**Milliman**

**Arizona Department of Economic Security (ADES) Arizona Early Intervention Program (AzEIP)**
**2023 AzEIP Rate Study**
**Contractor Cost and Wage Survey Tool Instructions**

## Overview

AzEIP is conducting a Contractor Cost and Wage Survey ("Survey Tool") to collect cost and wage data from all contractors providing services in AzEIP. Results from the Survey Tool will inform the development of benchmark rates for all services included in AzEIP's 2023 Rate Study. Benchmark rates from this rate study will be published by AzEIP and will be used by ADES to evaluate overall program funding levels and to determine future AzEIP rates. **This Survey Tool gives contractors the opportunity to share key data to inform the development of the AzEIP benchmark rates and is a critical component of this Rate Study.** Milliman has been engaged by ADES to conduct this contractor cost and wage survey and to develop AzEIP's 2023 Benchmark Rate Study.

AzEIP **strongly** encourages your participation in this survey to help ADES gain a better understanding of AzEIP contractor resource requirements. Information collected through this survey process includes staffing, wages, and other cost information incurred by the AzEIP contractors. Your response will be held confidential and will only be shared as required by law. AzEIP will share aggregated data from survey responses but will not share contractor-specific data.

**Submitting Survey Tool responses:** Completed Survey Tools should be submitted no later than **August 18, 2023**. After completion, save the file with your provider's name, e.g., 2023 AzEIP Contractor Survey – [contractor name]. Once the Survey Tool is complete, please email it electronically to ArizonaDDDSurvey@Milliman.com.

This document provides instructions for completing each worksheet in the Excel-based Survey Tool. Note that in these instructions the term "Contractor" refers to the organization engaged in providing AzEIP services (as opposed to the individual providers who perform each service). The term "Job Title" refers to the types of staff job positions providing program services, which are recognized based on education, professional designations, credentials, or relevant experience requirements, including both employed and contracted staff. This Survey Tool is intended to collect information from contractors across AzEIP program services included as part of AzEIP's 2023 Rate Study.

*If questions arise that are not addressed in these instructions or separate training materials, please contact Milliman at ArizonaDDDSurvey@Milliman.com with a technical assistance request.*

## Survey Tool Contents

The Survey Tool "2023 AzEIP Contractor Survey_20230721" is in Microsoft Excel format, with separate worksheets ("tabs") summarized as follows:

- *Table of Contents* – Using the dropdowns provided, select which services your organization provides in cells E8 to E12 of this worksheet and complete the worksheets that indicate "Yes" as a required input in cells E17 to E29.
- *A. General* – Enter general information about your organization, such as the contractor's identification and contact information, and high-level information regarding the contractor's total revenues, annual count of children served, and other operation related questions.
- *B. Total Costs* – Enter the total annual costs associated with providing services by your organization.
- *C. Wages* – Enter the total annual hours and wages/rates for staff that are directly involved in providing the AzEIP services (direct care staff) or are supervisors of direct care staff by job type that is associated with providing AzEIP services.
- *D. Turnover* – Enter information for direct care staff and supervisors on the number of full-time and part-time employee positions that were filled or vacant at different time points in the reporting year.
- *E. Benefits* – Enter information on the benefits that were provided to AzEIP direct care staff and supervisors employed by your organization in the reporting year.
- *F.1. Svc Geography* – Enter the distribution of AzEIP services provided by your organization split by region.
- *F.2. Mileage Geography* – Enter the distribution of mileage reimbursement to providers of AzEIP services provided by your organization split by region.
- *F.3. AzEIP Child Count* – Enter the unduplicated count of children who received AzEIP services in the reporting year by your organization split by tier, setting, and service.
- *All Remaining Worksheets for Service Specific Details* – Please only fill out the worksheets which are indicated "Yes" as a required input in cells E17 to E29 of the *Table of Contents* worksheet.

**Entering responses into the Survey Tool:** Enter information for each question in the green highlighted "input cells" throughout the Survey Tool. Generally, the input cells are left blank for you to enter in numerical data. In some instances, there are input cells for entering in text and dropdown boxes (these are described in later sections of these instructions).

**Navigating the Survey:** Hyperlinks have been included on all worksheets to help with the navigation of this survey. To easily navigate to the *Table of Contents* worksheet, cell B1 of each worksheet includes a link which, when clicked, will bring the user to the *Table of Contents* worksheet. On the *Table of Contents* worksheet itself, there are links to each worksheet of this survey in cells D17 to D29.

**Providing additional notes or clarification:** A section for open notes is included at the bottom of each worksheet. Please use this section to provide any additional notes or clarifications on the information provided by your organization for each worksheet.

**Information reported in this survey should reflect information from your organization's most recently completed fiscal year for which financial statements or general ledger data is available. The completed fiscal year for reporting should be included in the "Report Time Period" section of the *A. General* worksheet.**

## Table of Contents Worksheet

### Section A: Services Provided

Please use the dropdowns in cells E8 to E12 of this section to select the services your organization provides to AzEIP children and families. Based on this selection, the table in cells B17 to E29 will automatically update to reflect the worksheets in this workbook that your organization is required to complete; these will reflect a yellow highlight and indicate a "Yes" in the Input Required column (cells E17 to E29).

### Navigating the Workbook using Table of Contents Hyperlinks

To quickly navigate this workbook, internal hyperlinks have been included to bring the user directly to a desired worksheet. To use the hyperlinks the user will click on the sheet name of the desired worksheet from E17 to E29 of the *Table of Contents* worksheet. Once the desired worksheet name is clicked, you will directly navigate to the applicable worksheet.

| B. Required Survey Worksheets | |
| --- | --- |
| Instructions: Click on the blue hyperlink to take you directly to the required worksheets | |
| **Sheet Name** | **Input Required?** |
| A. General | Yes |
| B. Total Costs | Yes |
| C. Wages | Yes |
| D. Turnover | Yes |
| E. Benefits | Yes |
| F.1. Svc Geography | Yes |
| F.2. Mileage Geography | Yes |
| F.3. AzEIP Child Count | Yes |
| G. Therapy Services | No |
| H. Dev Special Instruction | No |
| I. Social Work | No |
| J. Psychology | No |
| K. Service Coordination | No |

Click on the hyperlink text to go to the desired worksheet

To go back to the *Table of Contents* worksheet, the user can click on the "table of contents" hyperlink text in cell B1 of any of the input worksheets.

## General worksheet

The *A. General* worksheet includes questions on contractor identification, contact information, and revenue as well as AzEIP children counts in order to understand the size of the contractor's operations.

### Section A: Contractor and Contact Information

1. **Provider and contact information**

   a) *Contractor Name*: Enter the contractor/organization name associated with providing AzEIP services.

   b) *Contact Name*: Enter the name of the person who should be contacted if there are any questions related to the information reported.

   c) *Title of Contact*: Enter the work title of the person listed as the contact within your organization.

   d) *Contact Phone Number*: Enter the phone number of the person listed as the contact.

   e) *Contact Email Address*: Enter the email address of the person listed as the contact.

   f) *Contact Mailing Address*: Enter the primary mailing address of the reporting provider/organization.

g) *AHCCCS ID(s)*: Enter the Arizona Health Care Cost Containment System (AHCCCS) identification number(s) of the reporting contractor/organization. Multiple numbers should be separated by a comma.

h) *Organization Type*: Using the dropdowns provided, please select if your organization operates as a for profit or non-profit organization.

## *Section B: Report Time Period*

2. **Time period of reported information (should be the most recently completed fiscal year):**

   a) *(Questions 2a-b)*: Please enter the start and end dates of your organization's most recent financial statements or general ledgers which will be used to answer questions throughout this survey. The reporting period selected must represent a full year, unless your organization is a new contractor and a full year of reporting cannot be provided, in which case please select the most recently completed time period you can report information on.

