



Department of Human Services (DHS)
Aging and Adult Services Division (AASD)
Provider Cost and Wage Survey
Survey Instructions

January 27, 2025

Survey Due Date: March 7, 2025

Submit completed survey to: MNDHSRateStudy@Guidehouse.com

Prepared by:



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A. Introduction

The Minnesota Department of Human Services (DHS) Aging and Adult Services Division is conducting a survey of provider costs and wages to support the evaluation of the legislatively-mandated rate methodology for a number of services provided under three of Minnesota's five HCBS waivers (Elderly Waiver, Community Access for Disability Inclusion, and Brain Injury Waiver) and the Alternative Care and Essential Community Supports programs. DHS is required to provide a report to the legislature summarizing the results of its evaluation and providing any recommendations for changes to methodology (Minnesota Statute 256S.21, Subd. 2-3). The data collected from this cost and wage survey ("survey") will help inform the rate study, along with other data sources. Completion of this survey is your opportunity to help inform the components and factors of the rate methodology for these critical services.

This document contains instructions to assist providers in completing the survey.

A "provider" is defined as a controlling entity, agency, or corporate organization that provides HCBS and generally possesses a Primary National Provider Identification (NPI) number. All providers are strongly encouraged to complete the survey with the exception of providers that do not designate wage rates as they may not have the financial structure necessary to report costs and wages. These are providers that do not have a business tax identification number or use their Social Security number as a business tax identification number.

You will receive a copy of the survey and corresponding instructions from MNDHSRateStudy@Guidehouse.com. Guidehouse will also establish a survey website to house copies of these materials and a list of frequently asked questions, of which you will be notified via email.

PLEASE NOTE THAT INDIVIDUALS COMPLETING THIS SURVEY MUST HAVE A WORKING KNOWLEDGE OF PROVIDER OPERATIONS, AND A THOROUGH UNDERSTANDING OF THE ACCOUNTING RECORDS OF THE ORGANIZATION.

All agencies should complete the following forms:

- Overview
- A. Provider Info
- B. Total Cost
- C. Wages
- D. Benefits
- E. Services

Providers should also fill out all additional worksheets related to the specific services they provide. The cost survey attempts to account for a wide variety of program costs, through the service-specific worksheets, and may not require providers to complete every row of the worksheets. Worksheet E will identify which service-specific worksheets are needed based on the services that providers indicate that they deliver on the tab labeled "E. Services". The service-specific tabs that need to be completed based on your responses in the "E. Services" tab will appear in column IV (Excel column D) of the "E. Services" tab.

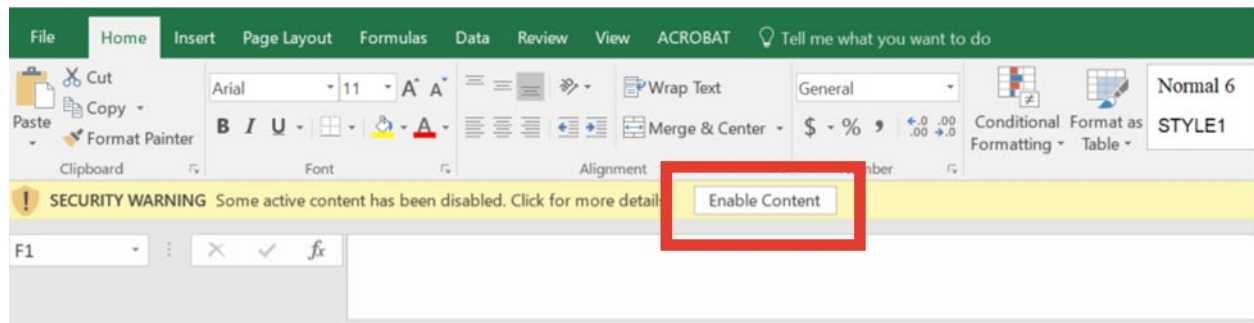
The service-specific worksheets are organized by service titles, which are designed to group together different services with common service delivery characteristics and cost structures. The

table below provides a crosswalk of the waiver service category to the corresponding waiver services and service-specific worksheets.

Throughout the survey, fields in which users may record data are shaded in yellow or blue. Examples are shaded in light orange. Gray fields are automatically calculated based on other responses.

A.1 Accessing the Survey

The survey has been built in Microsoft Excel, in a version compatible with Excel 97 and more current versions. Users may get a warning when opening the document and should select “Enable Content.” If you are having issues with accessing the survey, please contact Guidehouse at MNDHSRateStudy@Guidehouse.com.



A.2 Reporting Period

Providers should provide information from their most recently completed fiscal year for which audited financial statements or general ledger data is available, unless otherwise specified within the survey. For example, on the [C. Wages] tab for sections 1 through 6 for wages we request you to use data as of December 2024 or most recent.

A.3 Completing and Submitting the Survey

When saving the forms, please add your agency’s name to the beginning of the file name; e.g., “ABC Agency HCBS Provider Rate Study”.

The deadline for submitting the completed survey is March 7, 2025. Please submit completed forms to Guidehouse at MNDHSRateStudy@Guidehouse.com. If there are any factors that you believe should be considered but were not included in the survey, note those issues (and any other comments) in the transmittal email when submitting the survey.

If you have any questions, please contact MNDHSRateStudy@Guidehouse.com.

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Submit completed survey to: MNDHSRateStudy@Guidehouse.com

B. Completing General Survey Worksheets

The following subsections provide a description of the worksheets that should be completed by all providers, regardless of the services offered.

B.1 Provider Info (Worksheet A)

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

- The name of your agency.
- The agency ID number(s) used by your agency to bill for services.
- The city and zip code for your agency's primary location.
- The fiscal year begin date and end date of the agency's most recently completed fiscal year for which audited financial statements or general ledger data is available.
- Whether your agency is for-profit, non-profit, or governmentally operated.
- The name of the individual responsible for the information submitted through the survey and that individual's:
 - Job title
 - Phone number
 - Address
 - Email

This worksheet also requests information regarding revenues from your agency's most recently completed fiscal year for which audited financial statements or general ledger data is available. Report agency revenues (excluding revenues from home-delivered meals) using the following categories for lines 13 through 18:

- *Medical Assistance Revenues* – include any payments received by your agency for providing services covered under Medical Assistance/Medicaid and waiver program(s).
- *Medicare Revenues* – include any payments received by your agency for providing services covered under Medicare.
- *Grants (Fundraising/Grants) Revenues* – input any revenues from fundraising activities or grants received by your agency.
- *SSI Revenues* – input revenues from Supplemental Security Income (SSI) received by your agency.
- *Private Pay/Commercial Revenues* – input revenues that are not associated with the waiver programs, including payments from private insurers and other payers (e.g., behavioral health services).
- *Indian Health Services Revenues* – input any payments received by your agency for providing services covered under any Indian Health Services program(s).

- *Other* – include any other revenues that were not allocated to the previous categories.
- *Total* – Total agency revenues will automatically be calculated based on the sum of the four previous amounts. The total agency revenue amount should match your reported total gross revenue from the fiscal year you are reporting.

