



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Division of Developmental Disabilities

2013 Provider Rate Rebase

Provider Cost Survey
Final Report

October 8, 2013

Prepared by:

BURNS & ASSOCIATES, INC.

Health Policy Consultants

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MEMORANDUM

July 14, 2013

To: Division of Developmental Disabilities
Re: Transmittal of Final Provider Survey Results

Burns & Associates, Inc. and Navigant Consulting, Inc. (known collectively as the Consultant Workgroup), are assisting the Department of Economic Security's Division of Developmental Disabilities in a five-year 'rebase' of its provider rate schedule. To inform the development of provider rate models, the Workgroup conducted a provider survey. Analysis of provider survey responses has been finalized and is being transmitted with this memorandum. Additionally, the provider survey instrument and accompanying instructions have been included as Attachments 1 and 2, respectively.

Following is a brief background on the survey and discussion of the process for analyzing responses.

Background

As with its two previous comprehensive rate reviews, the Division sought to collect provider cost and service data through a provider survey to inform the development of rates. Working from the surveys from these previous rebases as well as surveys administered in other states, the Workgroup developed a draft survey. The draft was shared with the Division as well as a number of providers that agreed to participate in a series of focus groups during this project. The survey was revised based on feedback from the providers and finalized.

The survey was sent March 18, 2013 to all Division providers using the email addresses they had registered with the Division to receive all provider-related correspondence. The Workgroup attempted to find correct email addresses for any messages that were returned as undeliverable. The following week, a call-in conference line was opened for a half-day during which time providers could listen to an overview of the survey and ask questions. Additionally, contact emails and phone numbers for questions were included in the instructions.

Providers were ultimately given more than two-and-a-half months to complete the survey. The original due date was April 15. However based on provider requests, largely from the Arizona Association of Providers for People with Disabilities (AAPPD), the Division granted two extensions, to April 30 and then May 7. After reviewing preliminary response rates, the Division granted a third extension, to June 6 (although surveys continued to be accepted after that date). Throughout the survey period, a number of email reminders were sent. During the third extension period, the Division also made personal calls to a number of providers, particularly to AAPPD members and focus group participants.

Participation

In total, 78 providers returned a survey, representing 15 percent of all Division providers. This figure is lower than might be expected because of the number of small providers that deliver relatively few services to Division clients (for example, 224 therapists/agencies contract with the Department and only 24 completed the survey). The 78 responding providers accounted for 35 percent of home and community based services spending, indicating that larger providers who serve the most consumers were more likely to participate in the survey. Overall, the number and diversity of responding providers (in terms of size, location, services offered, etc.) appear to provide a reasonable sampling for most services. The number of participating providers and their aggregate share of spending is detailed by service in the analysis packet.

Analysis

Every service that was returned was hand-reviewed by the Workgroup. If there were any areas that the Workgroup thought warranted additional clarification, follow-up questions were emailed. Almost all providers received follow-up requests. The majority responded, but several did not. *All responses reported by providers were included in the analysis*, regardless of whether the Workgroup had questions that went unanswered.

In most cases data in the analysis packet is presented in a variety of ways. Straight averages (means) and weighted (by service revenue, unless otherwise noted) averages are provided. The straight and weighted averages are also presented without ‘outliers’ (defined as outside of two standard deviations of the mean). Finally, median values (the value at which half of the responses are above and half are below) are provided.

The provider survey is intended to *inform* rather than *determine* the rates. Providing a range of analyses of survey responses is intended to offer multiple perspectives and ensure that all responses are fairly considered as the Division sets the rates.

Questions

Any questions related to the accompanying analysis packet should be directed to Steve Abele with Burns & Associates, Inc. at (602) 241-8520 or sabele@burnshealthpolicy.com, or Andrea Pederson with Navigant Consulting, Inc. at (206) 292-2569 or andrea.pederson@navigant.com.



