

Survey Tab Name & Field

Error with suggested resolution

Contact Info & Revenues

Agency	✗	Enter your Agency name
FEIN/Tax ID	✗	Enter at least one FEIN/Tax ID Number
Vendor ID(s)	✗	Enter at least one Vendor ID

DDS Revenues

DDS Service Code Revenue	✓
--------------------------	---

Admin Staff

Wage & Benefit Amounts	✓
------------------------	---

Admin Other

Calculated Admin Rate, Total	✓
------------------------------	---

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

Tailored

	<i>Day</i>	<i>025</i>	<i>028</i>	<i>048</i>	<i>055</i>
Employee/Contractor	✓	✓	✓	✓	✓
Total Hours Paid & Total Wages Paid	✓	✓	✓	✓	✓
Average Hourly Wage	✓	✓	✓	✓	✓

	<i>062</i>	<i>063</i>	<i>090</i>	<i>091</i>	<i>094</i>
Employee/Contractor	✓	✓	✓	✓	✓
Total Hours Paid & Total Wages Paid	✓	✓	✓	✓	✓
Average Hourly Wage	✓	✓	✓	✓	✓

	<i>103</i>	<i>106</i>	<i>108</i>	<i>109</i>	<i>110</i>
Employee/Contractor	✓	✓	✓	✓	✓
Total Hours Paid & Total Wages Paid	✓	✓	✓	✓	✓
Average Hourly Wage	✓	✓	✓	✓	✓

Survey Tab Name & Field

Error with suggested resolution

Wages, Training and Duties for Direct Care and Program Operations Staff (cont.)

	111	113	505	510	515
Employee/Contractor	✓	✓	✓	✓	✓
Total Hours Paid & Total Wages Paid	✓	✓	✓	✓	✓
Average Hourly Wage	✓	✓	✓	✓	✓

	520	525	605	612-620	635
Employee/Contractor	✓	✓	✓	✓	✓
Total Hours Paid & Total Wages Paid	✓	✓	✓	✓	✓
Average Hourly Wage	✓	✓	✓	✓	✓

	645-650	680	805	860	862
Employee/Contractor	✓	✓	✓	✓	✓
Total Hours Paid & Total Wages Paid	✓	✓	✓	✓	✓
Average Hourly Wage	✓	✓	✓	✓	✓

	875-882	896	904	905	910
Employee/Contractor	✓	✓	✓	✓	✓
Total Hours Paid & Total Wages Paid	✓	✓	✓	✓	✓
Average Hourly Wage	✓	✓	✓	✓	✓

	915	920	950	952	954
Employee/Contractor	✓	✓	✓	✓	✓
Total Hours Paid & Total Wages Paid	✓	✓	✓	✓	✓
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

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

... complete the identified worksheets

If your organization provides this service...

	General Information					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

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

... complete the identified worksheets

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

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

... complete the identified worksheets

If your organization provides this service...

	General Information					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 Facility--Habilitation	Contact Info & Revenues	DDS Revenue	Admin Staff	AdminProgOps Other	Benefits	113_Staff
505 - Activity Center	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

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

... complete the identified worksheets

If your organization provides this service...

	Consultant Information	Detailed 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 Facility--Habilitation	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		

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

... complete the identified worksheets

If your organization provides this service...

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

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

... complete the identified worksheets

If your organization provides this service...

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

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

... complete the identified worksheets

If your organization provides this service...

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

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

... complete the identified worksheets

If your organization provides this service...

	Consultant Information	Detailed Information	Other Information		
915 - Residential Facility Serving Adults - Staff Operated	915_Consult		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 responsible for completing this survey	
5	Title of the individual listed on Line 4	
6	Phone number for the individual listed on Line 4	
7	Email address for the individual listed on Line 4	
8	Agency address	
9	City	
10	Zip Code	
Annual Agency Revenues - Report revenues from your agency's most recently completed fiscal year.		
11	DDS program revenues (Total amount from DDS Revenue form)	
12	Federal benefit payments for individuals receiving DDS services (e.g., SSI or SSDI)	
13	Total fundraising and investment income	
14	All other agency revenues	
15	Total Revenues	

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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' <i>Look-alike</i> Day Program	
17	055 - Community Integration Training - 'Other' <i>Look-alike</i> 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	

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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	

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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 (<i>Total for DDS codes not listed above</i>)	
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 further details on allocation of time for individual job titles reported