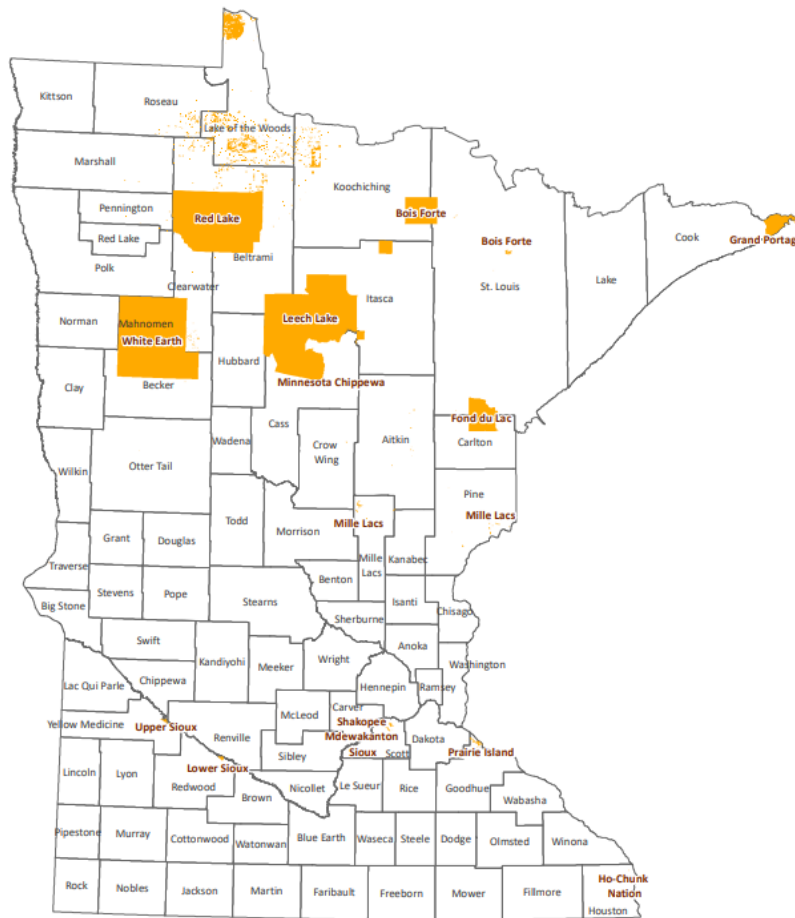
If your organization provides home-delivered meals, also complete lines 21 through 25 to report revenues for the most recent fiscal year from Medical Assistance, Older Americans Act (OAA) Title III programs, Older Americans Act (OAA) congregate meals programs, and all other home-delivered meals revenues.

This worksheet asks for your agency's current staffing level, divided between full-time staff, part-time staff, and contracted employees. Contracted employees are those considered to be independent contractors. For the purposes of this section full-time employment is defined as 30 or more hours per week while part-time is fewer than 30 hours.

Next, this worksheet asks for your agency's number of clients by program. Please report the total number of unique clients served during the fiscal year reported by the following programs:

- *Elderly Waiver (EW)* – total clients whose services are covered by the Elderly Waiver.
- *Community Access for Disability Inclusion (CADI)* – total clients whose services are covered by CADI.
- *Brain Injury Waiver (BI)* – total clients whose services are covered by the Brain Injury Waiver.
- *Alternative Care (AC)* – total clients whose services are covered by the Alternative Care program.
- *Essential Community Supports (ECS)* – total clients whose services are covered by the Essential Community Supports program.
- *Total Non-Waiver Medical Assistance Clients* – total Medical Assistance clients whose services are not covered by the waiver programs.
- *Total Other Clients* – Include total of any other clients not allocated in the previous categories.

Finally, this worksheet asks for the total number of sites your organization operates and whether any of these sites are within the boundaries of the federally recognized tribes in Minnesota. Note that this question asks about provision of services within certain geographic areas as defined by the State, not whether you serve clients of Tribal backgrounds. The map below from the Minnesota Department of Revenue shades the geographic areas recognized as Tribal areas or jurisdictions in orange.



This section also allows you to offer the names, locations (city and zip code) and number of participants served at each site. While this worksheet allows you to complete information for four sites, we recommend you report detailed information for your four sites with highest revenues. You may send additional information for other sites via email.

B.2 Total Cost (Worksheet B)

The survey includes a form to capture your agency's total costs. The purpose of this worksheet is to capture the total costs of the agency, and to allocate those costs between the waiver programs and non-waiver programs.

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

Direct care costs include the salaries and employee-related expenses (including unemployment insurance and workers' compensation) of direct care workers and client transportation expenses, the space in which programs are delivered (e.g., the room in which a Day Treatment program is operated), and program materials and supplies (e.g., art supplies).

Maintenance costs are expenses related to general upkeep of an agency. This could include cost for employees associated with providing upkeep and maintenance services. Examples of maintenance staff include custodians and contractors.

Administrative costs are those associated with the operation of your agency, but which are not specific to a program. Employees that are typically considered administrative include general management, financial/accounting, and human resource staff. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered administrative.

Program support costs are expenses that are neither direct care nor administrative. Such activities are program-specific, but not billable. Examples include staff responsible for food preparation for an adult day program, training direct care workers, program development, supervision, and quality assurance. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered program support.

The financial information provided on this form should correspond to each agency’s most recently completed fiscal year for which audited financial statements or general ledger data is available.

Each cost report line represents a particular type of expenditure. Cost report lines are classified into five major groups:

- Employee Salaries and Wages
- Employee Taxes and Benefits
- Non-Payroll Administrative Costs
- Non-Payroll Program Support Expenses
- Facility, Vehicle and Equipment Related Expenses

To report costs in this form, your agency should allocate costs incurred in the fiscal year between the categories identified. For each line in this form, report the total expenses incurred by your agency in Excel column D, “All Costs from Provider General Ledger.” These expenses should match the total expenses from your financial statements or general ledger. You should report your costs attributable to AASD programs (*not including Room and Board costs*) in columns E through G, in one of two ways:

- In Excel column E “What Proportion of this resource supports the AASD Program Costs?”, report the percentage of total costs allocated to AASD program expenses (these would be expenses related to waiver-funded or other AASD program-funded clients). If you only provide Elderly Waiver services, for example, this would be “100%.” In Excel column F “Calculated AASD Program Costs” are the auto populated AASD program cost amounts based off the percentages entered under Excel column E.
- In Excel column G “Non-Calculated AASD Program Costs”, report the dollar values of the AASD program costs for each cost category of the Total Cost tab.

	D	E	F	G
	All Costs from Provider General Ledger	What Proportion of this resource supports the AASD Program Costs?	Calculated AASD Program Costs	Non-Calculated AASD Program Costs
	1	2	3	4
Example:	\$100,000.00	95%	\$95,000.00	\$95,000.00
	\$300,000.00	50%	\$150,000.00	
	\$300,000.00		\$0.00	\$152,500.00

To report Room and Board costs for any of the AASD services please use Excel row 82 (line number 58) to break these costs out as a single line item.

Employee Salaries and Wages:

In lines 1 through 8, report total salaries and wages paid and accrued, by employee category. Please report total gross salaries and wages paid and accrued, including bonuses, sick time pay, and overtime pay by employee category. If an employee fits into more than one category (for example, an admin employee that does some direct care), then you would allocate the salary based on the time spent between those two functions.

- *Lines 1 and 2:* Direct Care Employee and Supervisor salaries and wages are defined as costs associated with employees who provide direct “face-to-face” support for clients. Salaries and wages of employees who manage direct care services but who do not directly work with clients/residents should be entered into the appropriate Direct Care Supervisor cost report line 2.
- *Line 3:* Maintenance employee salaries and wages are defined as costs associated with employees who provide janitorial, housekeeping, repair, and maintenance services.
- *Line 4:* Administrative employee salaries and wages are defined as costs associated with employees who provide management, accounting, information technology, human resources, clerical, or similar functions inside of the agency office but who do not provide direct support for clients and do not support program specific activities. Administrative employees typically include general management, financial/accounting, and human resource staff.
- *Line 5:* Program support employee salaries are costs that are neither direct care nor administrative. Such activities are program-specific, but not billable. Examples include food preparation workers for adult day services, staff responsible for training direct care workers, program development, service coordination, and quality assurance. Interpreter and sign language staff salaries and wages can be reported here.
- *Lines 6 through 8:* Report wages paid to contracted direct care, program support and administrative staff.
- The grey line below line 8 will automatically calculate the sum of lines 1 through 8. The resulting number should match the total employee salaries and wages costs from your most recently completed fiscal year.