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Final Provider Survey Results

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**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Final**

Table of Contents

Summary of Participation	1
Savings Measures.....	2
Administration and Program Support	4
Wages.....	5
Turnover.....	6
Benefits	7
Affordable Care Act Impact.....	8
Productivity and Other Factors ¹	
Summary	9
Attendant Care.....	14
Homemaker	15
Habilitation.....	16
Individually Designed Living Arrangement (Hourly).....	17
Individually Designed Living Arrangement (Daily)	18
Respite (Hourly)	19
Respite, Continuous.....	20
Specialized Habilitation with a Music Component	21
Group Homes	22
Developmental Homes	25
Day Treatment and Training – Adult	28
Day Treatment and Training – Child, After School	30
Day Treatment and Training – Child, Summer	32
Individual Supported Employment.....	34
Individual Supported Employment, Employment Aide	35
Center-Based Employment.....	36
Center-Based Employment, Employment Aide	38
Group Supported Employment.....	39
Group Supported Employment, Employment Aide	41
Transportation	42
Nursing, Intermittent – RN.....	43
Nursing, Intermittent – LPN.....	44
Nursing, Visit – RN.....	45
Nursing, Visit – LPN.....	46
Nursing, Continuous/Respite – RN	47
Nursing, Continuous/Respite – LPN	48
Therapies, Natural Environment – Therapists.....	49
Therapies, Clinical Environment – Therapists	51
Therapies, Natural Environment – Therapist Assistants	53
Therapies, Clinical Environment – Therapist Assistants.....	55

¹Excludes services for which no surveys were received (Home Health Aide, Respiratory Therapy, and Specialized Habilitation-Behavioral)

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Summary of Participation**

Number of Providers			Payments		
Total	Submit	Perc.	Total	Submit	Perc.

All Services (excluding Fiscal Intermediary)

Total	526	78	14.8%	\$629,798,093	\$220,694,833	35.0%
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In-Home Supports and Specialized Habilitation

Habilitation	184	30	16.3%	\$67,005,142	\$10,366,927	15.5%
Attendant Care	164	29	17.7%	\$44,922,953	\$13,929,214	31.0%
Homemaker	22	6	27.3%	\$94,681	\$41,367	43.7%
Respite	214	39	18.2%	\$74,658,947	\$15,036,520	20.1%
Individually Designed Living Arrangement, Daily	44	12	27.3%	\$19,850,805	\$9,987,255	50.3%
Individually Designed Living Arrangement	44	11	25.0%	\$4,965,728	\$1,941,825	39.1%
Hab., Community Protection/Treatment, Hourly	1	0	0.0%	\$32,972	\$0	0.0%
Specialized Habilitation-Behavioral (-B and -M)	1	0	0.0%	\$162	\$0	0.0%
Specialized Habilitation w/ Music Component	22	5	22.7%	\$578,416	\$316,837	54.8%

Residential Services

Group Home	88	21	23.9%	\$183,886,910	\$75,746,722	41.2%
Room and Board, Group Home	84	21	25.0%	\$17,908,173	\$7,765,821	43.4%
Nursing Group Home	6	1	16.7%	\$7,691,723	\$1,616,603	21.0%
Room and Board, Nursing Group Home	6	1	16.7%	\$369,371	\$74,506	20.2%
Community Protection and Treatment Group Hom	15	1	6.7%	\$2,816,964	\$492,396	17.5%
Adult Developmental Home	31	8	25.8%	\$29,018,333	\$8,711,098	30.0%
Room and Board, Adult Developmental Home	31	8	25.8%	\$3,689,518	\$1,114,066	30.2%
Child Developmental Home	22	7	31.8%	\$8,371,670	\$5,203,566	62.2%
Room and Board, Child Developmental Home	1	1	100.0%	\$2,665	\$2,665	100.0%

Day Treatment and Training

Day Treatment and Training, Adult	147	34	23.1%	\$75,766,789	\$27,514,572	36.3%
Day Treatment and Training, Child	48	8	16.7%	\$2,032,551	\$121,970	6.0%

Employment Services

Individual Supported Employment	29	12	41.4%	\$117,948	\$46,804	39.7%
Group Supported Employment	57	18	31.6%	\$13,082,177	\$5,638,215	43.1%
Center-Based Employment	25	10	40.0%	\$5,609,974	\$4,275,774	76.2%
Employment Support Aide	37	15	40.5%	\$236,130	\$115,210	48.8%

Transportation

Transportation	130	26	20.0%	\$9,939,789	\$3,231,062	32.5%
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Professional Services