Line	Title	# of Emp.	Wages	Cost of Payroll Taxes & Benefits	% of Time Allocated to DDS Program Admin	% of Time Allocated to Fundraising/ Investments	% of Time Allocated to Other Program Admin	% of Time Allocated to Non-Admin. Tasks
Ex.	Executive Director	1	\$75,000	\$6,000	50%		50%	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
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

See the instructions for further details on allocation of time for individual job titles reported

Line	Title	# of Emp.	Wages	Cost of Payroll Taxes & Benefits	% of Time Allocated to DDS Program Admin	% of Time Allocated to Fundraising/ Investments	% of Time Allocated to Other Program Admin	% of Time Allocated to Non-Admin. Tasks
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
51								
52								
53								

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

See the instructions for further details on allocation of cost for individual amounts reported

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	% of Admin Cost Allocated to DDS Services	% of Admin Cost Allocated to Fundraising/ 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

See the instructions for further details on allocation of cost for individual amounts reported

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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	% of Admin Cost Allocated to Other Services
<i>Calculated Administrative/Program Operations Rate</i>				
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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)			

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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

See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	Prog Ops for:
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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Tailored Day Services

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

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Tailored Day Services
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision of Direct Care Staff	Training/Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Tailored Day Services	Other Services
Ex.	Habilitation Worker	100%							100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Tailored Day Services
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Tailored Day Services	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Tailored Day Services
Productivity and Other Factors (see p. 31 of the instructions)

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Math tutor	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Tutor Services - Group (Service Code 025)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision of Direct Care Staff	Training/Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Tutor Services-Group (025)	Other Services
Ex.	Math tutor	50%					50%		25%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Tutor Services - Group (Service Code 025)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision of Direct Care Staff	Training/Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Tutor Services-Group (025)	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Tutor Services - Group (Service Code 025)
Productivity and Other Factors (see p. 23 of the instructions)

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)

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Socialization Training Program (Service Code 028)

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Socialization/Training (028)			Other Services
									'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	
Ex.	Habilitation Worker	100%							100%			
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												

Socialization Training Program (Service Code 028)

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Socialization/Training (028)			Other Services
									'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												

Socialization Training Program (Service Code 028)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- Program #3
<i>Sites at Which Services Are Provided</i>					
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	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			
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)
Productivity and Other Factors (see p. 25 of the instructions)

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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)
Productivity and Other Factors (see p. 25 of the instructions)

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)					
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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Behavioral Tech I	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Client/Parent Support Behavior Intervention Training (Service Code 048)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Behavior Intervention Training (048)	Other Services
Ex.	Behavioral Tech I	50%					50%		100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Client/Parent Support Behavior Intervention Training (Service Code 048)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Behavior Intervention Training (048)	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

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

Productivity and Other Factors (see p. 27 of the instructions)

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)
Productivity and Other Factors (see p. 27 of the instructions)

Line	Factor	Example	Input
<i>On-Site Supervision</i>			
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)

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Community Integration Training Program (Service Code 055)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	
Ex.	Habilitation Worker	100%						
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

Community Integration Training Program (Service Code 055)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								

Community Integration Training Program (Service Code 055)
Staff Functions and Services Delivered

Line	Job Titles	Services Delivered/ Supported						
		Look-alike Day Program			Employment		In-Home/ Community	Other Services
		'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Employment - Job Development	Employment - Job Coaching		
Ex.	Habilitation Worker	100%						
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

Community Integration Training Program (Service Code 055)
Staff Functions and Services Delivered

Line	Job Titles	Services Delivered/ Supported						
		Look-alike Day Program			Employment		In-Home/ Community	Other Services
		'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Employment - Job Development	Employment - Job Coaching		
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								

Community Integration Training Program (Service Code 055) - Day Program
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- Program #3
<i>Sites at Which Services Are Provided</i>					
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			
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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
Productivity and Other Factors (see p. 25 of the instructions)

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 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
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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
Productivity and Other Factors (see p. 25 of the instructions)

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)					
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
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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
Productivity and Other Factors (see p. 41 of the instructions)

Line	Factor	Example	Job Develop.	Job Coaching
<i>Agency Caseload and Service Design</i>				
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		
<i>Staffing Pattern for a 'typical' week for a job developer/ job coach. Input the number of hours per week for the following:</i>				
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
Productivity and Other Factors (see p. 23 of the instructions)