Employee Taxes and Benefits

Lines 9 through 12 capture costs incurred by your agency related to employee payroll taxes, insurance, and benefits. Only the portion of the employee benefits and payroll taxes paid and accrued by the agency must be reported on these lines. Do not include costs which are paid and accrued by withholding a portion of the employee’s salary or wages (these costs should be included in the appropriate Employee Salaries cost report lines).

- *Line 9:* The Employee Payroll Taxes cost report lines capture the employer’s portion of any Federal Insurance Contributions Act (FICA) including Social Security and Medicare taxes, Federal Unemployment Insurance (FUI), State Unemployment Insurance (SUI), Workers Compensation and other payroll related taxes.

- *Lines 10 and 11:* The Employee Insurance cost report lines capture the employer's portion of any costs related to employee health insurance, dental insurance, life insurance, disability insurance and client fringe benefits. Please report the employer's portion of Employee Health Insurance costs. Other Insurance can include but are not limited to dental, life, short-term and long-term disability insurance.
- *Line 12:* The Employee Other Benefits cost report lines capture the employer's costs related to workers compensation insurance, retirement, and any other benefits your agency offers to employees. Enter the employer's portion of any costs related to employee retirement programs including employer contributions to pension plans, employer contributions to 401k plans, or other retirement-related programs.
- The grey line below line 12 contains a formula that calculates the sum of Lines 9 through 12. The resulting number should match the total employee taxes and benefits costs from your most recently completed fiscal year.

Non-Payroll Administrative Costs

Lines 13 through 33 capture non-payroll costs associated with administrative activities. Allocate associated costs into applicable categories.

- *Line 13:* Report costs for office equipment and furniture that are not for direct care services. Equipment costs related to direct care should be reported in Lines 56 and 57.
- *Line 14:* Report interest expenses incurred by your agency. Do not report interest expenses related to mortgages. Interest costs related to mortgage expenses should be reported in Line 45.
- *Line 15:* Enter the costs related to non-payroll taxes, such as property tax and other Federal taxes.
- *Line 16:* Enter costs related to licenses, certifications and accreditation fees.
- *Line 17:* Enter the costs related to hiring staff, including expenses related to recruiting, background checks, drug testing, etc. Onboarding expenses should not be reported here, but rather in Line 23 which is associated with staff training and development.
- *Line 18:* Enter the costs related to staff training and development. These costs should include hiring a trainer, training materials and fees related to sending staff to a training session. These costs do not include the salaries of the staff who are being trained; such salaries should be reported in the Salaries and Wages portion of this worksheet. Training and development costs specifically related to direct care should be reported on Line 44.
- *Line 19:* Enter the costs related to general liability insurance, directors and officer's insurance, professional malpractice insurance, buildings, contents and grounds insurance, and other types of insurance. Do not enter the costs related to vehicle insurance as they should be reported in Line 60 of this form. Do not include the employer's portion of employee health and benefits insurance (these should be entered in Lines 12 through 15 as appropriate).
- *Line 20:* Enter the costs related to information technology supplies and software, etc. separate from other supplies. Information technology supplies related to direct care should be directly allocated to the Non-Payroll Program Support Expenses and other program

supplies should be reported in the Non-Payroll Program Support Expenses section of the form.

- *Line 21:* Enter costs related to office supplies.
- *Line 22:* Enter costs related postage.
- *Line 23:* Enter costs related advertising and marketing.
- *Line 24:* Enter costs related to dues and subscriptions.
- *Line 25:* Enter costs related to consulting services such as legal, accounting or training costs.
- *Line 26:* Enter travel costs incurred for the fiscal year. In this line do not include client-related transportation costs or direct care vehicle reimbursement costs. These costs should be reported in Line 45 Transportation Costs – Client related.
- *Line 27:* Enter costs related to lobbying.
- *Line 28:* Enter costs related to translating materials.
- *Line 29:* Enter bad debt expenses for the fiscal year.
- *Line 30 and 30a:* Enter the allocated portion of administrative expenses at a central corporate office outside of the agency's principal place of business applicable to the local level. If a value is entered in line 30, explain your allocation methodology in the blue "(Specify)" box next to line 30a.
- *Lines 31 through 33:* Enter the costs related to other administrative items. Amounts reported on must be accompanied by a description of the reported costs.
- The grey line below line 33 will automatically be calculated as the sum of lines 13 through 33. The resulting number should match the total non-payroll administrative costs from your most recently completed fiscal year.

Non-Payroll Program Support Expenses

Lines 34 through 42 capture non-payroll expenditures made for the support of agency programs. Allocate associated costs into applicable categories, paying particular attention to allocating costs related to room and board.

- *Line 34:* Enter expenditures for materials used in client care or program support services. Some examples of costs that should be reported here include:
 - *Room and Board Supplies* – Enter the costs related to room and board supplies, including bedding, cleaning supplies, personal hygiene, and medical supplies.
 - *Food and Supplies* – Enter the costs related to food and food supplies.
 - *Activity Supplies:* Enter costs for recreational activities or supplies for activities (for example art and craft supplies.)
 - *Other Direct Care Supplies* – Enter the supply costs related to providing direct care such as client medications.
- *Line 35:* Enter costs related to devices and technologies used for direct care.

- *Line 36:* Enter costs related to direct care staff participating in activities. For example, if your agency pays for the costs of direct care staff participating in activities with the client, report those costs here.
- *Line 37:* Enter the costs related to staff training and development for the provision of direct care services.
- *Line 38:* Enter client service related transportation expenses including transportation reimbursements made to program staff. This includes the transportation of direct care workers to meet clients. Do not include the costs associated with vehicle insurance or maintenance (these costs should be reported in the appropriate cost report lines).
- *Line 39:* Enter the food costs related to clients. This can include the costs of meals, snacks, groceries, or any other food related costs for clients. Note, this should not include any Home-Delivered Meal costs.
- *Lines 40-42:* Enter the costs related to other program support activities. Amounts reported on these lines must be accompanied by a description of the reported costs.
- The grey line below line 42 will automatically be calculated as the sum of lines 34 through 42. The resulting number should match the total non-payroll program support costs from your most recently completed fiscal year.

Facility, Vehicle and Equipment Related Expenses

Lines 43 through 57 capture non-payroll related facility, vehicle, and equipment expenses. Do not include costs associated with facility or vehicle staff salaries or contractor fees (these costs should be reported in the appropriate salary and contracted cost report lines).

- *Line 43:* This cost report line captures rental expenses related to your agency's facilities.
- *Line 44:* This cost report line captures interest expenses related to rent and mortgage of your agency's facilities.
- *Line 45:* This cost report line captures mortgage depreciation expenses related to your agency's facilities.
- *Lines 46 and 47:* Enter total square footage for all facilities reported under rent, mortgage and depreciation expenses reported in Line 43 and 45. In Line 47, report the total square footage designated as administrative space.
- *Lines 48-49:* These cost report lines capture costs related to utilities such as disposal services, telephones, cellular phones, other communications devices, cable, internet, electrical power, gas, heating, facility water, garbage, sewage, and other utilities. This can include security costs and costs associated with fire or other hazard detectors, alarms and sprinkler systems. In Line 48 report the administrative portion of these costs and in Line 49 report the direct care related costs.
- *Line 50:* These cost report lines capture all non-payroll maintenance and repair expenses related to your agency's facilities. Include any costs associated with renting temporary substitute facilities during repair time.
- *Line 51:* These cost report lines capture any facility janitorial, landscaping, repairs, etc. that are not included as part of a building lease agreement.

