

Attachment 1: Provider Survey Instrument

Rhode Island Department of Behavior Healthcare,
Developmental Disabilities and Hospitals

New Rate and Payment Options Study

Provider Survey

– distributed by –

Burns & Associates
A Division of Health Management Associates

April 25, 2022

Questions? Contact Steven Abele with Health Management Associates at (602) 466-9841 or sabele@healthmanagement.com

Agency Contact Information and Revenues (click the ⓘ icons for directions)

Line	Factor	Input
Agency Contact Information		
1	Agency name	
2	Provider ID ⓘ	
3	Contact name ⓘ	
4	Job title of the individual listed on Line 3	
5	Phone number for the individual listed on Line 3	
6	Email address for the individual listed on Line 3	
7	End date of the fiscal year for information is reported ⓘ	
Annual Agency Revenues for most recently completed Fiscal Year ⓘ		
8	I/DD Program Revenue; Rec'd from State/Other Gov't/Pvt Pay ⓘ	
9	Other Program Revenue; Rec'd from State/Other Gov't/Other Pay ⓘ	
10	SSI/SSDI and other room and board payments ⓘ	
13	Other Program Revenue; Investment/Grants/Fund Raising/Donations ⓘ	
16	Total Revenues ⓘ	\$0

**Rhode Island Department of Behavior Healthcare, Developmental Disabilities and Hospitals
New Rate and Payment Options Study - Provider Survey**

Administrative Staff - Salary and Benefit Costs (see p. 3 of the instructions and click the ⓘ icons for directions)

Include only those staff who primarily perform administrative functions. Staff who do not have any costs allocated to the I/DD program do not need to be reported.

Report costs for the agency's most recently completed fiscal year

Line	Job Title ⓘ	Certification/ Licensure ⓘ	# of Emp. ⓘ	Actual Wages ⓘ	Actual Cost of Payroll Taxes and Benefits ⓘ						
					Social Security and Medicare ⓘ	Federal and State Unemployment Insurance ⓘ	Workers' Compensation ⓘ	Health Insurance ⓘ	Other Insurance ⓘ	Retirement ⓘ	Other Benefits ⓘ
Ex.	Executive Director		1	\$75,000	\$5,738	\$394	\$1,500	\$6,000	\$400	\$2,250	\$150
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Administrative Staff - Salary and Benefit Costs (see p. 3 of the instructions and click the ⓘ icons for directions)

Include only those staff who primarily perform administrative functions. Staff who do not have any costs allocated to the I/DD program do not need to be reported.

Report costs for the agency's most recently completed fiscal year

Line	Job Title ⓘ	Certification/ Licensure ⓘ	# of Emp. ⓘ	Actual Wages ⓘ	Actual Cost of Payroll Taxes and Benefits ⓘ							
					Social Security and Medicare ⓘ	Federal and State Unemployment Insurance ⓘ	Workers' Compensation ⓘ	Health Insurance ⓘ	Other Insurance ⓘ	Retirement ⓘ	Other Benefits ⓘ	
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General Expenses Other Than Staff Salary and Benefits (see p. 5 of the instructions and click the ⓘ icons for directions)

Report costs for the agency's most recently completed fiscal year

Line	Category	Total Expense	Cost Allocation ⓘ				
			% of Cost Allocated to I/DD Program			% of Cost Allocated to Other Programs	
			Direct Care	Admin.	Program Support	Admin.	Program Support
1	Administrative Facility Rent/Mortgage/Depreciation (exclude direct service space) ⓘ						
2	Facility Janitorial/Landscaping/Repairs/Etc. (exclude direct service space)						
3	Utilities/Telecommunications/Etc. (exclude direct service space costs) ⓘ						
4	Travel, Vehicle ⓘ						
5	Travel, Air, Lodging, Per Diem (exclude participant transportation or direct support vehicles/reimbursement) ⓘ						
6	Office Equipment and Furniture ⓘ						
7	Depreciation (exclude facility and vehicles)						
8	Interest Expense (excluding mortgage)						
9	Other Taxes (exclude payroll taxes and personal income taxes) ⓘ						
10	Licensing/Certification/Accreditation Fees ⓘ						
11	Hiring Expenses (e.g., advertising; exclude staff costs) ⓘ						
12	Training Expense (e.g., fees and materials; exclude staff costs) ⓘ						
13	Insurance (exclude health, dental, workers' comp, auto insurance) ⓘ						
14	Information Technology Expense (e.g., computers and software) ⓘ						
15	Office Supplies ⓘ						
16	Advertising						
17	Dues and Subscriptions ⓘ						
18	Consulting - Legal/Accounting/Etc. ⓘ						
19	Allocated Corporate Office Overhead ⓘ						
20	[If Overhead is reported in Line 19, describe allocation methodology here]						
21	Other 1 (Input Description) ⓘ						
22	Other 2 (Input Description)						
23	Other 3 (Input Description)						
24	Other 4 (Input Description)						
25	Other 5 (Input Description)						
26	Total Non-Staff Expenses ⓘ	\$0	\$0	\$0	\$0	\$0	\$0

Rhode Island Department of Behavior Healthcare, Developmental Disabilities and Hospitals
New Rate and Payment Options Study - Provider Survey

General Expenses Other Than Staff Salary and Benefits (see p. 5 of the instructions and click the ⓘ icons for directions)

Report costs for the agency's most recently completed fiscal year

Line	Category	Cost Allocation ⓘ			
		% of Cost Allocated to SSI/SSDI		% of Cost Allocated to Investments/Grants/ Fund Raising/ Donations	
		Admin.	Program Support	Admin.	Program Support
1	Administrative Facility Rent/Mortgage/Depreciation (exclude direct service space) ⓘ				
2	Facility Janitorial/Landscaping/Repairs/Etc. (exclude direct service space)				
3	Utilities/Telecommunications/Etc. (exclude direct service space costs) ⓘ				
4	Travel, Vehicle ⓘ				
5	Travel, Air, Lodging, Per Diem (exclude participant transportation or direct support vehicles/reimbursement) ⓘ				
6	Office Equipment and Furniture ⓘ				
7	Depreciation (exclude facility and vehicles)				
8	Interest Expense (excluding mortgage)				
9	Other Taxes (exclude payroll taxes and personal income taxes) ⓘ				
10	Licensing/Certification/Accreditation Fees ⓘ				
11	Hiring Expenses (e.g., advertising; exclude staff costs) ⓘ				
12	Training Expense (e.g., fees and materials; exclude staff costs) ⓘ				
13	Insurance (exclude health, dental, workers' comp, auto insurance) ⓘ				
14	Information Technology Expense (e.g., computers and software) ⓘ				
15	Office Supplies ⓘ				
16	Advertising				
17	Dues and Subscriptions ⓘ				
18	Consulting - Legal/Accounting/Etc. ⓘ				
19	Allocated Corporate Office Overhead ⓘ				
20	[If Overhead is reported in Line 19, describe allocation methodology here]				
21	Other 1 (Input Description) ⓘ				
22	Other 2 (Input Description)				
23	Other 3 (Input Description)				
24	Other 4 (Input Description)				
25	Other 5 (Input Description)				
26	Total Non-Staff Expenses ⓘ	\$0	\$0	\$0	\$0

**Rhode Island Department of Behavior Healthcare, Developmental Disabilities and Hospitals
New Rate and Payment Options Study - Provider Survey**

Program & Direct Care Staff - Wages, Turnover, and Training (see p. 5 of the instructions and click the ⓘ icons for directions)

List all staff who provide Program Support or billable I/DD services directly to individuals, including DSPs and professional staff.

Direct care staff who support or work only in non-I/DD programs do not need to be reported.

Report costs for the agency's most recently completed fiscal year.

Line	Job Title ⓘ	Certification/ Licensure ⓘ	Educational Requirement ⓘ	Employee/ Contractor ⓘ	Super- visor? ⓘ	If super- visor, Avg. # of Staff Supervised ⓘ	Wage Detail		
							Total Hours Paid ⓘ	Total Wages Paid ⓘ	Average Hourly Wage ⓘ
Ex.	Nurse	LVN/LPN	Associates Degree	Employee	Yes	10	4,160	\$62,300	\$14.98
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Line	Job Title ⓘ	Certification/ Licensure ⓘ	Educational Requirement ⓘ	Employee/ Contractor ⓘ	Super- visor? ⓘ	If super- visor, Avg. # of Staff Supervised ⓘ	Wage Detail		
							Total Hours Paid ⓘ	Total Wages Paid ⓘ	Average Hourly Wage ⓘ
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Program & Direct Care Staff - Wages, Turnover, and Training (see p. 5 of the instructions and click the ⓘ icons for directions)

List all staff who provide Program Support or billable I/DD services directly to individuals, including DSPs and professional staff.

Direct care staff who support or work only in non-I/DD programs do not need to be reported.

Report costs for the agency's most recently completed fiscal year.