Nursing	15	6	40.0%	\$29,232,203	\$21,312,182	72.9%
Home Health Aide	1	1	100.0%	\$205	\$205	100.0%
Respiratory Therapy	1	0	0.0%	\$37,310	\$0	0.0%
Therapies (OT, PT, Speech)	222	24	10.8%	\$27,669,554	\$6,057,728	21.9%

Largest Providers

Top 10 Providers by Total Revenue	4	40.0%	\$191,563,352	\$70,524,781	36.8%
Top 25 Providers by Total Revenue	12	48.0%	\$303,981,229	\$132,078,345	43.4%
Top 50 Providers by Total Revenue	24	48.0%	\$403,506,624	\$180,960,734	44.8%

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Savings Measures Summary**

Implementation of Savings Measures

Number of Providers by type of Savings Measure

Response	Reduced Direct Care Staff Pay or Benefits	Reduced Administrative and Program Support Costs	Eliminated or Changed the Design of Programs
Yes	58	57	43
No	16	17	31
Total Responses	74	74	74
Total Survey Responses	76	76	76

Annual Savings Estimates

% Savings Summary	Reduced Direct Care Staff Pay or Benefits	Reduced Administrative and Program Support Costs	Eliminated or Changed the Design of Programs	Number of Responding Providers⁽¹⁾
Min	10%	6%	0%	2
Max	20%	20%	0%	2
Average	15%	13%	N/A	0
Total Survey Responses	76	76	76	76

Note (1): Two providers reported annual savings estimates in percentage amounts. For a summary of the number of providers reporting all savings, refer to the Summary Detail.

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Savings Measures Summary**

Implementation of Savings Measures

Total Provider Survey Responses

77

Number of Providers Reporting Saving in each Category

	Number of Providers
Has your organization reduced direct care staff pay or benefits?	
Wages/Salaries Frozen or Reduced	34
Eliminated/Reduced 401k/403b Matching Funds	7
Eliminated/Reduced Employer-paid Benefits, Fees, Education, & Certifications	21
Eliminated/Reduced Staff Hours	3
Laid-off Employee(s)	3
Eliminated/Rearranged Staff Positions	2
Eliminated/Reduced Bonuses, Pay Raises, and Fringe Benefits	7
Hiring Freeze	1
Eliminated/Reduced Over-time	3

Has your organization reduced administrative and program support costs?	
Wages/Salaries Frozen or Reduced	15
Laid-off Employee(s)	5
Eliminated/Rearranged Staff Positions	25
Eliminated/Reduced Staff Hours	6
Eliminated/Reduced Miscellaneous Improvement and Upkeep Costs	10
Opt For In-House Services vs. Out-of-House Services	4
Eliminated/Reduced Bonuses, Pay Raises, and Fringe Benefits	3
Eliminated/Reduced Employer-paid Benefits, Fees, Education, & Certifications	6
Refinanced	2
Hiring Freeze	3
Eliminated/Reduced 401k/403b Matching Funds	2

Has your organization eliminated or changed the design of its programs (e.g., larger groups, fewer outings)?	
Increased Small-group Activities/Reduced Large-group Activities	2
Eliminated/Reduced Group Outings and Field Trips	14
Eliminated Programs	2
Increased Clients Served	3
Reduced Activity Funds for Programs	4
Decreased Administration Overhead	6
Eliminated/Reduced Family and Community Events Fund	5
Reduced Food Budget	1
ERS Ratio	1
Eliminated Paid Holidays/PTO	1
Transferred Positions	2
Closed Group Home	2

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Administration and Program Support Costs**