Line	Factor	Example	Input
<i>Agency Caseload and Service Design</i>			
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	
<i>Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios</i>			
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		
<i>Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:</i>			
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	
<i>On-Site Supervision</i>			
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)

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Personal Care Aide	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Personal Assistance (Service Code 062)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Personal Assistance (062)	Other Services
Ex.	Personal Care Aide	95%					5%		100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Personal Assistance (Service Code 062)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Personal Assistance (062)	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Personal Assistance (062)
Productivity and Other Factors (see p. 23 of the instructions)

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Community Activities Support (Service Code 063)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised
		Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	
Ex.	Habilitation Worker	100%						
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

Community Activities Support (Service Code 063)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised
		Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								

Community Activities Support (Service Code 063)
Staff Functions and Services Delivered

Line	Job Titles	Services Delivered/ Supported						
		Look-alike Day Program			Employment		In-Home/ Community	Other Services
		'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Employment - Job Development	Employment - Job Coaching		
Ex.	Habilitation Worker	100%						
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

Community Activities Support (Service Code 063)
Staff Functions and Services Delivered

Line	Job Titles	Services Delivered/ Supported						
		Look-alike Day Program			Employment		In-Home/ Community	Other Services
		'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	Employment - Job Development	Employment - Job Coaching		
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								

Community Activities Support (Service Code 063) - Day Program
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- Program #3
<i>Sites at Which Services Are Provided</i>					
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			
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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
Productivity and Other Factors (see p. 25 of the instructions)

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 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
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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
Productivity and Other Factors (see p. 25 of the instructions)

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)					
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
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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
Productivity and Other Factors (see p. 41 of the instructions)

Line	Factor	Example	Job Develop.	Job Coaching
Agency Caseload and Service Design				
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
Productivity and Other Factors (see p. 23 of the instructions)

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)

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Crisis Intervention Facility/ Bed (Service Code 090)

Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Crisis Intervention (090)	Other Services
Ex.	Habilitation Worker	75%					25%		100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Crisis Intervention Facility/ Bed (Service Code 090)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Crisis Intervention (090)	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Crisis Intervention Facility/ Bed (Service Code 090)
Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Dedicated Facilities	Beds in Other 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)
Productivity and Other Factors (see p. 34 of the instructions)

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

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

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		In-Home/Mobile (091)			Other Services
									'Behavioral' Programs	'Medical' Programs	'Non-Med/Non-Beh' Programs	
Ex.	Habilitation Worker	100%							100%			
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												

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

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		In-Home/Mobile (091)			Other Services
									'Behavioral' Programs	'Medical' Programs	'Non-Med/Non-Beh' Programs	
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												

In-Home/Mobile Day Program (Service Code 091)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- Program #3
<i>Sites at Which Services Are Provided</i>					
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			
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)
Productivity and Other Factors (see p. 25 of the instructions)

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 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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)
Productivity and Other Factors (see p. 25 of the instructions)

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)					
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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Creative Arts Program (Service Code 094)

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

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Creative Arts Program (Service Code 094)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Creative Arts (094)			Other Services
									'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	
Ex.	Habilitation Worker	100%							100%			
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												

Creative Arts Program (Service Code 094)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Creative Arts (094)			Other Services
									'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												

Creative Arts Program (Service Code 094)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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)
Productivity and Other Factors (see p. 25 of the instructions)

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 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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)				

Creative Arts Program (Service Code 094)
Productivity and Other Factors (see p. 25 of the instructions)

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)					
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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	LVN	Eastern Los Angeles	Employee	2,000	0%	\$38,500	\$19.25	20%	45	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

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

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Spec. Health (103)			Other Services
									G-Tube related treatments	Dental hygiene training	Other Specialized Services Under 103	
Ex.	LVN	50%					50%		50%			50%
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												

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

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Spec. Health (103)			Other Services
									G-Tube related treatments	Dental hygiene training	Other Specialized Services Under 103	
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												

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

Productivity and Other Factors (see p. 28 of the instructions)

Line	Factor	Example	G-Tube related treatments	Dental hygiene training	Other 103 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)
Productivity and Other Factors (see p. 28 of the instructions)

Line	Factor	Example	G-Tube related treatments	Dental hygiene training	Other 103 Services
<i>On-Site Supervision</i>					
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)