Line	Job Title ⓘ	Certification/ Licensure ⓘ	Educational Requirement ⓘ	Employee/ Contractor ⓘ	Super- visor? ⓘ	If super- visor, Avg. # of Staff Supervised ⓘ	Wage Detail		
							Total Hours Paid ⓘ	Total Wages Paid ⓘ	Average Hourly Wage ⓘ
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Program & Direct Care Staff - Wages, Turnover, and Training (see p. 5 of the instructions and click the ⓘ icons for directions)

Line	Payroll Tax and Benefit Detail ⓘ								Annual Turn-over ⓘ	Staff Training Hours		Allocation of Time	
	Social Security and Medicare ⓘ	Federal and State Unemployment ⓘ	Workers' Comp. ⓘ	Health Insurance ⓘ	Other Insurance ⓘ	Retirement ⓘ	Other Benefits ⓘ	Total Cost of Payroll Taxes and Benefits ⓘ		1st Year (Per Staff Avg.) ⓘ	Following Years (Per Staff Avg.) ⓘ	Program Support duties ⓘ	Direct Care duties ⓘ
Ex.	\$4,766	\$42	\$1,850	\$5,400	\$240	\$2,250	\$240	\$14,788	25%	40	20	0%	100%
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Program & Direct Care Staff - Wages, Turnover, and Training (see p. 5 of the instructions and click the ⓘ icons for directions)

Line	Payroll Tax and Benefit Detail ⓘ								Annual Turn-over ⓘ	Staff Training Hours		Allocation of Time	
	Social Security and Medicare	Federal and State Unemployment	Workers' Comp.	Health Insurance	Other Insurance	Retirement	Other Benefits	Total Cost of Payroll Taxes and Benefits		1st Year (Per Staff Avg.) ⓘ	Following Years (Per Staff Avg.) ⓘ	Program Support duties ⓘ	Direct Care duties ⓘ
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Program & Direct Care Staff - Wages, Turnover, and Training (see p. 5 of the instructions and click the ⓘ icons for directions)

Line	Payroll Tax and Benefit Detail ⓘ								Annual Turn-over ⓘ	Staff Training Hours		Allocation of Time	
	Social Security and Medicare	Federal and State Unemployment	Workers' Comp.	Health Insurance	Other Insurance	Retirement	Other Benefits	Total Cost of Payroll Taxes and Benefits		1st Year (Per Staff Avg.) ⓘ	Following Years (Per Staff Avg.) ⓘ	Program Support duties ⓘ	Direct Care duties ⓘ
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Program & Direct Care Staff - Allocation of Work Hours by Service (see p. 5 of the instructions and click the ⓘ icons for directions)

Report the time distribution for the agency's most recently completed fiscal year

Line	Job Titles ⓘ	Support Coordination	Support Facilitation	Supports Broker	Residential Habilitation	Non-Congregate Residential Supports	Shared Living Arrangements	Community-Based Supports	Natural Supports Training	Respite	Overnight Shared Supports	Day Program	Professional Services	Transportation	Job Assessment and Development	Job Coaching	Job Retention	Prevocational Training	All Other Services and Activities ⓘ	
Ex.	Caregiver							95%												5%
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Program & Direct Care Staff - Allocation of Work Hours by Service (see p. 5 of the instructions and click the ⓘ icons for directions)

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Program & Direct Care Staff - Allocation of Work Hours by Service (see p. 5 of the instructions and click the ⓘ icons for directions)

Report the time distribution for the agency's most recently completed fiscal year

Line	Job Titles ⓘ	Support Coordination	Support Facilitation	Supports Broker	Residential Habilitation	Non-Congregate Residential Supports	Shared Living Arrangements	Community-Based Supports	Natural Supports Training	Respite	Overnight Shared Supports	Day Program	Professional Services	Transportation	Job Assessment and Development	Job Coaching	Job Retention	Prevocational Training	All Other Services and Activities ⓘ	
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Fringe Benefits for Direct Care Staff (see p. 6 of the instructions and click the ⓘ icons for directions)

Report data for the agency's most recently completed fiscal year

Line	Factor	Example	Full-Time ⓘ	Part-Time
Staffing				
1	No. of DCSs providing I/DD program services employed by the agency as of the last day of the reported fiscal year ⓘ	30		
Holidays ⓘ				
2	Did your organization offer holiday pay to DCSs during the reported fiscal year?	Yes		
3	Of the staff listed on Line 1, number who were eligible for holiday pay as of the last day of the reported fiscal year	22		
4	Average number of annual holidays (<i>days, not hours</i>) that eligible staff received during the reported fiscal year	10		
Paid Time Off (PTO, Vacation and Sick Time)				
5	Did your organization offer paid time off in addition to holidays to direct care staff during the reported fiscal year?	Yes		
6	Of the staff listed on Line 1, number who were eligible for paid time off as of the last day of the reported fiscal year	18		
7	Average number of paid time off days (<i>days, not hours</i>) that eligible staff received during the reported fiscal year	10		
Health Insurance				
8	Did your organization offer health insurance to direct care staff during the reported fiscal year?	Yes		
9	Of the staff listed on Line 1, number who were <i>eligible</i> for health insurance as of the last day of the reported fiscal year	15		
10	Of the eligible staff listed on Line 9, number who <i>received</i> health insurance from your organization as of the last day of the reported fiscal year ⓘ	10		
11	Organization's total health insurance expense in the last month of the reported fiscal year for the staff listed on Line 10	\$4,080		
12	Calculated average monthly cost per participating employee ⓘ	\$408		
Other Benefits				
13	Did your organization offer any other benefits (e.g., retirement, dental, etc.) to direct care staff during the reported fiscal year?	No		
14	[If yes, please specify the benefit(s) here]			
15	Of the staff listed on Line 1, number who were <i>eligible</i> for these benefits as of the last day of the reported fiscal year ⓘ	-		
16	Of the eligible staff listed on Line 15, number who <i>received</i> these other benefits from your organization as of the last day of the reported fiscal year ⓘ	-		
17	Organization's cost for providing these benefits in the last month of the reported fiscal year for the staff listed on Line 16	-		
18	Calculated average monthly cost per participating employee ⓘ			
State Unemployment Insurance and Workers' Compensation ⓘ				
19A	If your organization made Rhode Island state unemployment insurance payments based on a percentage of wages, report your organization's <i>Employment Security</i> tax rate for the reported fiscal year ⓘ	1.10%		
19B	If your organization made Rhode Island state unemployment insurance payments based on a percentage of wages, report your organization's <i>Job Development</i> tax rate for the reported fiscal year ⓘ	0.21%		
20	If your organization paid actual costs ("payments in lieu of contributions") of state unemployment insurance benefits claimed by former employees, organization's total UI payments during reported fiscal year ⓘ			
21	Avg. workers' compensation rate for direct care staff as of the last day of the reported fiscal year (per \$100 in wages paid) ⓘ	\$1.89		



Support Coordination

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	<i>Agency Caseload</i>		
1	Number of individuals receiving Support Coordination services from your organization	300	
2	Average caseload of a support coordinator (for a full-time equivalent staff person)	35	
3	Average number of annual contacts per individual for:		
3a	Individuals in Tier A	12	
3b	Individuals in Tier B	15	
3c	Individuals in Tier C	18	
3d	Individuals in Tier D	24	
3e	Individuals in Tier E	30	
3f	Individuals in with L6 modifier	15	
4	Percentage of individuals within Tier with a L9 modifier for supplemental funding needs above tier		
4a	Individuals in Tier A	0%	
4b	Individuals in Tier B	5%	
4c	Individuals in Tier C	5%	
4d	Individuals in Tier D	15%	
4e	Individuals in Tier E	20%	



Support Coordination

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
Staffing Pattern for a 'typical' week for a support coordinator. Input the number of hours per week for the following:			
5	Total hours worked and paid for in a week	40.00	
6	Providing defined Support Coordination services	20.00	
7	Time spent on face-to-face contacts with individuals	3.50	
8	Time spent on telephonic/remote contacts with individuals	1.50	
9	Time 'lost' due to missed appointments	1.00	
10	Time transporting individuals served	2.50	
11	Travel time between individuals served	4.00	
12	Recordkeeping (do not include documentation during the course of service provision)	4.00	
13	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	3.50	
14	Other activities [type description here]	0.00	
15	Other activities [type description here]	0.00	
16	Other activities [type description here]	0.00	
17	Has all time been allocated? (Total hours from Line 5 should equal sum of Lines 6 - 16)	Yes	Yes
18	Total miles driven per week per support coordinator for travel between individuals and transporting individuals	25	