- *Line 52:* Report total costs incurred by your agency for acquiring or leasing vehicles for the fiscal year reported.
- *Line 53:* Report total costs related to maintenance and repairs that your agency incurred for the fiscal year reported. Include any costs associated with renting substitute vehicles during repair time.
- *Line 54:* Report total costs related to insurance for vehicles.
- *Line 55:* Report vehicle depreciation costs for the fiscal year reported. We assume costs related to vehicles acquired in prior years will be reflected here.
- *Line 56:* Report the total costs related to acquiring, repairing, and maintaining equipment that is used in the provision of direct care services.
- *Line 57:* Report equipment depreciation costs for the fiscal year reported.
- The grey line below line 57 will automatically be calculated as the sum of lines 43 through 57. The resulting number should match the total facility, vehicle and equipment related expenses from your most recently completed fiscal year.

Room & Board Expenses

Line 58 captures room & board expenses. Room & board expenses are defined above on page 8 according to the Centers for Medicare & Medicaid Services (CMS).

- *Line 58:* This cost report line captures all room & board expenses.

The grey total cost line under the “7. Total Costs” section will automatically calculate your agency’s total costs for the fiscal year reported. The total costs populated in this row in Excel column D should match the total costs reported in your financial statements or general ledger for the fiscal year reported in the survey.

B.3 Wages (Worksheet C)

The Wages worksheet records information regarding your agency’s **direct care staff** for Aging and Adult Services Division services, but not those employees who are administrative and program support staff. If an employee splits their time between administrative and direct care work, only include the portion of their time and salary related to direct care. All figures should be for your agency’s most recently completed fiscal year indicated in this survey.

First, review the staff types on Lines 1 through 33. Only complete rows for staff types employed by your organization that complete direct care work. For example, if you only employ direct care workers, licensed practical nurses, and a nurse manager, only complete the columns for lines 1, 12, and 26.

The following are descriptions of the fields included in this worksheet, by column:

- *Columns 1 through 6* – Record the average, lowest, and highest **hourly wages** for employees and contractors. If you do not have any contracted employees, leave columns 2, 4, and 6 blank.
- *Column 7* – Record the number of full-time equivalent staff in each job title employed by your agency.
- *Columns 8 through 10* – Input the total number of “regular” or non-overtime hours paid

(column 8) and overtime hours paid (column 9) to all individuals associated with each job title for the most recent fiscal year. These are sums across all individuals employed at this job type. *Column 10* will automatically sum regular and overtime hours to total hours paid for each staff type.

- *Columns 11 through 13* – Input the total regular wages paid (column 11), overtime wages paid (column 12), and one-time bonuses paid (column 13) to all individuals associated with each job type for the most recent fiscal year. These are sums across all individuals employed at this job type.
- *Column 14* – Input the average number of annual training hours for each staff type. This is an average for each job type.
- *Columns 15 and 16* – You may have unfilled positions at certain job types; if you have any unfilled full-time or part-time positions, input the number of unfilled positions here. If you currently have no unfilled positions at a job type, insert 0 (only for job types in which you have one or more filled positions).

B.4 Benefits (Worksheet D)

This worksheet requests information regarding benefits and other employee related expenses associated with direct service staff. **Consider only direct service staff when completing this worksheet**; do not include administrative and program support staff as these costs are captured on the Total Costs schedule.

There are separate columns for full-time and part-time direct service staff. If your agency has a definition of full- and part-time – particularly a definition used to determine eligibility for benefits – use that definition to determine who is full- and part-time. Otherwise, use 30 hours as the definition for full-time.

Following are descriptions of the fields included in this worksheet.

Staffing and Health, Vision, & Dental Insurance

- *Line 1* – Input the number of direct service staff currently employed by your agency.
- *Line 2* – Indicate whether direct service staff are eligible to receive health insurance from your agency.
- *Line 3* – Record the number of direct service staff who are eligible for the health insurance program (the number should be no more than the figure reported on Line 1).
- *Line 4* – Indicate if your organization contributes to health insurance premiums.
- *Line 5* – Record the number of direct service staff who receive individual coverage health insurance from your organization.
- *Line 6* – Input on average how much your organization contributes toward the monthly plan premium of one typical employee with single coverage? If your organization self-insures any portion of the health insurance, report the premium equivalent of self-insured costs plus any other premiums paid (e.g. stop-loss premiums, ASO fees).
- *Line 7* – Record the number of direct service staff who receive family coverage health insurance from your organization.
- *Line 8* – Input on average how much your organization contributes toward the monthly

plan premium of one typical employee with family coverage? If your organization self-insures any portion of the health insurance, report the premium equivalent of self-insured costs plus any other premiums paid (e.g. stop-loss premiums, ASO fees).

- *Line 9* – Indicate whether direct service staff are eligible to receive vision insurance from your agency.
- *Line 10* – Record the number of direct service staff who are enrolled in the vision insurance program (the number should be no more than the figure reported on Line 1).
- *Line 11* – Input your agency’s total spending on vision insurance premiums for direct care staff in the most recently completed fiscal year. Do not include costs for administrative or program support staff. Do not include employee contributions.
- *Line 12* – Indicate whether direct service staff are eligible to receive dental insurance from your agency.
- *Line 13* – Record the number of direct service staff who are enrolled in the dental insurance program (the number should be no more than the figure reported on Line 1).
- *Line 14* – Input your agency’s total spending on dental insurance premiums for direct care staff in the most recently completed fiscal year. Do not include costs for administrative or program support staff. Do not include employee contributions.

Retirement

- *Line 15* – Indicate whether your agency contributes to a 401k, 403b or other retirement plan for your direct care staff.
- *Line 16* – Record the number of direct service staff who are currently receiving retirement contributions from your agency.
- *Line 17* – Input your agency’s average retirement contribution (as a percent of wages) for those direct service staff that participate in the retirement offering. Do not include any employee contributions.

Unemployment Insurance and Workers’ Compensation

- *Line 18* – If your agency makes payments based on a tax rate, report its state unemployment insurance tax rate for the requested time period. Do not include the federal unemployment insurance tax.
- *Line 19* – Input your workers’ compensation cost for Direct Service Staff under your most recent policy period as a rate for each \$100 in wages paid. If your agency has multiple policies, provide a weighted average of the policies associated with direct care staff in your agency’s waiver programs.

Holidays, Vacation, Sick Time, and Personal Days

- *Line 20* – Indicate whether direct service staff are eligible for holiday pay.
- *Line 21* – Record the number of holidays that direct service staff receive.
- *Line 22* – Indicate if direct care staff are eligible for other paid time off in addition to holidays.

- *Line 23* – Indicate the average number of vacation days that direct care staff are eligible to receive.
- *Line 24* – Indicate the average number of sick days that direct care staff are eligible to receive.
- *Line 25* – Indicate the average number of personal days that direct care staff are eligible to receive.

Other Benefits

Your agency may offer other benefits to staff. The following questions relate to these other benefits:

- *Line 26* – Indicate whether your agency provides other benefits.
- *Line 27* – Record the number of direct service staff who are participating in the applicable benefit.
- *Line 28* – Input total spending on these benefits for direct care staff in the most recently completed fiscal year. Do not include costs for administrative or program support staff.

B.5 Services (Worksheet E)

This form lists each service title covered under the five Aging and Adult Services Division programs along with its procedure code. **For each service title provided by your organization, select “Yes” under “Do You Provide This Service?” in Column III.** You do not need to select “No” for services your organization does not deliver.