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Recreation Therapist	Eastern Los Angeles	Employee	2,080	10%	\$65,000	\$31.25	15%	45	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Specialized Recreational Therapy (Service Code 106)

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

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Specialized Recreational Therapy (Service Code 106)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported				
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Spec. Recreational (106)				Other Services
									Equestrian Therapy	Movement Therapy	Therapeutic Play	Other Services Under 106	
Ex.	Recreation Therapist	50%					50%		50%				50%
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													

Specialized Recreational Therapy (Service Code 106)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported				
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Spec. Recreational (106)				Other Services
									Equestrian Therapy	Movement Therapy	Therapeutic Play	Other Services Under 106	
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													

Specialized Recreational Therapy (Service Code 106)
Productivity and Other Factors (see p. 28 of the instructions)

Line	Factor	Example	Equestrian Therapy	Movement Therapy	Therapeutic Play	Other 106 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)
Productivity and Other Factors (see p. 28 of the instructions)

Line	Factor	Example	Equestrian Therapy	Movement Therapy	Therapeutic Play	Other 106 Services
<i>On-Site Supervision</i>						
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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Hab Technician I	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Parenting Support Services (Service Code 108)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Parenting Support Services (108)	Other Services
Ex.	Hab Technician I	75%					25%		100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Parenting Support Services (Service Code 108)

Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Parenting Support Services (108)	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Parenting Support Services (Service Code 108)
Productivity and Other Factors (see p. 23 of the instructions)

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)

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Supplemental Residential Program Support (Service Code 109)

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Supplemental Residential Program Support	Other Services
Ex.	Habilitation Worker	100%							100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Supplemental Residential Program Support (Service Code 109)

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision of Direct Care Staff	Training/Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Supplemental Residential Program Support	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Supplemental Residential Program Support (Service Code 109)
Productivity and Other Factors (see p. 29 of the instructions)

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Supplemental Day Services Program Support (Service Code 110)

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Supplemental Day Services Program Support	Other Services
Ex.	Habilitation Worker	100%							100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Supplemental Day Services Program Support (Service Code 110)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Supplemental Day Services Program Support	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Supplemental Day Services Program Support (Service Code 110)

Productivity and Other Factors (see p. 29 of the instructions)

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Math tutor	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Supplemental Other Services Program Support (Service Code 111)

Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision of Direct Care Staff	Training/Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Supplemental Other Svcs. Program Support	Other Services
Ex.	Math tutor	25%					50%		100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Supplemental Other Services Program Support (Service Code 111)

Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision of Direct Care Staff	Training/Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Supplemental Other Svcs. Program Support	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Supplemental Other Services Program Support (Service Code 111)

Productivity and Other Factors (see p. 29 of the instructions)

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/ Supported		
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		DSS Licensed (113)		Other Services
									ARFPSHN Services	SRF Services	
Ex.	Habilitation Worker	75%	25%					5	100%		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											

DSS Licensed-Spec Residential Facility--Habilitation (Service Code 113)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/ Supported		
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		DSS Licensed (113)		Other Services
									ARFPSHN Services	SRF Services	
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											

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 recently completed fiscal 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						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

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

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Input-Home #1	Input-Home #2	Input-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)
Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Input-Home #1	Input-Home #2	Input-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)

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Input-Home #1	Input-Home #2	Input-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)

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Input-Home #4	Input-Home #5	Input-Home #6	Input-Home #7
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					
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)

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Input-Home #4	Input-Home #5	Input-Home #6	Input-Home #7
<i>Household Expenses</i>					
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]				
<i>Staffing Pattern for a 'typical' week for a DCS/CNA. Input the number of hours per week for the following:</i>					
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)

Productivity and Other Factors (see p. 34 of the instructions)

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:					
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)

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Input-Home #8	Input-Home #9	Input-Home #10	Input-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					
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)

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Input-Home #8	Input-Home #9	Input-Home #10	Input-Home #11
<i>Household Expenses</i>					
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]				
<i>Staffing Pattern for a 'typical' week for a DCS/CNA. Input the number of hours per week for the following:</i>					
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)

Productivity and Other Factors (see p. 34 of the instructions)

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:					
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)				

Activity Center (Service Code 505)

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

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Activity Center (Service Code 505)

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

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Activity Center (Service Code 505)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Activity Center (505)			Other Services
									'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	
Ex.	Habilitation Worker	100%							100%			
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												