## *Section C: Annual Revenue and Staffing*

3. **Organization's total revenue during the reporting year**

   - *(Questions 3a-e)*: Please report your organization's revenues for the reporting period broken out by the categories below. This information will be used to understand the size of your contractor organization:

        - *AzEIP Services Revenue* – include any payments received by your organization from the AzEIP program specifically for AzEIP services provided to AzEIP children. These revenues should be split by whether the revenues were paid by private insurance, public insurance (e.g., Medicaid), or any other payor.

        - *All Other Non-AzEIP Service Revenues* – include other revenues your organization received for any other reason besides paying for AzEIP services. If revenues are reported in this line, please include a description of what these revenues were from in the blank text row under question 6 near the bottom of this worksheet.

        - *Total Revenues* – automatically calculated as the sum of all inputs for this question above. This total revenue value should match to your reported total gross revenues from the reporting year selected.

4. **How many unduplicated people did you serve during the reporting year**

   - *(Questions 4a-c)*: Please report the total number of people your organization provided medical services to during the reporting year. This should be an unduplicated count of people, meaning a person should be counted at most once per input cell for the following categories:

        - *AzEIP Children* – include the unduplicated count of AzEIP children who received AzEIP services from your organization at any point in the reporting year.

        - *Non-AzEIP Clients* – include the unduplicated count of people that received any other medical services besides the AzEIP services from your organization in the reporting year. It is possible that a person in this input cell may also be counted in the AzEIP children input cell if that person received services from your organization that were not AzEIP services.

        - *Total Children and Clients* – automatically calculated as the sum of all inputs for the questions above.

5. **Count of AzEIP children your organization provided AzEIP services to who do not speak a prevalent language**

- *(Question 5a)*: Please provide the approximate count of AzEIP children your organization provided services to who do not speak a prevalent language, which includes any languages other than English, Spanish, and/or Navajo.

6. **Blank section for any additional or clarifying notes to be reported**
   - *(Question 6)*: Please use this section to provide any additional notes or clarifications on the information provided on this worksheet.

## Total Costs Worksheet

The *B. Total Costs* worksheet will capture the total costs for your organization in the reporting year selected on the *A. General* worksheet. Contractor costs should be reported in separate columns for total expenses and those expenses which were associated with providing AzEIP services (or AzEIP Expenses) and split by the descriptions below. Contractor cost information will be captured using the following fields:

- Total organization (excel column D).

- AzEIP only (excel column E) – this should reflect the expenses associated with providing AzEIP services.

- Non-AzEIP program expenses (excel column F) – these will automatically calculate as the total organization expenses minus the AzEIP expenses.

### *Employee Salaries and Wages*

Lines 1 to 11 of this worksheet should reflect the total cost for salaries and wages of staff employed through your organization. Please report total gross salaries and wages paid and accrued, including bonuses, sick time pay, and overtime pay by employee category. For purposes of this survey, the guidelines below should be followed for the entire survey to identify direct care, maintenance, administrative, and program support staff.

- *Direct Care Staff (Lines 2 to 3)* – either the employee providing the "face to face" service to a child or the supervisor of direct care staff. These lines should reflect salaries or wages for non-contracted staff.

- *Maintenance Staff (Line 4)* – employees that provide janitorial, housekeeping, repair, and other maintenance services at the AzEIP service location or at the administrative or program support office facility.

- *Administrative Staff (Line 5)* – responsible for the operation of your organization but are not directly providing the services. Some examples of administrative staff include general management, financial staff or accountants, legal services, information technology services, and human resources. These lines should reflect salaries or wages for non-contracted staff.

- *Program Support Staff (Line 6)* – non-billable staff who do not directly provide services to children but are resources to direct care staff. Program support staff examples include non-contracted staff responsible for training of direct care staff, involved in program development, or quality assurance. These lines should reflect salaries or wages for non-contracted staff.

- *Contracted staff (Lines 7 to 10)* – should reflect the rates for contracted staff using the same direct care, administrative, and program support staff distinctions as outlined above, as well as for staff specifically contracted to provide interpretive services. Contracted staff are staff that are employed through an entity that is outside of your organization but are being paid a set rate by your organization to support specific job functions.

- *Total Employee Salaries and Wages (Line 11)* – will automatically calculate as the sum of the lines above for this section only.

### *Employee Taxes and Benefits*

Lines 12 to 17 should reflect costs incurred that were paid by your organization for employee payroll taxes, insurance, and benefits. Do not report costs which are paid and accrued by withholding a portion of the employee's salary or wages in this section, as those costs should be reported in the Employee Salaries and Wages section earlier on this worksheet.

- *Payroll Taxes (Line 13)* – should include the employer's portion of any costs for Federal Insurance Contributions Act (FICA) including social security and Medicare taxes, Federal Unemployment Insurance (FUI), State Unemployment Insurance (SUI), and other payroll related taxes.

- *Insurance Costs (Lines 14 to 15)* – employee related health, dental, life, and disability insurance as well as any fringe benefits should be included in these costs. Only costs associated directly with health insurance should be reported in line 14, all other insurance costs should be reported in line 15 along with notes identifying what is included in the reported expenses.

- *Other Benefits for Employees (Line 16)* – other benefit costs could include employer costs associated with worker's compensation insurance, retirement, and any other benefits your organization offers to employees. This line should only include the employer related contributions and notes identifying what is included in the reported expenses.

- *Total Employee Taxes and Benefits (Line 17)* – will automatically calculate as the sum of the lines above for this section only.

### Non-Payroll Administrative and Program Support Costs

Lines 18 to 38 should reflect costs for your organization on non-payroll costs associated with administrative and program support activities. The following costs should be entered into this section broken out based on the descriptions below:

- *Office Supplies and Equipment (Line 19)* – costs for office equipment and furniture that are not for direct care services (direct care service equipment costs should be reported in line 46). These costs should also include day-to-day items that may be needed for administrative related work, such as expenses related to office supplies or postage.

- *Program Supplies (Line 20)* – costs for materials used to provide medical services or program support services. These expenses should include food and other supplies used when providing the service.

- *Program Activity Costs (Line 21)* – costs for children and staff to participate in activities either within or outside of the facility.

- *Non-Payroll Taxes (Line 22)* – costs related to non-payroll taxes such as property tax or other federal taxes.

- *Licensing, Certification, or Accreditation Fees (Line 23)* – costs related to licenses, certifications, and accreditation fees.

- *Hiring and Recruiting Expenses (Line 24)* – costs related to hiring staff, including expenses related to recruiting only. Non-salary related costs associated with onboarding of new staff should not be included in this line and should instead be reported in the Line 25 staff training costs.

- *Staff Training and Development (Line 25)* – costs included in this line should reflect costs to hire a trainer, purchase training materials, or expenses to send staff to training sessions. Costs associated with the salaries of staff being trained should not be included in this line and should be included as part of the salary section above.

- *Business Related Insurance (Line 26)* – costs should include those associated with general liability insurance, directors and officer's insurance, professional malpractice insurance,

buildings, contents, and grounds insurance, and any other type of insurance that is not employee health and benefits related insurance (reported in the Employee Taxes and Benefits section) or vehicle insurance (reported in Line 45).

- *Information Technology Expenses (Line 27)* – costs should include those related to the purchasing of computers or software.

- *Child Find Activities Related Expenses (Line 28)* – costs should reflect those related to child find activities in the selected reporting year.

- *Advertising/Marketing (Line 29)* – costs should reflect those related to advertising and marketing in the selected reporting year. Costs associated with marketing or advertising related to child find activities should be reported in the line above (Line 28).

- *Dues and Subscriptions (Line 30)* – costs should reflect any dues or subscription related expenses.

- *Non-AzEIP Child Related Travel Costs (Line 31)* – non-AzEIP child related travel costs should reflect only travel costs not directly associated with providing care to people or direct care vehicle reimbursements (reported on Lines 43 to 45).

- *Corporate Overhead (Line 32)* – costs should reflect expenses from corporate offices outside of the contractor's principal place of business.

- *Other Administrative or Program Support Costs (Lines 33 to 37)* – please include any other costs associated with non-payroll expenses within your organization using these open rows. The cost descriptions should include enough detail such that an individual outside of your organization would understand it. Related costs may be grouped together on a single line.