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Support Facilitation

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	<i>Agency Caseload</i>		
1	Number of individuals receiving Support Facilitation services from your organization	300	
2	Average caseload of a support facilitator (for a full-time equivalent staff person)	35	
3	Average number of annual contacts per individual for:		
3a	Individuals in Tier A	12	
3b	Individuals in Tier B	15	
3c	Individuals in Tier C	18	
3d	Individuals in Tier D	24	
3e	Individuals in Tier E	30	
4	Percentage of individuals within Tier with a L9 modifier for supplemental funding needs above tier		
4a	Individuals in Tier A	0%	
4b	Individuals in Tier B	5%	
4c	Individuals in Tier C	5%	
4d	Individuals in Tier D	15%	
4e	Individuals in Tier E	20%	
5	Number of workers providing services through Self-Directed model services within your organization	50	
	<i>Staffing Pattern for a 'typical' week for a support facilitator. Input the number of hours per week for the following:</i>		
6	Total hours worked and paid for in a week	40.00	
7	Providing defined Support Facilitation services	20.00	
8	Time spent on face-to-face contacts with individuals	3.50	
9	Time spent on telephonic/remote contacts with individuals	1.50	
10	Time 'lost' due to missed appointments	1.00	
11	Time transporting individuals served	2.50	
12	Travel time between individuals served	4.00	
13	Recordkeeping (do not include documentation during the course of service provision)	4.00	
14	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	3.50	
15	Other activities [type description here]	0.00	
16	Other activities [type description here]	0.00	
17	Other activities [type description here]	0.00	
18	Has all time been allocated? (Total hours from Line 6 should equal sum of Lines 7 - 17)	Yes	Yes
19	Total miles driven per week per support coordinator for travel between individuals and transporting individuals	25	

Supports Broker

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
Agency Caseload and Service Design			
1	Number of individuals receiving Supports Broker services from your organization	50	
2	Average caseload of a supports broker (for a full-time equivalent staff person)	25	
3	Average number of hours to complete an initial (first) plan	4.00	
4	Average number of hours to complete a renewal plan	2.50	
Staffing Pattern for a 'typical' week for a supports broker. Input the number of hours per week for the following:			
5	Total hours worked and paid for in a week	35.00	
6	Providing Supports Broker services [Line 3 * Line 4]	10.00	
7	Providing other direct (face-to-face) services	19.00	
8	Travel time between individuals	1.75	
9	Recordkeeping (do not include documentation during the course of service provision)	2.00	
10	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	2.00	
11	Time lost to missed appointments	0.25	
12	Other activities [type description here]	0.00	
13	Other activities [type description here]	0.00	
14	Other activities [type description here]	0.00	
15	Has all time been allocated? (Total hours from Line 5 should equal sum of Lines 6 - 14)	Yes	Yes
16	Average miles driven per week per DSP to travel between service encounters	35	
17	Average miles driven per week per DSP to transport individuals	35	

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Residential Habilitation - Group Home Settings
Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
<i>Agency Caseload</i>			
1	Number of individuals receiving Residential Habilitation (Group Home) services from your organization	25	
2	Number of homes providing Residential Habilitation (Group Home) services within your organization	7	
3	Average number of absences per individual/per year (annualized)	11	ⓘ
4	Are staff working overnight shifts permitted to sleep?	Yes	
5	If yes, does your organization pay a "sleep-time" differential?	Yes	
<i>Activities Outside of the Home</i>			
6	Of the individuals reported on Line 1, number regularly participating in activities (paid or unpaid) outside of the home without Residential Habilitation staff (e.g., Day, Employment, School)	23	
7	For individuals participating in outside activities, average scheduled hours per week	25	
8	For individuals participating in outside activities, average number of hours per week they participate	21	
9	Average number of hours per week that no staff are in the home because all residents are away from the home	15	
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>			
10	Total hours worked and paid for in a week	40.00	ⓘ
11	Providing Residential Habilitation services	31.50	
12	Providing other direct (face-to-face) services	8.00	ⓘ
13	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50	ⓘ
14	Other activities [type description here]	0.00	ⓘ
15	Other activities [type description here]	0.00	
16	Other activities [type description here]	0.00	
17	Has all time been allocated? (Total hours from Line 10 should equal sum of Lines 11 - 16)	Yes	Yes ⓘ

Residential Habilitation - Group Home Settings
Home Details (see p. 7 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Example Home			Home #1			Home #2		
Location			Location			Location		
1	Home ID	1845 N Main	ⓘ	Home ID		ⓘ	Home ID	
2	Effective Home Capacity	4	ⓘ	Effective Home Capacity		ⓘ	Effective Home Capacity	
Vehicles for Site			Vehicles for Site			Vehicles for Site		
		Input			Input			Input
7	# of vehicles	1	ⓘ	# of vehicles		ⓘ	# of vehicles	
8	Size of vehicle in terms of passengers	7	ⓘ	Size of vehicle in terms of passengers		ⓘ	Size of vehicle in terms of passengers	
9	Purchase cost	\$42,500	ⓘ	Purchase cost		ⓘ	Purchase cost	
10	Mo. lease cost			Mo. lease cost			Mo. lease cost	
11	Annual mileage for agency vehicles	15,000	ⓘ	Annual mileage for agency vehicles		ⓘ	Annual mileage for agency vehicles	
12	Annual mileage for staff-owned vehicles	250	ⓘ	Annual mileage for staff-owned vehicles		ⓘ	Annual mileage for staff-owned vehicles	

Residential Habilitation - Group Home Settings
Home Details (see p. 7 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Home #3					Home #4					Home #5					
<i>Location</i>					<i>Location</i>					<i>Location</i>					
1	ⓘ	Home ID			ⓘ	Home ID			ⓘ	Home ID					
2	ⓘ	Effective Home Capacity			ⓘ	Effective Home Capacity			ⓘ	Effective Home Capacity					
3	ⓘ	Occupancy Rate			ⓘ	Occupancy Rate			ⓘ	Occupancy Rate					
	ⓘ	<i>Resident Information</i>				ⓘ	<i>Resident Information</i>				ⓘ	<i>Resident Information</i>			
		Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours		Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours		Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
4a															
4b															
4c															
4d															
4e															
4f															
4g															
4h															
4i															
4j															
		<i>Residence Staffing Schedule</i>					<i>Residence Staffing Schedule</i>					<i>Residence Staffing Schedule</i>			
5	ⓘ	# of DSP's Assigned to Home			ⓘ	# of DSP's Assigned to Home			ⓘ	# of DSP's Assigned to Home					
	ⓘ	<i>Staffing Hours by Day</i>		Awake Hours	Asleep Hours	ⓘ	<i>Staffing Hours by Day</i>		Awake Hours	Asleep Hours	ⓘ	<i>Staffing Hours by Day</i>		Awake Hours	Asleep Hours
6a		Sunday					Sunday					Sunday			
6b		Monday					Monday					Monday			
6c		Tuesday					Tuesday					Tuesday			
6d		Wednesday					Wednesday					Wednesday			
6e		Thursday					Thursday					Thursday			
6f		Friday					Friday					Friday			
6g		Saturday					Saturday					Saturday			

Residential Habilitation - Group Home Settings
Home Details (see p. 7 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

		Home #3		Home #4		Home #5	
		Location		Location		Location	
1	ⓘ	Home ID		ⓘ	Home ID		ⓘ
2	ⓘ	Effective Home Capacity		ⓘ	Effective Home Capacity		ⓘ
		Vehicles for Site		Vehicles for Site		Vehicles for Site	
			Input		Input		Input
7	ⓘ	# of vehicles		ⓘ	# of vehicles		ⓘ
8	ⓘ	Size of vehicle in terms of passengers		ⓘ	Size of vehicle in terms of passengers		ⓘ
9	ⓘ	Purchase cost		ⓘ	Purchase cost		ⓘ
10		Mo. lease cost			Mo. lease cost		
11	ⓘ	Annual mileage for agency vehicles		ⓘ	Annual mileage for agency vehicles		ⓘ
12	ⓘ	Annual mileage for staff-owned vehicles		ⓘ	Annual mileage for staff-owned vehicles		ⓘ

Residential Habilitation - Group Home Settings
Home Details (see p. 7 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Home #6					Home #7					Home #8							
<i>Location</i>					<i>Location</i>					<i>Location</i>							
1	ⓘ	Home ID			ⓘ	Home ID			ⓘ	Home ID							
2	ⓘ	Effective Home Capacity			ⓘ	Effective Home Capacity			ⓘ	Effective Home Capacity							
3	ⓘ	Occupancy Rate			ⓘ	Occupancy Rate			ⓘ	Occupancy Rate							
<i>Resident Information</i>					<i>Resident Information</i>					<i>Resident Information</i>							
		Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours			Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours			Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
4a																	
4b																	
4c																	
4d																	
4e																	
4f																	
4g																	
4h																	
4i																	
4j																	
<i>Residence Staffing Schedule</i>					<i>Residence Staffing Schedule</i>					<i>Residence Staffing Schedule</i>							
5	ⓘ	# of DSP's Assigned to Home				ⓘ	# of DSP's Assigned to Home				ⓘ	# of DSP's Assigned to Home					
	ⓘ	Staffing Hours by Day		Awake Hours	Asleep Hours	ⓘ	Staffing Hours by Day		Awake Hours	Asleep Hours	ⓘ	Staffing Hours by Day		Awake Hours	Asleep Hours		
6a		Sunday					Sunday					Sunday					
6b		Monday					Monday					Monday					
6c		Tuesday					Tuesday					Tuesday					
6d		Wednesday					Wednesday					Wednesday					
6e		Thursday					Thursday					Thursday					
6f		Friday					Friday					Friday					
6g		Saturday					Saturday					Saturday					

Residential Habilitation - Group Home Settings
Home Details (see p. 7 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