Activity Center (Service Code 505)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Activity Center (505)			Other Services
									'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												

Activity Center (Svc. Code 505)

Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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)

Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- Program #3
<i>Sites at Which Services Are Provided</i>					
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			
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)
Productivity and Other Factors (see p. 25 of the instructions)

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 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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)
Productivity and Other Factors (see p. 25 of the instructions)

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)					
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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Adult Development Center (Service Code 510)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Adult Dev. Center (510)			Other Services
									'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	
Ex.	Habilitation Worker	100%							100%			
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												

Adult Development Center (Service Code 510)

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Adult Dev. Center (510)			Other Services
									'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												

Adult Development Center (Service Code 510)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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 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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- Program #3
<i>Sites at Which Services Are Provided</i>					
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			
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)
Productivity and Other Factors (see p. 25 of the instructions)

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 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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)
Productivity and Other Factors (see p. 25 of the instructions)

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)					
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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Behavior Management. Program (Service Code 515)

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Behavior Management Program (515)	Other Services
Ex.	Habilitation Worker	100%							100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Behavior Management. Program (Service Code 515)

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Behavior Management Program (515)	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Behavior Management. Program (Service Code 515)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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	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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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)
Productivity and Other Factors (see p. 25 of the instructions)

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 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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)
Productivity and Other Factors (see p. 25 of the instructions)

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)					
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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Independent Living Program (520)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Independent Living (520)	Other Services
Ex.	Habilitation Worker	100%							100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Independent Living Program (520)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Independent Living (520)	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Independent Living Program (Service Code 520)
Productivity and Other Factors (see p. 30 of the instructions)

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Social Recreation Program (Service Code 525)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Social Recreation (525)			Other Services
									'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	
Ex.	Habilitation Worker	100%							100%			
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												

Social Recreation Program (Service Code 525)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Social Recreation (525)			Other Services
									'Behavioral' Programs	'Medical' Programs	'Non-Med/ Non-Beh' Programs	
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												

Social Recreation Program (Service Code 525)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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 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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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)
Productivity and Other Factors (see p. 25 of the instructions)

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)
Productivity and Other Factors (see p. 25 of the instructions)

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)
Productivity and Other Factors (see p. 25 of the instructions)

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)					
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)
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Behavioral Tech I	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Adaptive Skills Training (Service Code 605)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision of Direct Care Staff	Training/Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Adaptive Skills Training (605)	Other Services
Ex.	Behavioral Tech I	100%							100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Adaptive Skills Training (Service Code 605)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision of Direct Care Staff	Training/Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Adaptive Skills Training (605)	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Adaptive Skills Training (Service Code 605)
Productivity and Other Factors (see p. 27 of the instructions)

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	

California Department of Developmental Services
DDS Rate Study - Provider Survey

Adaptive Skills Training (Service Code 605)
Productivity and Other Factors (see p. 27 of the instructions)

Line	Factor	Example	Input
<i>On-Site Supervision</i>			
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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Behavior Analyst	Eastern Los Angeles	Employee	2,080	0%	\$70,000	\$33.65	10%	60	30
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

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

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	
Ex.	Behavior Analyst	50%					50%	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

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

Line	Job Titles	Job Function						If supervisor, # of staff supervised
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions	
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								

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

Line	Job Titles	Services Delivered/ Supported					
		Behavior Analyst (612)	Associate Behavior Analyst (613)	Behavior Management Assistant (615)	Behavior Tech. - Paraprofessional (616)	Behavior Management Consultant (620)	Other Services
Ex.	Behavior Analyst	100%					
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

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

Line	Job Titles	Services Delivered/ Supported					
		Behavior Analyst (612)	Associate Behavior Analyst (613)	Behavior Management Assistant (615)	Behavior Tech. - Paraprofessional (616)	Behavior Management Consultant (620)	Other Services
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							

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

Productivity and Other Factors (see p. 31 of the instructions)

Line	Factor	Example	Behavior Analyst (612)	Associate Behavior Analyst (613)	Behavior Management Assistant (615)
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	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)

Productivity and Other Factors (see p. 31 of the instructions)

Line	Factor	Example	Behavior Analyst (612)	Associate Behavior Analyst (613)	Behavior Management Assistant (615)
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 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)
Productivity and Other Factors (see p. 31 of the instructions)