- *Total Non-Payroll Administrative and Program Support Costs (Line 38)* – will automatically calculate as the sum of the lines above for this section only.

### *Facility, Vehicle, and Equipment Related Expenses*

Lines 39 to 47 should reflect costs for your organization on non-payroll costs related to facility, vehicle, and equipment expenses. Do not include costs associated with facility or vehicle staff salaries or other contractor rates, as those costs should have already been reported in the Salary and Wages section earlier in this worksheet. The following costs should be entered into this section broken out based on the descriptions below:

- *Facility Costs (Line 40)* – costs for rental, mortgage, or depreciation on facilities that your organization operates. These facility costs should reflect expenses for non-residential facilities only.

- *Utilities and Telecommunications Expenses (Line 41)* – costs should include utilities such as disposal services, telephones, cellular phones or other communication devices, cable, internet, electrical power, gas, heating, facility water, garbage, and sewage. This can also include security costs and costs associated with fire or other hazard detectors, alarms, and sprinkler systems.

- *Building Maintenance and Repairs (Line 42)* – costs for non-payroll related maintenance or repairs to your organization's facilities. Any costs associated with substitute facilities that are required due to repairs to the primary location should be included on this line.

- *Vehicle Purchasing or Lease Costs (Line 43)* – costs incurred by your organization to purchase or lease vehicles.

- *Vehicle Maintenance and Repair Costs (Line 44)* – costs incurred by your organization to maintain and repair vehicles as well as any costs associated with renting substitute vehicles during repair time.

- *Other Vehicle Related Expenses (Line 45)* – costs and notes for insurance, gas, or any other related costs for vehicles owned by your organization.

- *Equipment Costs (Line 46)* – costs and notes associated with the purchase, repair, or maintenance of equipment used in direct care services by your organization.

- *Total Facility, Vehicle, and Equipment Related Expenses (Line 47)* – will automatically calculate as the sum of the lines above for this section only.

- *Total Costs (Line 48)* – will automatically calculate as the sum of all sections above. This total should align with total costs in your organization's financial statements that were used to populate this worksheet for the selected reporting year.

### Blank Notes Section

Lines 49 to 50 are left blank for your organization to provide any additional notes or clarifications on the information provided on this worksheet.

## Wages Worksheet

The *C. Wages* worksheet will capture the hours and wages for all direct care staff and supervisors that provide AzEIP services through your organization. The hours and wages should be reported based off the staffing for the reporting year selected on the *A. General* worksheet. There is a Blank Notes Section at the bottom of the worksheet, which can be used by your organization to provide any additional details or clarification on the staffing reported. Below are additional details on the requested information for this worksheet.

- *Job Titles* – there are pre-populated job titles, as well as blank rows for your organization to report the other job titles of staff that are providing the AzEIP direct care services for your organization. The job titles are intended to be broad and may not completely align with your organization's job titles; please use your best judgment when adding staff that fall outside of the prelisted job titles. Staff should not be listed individually; rather they should be grouped by the job title, and each job title should have its own row. If staff hours and wages cannot be reported specific to the AzEIP services provided, staff hours and wages can be reported in aggregate for AzEIP and non-AzEIP service time only if the overall hourly wage does not differ between lines of business.

- *Employer or Contractor* – using the drop-down options provided, select whether the individuals included under each job title are employees or contractors. Employees would be staff who are directly hired by your organization, while contractors are employed through an entity that is outside of your organization. If one job title includes both employees and contractors, your organization should have two total rows with the respective job title and your survey should reflect one row for employees and the other for contractors.

- *Supervisor* – using the drop-down menu, indicate where the job title has supervisor duties. If one job title includes both supervisors and non-supervisors, your organization should have two total rows with that job title and complete one row for supervisors and the other for non-supervisors.

- *Total Regular Paid Hours* – input the total annual number of non-overtime hours in the reporting year that all staff in each job title were paid for by your organization.

- *Total Overtime Paid Hours* – input the total annual number of overtime hours in the reporting year that all staff in each job title were paid for by your organization.

- *Total Regular Paid Wages/Rates* – input the total annual non-overtime related wages paid in the reporting year that all staff in each job title were paid for by your organization.

- *Total Overtime Paid Wages/Rates* – input the total annual overtime related wages paid in the reporting year that all staff in each job title were paid for by your organization.

- *Average Hourly Wage* – this field will be automatically calculated as the sum of wages divided by the sum of hours by job title row.

## Turnover Worksheet

The *D. Turnover* worksheet seeks to capture the employee turnover your organization has faced for staffing related to providing AzEIP services. This worksheet should be populated based on staffing by your organization for the reporting year selected on the *A. General* worksheet. There is a blank notes section at the bottom of the worksheet, which can be used by your organization to provide any additional details or clarification on the staffing reported.

For hourly non-contracted employees, the contractor should consider its standard work week for purposes of determining and reporting the payroll count. For example, if a contractor's standard work week is 35 hours, hourly employees working 35 hours or more per week should be considered a full-time employee, and reported in the full-time columns. Similarly, if a contractor's standard work week is 40 hours per week, hourly employees working 40 hours or more per week should be considered as a full-time employee, and reported in the full-time columns.

Below are additional details on the requested information for this worksheet, which should be completed for both full-time and part-time employees. Totals for employee counts for employees and contractors have been included in lines 31 to 33, and will automatically update based on the payroll count your organization reports.

- *Job Titles* – will be automatically updated based on your organization's job title selections on the *C. Wages* worksheet.

- *Employee or Contractor* – will be automatically updated based on your organization's job title selections on the *C. Wages* worksheet.

- *Supervisor* – will be automatically updated based on your organization's job title selections on the *C. Wages* worksheet.

- Number of Employees for full-time and part-time positions should reflect each staff member only once per input cell and should ultimately reflect the total staff count to provide AzEIP services:

    - At the beginning of the reporting year

    - At the end of the reporting year

    - Who left the organization at any point during the reporting year

    - Count of unfilled positions at the end of the reporting year

- *Turnover Percentage* – will be automatically calculated for both full-time and part-time positions as the number of staff who left the organization at any point during the year divided by the average number of employees at the beginning and the end of the year.

    - This annual turnover calculation is in line with the methodology used by the Society of Human Resource Management (SHRM)[1] and was standardized so comparisons could be made between organizations.

## Benefits Worksheet

The *E. Benefits* worksheet will capture the benefits your organization offers to all non-contracted direct care staff and supervisors employed to provide AzEIP services. Information should be summarized by your organization for the reporting year selected on the *A. General* worksheet. There is a blank notes section at the bottom of the worksheet, which can be used by your organization to provide any additional

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[1] Society of Human Resource Management (SHRM) "Data Will Show You Why Your Employees Leave or Stay" Data Will Show You Why Your Employees Leave or Stay (shrm.org)

details or clarification on the staffing reported. Administrative, program support staff, and contractor benefits should not be included in the responses on this worksheet.

Benefits should be reported separately for full-time and part-time staff. For hourly non-contracted employees, the contractor should consider its standard work week for purposes of determining and reporting full-time and part-time information. For example, if a contractor's standard work week is 35 hours, hourly employees working 35 hours per week or more should be considered a full-time employee and should be reported in the corresponding column. Similarly, if a contractor's standard work week is 40 hours per week, hourly employees working 40 hours or more per week should be considered as full-time and be reported in the full-time column. Below are additional details on the requested information for this worksheet, which should be completed for both full-time and part-time employees.

### Staffing

Total non-contracted, direct care staffing will be summarized in Line 2, which will automatically calculate as the sum of non-contracted employees at the end of the reporting year as were listed on the *D. Turnover* worksheet.

### Holiday, Vacation, Sick Time, and Personal Days

Lines 3 to 10 should reflect the paid time off that direct care employees receive from your organization.