		Home #6		Home #7		Home #8			
		Location		Location		Location			
1	ⓘ	Home ID		ⓘ	Home ID		ⓘ	Home ID	
2	ⓘ	Effective Home Capacity		ⓘ	Effective Home Capacity		ⓘ	Effective Home Capacity	
		Vehicles for Site		Vehicles for Site		Vehicles for Site			
			Input		Input		Input		Input
7	ⓘ	# of vehicles		ⓘ	# of vehicles		ⓘ	# of vehicles	
8	ⓘ	Size of vehicle in terms of passengers		ⓘ	Size of vehicle in terms of passengers		ⓘ	Size of vehicle in terms of passengers	
9	ⓘ	Purchase cost		ⓘ	Purchase cost		ⓘ	Purchase cost	
10		Mo. lease cost			Mo. lease cost			Mo. lease cost	
11	ⓘ	Annual mileage for agency vehicles		ⓘ	Annual mileage for agency vehicles		ⓘ	Annual mileage for agency vehicles	
12	ⓘ	Annual mileage for staff-owned vehicles		ⓘ	Annual mileage for staff-owned vehicles		ⓘ	Annual mileage for staff-owned vehicles	

Non-Congregate Residential Habilitation
Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
<i>Agency Caseload</i>			
1	Number of Non-Congregate Residential Habilitation sites operated by your agency as of the last day of the reporting fiscal year	3	
2	Number of individuals receiving Non-Congregate Residential Habilitation services from your agency as of the last day of the reporting fiscal year	12	
3	Are staff working overnight shifts permitted to sleep?	No	
4	If yes, does your organization pay a "sleep-time" differential?	No	
5	Does your organization provide coverage through the use of on-call staffing?	Yes	
6	If yes, annual cost of on-call payments for the Non-Congregate Residential Habilitation program	\$5,000	
7	What is your on-call payment policy (e.g., do you cover with admin staff, pay a weekly stipend, etc.)? [type here]		
<i>Activities Outside of the Home</i>			
8	Of the individuals reported on Line 4, number regularly participating in activities (paid or unpaid) outside of the home without staff (e.g., Day, Employment, School)	23	
9	For individuals participating in outside activities, average scheduled hours per week	25	
10	For individuals participating in outside activities, average number of hours per week they participate	21	
11	Average number of hours per week that no staff are in the home because all residents are away from the home	15	
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>			
12	Total hours worked and paid for in a week	40.00	
13	Providing Non-Congregate Residential Habilitation services	31.50	
14	Providing other direct (face-to-face) services	8.00	
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50	
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 12 should equal sum of Lines 13 - 18)	Yes	Yes



Non-Congregate Residential Habilitation
Home Details (see p. 7 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Example Site				
Location				
1	Site ID	4201 N Central		
2	Site Capacity	4		
3	Occupancy Rate	97.2%		
Resident Information				
	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
4a	Tier B	N	0.0	2.0
4b	Tier C	N	4.0	0.0
4c	Tier C	N	2.0	2.0
4d	Tier D	Y	0.0	4.0
4e				
4f				
4g				
4h				
4i				
4j				
Staffing Schedule				
5	# of DSP's Assigned to Site			5
	Staffing Hours by Day	Awake Hours	Asleep Hours	
6a	Sunday	27.0	0.0	
6b	Monday	25.0	0.0	
6c	Tuesday	25.0	0.0	
6d	Wednesday	25.0	0.0	
6e	Thursday	25.0	0.0	
6f	Friday	25.0	0.0	
6g	Saturday	27.0	0.0	

Site #1				
Location				
ⓘ	Site ID			
ⓘ	Site Capacity			
ⓘ	Occupancy Rate			
Resident Information				
	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
Staffing Schedule				
ⓘ	# of DSP's Assigned to Site			
	Staffing Hours by Day	Awake Hours	Asleep Hours	
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			

Site #2				
Location				
ⓘ	Site ID			
ⓘ	Site Capacity			
ⓘ	Occupancy Rate			
Resident Information				
	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
Staffing Schedule				
ⓘ	# of DSP's Assigned to Site			
	Staffing Hours by Day	Awake Hours	Asleep Hours	
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			

Non-Congregate Residential Habilitation
Home Details (see p. 7 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Example Site		Site #1	Site #2
Location		Location	Location
1	Site ID	4201 N Central ⓘ	Site ID ⓘ
2	Site Capacity	4 ⓘ	Site Capacity ⓘ
Vehicles for Site		Vehicles for Site	Vehicles for Site
Input		Input	Input
7	# of vehicles	1 ⓘ	# of vehicles ⓘ
8	Size of vehicle in terms of passengers	4 ⓘ	Size of vehicle in terms of passengers ⓘ
9	Purchase cost	\$28,900 ⓘ	Purchase cost ⓘ
10	Mo. lease cost		Mo. lease cost
11	Annual mileage for agency vehicles	8,500 ⓘ	Annual mileage for agency vehicles ⓘ
12	Annual mileage for staff-owned vehicles	0 ⓘ	Annual mileage for staff-owned vehicles ⓘ

Non-Congregate Residential Habilitation
Home Details (see p. 7 of the instructions and click the i icons for directions)

Report details for the agency's most recently completed fiscal year

Site #3					Site #4					Site #5							
Location					Location					Location							
1	i	Site ID				i	Site ID				i	Site ID					
2	i	Site Capacity				i	Site Capacity				i	Site Capacity					
3	i	Occupancy Rate				i	Occupancy Rate				i	Occupancy Rate					
Resident Information					Resident Information					Resident Information							
	i	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours		i	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours		i	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
4a																	
4b																	
4c																	
4d																	
4e																	
4f																	
4g																	
4h																	
4i																	
4j																	
Staffing Schedule					Staffing Schedule					Staffing Schedule							
5	i	# of DSP's Assigned to Site				i	# of DSP's Assigned to Site				i	# of DSP's Assigned to Site					
	i	Staffing Hours by Day		Awake Hours	Asleep Hours		i	Staffing Hours by Day		Awake Hours	Asleep Hours		i	Staffing Hours by Day		Awake Hours	Asleep Hours
6a		Sunday						Sunday						Sunday			
6b		Monday						Monday						Monday			
6c		Tuesday						Tuesday						Tuesday			
6d		Wednesday						Wednesday						Wednesday			
6e		Thursday						Thursday						Thursday			
6f		Friday						Friday						Friday			
6g		Saturday						Saturday						Saturday			

Non-Congregate Residential Habilitation
Home Details (see p. 7 of the instructions and click the i icons for directions)

Report details for the agency's most recently completed fiscal year

	Site #3		Site #4		Site #5	
	Location		Location		Location	
1	i	Site ID	i	Site ID	i	Site ID
2	i	Site Capacity	i	Site Capacity	i	Site Capacity
	Vehicles for Site		Vehicles for Site		Vehicles for Site	
		Input		Input		Input
7	i	# of vehicles	i	# of vehicles	i	# of vehicles
8	i	Size of vehicle in terms of passengers	i	Size of vehicle in terms of passengers	i	Size of vehicle in terms of passengers
9	i	Purchase cost	i	Purchase cost	i	Purchase cost
10		Mo. lease cost		Mo. lease cost		Mo. lease cost
11	i	Annual mileage for agency vehicles	i	Annual mileage for agency vehicles	i	Annual mileage for agency vehicles
12	i	Annual mileage for staff-owned vehicles	i	Annual mileage for staff-owned vehicles	i	Annual mileage for staff-owned vehicles

Non-Congregate Residential Habilitation
Home Details (see p. 7 of the instructions and click the i icons for directions)

Report details for the agency's most recently completed fiscal year

Site #6					Site #7					Site #8							
Location					Location					Location							
1	i	Site ID				i	Site ID				i	Site ID					
2	i	Site Capacity				i	Site Capacity				i	Site Capacity					
3	i	Occupancy Rate				i	Occupancy Rate				i	Occupancy Rate					
Resident Information					Resident Information					Resident Information							
	i	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours		i	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours		i	Resident Tier	L9 Modifier	Weekly RN Hours	Weekly Psych Hours
4a																	
4b																	
4c																	
4d																	
4e																	
4f																	
4g																	
4h																	
4i																	
4j																	
Staffing Schedule					Staffing Schedule					Staffing Schedule							
5	i	# of DSP's Assigned to Site				i	# of DSP's Assigned to Site				i	# of DSP's Assigned to Site					
	i	Staffing Hours by Day		Awake Hours	Asleep Hours		i	Staffing Hours by Day		Awake Hours	Asleep Hours		i	Staffing Hours by Day		Awake Hours	Asleep Hours
6a		Sunday						Sunday						Sunday			
6b		Monday						Monday						Monday			
6c		Tuesday						Tuesday						Tuesday			
6d		Wednesday						Wednesday						Wednesday			
6e		Thursday						Thursday						Thursday			
6f		Friday						Friday						Friday			
6g		Saturday						Saturday						Saturday			

Non-Congregate Residential Habilitation
Home Details (see p. 7 of the instructions and click the i icons for directions)