Line	Factor	Behavior Technician - Paraprofessional (616)	Behavior Management Consultant (620)
<i>Agency Caseload and Service Design</i>			
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		
<i>Clinic Space</i>			
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)
Productivity and Other Factors (see p. 31 of the instructions)

Line	Factor	Behavior Technician - Paraprofessional (616)	Behavior Management Consultant (620)
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		
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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Hab Technician I	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Independent Living Specialist (Service Code 635)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Independent Living Spec. (635)	Other Services
Ex.	Hab Technician I	50%					50%		100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Independent Living Specialist (Service Code 635)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Independent Living Spec. (635)	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Independent Living Specialist (Service Code 635)
Productivity and Other Factors (see p. 23 of the instructions)

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)

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Hab Technician I	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Mobility Training (Service Codes 645 and 650)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported		
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Mobility Training Services Agency (645)	Mobility Training Specialist (650)	Other Services
Ex.	Hab Technician I	50%					50%		25%	75%	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											

Mobility Training (Service Codes 645 and 650)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported		
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Mobility Training Services Agency (645)	Mobility Training Specialist (650)	Other Services
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											

Mobility Training (Service Codes 645 and 650)
Productivity and Other Factors (see p. 23 of the instructions)

Line	Factor	Example	Mobility Training Svcs. Agency (645)	Mobility Training Specialist (650)
Agency Caseload and Service Design				
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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Math tutor	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Tutor Services (Service Code 680)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Tutor (680)	Other Services
Ex.	Math tutor	50%					50%		25%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Tutor Services (Service Code 680)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Tutor (680)	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Tutor Services (Service Code 680)
Productivity and Other Factors (see p. 23 of the instructions)

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Infant Development Program (Service Code 805)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported		
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Infant Dev (805)		Other Services
									Facility Based	In-Home/ Community	
Ex.	Habilitation Worker	100%								100%	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											

Infant Development Program (Service Code 805)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported		
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Infant Dev (805)		Other Services
									Facility Based	In-Home/ Community	
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											

Infant Development Program (Service Code 805) - Facility Based
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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	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
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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 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
Productivity and Other Factors (see p. 25 of the instructions)

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
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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
Productivity and Other Factors (see p. 25 of the instructions)

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)					
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
Productivity and Other Factors (see p. 25 of the instructions)

Line	Factor	Input- Program #8	Input- Program #9	Input- Program #10	Input- Program #11
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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
Productivity and Other Factors (see p. 23 of the instructions)

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 ratios			
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 following:			
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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Personal Care Aide	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Homemaker Services (860)

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

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Homemaker Services (860)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Homemaker (860)	Other Services
Ex.	Personal Care Aide	25%					50%		100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Homemaker Services (860)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Homemaker (860)	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Homemaker (Service Code 860)
Productivity and Other Factors (see p. 23 of the instructions)

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 agency's most recently completed fiscal year.

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	Staff Training	
									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
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Respite Services (Service Code 862)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported		
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		In-Home Respite Services, Agency (862)	In-Home Respite Services, EOR (862)	Other Services
Ex.	Respite Aide	50%					50%		75%	25%	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											

Respite Services (Service Code 862)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported		
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		In-Home Respite Services, Agency (862)	In-Home Respite Services, EOR (862)	Other Services
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											

In-Home Respite Services Agency (Service Code 862)
Productivity and Other Factors (see p. 23 of the instructions)

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)

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Driver	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	40%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Transportation Services (Service Codes 875, 880, and 882)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Transportation Company (875)	Transportation-Additional Component (880)	Transportation-Assistant (882)	Other Services
Ex.	Driver	50%	50%					5	100%			
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												

Transportation Services (Service Codes 875, 880, and 882)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Transportation Company (875)	Transportation-Additional Component (880)	Transportation-Assistant (882)	Other Services
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												

Transportation Services (Service Codes 875, 880, and 882)
Productivity and Other Factors (see p. 32 of the instructions)

Line	Factor	Example	Transportation Company (875)	Transportation-Additional Component (880)	Transportation-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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Hab Technician I	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Supported Living Services (Service Code 896)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Supported Living (896)			Other Services
									Intermittent	Continuous	Cluster Residences	
Ex.	Hab Technician I	100%							100%			
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												

Supported Living Services (Service Code 896)

Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/ Supported			
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Supported Living (896)			Other Services
									Intermittent	Continuous	Cluster Residences	
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												

Supported Living Services (Service Code 896) delivered in individuals' own homes
Productivity and Other Factors (see p. 23 of the instructions)

Line	Factor	Example	Supported Living Svcs. (896) Intermittent	Supported Living Svcs. (896) Continuous
Agency Caseload and Service Design				
1	Number of individuals receiving Supported 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			
Activities Outside of the Home				
9	Of the individuals reported on Line 1, number regularly participating in activities (paid or unpaid) away from 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
Productivity and Other Factors (see p. 23 of the instructions)

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:				
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
Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Input-Site #1	Input-Site #2	Input-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
Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Input-Site #1	Input-Site #2	Input-Site #3
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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
Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Input-Site #4	Input-Site #5	Input-Site #6	Input-Site #7
Home and Resident Characteristics					
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
Productivity and Other Factors (see p. 34 of the instructions)

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
Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Input-Site #8	Input-Site #9	Input-Site #10	Input-Site #11
Home and Resident Characteristics					
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
Productivity and Other Factors (see p. 34 of the instructions)

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)				

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Family Home Agency (Service Code 904)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision of Direct Care Staff	Training/Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Family Home Agency (904)	Other Services
Ex.	Habilitation Worker	90%					10%		100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Family Home Agency (Service Code 904)
Staff Functions and Services Delivered

Line	Job Titles	Staff Duties						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Family Home Agency (904)	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Family Home Agency (Service Code 904)
Productivity and Other Factors (see p. 38 of the instructions)

Line	Factor	Example	Input
<i>Provider Characteristics</i>			
1	Number of years that your agency has been supporting family home placements	2.5	
<i>Recruitment, Certification, Placement, and Initial Training</i>			
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	
<i>Monitoring and Supports for Family Homes</i>			
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)

Line	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
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

Family Home Agency (Service Code 904)
Individual Detail (see p. 39 of the instructions)

Line	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
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Community Care Facilities for Adults - Owner-Operated (Service Code 905)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Residential Facility for Adults - Owner Op	Other Services
Ex.	Habilitation Worker	100%							100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Community Care Facilities for Adults - Owner-Operated (Service Code 905)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Residential Facility for Adults - Owner Op	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

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 recently completed fiscal 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						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Community Care Facilities for Adults - Owner-Operated (Service Code 905)
Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Input-Home #1	Input-Home #2	Input-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)
Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Input-Home #1	Input-Home #2	Input-Home #3
<i>Supplemental - Program Support services</i>					
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			
<i>Household Expenses</i>					
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)
Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Input-Home #1	Input-Home #2	Input-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)

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Community Care Facilities for Children - Owner-Operated (Service Code 910)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Residential Facility for Children - Owner Op	Other Services
Ex.	Habilitation Worker	100%							100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Community Care Facilities for Children - Owner-Operated (Service Code 910)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Residential Facility for Children - Owner Op	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

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 recently completed fiscal 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						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Community Care Facilities for Children - Owner-Operated (Service Code 910)
Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Input-Home #1	Input-Home #2	Input-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)
Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Input-Home #1	Input-Home #2	Input-Home #3
<i>Supplemental - Program Support services</i>					
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			
<i>Household Expenses</i>					
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)
Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Input-Home #1	Input-Home #2	Input-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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

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

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision of Direct Care Staff	Training/Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Residential Facility for Adults - Staff Op	Other Services
Ex.	Habilitation Worker	50%	50%					5	100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Community Care Facilities for Adults - Staff-Operated (Service Code 915)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision of Direct Care Staff	Training/Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Residential Facility for Adults - Staff Op	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

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 recently completed fiscal 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						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

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

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Input-Home #1	Input-Home #2	Input-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)

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Input-Home #1	Input-Home #2	Input-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 Adults - Staff-Operated (Service Code 915)

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Input-Home #4	Input-Home #5	Input-Home #6	Input-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					
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)

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Input-Home #4	Input-Home #5	Input-Home #6	Input-Home #7
<i>Household Expenses</i>					
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]				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Input-Home #8	Input-Home #9	Input-Home #10	Input-Home #11
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					
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)

