persons receiving Supported Employment - Group	6			
4	Number of hours per week that a typical person receives Supported Employment - Group	24.0			
5	Average number of hours of Supported Employment - Group per week	144.0	0.0	0.0	0.0
6	Average attendance rate for persons receiving services	91%			
7	Staffing ratio authorized for group	1:6			
	Vehicles				_
8	Total # of agency-owned and -leased vehicles for your organization's Supported Employment Group services	6			
9	Of the vehicles reported on Line 8, number that accommodate non-ambulatory individuals	1			
10	Total annual number of miles traveled by the vehicles reported on Line 8 on behalf of individuals	110,000			
11	Average number of miles per vehicle per week (Line 10 divided by Line 8 divided by 52)	353			
12	Percent of miles reported on Line 10 associated with transporting individuals to/from their homes	75%			
13	Percent of miles reported on Line 10 associated with 'in-program' transportation	25%			
14	Typical vehicle size (in terms of passengers)	6			
15	Average useful life (in miles) of vehicles before disposal	100,000			
16	As applicable, average purchase price of agency-owned vehicles reported on Line 8	\$38,000			
17	As applicable, average monthly lease price of agency-leased vehicles reported on Line 8				
18	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
19	Of the total miles reported on Lines 10 & 18 percentage billed under separate service	10%			
20	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			

Supported Employment - Group (Service Code 950)

			Input-Group	Input-Group	Input-Group
Line	Factor	Example	#1	#2	#3
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
21	Total hours worked and paid for in a week	40.00			
22	Providing Supported Employment - Group services	22.00			
23	Providing other billable services	14.00			
24	Participating in individual planning meetings	0.50			
25	Recordkeeping (do not include documentation during the course of service provision)	1.00			
26	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
27	Program development	1.00			
28	Program preparation/set-up/clean-up	1.00			
29	Other activities [type description here]	0.00			
30	Other activities [type description here]	0.00			
31	Other activities [type description here]	0.00			
32	Has all time been allocated? (Total hours from Line 21 should equal sum of Lines 22 - 31)	Yes	Yes	Yes	Yes
33	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			·

Supported Employment - Group (Service Code 950)

		Input-Group	Input-Group	Input-Group	Input-Group
Line	Factor	#4	#5	#6	#7
	Site				
1	Vendor ID				
2	County or Regional Center (if LA County) in which the group is located				
	Agency Caseload and Service Design (report data based upon individual groups served)				
3	Number of persons receiving Supported Employment - Group				
4	Number of hours per week that a typical person receives Supported Employment - Group				
5	Average number of hours of Supported Employment - Group per week	0.0	0.0	0.0	0.0
6	Average attendance rate for persons receiving services				
7	Staffing ratio authorized for group				
	Vehicles				
8	Total # of agency-owned and -leased vehicles for your organization's Supported Employment Group services				
9	Of the vehicles reported on Line 8, number that accommodate non-ambulatory individuals				
10	Total annual number of miles traveled by the vehicles reported on Line 8 on behalf of individuals				
11	Average number of miles per vehicle per week (Line 10 divided by Line 8 divided by 52)				
12	Percent of miles reported on Line 10 associated with transporting individuals to/from their homes				
13	Percent of miles reported on Line 10 associated with 'in-program' transportation				
14	Typical vehicle size (in terms of passengers)				
15	Average useful life (in miles) of vehicles before disposal				
16	As applicable, average purchase price of agency-owned vehicles reported on Line 8				
17	As applicable, average monthly lease price of agency-leased vehicles reported on Line 8				
18	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
19	Of the total miles reported on Lines 10 & 18 percentage billed under separate service				
20	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Supported Employment - Group (Service Code 950)

			Input-Group		
Line	Factor	#4	#5	#6	#7
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
21	Total hours worked and paid for in a week				
22	Providing Supported Employment - Group services				
23	Providing other billable services				
24	Participating in individual planning meetings				
25	Recordkeeping (do not include documentation during the course of service provision)				
26	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
27	Program development				
28	Program preparation/set-up/clean-up				
29	Other activities [type description here]				
30	Other activities [type description here]				
31	Other activities [type description here]				
32	Has all time been allocated? (Total hours from Line 21 should equal sum of Lines 22 - 31)	Yes	Yes	Yes	Yes
33	Workers' Compensation rate for direct service staff (amount per \$100 wages)				·

Supported Employment - Individual (Service Code 952)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