	All Respondents (63)			Respondents < 50% Rate (49)		
SUMMARY	<u>Median</u>	<u>Wghtd. Avg</u>		<u>Median</u>	<u>Wghtd. Avg</u>	
Administration	14.8%	13.2%		12.8%	11.7%	
Program Support	<u>11.7%</u>	<u>11.9%</u>		<u>9.7%</u>	<u>11.3%</u>	
Total	27.5%	25.0%		24.2%	23.0%	
DETAIL BY EXPENDITURE CATEGORY	<u>DD Program Revenues</u> \$199,035,601			\$191,902,889		
	<u>Admin</u>	<u>Prog. Supp.</u>	<u>Total</u>	<u>Admin</u>	<u>Prog. Supp.</u>	<u>Total</u>
Salary	\$14,650,447	\$10,918,253	\$25,568,701	\$13,237,162	\$10,478,081	\$23,715,242
Optional ERE	\$1,508,064	\$1,415,011	\$2,923,075	\$1,230,655	\$1,331,009	\$2,561,664
Calculated Mandatory ERE	<u>\$1,492,271</u>	<u>\$1,133,739</u>	<u>\$2,626,010</u>	<u>\$1,348,287</u>	<u>\$1,087,976</u>	<u>\$2,436,263</u>
Subtotal - Staffing Costs	\$17,650,782	\$13,467,004	\$31,117,786	\$15,816,104	\$12,897,066	\$28,713,170
ERE Rate	20.5%	23.3%	21.7%	19.5%	23.1%	21.1%
Facility Rent/ Mortgage/ Depreciation	\$2,258,731	\$1,848,766	\$4,107,497	\$1,942,556	\$1,463,010	\$3,405,566
Facility Janitorial/ Landscaping/ Repairs/ Etc.	\$401,649	\$532,665	\$934,314	\$297,546	\$366,550	\$664,096
Office Equipment and Furniture	\$402,070	\$261,572	\$663,642	\$202,144	\$173,269	\$375,412
Depreciation other than Facility	\$404,540	\$715,268	\$1,119,808	\$275,008	\$403,587	\$678,595
Interest Expense (exclude mortgage)	\$177,128	\$166,003	\$343,131	\$158,071	\$163,042	\$321,113
Utilities/ Telecommunications/ Etc.	\$562,533	\$752,893	\$1,315,426	\$368,250	\$703,400	\$1,071,650
Taxes	\$308,134	\$185,780	\$493,914	\$260,798	\$154,283	\$415,082
Licensing/ Certification/ Accreditation Fees	\$100,135	\$125,005	\$225,140	\$89,846	\$115,306	\$205,152
Hiring expenses (excluding training)	\$98,589	\$191,000	\$289,589	\$78,208	\$161,873	\$240,081
Insurance (exclude auto insurance and benefits)	\$355,869	\$895,208	\$1,251,077	\$314,020	\$757,278	\$1,071,298
Information Technology Expense	\$510,943	\$277,432	\$788,375	\$383,716	\$248,544	\$632,260
Office Supplies	\$349,223	\$475,349	\$824,572	\$310,389	\$442,754	\$753,142
Postage	\$57,135	\$122,035	\$179,170	\$47,994	\$119,254	\$167,248
Advertising	\$87,659	\$125,033	\$212,692	\$38,996	\$114,275	\$153,271
Dues and Subscriptions	\$134,818	\$105,362	\$240,180	\$99,831	\$98,621	\$198,452
Consulting - Training/ Legal/ Accounting/ Etc.	\$777,883	\$576,039	\$1,353,921	\$582,966	\$538,678	\$1,121,644
Travel (exclude direct care)	\$222,711	\$326,225	\$548,937	\$174,512	\$311,374	\$485,885
Corporate Office Overhead	\$1,048,242	\$1,602,792	\$2,651,034	\$756,507	\$1,596,264	\$2,352,771
Other	<u>\$265,415</u>	<u>\$855,356</u>	<u>\$1,120,771</u>	<u>\$197,046</u>	<u>\$842,820</u>	<u>\$1,039,866</u>
Subtotal - Other Operating Costs	\$8,523,406	\$10,139,785	\$18,663,190	\$6,578,401	\$8,774,182	\$15,352,583
Grand Total	\$26,174,188	\$23,606,788	\$49,780,977	\$22,394,505	\$21,671,248	\$44,065,753
Percent of Revenue	13.2%	11.9%	25.0%	11.7%	11.3%	23.0%

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Direct Support Staff Wages and Turnover**