When “Yes” for a service has been selected, the name of additional service-specific worksheets will appear in Column IV. You then need to complete the worksheet(s) named in Column IV. You may leave other worksheets blank for services not applicable to your organization. For example, if your organization only delivers Individual Community Living Supports, you need to mark “Yes” next to the corresponding row in Worksheet E and then complete Worksheet K, leaving the rest of Worksheets F through N blank.

C. Completing Service-Specific Worksheets

The survey includes nine service-specific worksheets, Worksheets F through N, although your organization may only need to complete one or more depending on the services you provide.

C.1 Adult Day Service (Worksheet F)

Worksheet F collects information on the operation of your agency’s Adult Day Service offerings, including Adult Day Service and its Bath, Family Adult Day Service (FADS), and remote components.

Service Characteristics

- *Line 1* – Record the number of individuals receiving each component of Adult Day Service from your agency.
- *Line 2* – Input whether each service is offered in individual or group settings.
- *Line 3* – Input the type of site at which each service is delivered (i.e., whether at an adult day facility, in a home or community setting, or both).

- *Line 4* – Enter the average number of days per year that an individual does not attend or is absent from scheduled services (e.g., if clients miss on average one scheduled day per month, you might enter 12).

Equipment & Supplies

- *Lines 5 through 7* – Input the total cost of capital equipment directly related to service provision (line 5) for your agency’s most recently completed fiscal year. If applicable, also enter the average life in years of purchase equipment (line 6) and describe the types of equipment included in the expense (line 7).
- *Lines 8 and 9* – Input the total cost of program supplies, including snacks or groceries for this service as applicable, for your agency’s most recently completed fiscal year. Supplies could include, for example, art supplies for a craft project in a day program. Describe the types of supplies included in the expense (line 9).

Productivity

This section requests information regarding the ‘typical’ week for a direct service staff person. The survey lists a number of activities and asks how many hours per week a typical staff person is engaged in each.

- *Line 10* – Input the percentage of hours per week that a staff person is providing **direct care in-person**.
- *Line 11* – Input the percentage of hours per week that a staff person is providing direct care remotely or via telehealth.
- *Line 12* - Input the percentage of hours per week that a direct service staff person spends on recordkeeping activities relating to the service.
- *Line 13* - Input the percentage of hours per week that a direct service staff person spends on recordkeeping activities, other than documentation that occurs during the course of service provision.
- *Line 14* – Input the percentage of hours per week that a staff person is participating in care planning or support plan meetings.
- *Line 15* - Input the percentage of hours per week that a staff person is traveling between service settings, for example from one client residence to another.
- *Line 16* – Input the percentage of hours per week that a staff person is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor.
- *Line 17* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, indicate the percentage of hours per week that a staff person typically spends in that activity.
- *Lines 18 and 19* – These lines will automatically sum values entered in this section and present the total percentage of hours per week that a single staff person typically works, based on what you entered. If this figure does not equal 100%, review and revise the appropriate hours.

Supervisor Span of Control

- *Line 20* – Input the average number of direct care staff supervised by each supervisor. If the supervisor is a Registered Nurse, skip to line 20.
- *Line 21* – Input the number of hours per week an average supervisor spends directly overseeing direct care staff during service delivery.

Registered Nurse Management

- *Line 22* – Input the average number of direct care staff supervised by each Registered Nurse, if a Registered Nurse is the supervisor for this service component. If a Registered Nurse is not the supervisor, only complete lines 18 and 19.
- *Line 23* – Input the number of hours per week a Registered Nurse spends directly overseeing direct care staff during service delivery.

Staffing Patterns

- *Line 24* – Input the average number of individuals served by one staff person at a time, or the average staffing ratio for this service.

Staff Transportation

- *Lines 25a-c* – Indicate whether staff transportation is completed as part of the service. If Yes, report the average number of one-way trips per day, minutes per trip, and miles per trip for **transportation required of staff to/from services**. For example, if a staff member must travel to client homes in order to deliver services you would enter the number of one-way trips, average minutes per trip, and average miles per trip for that travel related to these services.

Client Transportation

- *Lines 26a-c* – Indicate whether client transportation is completed as part of the service. If Yes, report the average number of one-way trips per day, minutes per trip, and miles per trip for **transportation of a client to/from services**.

C.2 Chore Service (Worksheet G)

Worksheet G collects information on the operation of your agency's Chore Service offerings, including Chore Service 15 minute and daily components.

Productivity

This section requests information regarding the 'typical' week for a direct service staff person. The survey lists a number of activities and asks how many hours per week a typical staff person is engaged in each.

- *Line 1* – Input the percentage of hours per week that a staff person is providing **direct care in-person**.
- *Line 2* – Input the percentage of hours per week that a staff person is providing direct care remotely or via telehealth.
- *Line 3* - Input the percentage of hours per week that a direct service staff person spends on recordkeeping activities relating to the service.

- *Line 4* - Input the percentage of hours per week that a direct service staff person spends on recordkeeping activities, other than documentation that occurs during the course of service provision.
- *Line 5* – Input the percentage of hours per week that a staff person is participating in care planning or support plan meetings.
- *Line 6* - Input the percentage of hours per week that a staff person is traveling between service settings, for example from one client residence to another.
- *Line 7* – Input the percentage of hours per week that a staff person is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor.
- *Line 8* – If there are activities that are part of a staff person's typical week, but not listed on the survey, indicate the percentage of hours per week that a staff person typically spends in that activity.
- *Lines 9 and 10* – These lines will automatically sum values entered in this section and present the total percentage of hours per week that a single staff person typically works, based on what you entered. If this figure does not equal 100%, review and revise the appropriate hours.

Staffing Patterns

- *Line 11* – Record the number of individuals receiving each component service from your agency.
- *Line 12* – Input the average number of individuals served by one staff person at a time, or the average staffing ratio for this service.

Session Service Patterns

- *Line 13* – Record the average length of time in hours for a daily unit of this service.

Supervisor Span of Control

- *Line 14* – Input the average number of direct care staff supervised by each supervisor.
- *Line 15* – Input the number of hours per week an average supervisor spends directly overseeing direct care staff during service delivery.

Absence and No Show Percentage

- *Line 16* – Record the average percentage of total visits that client attend as scheduled. For example, if clients on average miss one scheduled session per month and are scheduled for 20 days of the month, you might report "95%".

Staff Transportation

- *Lines 17 through 19* – Report the average number of one-way trips per day, minutes per trip, and miles per trip for **transportation required of staff to/from services**. For example, if a staff member must travel to client homes in order to deliver services you would enter the number of one-way trips, average minutes per trip, and average miles per trip for that travel related to these services.

Client Transportation

- *Lines 20 through 22* – If client transportation is included in this service, report the average number of one-way trips per day, minutes per trip, and miles per trip for **transportation of a client to/from services**.

C.3 Homemaker (Worksheet H)

Worksheet H collects information on the operation of your agency's Homemaker offerings, including Assistance with Personal Care, Cleaning, Home Management, and remote Home Management components.

Productivity

This section requests information regarding the 'typical' week for a direct service staff person. The survey lists a number of activities and asks how many hours per week a typical staff person is engaged in each.

- *Line 1* – Input the percentage of hours per week that a staff person is providing **direct care in-person**.
- *Line 2* – Input the percentage of hours per week that a staff person is providing direct care remotely or via telehealth.
- *Line 3* - Input the percentage of hours per week that a direct service staff person spends on recordkeeping activities relating to the service.
- *Line 4* - Input the percentage of hours per week that a direct service staff person spends on recordkeeping activities, other than documentation that occurs during the course of service provision.
- *Line 5* – Input the percentage of hours per week that a staff person is participating in care planning or support plan meetings.
- *Line 6* - Input the percentage of hours per week that a staff person is traveling between service settings, for example from one client residence to another.
- *Line 7* – Input the percentage of hours per week that a staff person is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor.
- *Line 8* – If there are activities that are part of a staff person's typical week, but not listed on the survey, indicate the percentage of hours per week that a staff person typically spends in that activity.
- *Lines 9 and 10* – These lines will automatically sum values entered in this section and present the total percentage of hours per week that a single staff person typically works, based on what you entered. If this figure does not equal 100%, review and revise the appropriate hours.