	T	Provide responses for your a	igency's most rec	епну сотр	ietea fiscai	year.	ı	ı	ı	
1									Staff T	raining
Lino	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	
									average)	
	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
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Supported Employment - Individual (Service Code 952)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

		Provide responses for your d	8		J	<i></i>			Staff T	raining
Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Overtime	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff average)	Following Years (per staff average)
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27										
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Supported Employment - Individual (Service Code 952)

				Job Fu	ınction				Services Delivered/ Supported			
			aff			C C	su	t of		mp (952)		
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Job Development	Job Coaching	Other Services	
Ex.	Habilitation Worker	100%							75%	25%		
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2												
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Supported Employment - Individual (Service Code 952)

				Job Fu	nction				Services	Delivered/ S	upported
			aff			g	us	# of d	Supp. Er	np (952)	70
Line	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Job Development	Job Coaching	Other Services
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Supported Employment - Individual (Service Code 952)

Line	Factor	Example	Supp. Emp Ind (952) Job Dev	Supp. Emp Ind (952) Job Coach
	Agency Caseload and Service Design			1
1	Number of individuals receiving Individual Employment Supports services from your organization	80		
2	Average current caseload per full time equivalent job developer/job coach	8		
3	Annual number of individuals successfully placed in employment per full time equivalent job developer	12		
4	For individuals successfully placed in employment in 2017, % that remained employed for a least 90 days	75%		
5	Average number of staff hours required to successfully place an individual in employment	100		
6	Of the individuals receiving job coaching reported on Line 1, average number of work hours per week	25		
7	For individuals receiving job coaching from Line 1, avg. # of hours of job coaching svcs. received per week	12		
8	Of individuals receiving job coaching reported on Line 1, average hourly wage earned	\$10.75		
9	Average number of service encounters per week per job coach	8		
10	Average encounter length in hours	3.25		
	Staffing Pattern for a 'typical' week for a job developer/ job coach. Input the number of hours per week for	the following	:	
11	Total hours worked and paid for in a week	38.00		
12	Providing direct, face-to-face Individual Employment Supports services (Line 9 * Line 10)	26.00		
13	Performing 'collateral contacts' (e.g., calling an employer regarding a specific individual)	4.50		
14	Performing general job development activities that are not individual-specific	2.00		
15	Providing other billable services	1.00		
16	Participating in individual planning meetings	0.50		
17	Travel time between individuals	3.00		
18	Recordkeeping (do not include documentation during the course of service provision)	0.50		
19	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50		
20	Other activities [type description here]	0.00		
21	Other activities [type description here]	0.00		
22	Other activities [type description here]	0.00		
23	Has all time been allocated? (Total hours from Line 11 should equal sum of Lines 12 - 22)	Yes	Yes	Yes
24	Total miles driven per week per job developer/ job coach to travel between service encounters	90		
25	Total miles driven per week per job developer/ job coach to transport individuals	25		
26	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75		

Work Activity Program (Service Code 954)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

Regional Center (if LA Total were Total Average 1st Year	Staff Training Hours	
1 2 3 4 4 5 6 7 8 9 10 11 12 13 13 14 15 16 17 18 19 10 20 10 21 12 22 10	Following Years (per staff average)	
2 3 4 5 6 6 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	20	
3 4 5 6 7 8 9 9 10 9 11 11 12 13 13 14 14 15 16 17 18 19 20 20 21 22		
4 <td></td>		
5 6 7 8 9 10 11 11 12 13 13 14 15 16 17 18 19 20 21 22		
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Work Activity Program (Service Code 954)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

	Provide responses for your o								Training ours
Line Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over- time	Total Wages Paid	Average Hourly Wage	Annual Turnover	1st Year (per staff	Following Years (per staff
26						<u> </u>		8 /	8 /
27									
28									
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Work Activity Program (Service Code 954)

				Job Fu	ınction			of _	Services Delivered/ Supported	
	Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Work Activity Program	Other Services
Ex.	Habilitation Worker	100%							100%	
1										
3										
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Work Activity Program (Service Code 954)

		Job Function							Services Delivered/ Supported	
Line	e Job Titles	Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	If supervisor, # of staff supervised	Work Activity Program	Other Services
26										
27										
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Work Activity Program (Service Code 954)