- *Holiday Pay (Lines 4 to 6)* – using the dropdown in line 4, select whether direct care staff are eligible for holiday pay from your organization if they work holidays. Please also include the total average hours of holiday time that are worked by direct care staff in the reporting year and any corresponding wage differences from regular pay for staff working on holidays.

- *Sick, Vacation, or Personal Days (Lines 7 to 10)* – using the dropdown in line 7, select whether paid sick, vacation, or personal time are offered to direct care staff. Please include the average hours direct care staff accrued in the reporting year per employee for sick, vacation, or personal days in lines 8 to 10, respectively.

  - Only report paid time off hours if your organization follows a standardized policy that is applicable to the listed job titles; if you do not have a policy for paid time off, do not report paid time off (you may still report paid holiday hours).

### Health, Vision, and Dental Insurance

In lines 11 to 20 your organization will report the health, vision, and dental insurance benefits that are offered to direct care employees that are providing AzEIP services, the number of staff that take-up this benefit, and total annual cost incurred by your organization for these benefits. If some, not all, direct care staff are eligible for a listed insurance, please select "yes" in the applicable dropdown to indicate that the reported staff are eligible.

- *Health Insurance (Lines 12 to 14)*

  - *Line 12* – using the yes/no dropdowns, indicate whether direct care staff are eligible for health insurance through your organization.

  - *Line 13* – if "yes" is selected on line 12, report the number of direct care staff that received health insurance in the reporting year from your organization.

  - *Line 14* – if "yes" is selected on line 12, report the total cost of health insurance contributions your organization made for direct care staff only. Do not include costs for administrative staff, program support staff, or employee contributions.

- *Vision Insurance (Lines 15 to 17)*

- *Line 15* – using the yes/no dropdowns, indicate whether direct care staff are eligible for vision insurance through your organization.

- *Line 16* – if "yes" is selected on line 15, report the number of direct care staff that received vision insurance in the reporting year from your organization.

- *Line 17* – if "yes" is selected on line 15, report the total cost of vision insurance contributions your organization made for direct care staff only. Do not include costs for administrative staff, program support staff, or employee contributions.

- *Dental Insurance (Lines 18 to 20)*

  - *Line 18* – using the yes/no dropdowns, indicate whether direct care staff are eligible for dental insurance through your organization.

  - *Line 19* – if "yes" is selected on line 18, report the number of direct care staff that received dental insurance in the reporting year from your organization.

  - *Line 20* – if "yes" is selected on line 18, report the total cost of dental insurance contributions your organization made for direct care staff only. Do not include costs for administrative staff, program support staff, or employee contributions.

### *Retirement*

Lines 21 to 24 should reflect the retirement contributions your organization provides to direct care employees who provide AzEIP services in the reporting year. Do not include contributions for administrative staff, program support staff, or contributions made by the employee.

- *Line 21* – using the yes/no dropdowns, indicate whether your organization contributes to a 401k, 403b or other retirement plans for your direct care staff.

- *Line 22* – if "yes" is selected on line 21, report the number of direct care staff that received retirement contributions from your organization in the reporting year.

- *Line 23* – if "yes" is selected on line 21, report the average annual retirement contributions made by your organization to direct care staff as a percentage of total wages.

### *Other Benefits*

Lines 25 to 29 should reflect any additional benefits your organization offers to direct care staff who provide AzEIP services that were not captured in the earlier sections of this worksheet. These additional benefits should only be those paid for by your organization and should not include contributions for administrative or program support staff.

- *Line 26* – using the yes/no dropdowns, indicate whether your organization offers any additional benefits to direct care staff.

- *Line 27* – if "yes" is selected on line 26, please type in notes describing the additional benefits in the green input cell.

- *Line 28* – if "yes" is selected on line 26 report the number of direct care staff that received this additional benefit from your organization in the reporting year.

- *Line 29* – if "yes" is selected on line 26 report the total cost to your organization of providing this additional benefit to direct care staff in the reporting year.

### *Unemployment Insurance and Worker's Compensation*

Lines 30 to 33 should outline how your organization has chosen to pay for unemployment insurance and worker's compensation for direct care staff who provided AzEIP services in the reporting period.

- *Line 31* – using the dropdowns, please select how your organization has chosen to pay for unemployment insurance in the reporting period.

- "As a percent of wages" represents if your organization has chosen to make quarterly payments to ADES for state unemployment insurance taxes based on an employer's specific tax rate, which varies according to each employer's "experience account" (the ratio of taxes paid to benefits claimed by former employees). This tax gets applied to the first $7,000 in wages paid to each employee.

- "Payments in lieu of contributions" represents if your organization elects to pay the actual cost of the benefits paid to former employees, rather than making payments based on a computed tax rate.

- *Line 32* – Federal unemployment insurance taxes or costs should not be reported in this line.

  - If on line 31 your organization selected "As a percent of wages," please report the state unemployment tax rate your organization paid in the reporting year as a percentage.

  - If on line 31 your organization selected "Payments in lieu of contributions," please report the total state unemployment insurance costs your organization paid in the reporting year.

- *Line 33* – report your organization's worker's compensation costs for direct care staff for each $100 in wages paid for AzEIP. If your organization has multiple policies, please provide a weighted average of the policies associated with the direct care staff employed to provide AzEIP services.

## Service Geography Worksheet

The purpose of the *F.1. Svc Geography* worksheet is to understand where the majority of AzEIP services are being provided to AzEIP children. This worksheet should be reported as a proportion of AzEIP units of service provided by your organization in the reporting year. This proportion should be reported as a percentage of units of the delivered service and should align with the units that were reported in AzEIP submitted claims data of the same time period. **For telehealth services where a county cannot be identified, those service units should be excluded from consideration on this worksheet.**

The shading on these columns will update based on the selected services from the *Table of Contents* worksheet, and only the green highlighted cells need to be populated. The sheet will automatically sum the percentages reported in each service category in Line 23, which should equal 100% once completed. If your organization does not provide services within specific categories, those columns can be left blank. There is a check in line 24 to ensure all total percentage by service sum to either 100% or were left blank, if a "No" appears in this row, please review, and revise your inputs so that the total sums to 100%. Appendix A reflects a map of the regional boundaries for AzEIP. There is a Blank Notes Section at the bottom of the worksheet, which can be used by your organization to provide any additional details or clarification on the staffing reported.

## Mileage Geography Worksheet

The purpose of the *F.2. Mileage Geography* worksheet is to illustrate which regions are associated with a majority of mileage reimbursements made to providers who are traveling to provide AzEIP services. Please allocate the AzEIP mileage reimbursement by the service provided as part of the trip and the region selected should align with where the service was provided. This proportion should be reported as a percentage of mileage reimbursement that was paid to the service provider for each of the applicable regions in the reporting year. Note that the general layout and functionality of this worksheet is in alignment with the *F.1. Svc Geography* worksheet. Appendix A reflects a map of the regional boundaries for AzEIP. There is a Blank Notes Section at the bottom of the worksheet, which can be used by your organization to provide any additional details or clarification on the staffing reported.

## AzEIP Child Count

The purpose of the *F.3. AzEIP Child Count* worksheet is to report a count of the total children who received AzEIP services from your organization in the reporting year by service, payment tier, and setting. The count of children reported on this worksheet should be an unduplicated count, meaning they will be reported only once per input cell, but may be included under more than one service, tier, and/or setting option. The children reported on this worksheet should only be the children who received an AzEIP service in the reporting year. There is a Blank Notes Section at the bottom of the worksheet, which can be used by your organization to provide any additional details or clarification on the staffing reported.

For purposes of this survey, tier can be identified by zip code and that identification has been included in Appendix B of these instructions. Setting will be identified as the following:

- *Natural Environment* – AzEIP services are considered as being in a "natural environment" if they are provided in a setting that is natural or typical for a same-aged child without a disability and may include the home or community settings.

- *Clinic-Based* – AzEIP services are considered as being in a clinic-based setting if they are provided in a healthcare professional's office that is specific to providing services for a child with a disability.

- *Telehealth* – AzEIP services are considered as being in a telehealth setting if they are provided solely on a virtual platform.