Staffing Patterns

- *Line 11* – Record the number of individuals receiving each component service from your agency.

- *Line 12* – Input the average number of individuals served by one staff person at a time, or the average staffing ratio for this service.

Session Service Patterns

- *Line 13* – Record the average length of time in hours for a daily unit of this service.

Supervisor Span of Control

- *Line 14* – Input the average number of direct care staff supervised by each supervisor.
- *Line 15* – Input the number of hours per week an average supervisor spends directly overseeing direct care staff during service delivery.

Absence and No Show Percentage

- *Line 16* – Record the average percentage of total visits that client attend as scheduled. For example, if clients on average miss one scheduled session per month and are scheduled for 20 days of the month, you might report “95%”.

Staff Transportation

- *Lines 17 through 19* – Report the average number of one-way trips per day, minutes per trip, and miles per trip for **transportation required of staff to/from services**. For example, if a staff member must travel to client homes in order to deliver services you would enter the number of one-way trips, average minutes per trip, and average miles per trip for that travel related to these services.

Client Transportation

- *Lines 20 through 22* – If client transportation is included in this service, report the average number of one-way trips per day, minutes per trip, and miles per trip for **transportation of a client to/from services**.

C.4 Adult Companion Services (Worksheet I)

Worksheet I collects information on the operation of your agency’s Companion Services offerings, including Adult Companion Services and remote Adult Companion Services.

Productivity

This section requests information regarding the ‘typical’ week for a direct service staff person. The survey lists a number of activities and asks how many hours per week a typical staff person is engaged in each.

- *Line 1* – Input the percentage of hours per week that a staff person is providing **direct care in-person**.
- *Line 2* – Input the percentage of hours per week that a staff person is providing direct care remotely or via telehealth.
- *Line 3* - Input the percentage of hours per week that a direct service staff person spends on recordkeeping activities relating to the service.
- *Line 4* - Input the percentage of hours per week that a direct service staff person spends on recordkeeping activities, other than documentation that occurs during the course of service provision.

- *Line 5* – Input the percentage of hours per week that a staff person is participating in care planning or support plan meetings.
- *Line 6* – Input the percentage of hours per week that a staff person is traveling between service settings, for example from one client residence to another.
- *Line 7* – Input the percentage of hours per week that a staff person is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor.
- *Line 8* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, indicate the percentage of hours per week that a staff person typically spends in that activity.
- *Lines 9 and 10* – These lines will automatically sum values entered in this section and present the total percentage of hours per week that a single staff person typically works, based on what you entered. If this figure does not equal 100%, review and revise the appropriate hours.

Staffing Patterns

- *Line 11* – Record the number of individuals receiving each component service from your agency.
- *Line 12* – Input the average number of individuals served by one staff person at a time, or the average staffing ratio for this service.

Session Service Patterns

- *Line 13* – Record the average length of time in hours for a daily unit of this service.

Supervisor Span of Control

- *Line 14* – Input the average number of direct care staff supervised by each supervisor.
- *Line 15* – Input the number of hours per week an average supervisor spends directly overseeing direct care staff during service delivery.

Absence and No Show Percentage

- *Line 16* – Record the average percentage of total visits that client attend as scheduled. For example, if clients on average miss one scheduled session per month and are scheduled for 20 days of the month, you might report “95%”.

Staff Transportation

- *Lines 17 through 19* – Report the average number of one-way trips per day, minutes per trip, and miles per trip for **transportation required of staff to/from services**. For example, if a staff member must travel to client homes in order to deliver services you would enter the number of one-way trips, average minutes per trip, and average miles per trip for that travel related to these services.

Client Transportation

- *Lines 20 through 22* – If client transportation is included in this service, report the average number of one-way trips per day, minutes per trip, and miles per trip for

transportation of a client to/from services.**C.5 Respite (Worksheet J)**

Worksheet J collects information on the operation of your agency's Respite offerings, including 15 minute, daily, and remote In Home Respite Care Services and 15 minute and daily Out of Home Respite Care Services.

Productivity

This section requests information regarding the 'typical' week for a direct service staff person. The survey lists a number of activities and asks how many hours per week a typical staff person is engaged in each.

- *Line 1* – Input the percentage of hours per week that a staff person is providing **direct care in-person**.
- *Line 2* – Input the percentage of hours per week that a staff person is providing direct care remotely or via telehealth.
- *Line 3* - Input the percentage of hours per week that a direct service staff person spends on recordkeeping activities relating to the service.
- *Line 4* - Input the percentage of hours per week that a direct service staff person spends on recordkeeping activities, other than documentation that occurs during the course of service provision.
- *Line 5* – Input the percentage of hours per week that a staff person is participating in care planning or support plan meetings.
- *Line 6* - Input the percentage of hours per week that a staff person is traveling between service settings, for example from one client residence to another.
- *Line 7* – Input the percentage of hours per week that a staff person is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor.
- *Line 8* – If there are activities that are part of a staff person's typical week, but not listed on the survey, indicate the percentage of hours per week that a staff person typically spends in that activity.
- *Lines 9 and 10* – These lines will automatically sum values entered in this section and present the total percentage of hours per week that a single staff person typically works, based on what you entered. If this figure does not equal 100%, review and revise the appropriate hours.

Staffing Patterns

- *Line 11* – Record the number of individuals receiving each component service from your agency.
- *Line 12* – Input the average number of individuals served by one staff person at a time, or the average staffing ratio for this service.

Session Service Patterns

- *Line 13* – Record the average length of time in hours for a daily unit of this service.

Supervisor Span of Control

- *Line 14* – Input the average number of direct care staff supervised by each supervisor.
- *Line 15* – Input the number of hours per week an average supervisor spends directly overseeing direct care staff during service delivery.

Absence and No Show Percentage

- *Line 16* – Record the average percentage of total visits that client attend as scheduled. For example, if clients on average miss one scheduled session per month and are scheduled for 20 days of the month, you might report “95%”.

Staff Transportation

- *Lines 17 through 19* – Report the average number of one-way trips per day, minutes per trip, and miles per trip for **transportation required of staff to/from services**. For example, if a staff member must travel to client homes in order to deliver services you would enter the number of one-way trips, average minutes per trip, and average miles per trip for that travel related to these services.

Client Transportation

- *Lines 20 through 22* – If client transportation is included in this service, report the average number of one-way trips per day, minutes per trip, and miles per trip for **transportation of a client to/from services**.

C.6 Individual Community Living (Worksheet K)

Worksheet K collects information on the operation of your agency’s Individual Community Living offerings, including in-person and remote Individual Community Living Supports.

Productivity

This section requests information regarding the ‘typical’ week for a direct service staff person. The survey lists a number of activities and asks how many hours per week a typical staff person is engaged in each.

- *Line 1* – Input the percentage of hours per week that a staff person is providing **direct care in-person**.
- *Line 2* – Input the percentage of hours per week that a staff person is providing direct care remotely or via telehealth.
- *Line 3* - Input the percentage of hours per week that a direct service staff person spends on recordkeeping activities relating to the service.
- *Line 4* - Input the percentage of hours per week that a direct service staff person spends on recordkeeping activities, other than documentation that occurs during the course of service provision.
- *Line 5* – Input the percentage of hours per week that a staff person is participating in care planning or support plan meetings.
- *Line 6* - Input the percentage of hours per week that a staff person is traveling between

service settings, for example from one client residence to another.