	Employees												Contractors							
	All Employees						Excluding Supervisors						All Contractors							
	Rsp	Hrs	Min	Max	Median	Wghtd Avg. ¹ w/ otl. w/o	Hrs	Min	Max	Median	Wghtd Avg. ¹ w/ otl. w/o	Rsp	Hrs	Min	Max	Median	Wghtd Avg. ¹ w/ otl. w/o otl.			
<i>In-Home Supports and Specialized Habilitation</i>																				
Habilitation	27	499,921	\$1.43	\$32.14	\$9.89	\$9.65	\$9.58	447,307	\$1.43	\$12.94	\$9.84	\$9.62	\$9.53	1	7,447	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
Attendant Care	25	911,399	\$1.43	\$24.52	\$9.90	\$9.72	\$9.71	817,785	\$1.43	\$12.94	\$9.84	\$9.68	\$9.68	1	10,155	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
Homemaker	5	63,230	\$8.50	\$12.17	\$10.23	\$9.14	\$9.14	62,097	\$8.67	\$10.79	\$10.23	\$8.91	\$8.91	0	0					
Respite	30	732,362	\$1.43	\$32.14	\$9.78	\$9.67	\$9.60	634,655	\$1.43	\$12.29	\$9.58	\$9.63	\$9.55	1	16,248	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
Indiv. Design. Liv. Arrang.	9	597,800	\$1.43	\$29.33	\$9.40	\$9.77	\$9.77	581,268	\$1.43	\$18.27	\$9.46	\$9.42	\$9.42	0	0					
Hab. Specialized Behavioral	0	0						0						0	0					
Habilitation w/ Music	3	16,874	\$11.86	\$22.43	\$14.49	\$13.15	\$13.15	16,874	\$11.86	\$22.43	\$14.49	\$13.15	\$13.15	0	0					
<i>Residential Services</i>																				
Group Home	18	4,472,843	\$8.25	\$29.33	\$9.80	\$9.84	\$9.73	3,930,451	\$8.25	\$15.32	\$9.50	\$9.50	\$9.36	0	0					
Medical Grp. Home	1	56,763	\$14.57	\$27.50	\$21.02	\$21.02	\$21.02	27,072	\$14.57	\$15.10	\$14.94	\$14.94	\$14.94	0	0					
CPT Group Home	1	42,873	\$9.50	\$11.50	\$9.78	\$9.78	\$9.78	36,788	\$9.50	\$9.50	\$9.50	\$9.50	\$9.50	0	0					
Adult Dev. Home-Supervision	6	20,486	\$10.13	\$27.79	\$16.63	\$16.16	\$16.16	16,755	\$10.13	\$21.45	\$15.74	\$15.59	\$15.59	0	0					
Adult Dev. Home-Recruit/Train	6	12,361	\$9.99	\$24.40	\$16.80	\$16.96	\$16.96	8,711	\$9.99	\$24.40	\$16.44	\$16.67	\$16.67	0	0					
Child Dev. Home-Supervision	6	24,894	\$10.13	\$27.79	\$16.55	\$17.50	\$17.50	19,509	\$10.13	\$21.45	\$15.66	\$15.54	\$15.54	0	0					
Child Dev. Home-Recruit/Train	6	14,938	\$9.99	\$24.40	\$17.09	\$16.96	\$16.96	10,247	\$9.99	\$24.40	\$16.35	\$16.35	\$16.35	0	0					
<i>Day Treatment and Training</i>																				
DTA, Adult	30	1,174,151	\$8.64	\$30.12	\$10.18	\$10.28	\$10.19	1,029,777	\$8.64	\$18.28	\$9.60	\$9.82	\$9.77	0	0					
DTA, Child	12	43,506	\$7.65	\$30.12	\$11.30	\$13.68	\$13.68	38,965	\$7.65	\$20.60	\$9.36	\$13.03	\$10.67	0	0					
<i>Employment Services</i>																				
Ind. Supp. Emp.	8	4,375	\$9.00	\$56.00	\$10.79	\$16.88	\$13.34	4,018	\$9.00	\$18.38	\$10.09	\$10.81	\$10.81	0	0					
Group Supp. Emp.	12	246,326	\$8.80	\$56.00	\$10.61	\$11.14	\$11.14	196,009	\$8.80	\$22.63	\$9.91	\$10.56	\$10.56	0	0					
Center-Based Emp.	9	192,929	\$8.62	\$56.00	\$11.01	\$12.27	\$12.27	163,178	\$8.62	\$26.76	\$10.47	\$11.28	\$10.27	0	0					
Emp. Support Aide-Individual	3	3,715	\$10.40	\$56.00	\$11.07	\$11.81	\$11.81	3,234	\$10.40	\$11.07	\$10.88	\$10.88	\$10.88	0	0					
Emp. Support Aide-Group	1	2,116	\$8.97	\$8.97	\$8.97	\$8.97	\$8.97	2,116	\$8.97	\$8.97	\$8.97	\$8.97	\$8.97	0	0					
Emp. Support Aide-Center	0	0						0						0	0					
<i>Transportation</i>																				
Transportation	22	123,054	\$7.25	\$245.19	\$9.83	\$10.87	\$10.16	117,945	\$7.25	\$32.50	\$9.82	\$10.43	\$10.11	0	0					
<i>Professional Services</i>																				
Nursing, Registered Nurses	4	427,666	\$24.42	\$51.43	\$26.86	\$26.79	\$26.79	327,393	\$24.42	\$27.41	\$26.23	\$25.86	\$25.86	0	0					
Nursing, Lic. Prac. Nurses	3	203,500	\$22.00	\$41.25	\$24.05	\$24.91	\$24.91	203,459	\$22.00	\$41.25	\$24.05	\$24.91	\$24.91	0	0					
Home Health Aide	1	4,993	\$14.98	\$14.98	\$14.98			4,993	\$14.98	\$14.98	\$14.98			0	0					
Therapy, Therapists	12	66,456	\$19.76	\$135.00	\$33.62	\$38.36	\$34.13	51,366	\$23.61	\$50.50	\$33.62	\$38.43	\$34.53	8	48,049	\$35.00	\$65.00	\$48.17	\$50.70	\$50.70
Therapy, Assistants	5	3,179	\$17.00	\$31.17	\$22.00	\$26.56	\$26.56	3,179	\$17.00	\$31.17	\$22.00	\$26.56	\$26.56	4	4,801	\$25.00	\$42.50	\$32.30	\$32.53	\$32.53
Respiratory Therapy	0	0						0						0	0					