## Service Specific Worksheet

The remainder of the worksheets will report more detailed information on the AzEIP services your organization provides to AzEIP children. **Only the worksheets indicated "Yes" in cells E17 to E29 of the *Table of Contents* worksheet need to be completed**. The cells on the *Table of Contents* worksheet will automatically update based on the services your organization selected in cells E8 to E12 of the same *Table of Contents* worksheet. Questions are consistent across each service worksheet. Information should be summarized by your organization for the reporting year selected on the *A. General* worksheet. There is a Blank Notes Section at the bottom of the worksheet, which can be used by your organization to provide any additional details or clarification on the staffing reported.

### Case Load and Service Design

- *Number of AzEIP children receiving services from your organization* – these cells will automatically update based on your AzEIP child count inputs on the *F.3. AzEIP Child Count* worksheet.

- *Average number of AzEIP children or families seen per week per direct care employee* – please report a per week, per employee metric so it reflects an employee's average weekly number of delivered appointments.

- *Average visit/session length in hours* – please report the average time per appointment.

- *Average square footage of program space per employee* – this information is only needed for services provided in a clinic-based setting.

- *Operating cost per square foot* – please report the operating cost per square foot associated with the total square footage per employee in the line above. This information is only needed for services provided in a clinic-based setting.

### Equipment & Supplies

- *Annual cost of equipment & supplies to perform services* – please report annual cost of equipment and supplies used to provide services and in the green input cell below, list out the equipment and/or supplies included in the expense.

*Staffing Pattern*

This section should reflect the expected hours a direct care staff member providing AzEIP services works in a typical week. The goal of this staffing pattern section is to understand the typical distribution of time a staff member providing AzEIP services spends on delivering services to AzEIP children (direct care time) versus all other time (indirect time). Below are details on the requested staffing patterns and notes on service detail requested differences.

- *Total Average Hours Worked in a Week* – please report the total billable and non-billable time that is expected by the organization for a direct care staff member to work in a week. This value can vary by service as applicable.

- *Providing Services* – this value is automatically calculated as the average children/sessions per week per employee multiplied by the average visit/session length in hours for all service tabs.

- *Participating in Initial Planning Process (IPP) Meetings* – please report the average weekly hours this task takes for a direct care staff.

- *Evaluations* – please report the average weekly hours this task takes for a direct care staff and report only time where the AzEIP family was not present.

- *Participating in Individual Family Service Plan (IFSP) Meetings* – please report the average weekly hours this task takes for a direct care staff.

- *Service Coordination* – please report as average weekly hours this task takes for a direct care staff and report only time where the AzEIP family was not present.

- *Team Conferencing* – please report as average weekly hours direct care staff actually spend in team conferences and report only time where the AzEIP family was not present. Note: this may not align with billed time.

- *Travel Between AzEIP Service Sessions* – please report as average weekly hours this task takes for a direct care staff.

- *Missed Appointments* – please report the average weekly hours a direct care staff member loses due to missed appointments from an AzEIP scheduled service. Do not include time that is redirected to another activity. For example, if an AzEIP family misses a four-hour appointment, it is unlikely that all four hours are "lost," as the staff can use the time to catch up on paperwork or other tasks.

- *Recordkeeping* – please do not report time on this line that is spent on documentation that occurs while the AzEIP family is present, as that should already be captured in the "Providing Services" line. Further, please do not report time on this line that is spent performing formal assessments, as that should also be captured in earlier lines.

- *Employer Time* – please do not report time spent performing direct care duties on this line. Employer time should include time spent on activities such as staff meetings, filing employer required paperwork (not service delivery related), and receiving counseling from a supervisor. Further, do not include time spent on training programs within this line.

- *Program Preparation/Set-Up/Clean-Up* – for this line, please only report time spent on preparation activities where the AzEIP family is not present. Any preparation hours while the AzEIP family is present should be included in the "Providing Services" line.

- *Other Activities Blank Rows* – if there are other major activities that are part of the direct care staff member's typical week but are not listed elsewhere on this survey, please use these blank rows to report the activity name and associated average weekly hours.

- *Time Allocation Check* – the final row checks to ensure that the total weekly hours reported earlier in this section is equal to the sum of the individual line activity weekly hours. If "No" appears on this line, please review and revise the hours reported.

## Weekly Miles Driven by Direct Care Staff

- *Weekly miles to travel between AzEIP service sessions* – please report the average weekly miles for one direct care staff.

## Staff Training Hours – Annual Hours for Direct Care Staff

- *Training hours received by staff for AzEIP team training* – please report the average annual training hours related to AzEIP specific team training for one direct care staff.

- *Training hours received by staff for continuous education* – please report the average annual continuous education (outside of team training) hours for one direct care staff. This should exclude time associated with the training of new staff that would be provided on a one-time basis.

## Supervision of Direct Care Staff

- *Average number of direct care staff supervised by one (1) supervisor* – please report as a whole number to the extent that it is possible.

- *Average number of hours per week of supervision provided to direct care staff* – please report the expected weekly supervision hours for one supervisor of direct care staff.

- Additional rows have been included to report other typical weekly hours a supervisor spends on tasks that are not direct supervision of staff.
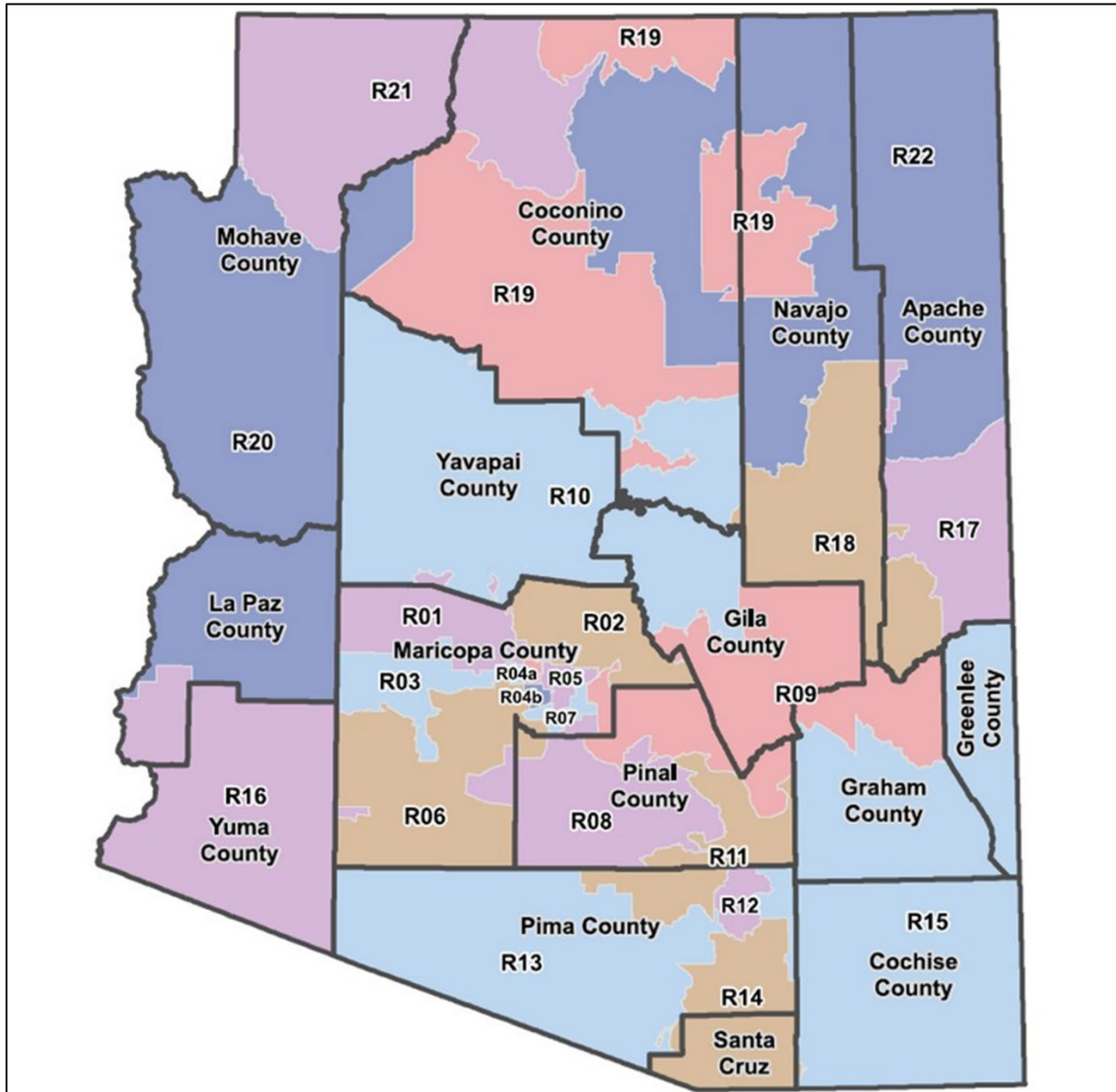
## Appendix B: AzEIP Tier by Zip Code