Report details for the agency's most recently completed fiscal year

		Site #6		Site #7		Site #8		
		Location		Location		Location		
1	i	Site ID		i	Site ID		i	Site ID
2	i	Site Capacity		i	Site Capacity		i	Site Capacity
		Vehicles for Site		Vehicles for Site		Vehicles for Site		
			Input		Input		Input	
7	i	# of vehicles		i	# of vehicles		i	# of vehicles
8	i	Size of vehicle in terms of passengers		i	Size of vehicle in terms of passengers		i	Size of vehicle in terms of passengers
9	i	Purchase cost		i	Purchase cost		i	Purchase cost
10		Mo. lease cost			Mo. lease cost			Mo. lease cost
11	i	Annual mileage for agency vehicles		i	Annual mileage for agency vehicles		i	Annual mileage for agency vehicles
12	i	Annual mileage for staff-owned vehicles		i	Annual mileage for staff-owned vehicles		i	Annual mileage for staff-owned vehicles

Shared Living Arrangement
Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	<i>Provider Characteristics</i>		
1	Number of years that your organization has been supporting Shared Living arrangements	2.5	
2	Number of homes contracting with your agency to provide Shared Living services as of the last day of the reported fiscal year	12	
3	Number of individuals receiving Shared Living services through your organization as of the last day of the reported fiscal year	42	
	<i>Recruitment, Certification, Placement, and Initial Training</i>		
4	Total staff hours required to recruit, train, and certify a homes during the reported fiscal year	225	
5	Average number of days a home is certified, prior to an arrangement	90	
6	Total number of homes certified within during the reported fiscal year	5	
7	Number of your organization's homes that received <i>initial</i> approval in the reported fiscal year	3	ⓘ
8	Typical number of years a home contracts with your organization	8	
	<i>Monitoring, Training, and Supports for Subcontracted Family Homes</i>		
9	Average caseload (number of individuals) per agency monitoring staff	60	ⓘ
10	Average number of monitoring on-site contacts per home per year	12	ⓘ
11	Average number of monitoring remote contacts per home per year	6	ⓘ
12	Average miles driven per week per agency monitoring staff	60	
13	Does your organization provide formal, ongoing training to homes?	Yes	
14	Average number of annual training hours delivered to homes	12	ⓘ
15	Are training hours typically delivered by the same staff person who monitor the home?	Yes	
16	Percentage of training hours that home providers receive with a group of other providers	60%	ⓘ
17	As applicable, average number of participants in a group training session	6	
18	Of the homes reported on Line 2, number for which your agency regularly provides in-home staffing support	1	ⓘ
19	If your agency regularly provides in-home staffing support, average number of hours provided per home per week	24	

Shared Living Arrangement
Home and Participant Details (see p.8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Assigned Tier	Monthly RN Hours	Monthly Psych Hours	Monthly Respite Hours Provided	Does the SLA provider transport the individual to/from Day Activity(ies)?	Participant Placement Date and Absences	
						Date Participant was Placed in Home	Number of Days Absent in Fiscal Year
	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ
Ex.	Tier B	10.00	0.00	15.00	No	4/15/2021	6
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
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21							
22							
23							
24							

Shared Living Arrangement
Home and Participant Details (see p.8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Assigned Tier	Monthly RN Hours	Monthly Psych Hours	Monthly Respite Hours Provided	Does the SLA provider transport the individual to/from Day Activity(ies)?	Participant Placement Date and Absences	
						Date Participant was Placed in Home	Number of Days Absent in Fiscal Year
	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
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42							
43							
44							
45							
46							
47							
48							

Shared Living Arrangement
Home and Participant Details (see p.8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Assigned Tier	Monthly RN Hours	Monthly Psych Hours	Monthly Respite Hours Provided	Does the SLA provider transport the individual to/from Day Activity(ies)?	Participant Placement Date and Absences	
						Date Participant was Placed in Home	Number of Days Absent in Fiscal Year
	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ
49							
50							
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
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72							

Shared Living Arrangement
Home and Participant Details (see p.8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Assigned Tier	Monthly RN Hours	Monthly Psych Hours	Monthly Respite Hours Provided	Does the SLA provider transport the individual to/from Day Activity(ies)?	Participant Placement Date and Absences	
						Date Participant was Placed in Home	Number of Days Absent in Fiscal Year
	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
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90							
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92							
93							
94							
95							
96							

Community-Based Supports
Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
<i>Agency Caseload and Service Design</i>			
1	Number of individuals who received Community-Based Support services from your organization during the reported fiscal year	100	
2	Average number of Community-Based Support hours provided per week per individual	6.00	
3	Average number of Community-Based Support service encounters per week per DSP	11	ⓘ
4	Average length - in hours - of a Community-Based Support service encounter	3.00	
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>			
5	Total hours worked and paid for in a week	40.00	
6	Providing Community-Based Support services [Line 3 * Line 4]	33.00	ⓘ
7	Providing other billable services	0.00	ⓘ
8	Travel time between participants	4.50	
9	Recordkeeping (do not include documentation during the course of service provision)	1.50	ⓘ
10	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00	ⓘ
11	Other activities [type description here]	0.00	ⓘ
12	Other activities [type description here]	0.00	
13	Other activities [type description here]	0.00	
14	Has all time been allocated? (Total hours from Line 5 should equal sum of Lines 6 - 13)	Yes	Yes ⓘ
15	Average miles driven per week per DSP to travel between service encounters	65	
16	Average miles driven per week per DSP transporting individuals	20	

Natural Supports

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input by Qualification		ⓘ
			Standard	Professional	
<i>Agency Caseload and Service Design</i>					
1	Number of individuals who received Natural Supports services from your organization during the reported fiscal year	80			ⓘ
2	Average number of Natural Supports service encounters per week per DSP	10			ⓘ
3	Average length - in hours - of a Natural Supports service encounter	1.00			ⓘ
<i>Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:</i>					
4	Total hours worked and paid for in a week	40.00			ⓘ
5	Providing Natural Supports services [Line 3 * Line 4]	10.00			ⓘ
6	Providing other billable services	20.00			ⓘ
7	Participating in ISP meetings	1.00			ⓘ
8	Travel time between participants	5.00			ⓘ
9	Recordkeeping (do not include documentation during the course of service provision)	1.75			ⓘ
10	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00			ⓘ
11	Time lost to missed appointments	1.25			ⓘ
12	Other activities [type description here]	0.00			ⓘ
13	Other activities [type description here]	0.00			ⓘ
14	Other activities [type description here]	0.00			ⓘ
15	Has all time been allocated? (Total hours from Line 4 should equal sum of Lines 5 - 14)	Yes	Yes	Yes	ⓘ
16	Average miles driven per week per DSP to travel between service encounters	60			

Respite

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
<i>Agency Caseload and Service Design</i>			
1	Number of individuals who received Respite services from your organization during the reported fiscal year	100	
2	Average number of Respite service encounters per week per DSP	6	ⓘ
Percentage of service encounters occurring in:			
3a	The individual's family/own home	70%	
3b	Within the caregiver's home	25%	
3c	Site-based location (e.g., Day Program, SLA, Group Home "respite bed")	5%	
4	For services provided at site-based locations [Line 6], are services provided by existing staff (attached to the residential or day program) or is an external respite worker brought in?	Existing	
Percentage of service encounters with duration of:			
5a	4.00 Hours or less	25%	
5b	4.01 - 8.00 Hours	50%	
5c	8.01 Hours or more	25%	
<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>			
6	Total hours worked and paid for in a week	35.00	ⓘ
7	Providing Respite services	32.00	
8	Providing other billable services	0.00	ⓘ
9	Travel time between participants	1.00	
10	Recordkeeping (do not include documentation during the course of service provision)	1.00	ⓘ
11	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00	ⓘ
12	Other activities [type description here]	0.00	ⓘ
13	Other activities [type description here]	0.00	
14	Other activities [type description here]	0.00	
15	Has all time been allocated? (Total hours from Line 6 should equal sum of Lines 7 - 14)	Yes	Yes ⓘ
16	Average miles driven per week per DSP to travel between service encounters	50	

Overnight Shared Supports

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input - Site #1	Input - Site #2	Input - Site #3
	<i>Agency Caseload</i>				
1	Number of individuals receiving Overnight Shared Supports services from your agency as of the last day of the reporting fiscal year	3			
2	On-call staffing:				
3	Are on-call staff required to be physically present?	No			
4	Annual cost of on-call payments for the Overnight Shared Supports program	\$6,250			
5	What is your on-call payment policy (e.g., do you cover with admin staff, pay a weekly stipend, etc.)? [type here]				

Overnight Shared Supports

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Site #4	Input - Site #5	Input - Site #6	Input - Site #7
	<i>Agency Caseload</i>				
1	Number of individuals receiving Overnight Shared Supports services from your agency as of the last day of the reporting fiscal year				
2	On-call staffing:				
3	Are on-call staff required to be physically present?				
4	Annual cost of on-call payments for the Overnight Shared Supports program				
5	What is your on-call payment policy (e.g., do you cover with admin staff, pay a weekly stipend, etc.)? [type here]				

Overnight Shared Supports

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Site #8	Input - Site #9	Input - Site #10 ⓘ
	<i>Agency Caseload</i>			
1	Number of individuals receiving Overnight Shared Supports services from your agency as of the last day of the reporting fiscal year			
2	On-call staffing:			
3	Are on-call staff required to be physically present?			
4	Annual cost of on-call payments for the Overnight Shared Supports program			
5	What is your on-call payment policy (e.g., do you cover with admin staff, pay a weekly stipend, etc.)? [type here]			

Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input - Program #1	Input - Program #2	Input - Program #3
Agency Caseload and Service Design (report data based upon individual sites)					
1	Number of individuals who received Day Program services from your organization during the reported fiscal year	30			
2	Number of hours per week that a typical individual receives center-based services	24.0			
3	Number of hours per week that a typical individual receives services in the community	6.0			
Average number of individuals receiving Day Program services per staff					
4a	When providing Day Program services in the center/facility	4.0			
4b	When providing Day Program services in the community	2.0			
5	Average attendance rate for individuals receiving services	90%			
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site	2			
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals	1			
8	Total annual number of miles traveled by the vehicles reported on Line 6 on behalf of individuals	32,000			
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)	308			
10	Percent of miles reported on Line 8 associated with transporting individuals to/from their homes	75%			
11	Percent of miles reported on Line 8 associated with 'in-program' transportation	25%			
12	Typical vehicle size (in terms of passengers)	4			
13	Average useful life (in miles) of vehicles before disposal	125,000			
14	As applicable, average purchase price of agency-owned vehicles reported on Line 6	\$38,000			
15	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6	\$375			
16	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	1,500			

Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input - Program #1	Input - Program #2	Input - Program #3
	<i>Sites at Which Services Are Provided</i>				
17	Average number of days per week that the site is open to provide services	5			
18	Average number of hours per week that the site is open to provide services	40			
19	Total approximate square footage for the site	500			
20	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')	75%			
21	Total annual cost of rent/ mortgage/ depreciation for the site	\$6,250			
22	Total annual cost of janitorial/ landscaping/ repairs for the site	\$750			
23	Total annual cost of utilities/ telecommunications for the site	\$1,420			
24	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>				
25	Total hours worked and paid for in a week	35.00			
26	Providing Day Program services	20.00			
27	Providing other billable services	12.00			
28	Transporting participants to/from program	0.75			
29	Participating in ISP meetings	0.50			
30	Recordkeeping (do not include documentation during the course of service provision)	0.75			
31	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
32	Program development	0.00			
33	Program preparation/ set-up/ clean-up	0.50			
34	Other activities [type description here]	0.00			
35	Other activities [type description here]	0.00			
36	Other activities [type description here]	0.00			
37	Has all time been allocated? (Total hours from Line 25 should equal sum of Lines 26 - 36)	Yes	Yes	Yes	Yes

Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #4	Input - Program #5	Input - Program #6	Input - Program #7
<i>Agency Caseload and Service Design (report data based upon individual sites)</i>					
1	Number of individuals who received Day Program services from your organization during the reported fiscal year				
2	Number of hours per week that a typical individual receives center-based services				
3	Number of hours per week that a typical individual receives services in the community				
	Average number of individuals receiving Day Program services per staff				
4a	When providing Day Program services in the center/facility				
4b	When providing Day Program services in the community				
5	Average attendance rate for individuals receiving services				
<i>Vehicles</i>					
6	Total # of agency-owned and -leased vehicles for this site				
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals				
8	Total annual number of miles traveled by the vehicles reported on Line 6 on behalf of individuals				
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)				
10	Percent of miles reported on Line 8 associated with transporting individuals to/from their homes				
11	Percent of miles reported on Line 8 associated with 'in-program' transportation				
12	Typical vehicle size (in terms of passengers)				
13	Average useful life (in miles) of vehicles before disposal				
14	As applicable, average purchase price of agency-owned vehicles reported on Line 6				
15	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6				
16	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				

Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #4	Input - Program #5	Input - Program #6	Input - Program #7
	<i>Sites at Which Services Are Provided</i>				
17	Average number of days per week that the site is open to provide services				
18	Average number of hours per week that the site is open to provide services				
19	Total approximate square footage for the site				
20	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
21	Total annual cost of rent/ mortgage/ depreciation for the site				
22	Total annual cost of janitorial/ landscaping/ repairs for the site				
23	Total annual cost of utilities/ telecommunications for the site				
24	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>				
25	Total hours worked and paid for in a week				
26	Providing Day Program services				
27	Providing other billable services				
28	Transporting participants to/from program				
29	Participating in ISP meetings				
30	Recordkeeping (do not include documentation during the course of service provision)				
31	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
32	Program development				
33	Program preparation/ set-up/ clean-up				
34	Other activities [type description here]				
35	Other activities [type description here]				
36	Other activities [type description here]				
37	Has all time been allocated? (Total hours from Line 25 should equal sum of Lines 26 - 36)	Yes	Yes	Yes	Yes

Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #8	Input - Program #9	Input - Program #10	ⓘ
<i>Agency Caseload and Service Design (report data based upon individual sites)</i>					
1	Number of individuals who received Day Program services from your organization during the reported fiscal year				ⓘ
2	Number of hours per week that a typical individual receives center-based services				ⓘ
3	Number of hours per week that a typical individual receives services in the community				ⓘ
	Average number of individuals receiving Day Program services per staff				ⓘ
4a	When providing Day Program services in the center/facility				
4b	When providing Day Program services in the community				
5	Average attendance rate for individuals receiving services				ⓘ
<i>Vehicles</i>					
6	Total # of agency-owned and -leased vehicles for this site				
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals				
8	Total annual number of miles traveled by the vehicles reported on Line 6 on behalf of individuals				
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)				ⓘ
10	Percent of miles reported on Line 8 associated with transporting individuals to/from their homes				
11	Percent of miles reported on Line 8 associated with 'in-program' transportation				
12	Typical vehicle size (in terms of passengers)				
13	Average useful life (in miles) of vehicles before disposal				
14	As applicable, average purchase price of agency-owned vehicles reported on Line 6				
15	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6				
16	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				ⓘ

Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #8	Input - Program #9	Input - Program #10	ⓘ
	<i>Sites at Which Services Are Provided</i>				
17	Average number of days per week that the site is open to provide services				
18	Average number of hours per week that the site is open to provide services				
19	Total approximate square footage for the site				ⓘ
20	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				ⓘ
21	Total annual cost of rent/ mortgage/ depreciation for the site				
22	Total annual cost of janitorial/ landscaping/ repairs for the site				
23	Total annual cost of utilities/ telecommunications for the site				
24	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>				ⓘ
25	Total hours worked and paid for in a week				
26	Providing Day Program services				
27	Providing other billable services				ⓘ
28	Transporting participants to/from program				
29	Participating in ISP meetings				
30	Recordkeeping (do not include documentation during the course of service provision)				ⓘ
31	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				ⓘ
32	Program development				
33	Program preparation/ set-up/ clean-up				
34	Other activities [type description here]				ⓘ
35	Other activities [type description here]				
36	Other activities [type description here]				
37	Has all time been allocated? (Total hours from Line 25 should equal sum of Lines 26 - 36)	Yes	Yes	Yes	ⓘ

Home-Based Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input - Program #1	Input - Program #2	Input - Program #3
Agency Caseload and Service Design (report data based upon individual sites)					
	Number of individuals who received Home-Based Day Program services from your organization during the reported fiscal year, by assigned Tier				
1a	Tier A	8			
1b	Tier B	11			
1c	Tier C	5			
1d	Tier D	3			
1e	Tier E	1			
2	Number of hours per week that a typical individual receives home-based services	24.0			
3	Number of hours per week that a typical individual receives services in the community	6.0			
	Average number of individuals receiving Day Program services per staff				
4a	When providing Day Program services in the home	4.0			
4b	When providing Day Program services in the community	2.0			
5	Average attendance rate for individuals receiving services	90%			
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site	1			
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals	1			
8	Total annual number of miles traveled by the vehicles reported on Line 6 during service provision	8,500			
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)	163			
10	Typical vehicle size (in terms of passengers)	4			
11	Average useful life (in miles) of vehicles before disposal	125,000			
12	As applicable, average purchase price of agency-owned vehicles reported on Line 6	\$42,500			
13	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6				
14	Total annual number of miles incurred by staff-owned vehicles used to transport individuals during the provision of the Home-Based Day Program services	0			

Home-Based Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input - Program #1	Input - Program #2	Input - Program #3
	<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>				
15	Total hours worked and paid for in a week	35.00			
16	Providing Day Program services	20.00			
17	Providing other billable services	12.00			
18	Participating in ISP meetings	0.50			
19	Recordkeeping (do not include documentation during the course of service provision)	0.75			
20	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
21	Program development	0.00			
22	Program preparation/ set-up/ clean-up	0.50			
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 15 should equal sum of Lines 16 - 25)	No	Yes	Yes	Yes