			Input-	Input-	Input-
Line	Factor	Example	Program #1	Program #2	Program #3
	Group				
1	Vendor ID	XXX999			
2	County or Regional Center (if LA County) in which the group is located	Del Norte			
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Number of persons receiving Work Activity Program	6			
4	Number of hours per week that a typical person receives Work Activity Program	24.0			
5	Average number of hours of Work Activity Program per week	144.0			
6	Average attendance rate for persons receiving services	91%			
7	Number of DCS providing Work Activity Program for each group	2			
8	Average number of hours per week that a DCS works providing Work Activity Program	30.0			
9	Total weekly DCS hours for Work Activity Program	60.0			
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site	2			
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals	1			
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals	32,000			
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)	308			
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes	75%			
15	Percent of miles reported on Line 12 associated with 'in-program' transportation	25%			
16	Typical vehicle size (in terms of passengers)	4			
17	Average useful life (in miles) of vehicles before disposal	100,000			
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10	\$38,000			
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service	10%			
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$240			

Work Activity Program (Service Code 954)

			Input-	Input-	Input-
Line	Factor	Example	Program #1	Program #2	Program #3
	Sites at Which Services Are Provided				
23	Average number of days per week that the site is open to provide services	5			
24	Average number of hours per week that the site is open to provide services	40			
25	Total approximate square footage for the site	500			
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')	75%			
27	Total annual cost of rent/mortgage/depreciation for the site	\$6,250			
28	Total annual cost of janitorial/landscaping/repairs for the site	\$750			
29	Total annual cost of utilities/telecommunications for the site	\$1,420			
30	Approximate operating cost per square foot (including rent)	\$16.84			
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week	40.00			
32	Providing Work Activity Program services	22.00			
33	Providing other billable services	14.00			
34	Participating in individual planning meetings	0.50			
35	Recordkeeping (do not include documentation during the course of service provision)	1.00			
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
37	Program development	1.00			
38	Program preparation/set-up/clean-up	1.00			
39	Other activities [type description here]	0.00			
40	Other activities [type description here]	0.00			
41	Other activities [type description here]	0.00			
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75			

Work Activity Program (Service Code 954)

		Input-	Input-	Input-	Input-
Line	Factor	Program #4	Program #5	Program #6	Program #7
	Group				
1	Vendor ID				
2	County or Regional Center (if LA County) in which the group is located				
	Agency Caseload and Service Design (report data based upon individual sites)				
3	Number of persons receiving Work Activity Program				
4	Number of hours per week that a typical person receives Work Activity Program				
5	Average number of hours of Work Activity Program per week				
6	Average attendance rate for persons receiving services				
7	Number of DCS providing Work Activity Program for each group				
8	Average number of hours per week that a DCS works providing Work Activity Program				
9	Total weekly DCS hours for Work Activity Program				
	Vehicles				
10	Total # of agency-owned and -leased vehicles for this site				
11	Of the vehicles reported on Line 10, number that accommodate non-ambulatory individuals				
12	Total annual number of miles traveled by the vehicles reported on Line 10 on behalf of individuals				
13	Average number of miles per vehicle per week (Line 12 divided by Line 10 divided by 52)				
14	Percent of miles reported on Line 12 associated with transporting individuals to/from their homes				
15	Percent of miles reported on Line 12 associated with 'in-program' transportation				
16	Typical vehicle size (in terms of passengers)				
17	Average useful life (in miles) of vehicles before disposal				
18	As applicable, average purchase price of agency-owned vehicles reported on Line 10				
19	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10				
20	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				
21	Of the total miles reported on Lines 12 & 20 percentage billed under separate service				
22	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)				

Work Activity Program (Service Code 954)

		Input-	Input-	Input-	Input-
Line	Factor	Program #4	Program #5	Program #6	Program #7
	Sites at Which Services Are Provided				
23	Average number of days per week that the site is open to provide services				
24	Average number of hours per week that the site is open to provide services				
25	Total approximate square footage for the site				
26	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
27	Total annual cost of rent/mortgage/depreciation for the site				
28	Total annual cost of janitorial/landscaping/repairs for the site				
29	Total annual cost of utilities/telecommunications for the site				
30	Approximate operating cost per square foot (including rent)				
	Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:				
31	Total hours worked and paid for in a week				
32	Providing Work Activity Program services				
33	Providing other billable services				
34	Participating in individual planning meetings				
35	Recordkeeping (do not include documentation during the course of service provision)				
36	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
37	Program development				
38	Program preparation/set-up/clean-up				
39	Other activities [type description here]				
40	Other activities [type description here]				
41	Other activities [type description here]				
42	Has all time been allocated? (Total hours from Line 31 should equal sum of Lines 32 - 41)	Yes	Yes	Yes	Yes
43	Workers' Compensation rate for direct service staff (amount per \$100 wages)				