| Zip Code | Tier | County |
|---|---|---|
| 85001 | Base | Maricopa |
| 85002 | Base | Maricopa |
| 85003 | Base | Maricopa |
| 85004 | Base | Maricopa |
| 85005 | Base | Maricopa |
| 85006 | Base | Maricopa |
| 85007 | Base | Maricopa |
| 85008 | Base | Maricopa |
| 85009 | Base | Maricopa |
| 85010 | Base | Maricopa |
| 85011 | Base | Maricopa |
| 85012 | Base | Maricopa |
| 85013 | Base | Maricopa |
| 85014 | Base | Maricopa |
| 85015 | Base | Maricopa |
| 85016 | Base | Maricopa |
| 85017 | Base | Maricopa |
| 85018 | Base | Maricopa |
| 85019 | Base | Maricopa |
| 85020 | Base | Maricopa |
| 85021 | Base | Maricopa |
| 85022 | Base | Maricopa |
| 85023 | Base | Maricopa |
| 85024 | Base | Maricopa |
| 85025 | Base | Maricopa |
| 85026 | Base | Maricopa |
| 85027 | Base | Maricopa |
| 85028 | Base | Maricopa |
| 85029 | Base | Maricopa |
| 85030 | Base | Maricopa |
| 85031 | Base | Maricopa |
| 85032 | Base | Maricopa |
| 85033 | Base | Maricopa |
| 85034 | Base | Maricopa |
| 85035 | Base | Maricopa |
| 85036 | Base | Maricopa |
| 85037 | Base | Maricopa |
| 85038 | Base | Maricopa |
| 85039 | Base | Maricopa |
| 85040 | Base | Maricopa |
| 85041 | Base | Maricopa |
| 85042 | Base | Maricopa |

| Zip Code | Tier | County |
|---|---|---|
| 85043 | Base | Maricopa |
| 85044 | Base | Maricopa |
| 85045 | Base | Maricopa |
| 85046 | Base | Maricopa |
| 85048 | Base | Maricopa |
| 85050 | Base | Maricopa |
| 85051 | Base | Maricopa |
| 85053 | Base | Maricopa |
| 85054 | Base | Maricopa |
| 85060 | Base | Maricopa |
| 85061 | Base | Maricopa |
| 85062 | Base | Maricopa |
| 85063 | Base | Maricopa |
| 85064 | Base | Maricopa |
| 85065 | Base | Maricopa |
| 85066 | Base | Maricopa |
| 85067 | Base | Maricopa |
| 85068 | Base | Maricopa |
| 85069 | Base | Maricopa |
| 85070 | Base | Maricopa |
| 85071 | Base | Maricopa |
| 85072 | Base | Maricopa |
| 85073 | Base | Maricopa |
| 85074 | Base | Maricopa |
| 85075 | Base | Maricopa |
| 85076 | Base | Maricopa |
| 85078 | Base | Maricopa |
| 85079 | Base | Maricopa |
| 85080 | Base | Maricopa |
| 85082 | Base | Maricopa |
| 85083 | Base | Maricopa |
| 85085 | Base | Maricopa |
| 85086 | Base | Maricopa |
| 85087 | 1 | Maricopa |
| 85097 | Base | Maricopa |
| 85098 | Base | Maricopa |
| 85117 | 1 | Pinal |
| 85118 | 1 | Pinal |
| 85119 | 1 | Pinal |
| 85120 | 1 | Pinal, Maricopa |
| 85121 | 2 | Pinal |
| 85122 | 2 | Pinal |
| 85123 | 2 | Pinal |
| 85127 | 1 | Maricopa |

| Zip Code | Tier | County |
|---|---|---|
| 85128 | 2 | Pinal |
| 85130 | 2 | Pinal |
| 85131 | 2 | Pinal |
| 85132 | 2 | Pinal |
| 85135 | 3 | Gila |
| 85137 | 2 | Pinal |
| 85138 | 2 | Pinal |
| 85139 | 2 | Pinal, Maricopa |
| 85140 | 1 | Pinal |
| 85141 | 2 | Pinal |
| 85142 | 1 | Pinal, Maricopa |
| 85143 | 1 | Pinal |
| 85145 | 1 | Pinal |
| 85147 | 2 | Pinal |
| 85172 | 2 | Pinal |
| 85173 | 3 | Pinal |
| 85178 | 1 | Pinal |
| 85190 | 1 | Maricopa |
| 85191 | 2 | Pinal |
| 85192 | 3 | Gila, Pinal |
| 85193 | 2 | Pinal |
| 85194 | 2 | Pinal |
| 85201 | Base | Maricopa |
| 85202 | Base | Maricopa |
| 85203 | Base | Maricopa |
| 85204 | Base | Maricopa |
| 85205 | Base | Maricopa |
| 85206 | Base | Maricopa |
| 85207 | Base | Maricopa |
| 85208 | Base | Maricopa |
| 85209 | Base | Maricopa |
| 85210 | Base | Maricopa |
| 85211 | Base | Maricopa |
| 85212 | Base | Maricopa |
| 85213 | Base | Maricopa |
| 85214 | Base | Maricopa |
| 85215 | Base | Maricopa |
| 85216 | Base | Maricopa |
| 85224 | Base | Maricopa |
| 85225 | Base | Maricopa |
| 85226 | Base | Maricopa |
| 85233 | Base | Maricopa |
| 85234 | Base | Maricopa |
| 85236 | Base | Maricopa |

| Zip Code | Tier | County |
| --- | --- | --- |
| 85244 | Base | Maricopa |
| 85246 | Base | Maricopa |
| 85248 | Base | Pinal, Maricopa |
| 85249 | Base | Maricopa |
| 85250 | Base | Maricopa |
| 85251 | Base | Maricopa |
| 85252 | Base | Maricopa |
| 85253 | Base | Maricopa |
| 85254 | Base | Maricopa |
| 85255 | Base | Maricopa |
| 85256 | Base | Maricopa |
| 85257 | Base | Maricopa |
| 85258 | Base | Maricopa |
| 85259 | Base | Maricopa |
| 85260 | Base | Maricopa |
| 85261 | Base | Maricopa |
| 85262 | Base | Maricopa |
| 85263 | Base | Maricopa |
| 85264 | Base | Maricopa |
| 85266 | Base | Maricopa |
| 85267 | Base | Maricopa |
| 85268 | Base | Maricopa |
| 85269 | Base | Maricopa |
| 85271 | Base | Maricopa |
| 85274 | Base | Maricopa |
| 85275 | Base | Maricopa |
| 85277 | Base | Maricopa |
| 85280 | Base | Maricopa |
| 85281 | Base | Maricopa |
| 85282 | Base | Maricopa |
| 85283 | Base | Maricopa |
| 85284 | Base | Maricopa |
| 85285 | Base | Maricopa |
| 85286 | Base | Maricopa |
| 85287 | Base | Maricopa |
| 85295 | Base | Maricopa |
| 85296 | Base | Maricopa |
| 85297 | Base | Maricopa |
| 85298 | Base | Maricopa |
| 85299 | Base | Maricopa |
| 85301 | Base | Maricopa |
| 85302 | Base | Maricopa |
| 85303 | Base | Maricopa |
| 85304 | Base | Maricopa |