Home-Based Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #4	Input - Program #5	Input - Program #6	Input - Program #7
Agency Caseload and Service Design (report data based upon individual sites)					
	Number of individuals who received Home-Based Day Program services from your organization during the reported fiscal year, by assigned Tier				
1a	Tier A				
1b	Tier B				
1c	Tier C				
1d	Tier D				
1e	Tier E				
2	Number of hours per week that a typical individual receives home-based services				
3	Number of hours per week that a typical individual receives services in the community				
	Average number of individuals receiving Day Program services per staff				
4a	When providing Day Program services in the home				
4b	When providing Day Program services in the community				
5	Average attendance rate for individuals receiving services				
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site				
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals				
8	Total annual number of miles traveled by the vehicles reported on Line 6 during service provision				
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)				
10	Typical vehicle size (in terms of passengers)				
11	Average useful life (in miles) of vehicles before disposal				
12	As applicable, average purchase price of agency-owned vehicles reported on Line 6				
13	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6				
14	Total annual number of miles incurred by staff-owned vehicles used to transport individuals during the provision of the Home-Based Day Program services				

Home-Based Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #4	Input - Program #5	Input - Program #6	Input - Program #7
	<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>				
15	Total hours worked and paid for in a week				
16	Providing Day Program services				
17	Providing other billable services				
18	Participating in ISP meetings				
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	Program development				
22	Program preparation/ set-up/ clean-up				
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 15 should equal sum of Lines 16 - 25)	Yes	Yes	Yes	Yes

Home-Based Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #8	Input - Program #9	Input - Program #10	ⓘ
Agency Caseload and Service Design (report data based upon individual sites)					
	Number of individuals who received Home-Based Day Program services from your organization during the reported fiscal year, by assigned Tier				ⓘ
1a	Tier A				
1b	Tier B				
1c	Tier C				
1d	Tier D				
1e	Tier E				
2	Number of hours per week that a typical individual receives home-based services				ⓘ
3	Number of hours per week that a typical individual receives services in the community				ⓘ
	Average number of individuals receiving Day Program services per staff				ⓘ
4a	When providing Day Program services in the home				
4b	When providing Day Program services in the community				
5	Average attendance rate for individuals receiving services				ⓘ
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site				
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals				
8	Total annual number of miles traveled by the vehicles reported on Line 6 during service provision				ⓘ
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)				ⓘ
10	Typical vehicle size (in terms of passengers)				
11	Average useful life (in miles) of vehicles before disposal				
12	As applicable, average purchase price of agency-owned vehicles reported on Line 6				
13	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6				
14	Total annual number of miles incurred by staff-owned vehicles used to transport individuals during the provision of the Home-Based Day Program services				ⓘ

Home-Based Day Program

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #8	Input - Program #9	Input - Program #10	ⓘ
	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				ⓘ
16	Providing Day Program services				
17	Providing other billable services				ⓘ
18	Participating in ISP meetings				
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	Program development				
22	Program preparation/ set-up/ clean-up				
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 15 should equal sum of Lines 16 - 25)	Yes	Yes	Yes	ⓘ

Professional Services

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input	
	Agency Caseload and Service Design			
1	Number of individuals who received Professional services from your organization during the reported fiscal year	20		ⓘ
2	Average number of service encounters per week per professional staff	3		
3	Average length - in hours - of a service encounter	1.50		
	Staffing Pattern for a 'typical' week for a professional staff. Input the number of hours per week for the following:			ⓘ
4	Total hours worked and paid for in a week	40.00		
5	Providing Professional services [Line 2 * Line 3]	4.50		ⓘ
6	Providing other billable services	25.00		ⓘ
7	Performing 'collateral contacts' (e.g., speaking with a DSP regarding a specific participant)	2.00		
8	Participating in ISP meetings, functional assessment meetings or plan development	0.50		
9	Developing a support plan on behalf of individuals	1.50		
10	Providing consultation or training on how to implement support plan	1.50		
11	Travel time between participants	2.00		
12	Time lost to missed appointments	1.50		ⓘ
13	Recordkeeping (do not include documentation during the course of service provision)	1.00		ⓘ
14	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50		ⓘ
15	Other activities [type description here]	0.00		ⓘ
16	Other activities [type description here]	0.00		
17	Other activities [type description here]	0.00		
18	Has all time been allocated? (Total hours from Line 4 should equal sum of Lines 5 - 17)	Yes	Yes	ⓘ
19	Average miles driven per week per professional staff to travel between individuals encounters	25		

Transportation

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	Agency Caseload and Service Design		
1	Number of individuals who received Transportation services from your organization during the reported fiscal year	24	
2	Number of individuals requiring lift-equipped transportation services (for 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	
	Of the one-way routes completed by your organization, estimated percentage based on number of individuals transported		
6a	1 Individual	20%	
6b	2 Individuals	30%	
6c	3 Individuals	30%	
6d	4 Individuals	10%	
6e	5 Individuals	0%	
6f	6 (or more) Individuals	10%	
7	Does your agency utilize dedicated staff (e.g., drivers) to provide Transportation services?	No	
8	Percentage of one-way trips utilizing a Transportation Assistant	15%	
9	Average mileage traveled per vehicle per week	550	
	Vehicles		
10	Number of vehicles owned/leased by your organization used to provide Non-Medical Transportation services	8	
11	Of the vehicles reported on Line 10, number that are modified to accommodate non-ambulatory svcs	3	
12	Average useful life (in miles) of vehicles before disposal	100,000	
13	Typical vehicle size (in terms of passengers)	6	
14	As applicable, average purchase price of agency-owned vehicles reported on Line 10	\$50,000	
15	As applicable, average monthly lease price of agency-leased vehicles reported on Line 10	\$350	
16	As applicable, average monthly mileage reimbursement for staff-owned vehicles reported on Line 10	\$1,500	



Transportation

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	<i>Staffing Pattern for a 'typical' week for a DCS. Input the number of hours per week for the following:</i>		
17	Total hours worked and paid for in a week	40.00	
18	Providing Transportation services (with an individual in the vehicle)	15.00	
19	Providing other billable services	21.00	
20	Travel time between individuals	3.50	
21	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50	
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 17 should equal sum of Lines 18 - 24)	Yes	Yes

Job Assessment and Development
Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	<i>Agency Caseload and Service Design</i>		
1	Number of individuals who received Job Assessment and Development services from your organization during the reported fiscal year	80	
2	Number of individuals who were received an employment assessment in the reported fiscal year	15	
3	Average number of staff hours to complete an assessment	8.00	
4	Number of individuals who were placed in employment in the reported fiscal year	25	
5	Of the individuals placed in employment reported on Line 2, number that retained the job for at least 60 days	15	
6	Average number of staff hours to successfully place an individual	65.00	
7	Number of individuals who received Job Assessment and Development services, but did not obtain employment in the reported fiscal year	55	
8	For individuals who received Job Assessment and Development services but did not obtain employment, average number of staff hours invested	15.00	
	<i>Staffing Pattern for a 'typical' week for a DSP. Input the number of hours per week for the following:</i>		
9	Total hours worked and paid for in a week	40.00	
10	Providing direct, face-to-face Job Assessment and Development services	15.00	
11	Providing other billable services	8.00	
12	Working on assessment without the individual present	4.00	
13	Performing 'collateral contacts' (e.g., making a telephone call to an employer regarding a specific participant)	4.50	
14	Performing general Job Assessment and Development activities that are not participant-specific	2.00	
15	Participating in ISP meetings	0.50	
16	Travel time between participants	3.00	
17	Recordkeeping (do not include documentation during the course of service provision)	1.75	
18	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00	
19	Time lost to missed appointments	0.25	
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 9 should equal sum of Lines 10 - 22)	Yes	Yes
24	Average miles driven per week per DSP to travel between participant encounters	90	

ⓘ ⓘ ⓘ ⓘ ⓘ ⓘ ⓘ ⓘ ⓘ ⓘ

Job Coaching (including Job Retention)

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	<i>Agency Caseload and Service Design</i>		
1	Number of individuals who received Job Coaching services from your organization during the reported fiscal year	80	
	Of the number of individuals who received Job Coaching, estimate the percentage of service hours:		
2a	Provided as individual service (1:1 ratio)	50%	
2b	Provided as a group service for 2 individuals (1:2 ratio)	20%	
2c	Provided as a group service for 3 individuals (1:3 ratio)	20%	
2d	Provided as a group service for 4 individuals (1:4 ratio)	5%	
2e	Provided as a group service for 5 individuals (1:5 ratio)	5%	
2f	Provided as a group service for 6 individuals (1:6 ratio)	0%	
3	Average caseload per job coach (per full-time equivalent position)	3	
4	Average number of hours worked per week for individuals receiving Job Coaching services	15	
5	Average hours of Job Coaching support per week, per individual	9	
6	Average hourly wage for individuals receiving Job Coaching services	\$8.75	
7	Number of individuals who received Job Retention services from your organization during the reported fiscal year	5	
	Of the individuals receiving Job Retention, provider the average number of hour of direct support provided, by Tier		
8a	Tier A	2.0	
8b	Tier B	2.0	
8c	Tier C	3.0	
8d	Tier D	0.0	
8e	Tier E	0.0	



Job Coaching (including Job Retention)

Productivity and Other Factors (see p. 6 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input
	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 billable Job Coaching services	27.00	
10	Providing other billable services	0.00	
11	Performing 'collateral contacts' (e.g., making a telephone call to an employer regarding a specific individual)	3.00	
12	Participating in ISP meetings	1.00	
13	Travel time between individuals	5.50	
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.)	1.50	
16	Time lost to missed appointments	1.00	
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 8 should equal sum of Lines 9 - 19)	Yes	Yes
21	Average miles driven per week per DSP to travel between individual encounters	90	
22	Average miles driven per week per DSP to transport individuals receiving services	25	