- *Line 7* – Input the percentage of hours per week that a staff person is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor.
- *Line 8* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, indicate the percentage of hours per week that a staff person typically spends in that activity.
- *Lines 9 and 10* – These lines will automatically sum values entered in this section and present the total percentage of hours per week that a single staff person typically works, based on what you entered. If this figure does not equal 100%, review and revise the appropriate hours.

Equipment & Supplies

- *Lines 11 through 13* – Input the total cost of capital equipment directly related to service provision (line 11) for your agency’s most recently completed fiscal year. If applicable, also enter the average life in years of purchase equipment (line 12) and describe the types of equipment included in the expense (line 13).
- *Lines 14 and 15* Input the total cost of program supplies, including snacks or groceries for this service as applicable, for your agency’s most recently completed fiscal year. Supplies could include, for example, art supplies for a craft project in a day program. Describe the types of supplies included in the expense (line 15).

Staffing Patterns

- *Line 16* – Record the number of individuals receiving each component service from your agency.
- *Line 17* – Input the average number of individuals served by one staff person at a time, or the average staffing ratio for this service. If the service is one-on-one, enter “1.”

Session Service Patterns

- *Line 18* – Record the average length of time in hours for a session of this service.

Supervisor Span of Control

- *Line 19* – Input the average number of direct care staff supervised by each supervisor. If the supervisor is a Registered Nurse, skip to line 21.
- *Line 20* – Input the number of hours per week an average supervisor spends directly overseeing direct care staff during service delivery.

Registered Nurse Management

- *Line 21* – Input the average number of direct care staff supervised by each Registered Nurse, if a Registered Nurse is the supervisor for this service component. If a Registered Nurse is not the supervisor, only complete lines 19 and 20.
- *Line 22* – Input the number of hours per week a Registered Nurse spends directly overseeing direct care staff during service delivery.

Absence and No Show Percentage

- *Line 23* – Record the average percentage of total visits that client attend as scheduled. For example, if clients on average miss one scheduled session per month and are scheduled for 20 days of the month, you might report “95%”.

Staff Transportation

- *Lines 24 through 26* – Report the average number of one-way trips per day, minutes per trip, and miles per trip for **transportation required of staff to/from services**. For example, if a staff member must travel to client homes in order to deliver services you would enter the number of one-way trips, average minutes per trip, and average miles per trip for that travel related to these services.

Client Transportation

- *Lines 27 through 29* – If client transportation is included in this service, report the average number of one-way trips per day, minutes per trip, and miles per trip for **transportation of a client to/from services**.

C.7 Community Residential Living (formerly Adult Foster Care) (Worksheet L)

Worksheet L collects information on the operation of your agency’s Community Residential Living (formerly Adult Foster Care) offerings, including Corporate and Family Community Residential Living.

Home and Service Characteristics

This section requests information on the residences operated by your organization. Averages should be reported across residences, although please use the “Additional Information” tab if you would like to provide more specific information for each residence.

- *Line 1* – Record the number of Community Residential Living residences operated by your agency.
- *Line 2* – Record the number of residence coordinators employed by your agency who work with Aging and Adult Services Division programs. These are staff that oversee and visit the homes, but do not typically provide direct care.
- *Line 3* – Indicate the average number of residences for which a coordinator is responsible.
- *Lines 4 and 5* – Report the average number of clients (line 4) and beds (line 5) per residence or home.
- *Line 6* – Report the average number of days **per month** that an individual resident is temporarily absent from the residence. This may be due to vacation, hospitalization, or some other reason.
- *Line 7* – Input the average number of days per home per year in which there are no residents in the home (“zero occupancy days”), not including the temporary absences reported in line 6.

Equipment & Supplies

- *Lines 8 through 10* – Input the total cost of capital equipment directly related to service provision (line 8) for your agency’s most recently completed fiscal year. If applicable,

also enter the average life in years of purchase equipment (line 9) and describe the types of equipment included in the expense (line 10).

- *Lines 11 and 12* – Input the total cost of program supplies, including snacks or groceries for this service as applicable, for your agency’s most recently completed fiscal year. Supplies could include, for example, art supplies for a craft project in a day program. Describe the types of supplies included in the expense (line 12).

Staffing (Team Structure)

- *Line 13* – Select and/or enter the types of direct staff persons who deliver this service. For example, if your organization employs direct care workers, homemakers, and drivers specifically to deliver Community Residential Living, select those three staff types.

Staffing Patterns

- *Line 14* – Record the number of individuals receiving each component service from your agency.
- *Line 15* – Input the average number of individuals served by one staff person at a time during the day, or the average daytime staffing ratio for this service.
- *Line 16* – Input the average number of individuals served by one staff person at a time during the night, or the average nighttime staffing ratio for this service.

Supervisor Span of Control

- *Line 17* – Input the average number of direct care staff supervised by each supervisor.
- *Line 18* – Input the number of hours per week an average supervisor spends directly overseeing direct care staff during service delivery.

Staff Transportation

- *Lines 19 through 21* – Report the average number of one-way trips per day, minutes per trip, and miles per trip for **transportation required of staff to/from services**. For example, if a staff member must travel to client homes in order to deliver services you would enter the number of one-way trips, average minutes per trip, and average miles per trip for that travel related to these services.

Client Transportation

- *Lines 21 through 23* – If client transportation is included in this service, report the average number of one-way trips per day, minutes per trip, and miles per trip for **transportation of a client to/from services**.

C.8 Customized Living (Worksheet M)

Worksheet M collects information on the operation of your agency’s Customized Living, including all component services (for example, Home Management Tasks, ADL Assistance, Non-Medical Transportation, etc.).

You should have information broken out by these components, and as such should report on a component basis. For example, in line 11, you will report how many hours per day, on average, are spent delivering *each component* of Customized Living (*not* how many hours a client is receiving Customized Living in total). Similarly, in line 9, you will report the cost of supplies in relating to each component (as there may be different supply costs for Assistance with Mental

Health Concerns compared to Socialization, for example) rather than to the service as a whole, as applicable.

Number of Participants

- *Line 1* – Record the number of participants for each component of Customized Living.

Productivity

- *Line 2* – Input the percentage of hours per week that a staff person is providing direct care, in-person or via telehealth.
- *Line 3* – Input the percentage of hours per week that a staff person is completing non-billable activities such as recordkeeping, travel time, meetings with employer, etc.
- *Lines 4 and 5* – These lines will automatically sum values entered in this section and present the total percentage of hours per week that a single staff person typically works, based on what you entered. If this figure does not equal 100%, review and revise the appropriate hours.

Equipment & Supplies

- *Lines 6 through 8* – Input the total cost of capital equipment directly related to service provision *for the individual component* (line 6) for your agency's most recently completed fiscal year. If applicable, also enter the average life in years of purchase equipment (line 7) and describe the types of equipment included in the expense (line 8).
- *Lines 9 and 10* – Input the total cost of program supplies *for the individual component* for your agency's most recently completed fiscal year. Supplies could include, for example, art supplies for a craft project in a day program. For Meal Preparation, these costs may include groceries. Describe the types of supplies included in the expense (line 10).

Service Component Hours

- *Lines 11 and 12* – Report how many hours per day, on average, your agency spends delivering each component of Customized Living for both the traditional service and the 24-hour service, as applicable. While this number may differ based on individual needs, report the average as best you can.

Staffing

- *Lines 13 and 14* – Select the types of direct staff persons who deliver this service. For example, if a direct care worker delivers ADL Assistance, a Licensed Practical Nurse and Registered Nurse supervisor deliver Health-Related Assistance, and a Homemaker delivers Home Management Tasks, select those in the appropriate columns.