| Zip Code | Tier | County |
| --- | --- | --- |
| 85305 | Base | Maricopa |
| 85306 | Base | Maricopa |
| 85307 | Base | Maricopa |
| 85308 | Base | Maricopa |
| 85309 | Base | Maricopa |
| 85310 | Base | Maricopa |
| 85311 | Base | Maricopa |
| 85312 | Base | Maricopa |
| 85318 | Base | Maricopa |
| 85320 | 1 | Maricopa |
| 85321 | 3 | Pima |
| 85322 | 2 | Maricopa |
| 85323 | Base | Maricopa |
| 85324 | 3 | Yavapai |
| 85325 | 3 | La Paz |
| 85326 | 1 | Maricopa |
| 85327 | Base | Maricopa |
| 85328 | 3 | La Paz |
| 85329 | Base | Maricopa |
| 85331 | Base | Maricopa |
| 85332 | 3 | Yavapai |
| 85333 | 3 | Maricopa, Yuma |
| 85334 | 3 | La Paz |
| 85335 | Base | Maricopa |
| 85336 | 3 | Yuma |
| 85337 | 1 | Maricopa |
| 85338 | Base | Maricopa |
| 85339 | Base | Pinal, Maricopa |
| 85340 | Base | Maricopa |
| 85341 | 3 | Pima |
| 85342 | 2 | Maricopa, Yavapai |
| 85343 | 2 | Maricopa |
| 85344 | 3 | La Paz |
| 85345 | Base | Maricopa |
| 85346 | 3 | La Paz |
| 85347 | 3 | Yuma |
| 85348 | 3 | La Paz |
| 85349 | 3 | Yuma |
| 85350 | 3 | Yuma |
| 85351 | Base | Maricopa |
| 85352 | 3 | Yuma |
| 85353 | Base | Maricopa |
| 85354 | 2 | Maricopa |
| 85355 | Base | Maricopa |

| Zip Code | Tier | County |
|---|---|---|
| 85356 | 3 | La Paz, Yuma |
| 85357 | 3 | La Paz |
| 85358 | 1 | Maricopa |
| 85359 | 3 | La Paz |
| 85360 | 3 | Mohave |
| 85361 | 1 | Maricopa |
| 85362 | 3 | Yavapai |
| 85363 | Base | Maricopa |
| 85364 | 3 | Yuma |
| 85365 | 3 | Yuma |
| 85366 | 3 | Yuma |
| 85367 | 3 | Yuma |
| 85369 | 3 | Yuma |
| 85371 | 3 | La Paz |
| 85372 | Base | Maricopa |
| 85373 | Base | Maricopa |
| 85374 | Base | Maricopa |
| 85375 | Base | Maricopa |
| 85376 | Base | Maricopa |
| 85377 | Base | Maricopa |
| 85378 | Base | Maricopa |
| 85379 | Base | Maricopa |
| 85380 | Base | Maricopa |
| 85381 | Base | Maricopa |
| 85382 | Base | Maricopa |
| 85383 | Base | Maricopa |
| 85385 | Base | Maricopa |
| 85387 | Base | Maricopa |
| 85388 | Base | Maricopa |
| 85390 | 1 | Maricopa, Yavapai |
| 85392 | Base | Maricopa |
| 85395 | Base | Maricopa |
| 85396 | 1 | Maricopa |
| 85501 | 3 | Gila |
| 85502 | 3 | Gila |
| 85530 | 3 | Graham |
| 85531 | 3 | Graham |
| 85532 | 3 | Gila |
| 85533 | 3 | Greenlee |
| 85534 | 3 | Greenlee |
| 85535 | 3 | Graham |
| 85536 | 3 | Graham |
| 85539 | 3 | Gila, Pinal |
| 85540 | 3 | Greenlee |

| Zip Code | Tier | County |
|---|---|---|
| 85541 | 3 | Gila |
| 85542 | 3 | Gila |
| 85543 | 3 | Graham |
| 85544 | 3 | Gila |
| 85545 | 3 | Gila, Maricopa |
| 85546 | 3 | Graham |
| 85547 | 3 | Gila |
| 85548 | 3 | Graham |
| 85550 | 3 | Graham |
| 85551 | 3 | Graham |
| 85552 | 3 | Graham |
| 85553 | 3 | Gila |
| 85554 | 3 | Gila |
| 85601 | 2 | Pima |
| 85602 | 2 | Cochise, Pima |
| 85603 | 3 | Cochise |
| 85605 | 2 | Cochise |
| 85606 | 2 | Cochise |
| 85607 | 3 | Cochise |
| 85608 | 3 | Cochise |
| 85609 | 2 | Cochise |
| 85610 | 3 | Cochise |
| 85611 | 2 | Cochise, Pima, Santa Cruz |
| 85613 | Base | Cochise |
| 85614 | 2 | Pima, Santa Cruz |
| 85615 | 3 | Cochise |
| 85616 | 3 | Cochise |
| 85617 | 3 | Cochise |
| 85618 | 3 | Pinal |
| 85619 | 2 | Pima |
| 85620 | 3 | Cochise |
| 85621 | 2 | Santa Cruz |
| 85622 | 2 | Pima |
| 85623 | 3 | Pinal |
| 85624 | 2 | Santa Cruz |
| 85625 | 2 | Cochise |
| 85626 | 3 | Cochise |
| 85627 | 2 | Cochise |
| 85628 | 2 | Santa Cruz |
| 85629 | Base | Pima |
| 85630 | 3 | Cochise |
| 85631 | 3 | Pinal |
| 85632 | 2 | Cochise |
| 85633 | Base | Pima |

| Zip Code | Tier | County |
|---|---|---|
| 85634 | 3 | Pima |
| 85635 | 3 | Cochise |
| 85636 | 3 | Cochise |
| 85637 | 2 | Pima, Santa Cruz |
| 85638 | 2 | Cochise |
| 85639 | 3 | Pima |
| 85640 | 2 | Santa Cruz |
| 85641 | Base | Pima |
| 85643 | 3 | Cochise, Graham |
| 85644 | 3 | Cochise |
| 85645 | 2 | Pima |
| 85646 | 2 | Santa Cruz |
| 85648 | 2 | Santa Cruz |
| 85650 | Base | Cochise |
| 85652 | Base | Pima |
| 85653 | 1 | Pima, Pinal |
| 85654 | 1 | Pima |
| 85655 | 3 | Cochise |
| 85658 | 1 | Pima, Pinal |
| 85662 | 2 | Santa Cruz |
| 85670 | 3 | Cochise |
| 85671 | 3 | Cochise |
| 85701 | Base | Pima |
| 85702 | Base | Pima |
| 85703 | Base | Pima |
| 85704 | Base | Pima |
| 85705 | Base | Pima |
| 85706 | Base | Pima |
| 85707 | Base | Pima |
| 85708 | Base | Pima |
| 85709 | Base | Pima |
| 85710 | Base | Pima |
| 85711 | Base | Pima |
| 85712 | Base | Pima |
| 85713 | Base | Pima |
| 85714 | Base | Pima |
| 85715 | Base | Pima |
| 85716 | Base | Pima |
| 85717 | Base | Pima |
| 85718 | Base | Pima |
| 85719 | Base | Pima |
| 85720 | Base | Pima |
| 85721 | Base | Pima |
| 85722 | Base | Pima |