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Input-Home #8	Input-Home #9	Input-Home #10	Input-Home #11
<i>Household Expenses</i>					
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]				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Community Care Facilities for Children - Staff-Operated (Service Code 920)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Residential Facility for Children - Staff Op	Other Services
Ex.	Habilitation Worker	100%							100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Community Care Facilities for Children - Staff-Operated (Service Code 920)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Residential Facility for Children - Staff Op	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

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 recently completed fiscal 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						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

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

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Input-Home #1	Input-Home #2	Input-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)

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Example	Input-Home #1	Input-Home #2	Input-Home #3
<i>Household Expenses</i>					
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			
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</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 Children - Staff-Operated (Service Code 920)

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Input-Home #4	Input-Home #5	Input-Home #6	Input-Home #7
<i>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.)				
<i>Activities Outside of the Home</i>					
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				
<i>Vehicles</i>					
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)				
<i>Staffing</i>					
22	Are staff working overnight shifts permitted to sleep?				
23	If yes, does your organization pay a "sleep-time" differential?				
<i>Supplemental - Program Support services</i>					
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)

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Input-Home #4	Input-Home #5	Input-Home #6	Input-Home #7
<i>Household Expenses</i>					
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]				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Input-Home #8	Input-Home #9	Input-Home #10	Input-Home #11
<i>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.)				
<i>Activities Outside of the Home</i>					
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				
<i>Vehicles</i>					
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)				
<i>Staffing</i>					
22	Are staff working overnight shifts permitted to sleep?				
23	If yes, does your organization pay a "sleep-time" differential?				
<i>Supplemental - Program Support services</i>					
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)

Productivity and Other Factors (see p. 34 of the instructions)

Line	Factor	Input-Home #8	Input-Home #9	Input-Home #10	Input-Home #11
<i>Household Expenses</i>					
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]				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)				

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Supported Employment - Group (Service Code 950)

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision of Direct Care Staff	Training/Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Supp. Employ. - Group (950)	Other Services
Ex.	Habilitation Worker	100%							100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Supported Employment - Group (Service Code 950)

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision of Direct Care Staff	Training/Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Supp. Employ. - Group (950)	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Supported Employment - Group (Service Code 950)
Productivity and Other Factors (see p. 40 of the instructions)

Line	Factor	Example	Input-Group #1	Input-Group #2	Input-Group #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)
Productivity and Other Factors (see p. 40 of the instructions)

Line	Factor	Example	Input-Group #1	Input-Group #2	Input-Group #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)
Productivity and Other Factors (see p. 40 of the instructions)

Line	Factor	Input-Group #4	Input-Group #5	Input-Group #6	Input-Group #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)
Productivity and Other Factors (see p. 40 of the instructions)

Line	Factor	Input-Group #4	Input-Group #5	Input-Group #6	Input-Group #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)

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Supported Employment - Individual (Service Code 952)

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported		
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Supp. Emp (952)		Other Services
									Job Development	Job Coaching	
Ex.	Habilitation Worker	100%							75%	25%	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											

Supported Employment - Individual (Service Code 952)

Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported		
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Supp. Emp (952)		Other Services
									Job Development	Job Coaching	
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											

Supported Employment - Individual (Service Code 952)
Productivity and Other Factors (see p. 41 of the instructions)

Line	Factor	Example	Supp. Emp.- Ind (952) Job Dev	Supp. Emp.- Ind (952) Job Coach
<i>Agency Caseload and Service Design</i>				
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		
<i>Staffing Pattern for a 'typical' week for a job developer/ job coach. Input the number of hours per week for the following:</i>				
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)

Provide responses for your agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

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 agency's most recently completed fiscal year.

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	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Work Activity Program (Service Code 954)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision of Direct Care Staff	Training/Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Work Activity Program	Other Services
Ex.	Habilitation Worker	100%							100%	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Work Activity Program (Service Code 954)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/Supported	
		Direct Care	Supervision of Direct Care Staff	Training/Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Work Activity Program	Other Services
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Work Activity Program (Service Code 954)
Productivity and Other Factors (see p. 43 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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)
Productivity and Other Factors (see p. 43 of the instructions)

Line	Factor	Example	Input- Program #1	Input- Program #2	Input- 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)
Productivity and Other Factors (see p. 43 of the instructions)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- 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)
Productivity and Other Factors (see p. 43 of the instructions)

Line	Factor	Input- Program #4	Input- Program #5	Input- Program #6	Input- Program #7
<i>Sites at Which Services Are Provided</i>					
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)				
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>					
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)				