Staffing Patterns

- *Lines 15 through 17* – Record the number of individuals receiving each component service from your agency.
- *Lines 18 through 20* – Input the average number of individuals served by one staff person at a time, or the average staffing ratio, for each component of Customized Living and for each of three arrangements of Customized Living (traditional, 24 hour, and Corporate Foster Care).

Registered Nurse Management

- *Line 21* – Input the average number of direct care staff supervised by each Registered Nurse, if a Registered Nurse is the supervisor for this service component. If a Registered Nurse is not the supervisor, complete lines 23 through 26.
- *Line 22* – Input the number of hours per week a Registered Nurse spends directly overseeing direct care staff during service delivery.

Supervisor Span of Control

- *Line 23* – Select whether a different staff type than Registered Nurse supervises direct care staff for this component of Customized Living.
- *Line 24* – Select the types of staff persons who supervise this service.
- *Line 25* – Input the average number of direct care staff supervised by each supervisor.
- *Line 26* – Input the number of hours per week an average supervisor spends directly overseeing direct care staff during service delivery.

Staff Transportation

- *Lines 27 through 29* – Report the average number of one-way trips per day, minutes per trip, and miles per trip for **transportation required of staff to/from services**. For example, if a staff member must travel to client homes in order to deliver services you would enter the number of one-way trips, average minutes per trip, and average miles per trip for that travel related to these services.

Non-Medical Transportation

- *Lines 30 through 32* – For the Non-Medical Transportation component of Customized Living, report the average number of one-way trips per day, minutes per trip, and miles per trip for **transportation of a client as part of this service component**.

C.9 Home-Delivered Meals (Worksheet N)

Worksheet N collects detailed information on the operation of your agency's Home-Delivered Meals, including all service delivery metrics, site information, total number of clients, total expenses, kitchen staff, transportation, meal stats, and donated services.

Service Delivery & Staffing Patterns

- *Line 1* – Record the total number of counties in which your agency delivers Home-Delivered Meals.
- *Line 2* – Toggle “Yes” or “No” to determine if you serve Minnesota Tribal Nation areas.
- *Line 3* – Enter the total number of sites your agency operates.
- *Line 4* – Enter the total number of sites provide services to Medical Assistance recipients.
- *Line 5* – Enter the total number of active **non-Medical Assistance or non-Medicaid** unduplicated Home-Delivered meal clients for the time period requested which should be the provider's most recent full fiscal year reported earlier in the survey on the [A. Provider Info] tab.
- *Line 6* – Enter the total number of active **Medical Assistance** unduplicated Home-

Delivered meal clients at the time of the survey. The “time of the survey” should be the provider’s most recent full fiscal year reported earlier in the survey on the [A. Provider Info] tab.

- *Line 7* – Auto populated value derived from the total number of non-Medicaid and Medical Assistance Home-Delivered meal clients entered into lines 5 and 6.

Home-Delivered Meal Expenses

- *Lines 8 through 10* – Record the total expenses from the providers most recent full fiscal year reported earlier in the survey on the [A. Provider Info] tab for personnel salaries in line 8 through 10 for Project Management (Directly Employed), Meals (Site Staff-Directly Employed), and Administrative Personnel, respectively.
- *Line 11* – Capture costs incurred by your agency related to employee payroll taxes, insurance and benefits. Only the portion of the employee benefits and payroll taxes paid and accrued by the agency must be reported on this line. Do not include costs which are paid and accrued by withholding a portion of the employee’s salary or wages (these costs should be included in the appropriate Employee Salaries cost report lines).
- *Line 12* – Enter all costs related to bulk meal transport.
- *Line 13* – Enter costs for home meal delivery including vehicle expenses, gas, and car insurance.
- *Line 14* – Enter Home-Delivered Meal packaging costs.
- *Line 15* – Enter all supply related costs into this line. This should be costs of supplies for Home-Delivered Meals only and should not include the costs of “raw food” or “equipment”.
- *Line 16* – Enter all utility costs related to Home-Delivered Meals. If any utilities are split amongst other services or programs please list only the allocated portion of this cost towards Home-Delivered Meals.
- *Line 17* – Enter all costs related communications, this is inclusive of telephone costs.
- *Line 18* – Enter all building costs including rent of space, mortgage, or lease of property.
- *Line 19* – Enter the total square footage of your building space used to operate Home-Delivered Meals.
- *Line 20* – Enter all costs related to professional services. This can include legal services, copywriting services, etc.
- *Line 21* – Enter all costs related to raw food only.
- *Line 22* – Enter all costs for caterer “sub-contracted” services. Not in the blue “(Specify)” box if the costs include delivery.
- *Line 23* – Enter all equipment related costs associated with Home-Delivered Meals only.
- *Line 24* – Enter all costs related to insurance, this should not include any car insurance costs as those costs should be reported under line 13.
- *Line 25* – Enter costs related to agency sponsored volunteer recognition.

- *Line 26* – Enter any “Other” related costs not covered in any of the above buckets. Note, that if costs are entered into this section please fill out the corresponding blue “(Specify)” box explaining what costs are being added into this section.
- *Line 27* – Auto populated sum of the total costs entered into lines 8 through 26.
- *Line 28* – Toggle “Yes” or “No” to indicate whether or not the above costs include any congregate meal costs. (This should be marked 'yes' only if you are unable to separate HDM and congregate meal costs)

Kitchen Staff

- *Line 29* – Record the average number of Daily Cooks/Chefs per kitchen.
- *Line 30* – Record the average number of Daily Kitchen Support Staff per kitchen.
- *Line 31* – Record the average number of Daily Kitchen Supervisors per kitchen.

Transportation and Service Trip Information

- *Line 32* – Record the average number of trips (one way) per day for each service.
- *Line 33* – Record the average minutes per trip (one way) per day for each service.
- *Line 34* – Record the average miles per trip (one way) per day for each service.

Meal Stats

- *Line 35* – Enter the total number of Medical Assistance Home-Delivered Meals.
- *Line 36* – Enter the total number of Title III C2 Home-Delivered Meals.
- *Line 37* – Enter the total number of Title III C1 Congregate Meals.
- *Line 38* – Enter the total number of All Other Meals.
- *Line 39* – Auto populated value of all meals reported in lines 35 through 38

Donated Services

- *Line 40* – Enter the total number of volunteer miles (only include if currently tracked).
- *Line 41* – Enter the total number of volunteer recognition.
- *Line 42* – Enter the total number of volunteer hours.
- *Line 43* – Enter the total donated building/facility square footage.
- *Line 44* – Enter any other donated service value into line 44. Note, if values are entered into this line please explain what the values being entered are into the corresponding blue “(Specify)” box.

C.10. Transportation (Worksheet O)

Worksheet O collects information on the transportation related metrics across all services in this rate study that your agency provides. **This tab should only be filled out if you are unable to fill out the transportation sections within the service specific tabs.** If you are able to breakout transportation metrics across your services please enter the service specific information into the appropriate tabs and feel free to leave this tab blank.

Transportation

- *Line 1* – Record the average number of trips (one way) per day across all service in-scope service.
- *Line 2* – Record the average minutes per trip (one way) per day across all service in-scope service.
- *Line 3* – Record the average miles per trip (one way) per day across all service in-scope service.

D. Additional Information

The Additional Information tab collects information on the total amount of hours it took to complete the survey and allows providers the opportunity to voice any concerns or additional information that may not have been captured in the questions in the survey.

Additional Information

- *Section 1* – Record how long (in hours) it took you to complete this survey from start to finish.
- *Section 2* – Record any additional information you want raised regarding services within the rate study. This space is intended as a free form box for providers to enter any information they want to be heard as part of this rate study that may have not been captured within the questions in the survey.