| Zip Code | Tier | County |
| --- | --- | --- |
| 85723 | Base | Pima |
| 85724 | Base | Pima |
| 85725 | Base | Pima |
| 85726 | Base | Pima |
| 85728 | Base | Pima |
| 85730 | Base | Pima |
| 85731 | Base | Pima |
| 85732 | Base | Pima |
| 85733 | Base | Pima |
| 85734 | Base | Pima |
| 85735 | Base | Pima |
| 85736 | Base | Pima |
| 85737 | Base | Pima |
| 85738 | Base | Pima |
| 85739 | Base | Pima, Pinal |
| 85740 | Base | Pima |
| 85741 | Base | Pima |
| 85742 | Base | Pima |
| 85743 | Base | Pima |
| 85744 | Base | Pima |
| 85745 | Base | Pima |
| 85746 | Base | Pima |
| 85747 | Base | Pima |
| 85748 | Base | Pima |
| 85749 | Base | Pima |
| 85750 | Base | Pima |
| 85751 | Base | Pima |
| 85752 | Base | Pima |
| 85754 | Base | Pima |
| 85755 | Base | Pima |
| 85756 | Base | Pima |
| 85757 | Base | Pima |
| 85775 | Base | Pima |
| 85901 | 3 | Apache, Navajo |
| 85902 | 3 | Navajo |
| 85911 | 3 | Navajo |
| 85912 | 3 | Navajo |
| 85920 | 3 | Apache |
| 85922 | 3 | Greenlee |
| 85923 | 3 | Navajo |
| 85924 | 3 | Apache |
| 85925 | 3 | Apache |
| 85926 | 3 | Navajo |
| 85927 | 3 | Apache |

| Zip Code | Tier | County |
|---|---|---|
| 85928 | 3 | Coconino, Navajo |
| 85929 | 3 | Navajo |
| 85930 | 3 | Apache |
| 85931 | 3 | Coconino |
| 85932 | 3 | Apache |
| 85933 | 3 | Navajo |
| 85934 | 3 | Navajo |
| 85935 | 3 | Navajo |
| 85936 | 3 | Apache |
| 85937 | 3 | Navajo |
| 85938 | 3 | Apache |
| 85939 | 3 | Navajo |
| 85940 | 3 | Apache |
| 85941 | 3 | Navajo |
| 85942 | 3 | Navajo |
| 86001 | 1 | Coconino |
| 86002 | 1 | Coconino |
| 86003 | 1 | Coconino |
| 86004 | 1 | Coconino |
| 86005 | 1 | Coconino |
| 86011 | 1 | Coconino |
| 86015 | 1 | Coconino |
| 86016 | 1 | Coconino |
| 86017 | 1 | Coconino |
| 86018 | 3 | Coconino |
| 86020 | 3 | Coconino |
| 86021 | 3 | Mohave |
| 86022 | 3 | Coconino |
| 86023 | 3 | Coconino |
| 86024 | 3 | Coconino |
| 86025 | 3 | Navajo |
| 86028 | 3 | Apache |
| 86029 | 3 | Navajo |
| 86030 | 3 | Coconino |
| 86031 | 3 | Navajo |
| 86032 | 3 | Navajo |
| 86033 | 3 | Navajo |
| 86034 | 3 | Navajo |
| 86035 | 3 | Coconino |
| 86036 | 3 | Coconino |
| 86038 | 1 | Coconino |
| 86039 | 3 | Navajo |
| 86040 | 3 | Coconino |
| 86042 | 3 | Navajo |

| Zip Code | Tier | County |
|---|---|---|
| 86043 | 3 | Navajo |
| 86044 | 3 | Coconino |
| 86045 | 3 | Coconino |
| 86046 | 3 | Coconino |
| 86047 | 3 | Navajo |
| 86052 | 3 | Coconino |
| 86053 | 3 | Coconino |
| 86054 | 3 | Navajo |
| 86301 | Base | Yavapai |
| 86302 | 1 | Yavapai |
| 86303 | 1 | Yavapai |
| 86304 | 1 | Yavapai |
| 86305 | 1 | Yavapai |
| 86312 | Base | Yavapai |
| 86313 | Base | Yavapai |
| 86314 | Base | Yavapai |
| 86315 | Base | Yavapai |
| 86320 | 3 | Yavapai |
| 86321 | 3 | Yavapai |
| 86322 | Base | Yavapai |
| 86323 | Base | Yavapai |
| 86324 | Base | Yavapai |
| 86325 | Base | Yavapai |
| 86326 | Base | Yavapai |
| 86327 | Base | Yavapai |
| 86329 | Base | Yavapai |
| 86331 | Base | Yavapai |
| 86332 | 2 | Yavapai |
| 86333 | 1 | Yavapai |
| 86334 | 2 | Yavapai |
| 86335 | Base | Yavapai |
| 86336 | Base | Coconino, Yavapai |
| 86337 | 3 | Yavapai |
| 86338 | 1 | Yavapai |
| 86339 | Base | Coconino |
| 86340 | Base | Yavapai |
| 86341 | 2 | Yavapai |
| 86342 | Base | Yavapai |
| 86343 | 3 | Yavapai |
| 86351 | 2 | Yavapai |
| 86401 | 2 | Mohave |
| 86402 | 2 | Mohave |
| 86403 | 3 | Mohave |
| 86404 | 3 | Mohave |

| Zip Code | Tier | County |
| --- | --- | --- |
| 86405 | 3 | Mohave |
| 86406 | 3 | Mohave |
| 86409 | 1 | Mohave |
| 86411 | 1 | Mohave |
| 86412 | 2 | Mohave |
| 86413 | 3 | Mohave |
| 86426 | 3 | Mohave |
| 86427 | 3 | Mohave |
| 86429 | 3 | Mohave |
| 86430 | 3 | Mohave |
| 86431 | 2 | Mohave |
| 86432 | 3 | Mohave |
| 86433 | 3 | Mohave |
| 86434 | 3 | Coconino, Mohave |
| 86435 | 3 | Coconino |
| 86436 | 3 | Mohave |
| 86437 | 1 | Mohave |
| 86438 | 3 | Mohave |
| 86439 | 3 | Mohave |
| 86440 | 3 | Mohave |
| 86441 | 3 | Mohave |
| 86442 | 3 | Mohave |
| 86443 | 3 | Mohave |
| 86444 | 3 | Mohave |
| 86445 | 3 | Mohave |
| 86446 | 3 | Mohave |
| 86502 | 3 | Apache |
| 86503 | 3 | Apache |
| 86504 | 3 | Apache |
| 86505 | 3 | Apache |
| 86506 | 3 | Apache |
| 86507 | 3 | Apache |
| 86508 | 3 | Apache |
| 86510 | 3 | Navajo |
| 86511 | 3 | Apache |
| 86512 | 3 | Apache |
| 86514 | 3 | Apache |
| 86515 | 3 | Apache |
| 86520 | 3 | Apache |
| 86535 | 3 | Apache |
| 86538 | 3 | Apache |
| 86540 | 3 | Apache |
| 86544 | 3 | Apache |
| 86545 | 3 | Apache |

| Zip Code | Tier | County |
|----------|------|--------|
| 86547 | 3 | Apache |
| 86556 | 3 | Apache |

## Limitations

*These survey instructions are intended for the use of Arizona Department of Economic Security (ADES) Arizona Early Intervention Program (AzEIP) in support of its 2023 rate study, and are not appropriate for other purposes. The terms of Milliman's contract with ADES signed on May 23, 2023 apply to these draft instructions and its use.*

*These survey instructions were developed to accompany the survey tool "2023 AzEIP Contractor Survey _20230724.xlsx" dated July 24, 2023, and should not be reviewed without consultation of the survey tool. We understand this survey instructions will be shared by AzEIP with its contractors for the purpose of completing the survey. These survey instructions should not be shared with other third parties without Milliman's prior consent. In the event such consent is provided, the survey instructions must be provided in its entirety.*

*In performing this work, we relied on data and information provided by AzEIP and its contractors. We have not audited or verified this data and information. If the underlying data or information is inaccurate or incomplete, the results of our assessment may likewise be inaccurate or incomplete.*

*Milliman makes no representations or warranties regarding the contents of these instructions to third parties. Likewise, third parties are instructed that they are to place no reliance upon these instructions prepared for DHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.*