Prevocational Training

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input - Program #1	Input - Program #2	Input - Program #3
Agency Caseload and Service Design (report data based upon individual sites)					
	Number of individuals who received Prevocational Training services from your organization during the reported fiscal year, by assigned Tier				
1a	Tier A	8			
1b	Tier B	11			
1c	Tier C	5			
1d	Tier D	3			
1e	Tier E	1			
2	Number of hours per week that a typical individual receives center-based services	28.0			
3	Number of hours per week that a typical individual receives services in the community	2.0			
	Average number of individuals receiving Prevocational Training services per staff				
4a	When providing Prevocational Training services in the center/facility	5.0			
4b	When providing Prevocational Training services in the community	2.0			
5	Average attendance rate for individuals receiving services	90%			
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site	1			
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals	0			
8	Total annual number of miles traveled by the vehicles reported on Line 6 on behalf of individuals	32,000			
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)	615			
10	Percent of miles reported on Line 8 associated with transporting individuals to/from their homes	75%			
11	Percent of miles reported on Line 8 associated with 'in-program' transportation	25%			
12	Typical vehicle size (in terms of passengers)	4			
13	Average useful life (in miles) of vehicles before disposal	125,000			
14	As applicable, average purchase price of agency-owned vehicles reported on Line 6	\$38,000			
15	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6	\$375			
16	Total annual number of miles incurred by staff-owned vehicles used to transport individuals	500			

Prevocational Training

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Example	Input - Program #1	Input - Program #2	Input - Program #3
<i>Sites at Which Services Are Provided</i>					
17	Average number of days per week that the site is open to provide services	5			
18	Average number of hours per week that the site is open to provide services	40			
19	Total approximate square footage for the site	500			
20	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')	75%			
21	Total annual cost of rent/ mortgage/ depreciation for the site	\$6,250			
22	Total annual cost of janitorial/ landscaping/ repairs for the site	\$750			
23	Total annual cost of utilities/ telecommunications for the site	\$1,420			
24	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>					
25	Total hours worked and paid for in a week	37.00			
26	Providing Prevocational Training services	30.00			
27	Providing other direct (face-to-face) services	0.00			
28	Transporting participants to/from program	2.00			
29	Participating in ISP meetings	1.00			
30	Recordkeeping (do not include documentation during the course of service provision)	1.50			
31	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	0.50			
32	Program development	1.00			
33	Program preparation/ set-up/ clean-up	1.00			
34	Other activities [type description here]	0.00			
35	Other activities [type description here]	0.00			
36	Other activities [type description here]	0.00			
37	Has all time been allocated? (Total hours from Line 25 should equal sum of Lines 26 - 36)	Yes	Yes	Yes	Yes

Prevocational Training

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #4	Input - Program #5	Input - Program #6	Input - Program #7
Agency Caseload and Service Design (report data based upon individual sites)					
	Number of individuals who received Prevocational Training services from your organization during the reported fiscal year, by assigned Tier				
1a	Tier A				
1b	Tier B				
1c	Tier C				
1d	Tier D				
1e	Tier E				
2	Number of hours per week that a typical individual receives center-based services				
3	Number of hours per week that a typical individual receives services in the community				
	Average number of individuals receiving Prevocational Training services per staff				
4a	When providing Prevocational Training services in the center/facility				
4b	When providing Prevocational Training services in the community				
5	Average attendance rate for individuals receiving services				
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site				
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals				
8	Total annual number of miles traveled by the vehicles reported on Line 6 on behalf of individuals				
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)				
10	Percent of miles reported on Line 8 associated with transporting individuals to/from their homes				
11	Percent of miles reported on Line 8 associated with 'in-program' transportation				
12	Typical vehicle size (in terms of passengers)				
13	Average useful life (in miles) of vehicles before disposal				
14	As applicable, average purchase price of agency-owned vehicles reported on Line 6				
15	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6				
16	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				

Prevocational Training

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #4	Input - Program #5	Input - Program #6	Input - Program #7
<i>Sites at Which Services Are Provided</i>					
17	Average number of days per week that the site is open to provide services				
18	Average number of hours per week that the site is open to provide services				
19	Total approximate square footage for the site				
20	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				
21	Total annual cost of rent/ mortgage/ depreciation for the site				
22	Total annual cost of janitorial/ landscaping/ repairs for the site				
23	Total annual cost of utilities/ telecommunications for the site				
24	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>					
25	Total hours worked and paid for in a week				
26	Providing Prevocational Training services				
27	Providing other direct (face-to-face) services				
28	Transporting participants to/from program				
29	Participating in ISP meetings				
30	Recordkeeping (do not include documentation during the course of service provision)				
31	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				
32	Program development				
33	Program preparation/ set-up/ clean-up				
34	Other activities [type description here]				
35	Other activities [type description here]				
36	Other activities [type description here]				
37	Has all time been allocated? (Total hours from Line 25 should equal sum of Lines 26 - 36)	Yes	Yes	Yes	Yes

Prevocational Training

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #8	Input - Program #9	Input - Program #10	ⓘ
Agency Caseload and Service Design (report data based upon individual sites)					
	Number of individuals who received Prevocational Training services from your organization during the reported fiscal year, by assigned Tier				ⓘ
1a	Tier A				
1b	Tier B				
1c	Tier C				
1d	Tier D				
1e	Tier E				
2	Number of hours per week that a typical individual receives center-based services				ⓘ
3	Number of hours per week that a typical individual receives services in the community				ⓘ
	Average number of individuals receiving Prevocational Training services per staff				ⓘ
4a	When providing Prevocational Training services in the center/facility				
4b	When providing Prevocational Training services in the community				
5	Average attendance rate for individuals receiving services				ⓘ
Vehicles					
6	Total # of agency-owned and -leased vehicles for this site				
7	Of the vehicles reported on Line 6, number that accommodate non-ambulatory individuals				
8	Total annual number of miles traveled by the vehicles reported on Line 6 on behalf of individuals				
9	Average number of miles per vehicle per week (Line 8 divided by Line 6 divided by 52)				ⓘ
10	Percent of miles reported on Line 8 associated with transporting individuals to/from their homes				
11	Percent of miles reported on Line 8 associated with 'in-program' transportation				
12	Typical vehicle size (in terms of passengers)				
13	Average useful life (in miles) of vehicles before disposal				
14	As applicable, average purchase price of agency-owned vehicles reported on Line 6				
15	As applicable, average monthly lease price of agency-leased vehicles reported on Line 6				
16	Total annual number of miles incurred by staff-owned vehicles used to transport individuals				ⓘ

Prevocational Training

Productivity and Other Factors (see p. 6 & 8 of the instructions and click the ⓘ icons for directions)

Report details for the agency's most recently completed fiscal year

Line	Factor	Input - Program #8	Input - Program #9	Input - Program #10	ⓘ
<i>Sites at Which Services Are Provided</i>					
17	Average number of days per week that the site is open to provide services				
18	Average number of hours per week that the site is open to provide services				
19	Total approximate square footage for the site				ⓘ
20	Estimated percentage of square footage that is used for direct services (e.g., 'classrooms')				ⓘ
21	Total annual cost of rent/ mortgage/ depreciation for the site				
22	Total annual cost of janitorial/ landscaping/ repairs for the site				
23	Total annual cost of utilities/ telecommunications for the site				
24	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>					
25	Total hours worked and paid for in a week				ⓘ
26	Providing Prevocational Training services				
27	Providing other direct (face-to-face) services				ⓘ
28	Transporting participants to/from program				
29	Participating in ISP meetings				
30	Recordkeeping (do not include documentation during the course of service provision)				ⓘ
31	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)				ⓘ
32	Program development				
33	Program preparation/ set-up/ clean-up				
34	Other activities [type description here]				ⓘ
35	Other activities [type description here]				
36	Other activities [type description here]				
37	Has all time been allocated? (Total hours from Line 25 should equal sum of Lines 26 - 36)	Yes	Yes	Yes	ⓘ

COVID-19 Costs and Impact (click the ⓘ icons for directions)

Line	Input		
<i>Report additional expenses incurred as a result of your agency's response to the COVID-19 pandemic. ⓘ</i>			
		Expense to Date ⓘ	One-Time Expense
			Ongoing Expense
1	[Enter expense description]		<input type="checkbox"/>
2	[Enter expense description]		<input type="checkbox"/>
3	[Enter expense description]		<input type="checkbox"/>
4	[Enter expense description]		<input type="checkbox"/>
5	[Enter expense description]		<input type="checkbox"/>
6	[Enter expense description]		<input type="checkbox"/>
<i>Describe any programmatic and operational impacts the COVID-19 pandemic has had on the organization. ⓘ</i>			
7	[Enter description of impact or action taken]		
8	[Enter description of impact or action taken]		
9	[Enter description of impact or action taken]		
10	[Enter description of impact or action taken]		
11	[Enter description of impact or action taken]		
12	[Enter description of impact or action taken]		