¹All weighting is based on fiscal year 2012 claim payments for a given service

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Direct Support Staff Wages and Turnover**

	Responding Providers	Est. Avg. Turnover	Number of Reported Hours (Employees, Non-Supervisors) by Turnover Range					
			Survey Ranges Assumed Value	0 - 15% 10%	15 - 30% 25%	30 - 45% 40%	45 - 60% 55%	60 - 75% 70%
<i>In-Home Supports and Specialized Habilitation</i>								
Habilitation	27	34%	56,278	249,316	68,710	13,210	4,882	54,910
Attendant Care	25	32%	61,259	514,736	156,517	4,667	31,513	49,094
Homemaker	5	26%	0	60,732	0	0	532	833
Respite	30	36%	73,379	307,004	142,154	15,938	9,653	86,527
Indiv. Design. Liv. Arrang.	9	40%	9,053	137,387	376,544	0	0	58,284
Hab. Specialized Behavioral	0		0	0	0	0	0	0
Habilitation w/ Music	3	44%	1,372	0	12,960	0	0	2,542
<i>Residential Services</i>								
Group Home	18	58%	30,932	480,690	192,012	2,063,261	203,964	959,592
Medical Grp. Home	1	55%	0	0	0	36,788	0	0
CPT Group Home	1	10%	27,072	0	0	0	0	0
Adult Dev. Home-Supervision	6	33%	4,330	0	829	973	0	1,352
Adult Dev. Home-Recruit/Train	6	50%	4,160	0	2,212	0	0	5,287
Child Dev. Home-Supervision	6	49%	1,827	0	553	5,080	0	1,352
Child Dev. Home-Recruit/Train	6	63%	3,012	0	1,935	0	0	9,466
<i>Day Treatment and Training</i>								
DTA, Adult	30	41%	140,281	214,727	332,850	214,378	0	127,042
DTA, Child	12	38%	11,769	4,234	14,789	1,282	0	6,892
<i>Employment Services</i>								
Ind. Supp. Emp.	8	16%	2,651	1,283	0	0	0	83
Group Supp. Emp.	12	24%	58,116	119,349	3,821	11,856	0	2,866
Center-Based Emp.	9	35%	79,284	14,089	14,820	23,059	0	31,926
Emp. Support Aide-Individual	3	10%	3,167	68	0	0	0	0
Emp. Support Aide-Group	1	25%	0	2,116	0	0	0	0
Emp. Support Aide-Center	0		0	0	0	0	0	0
<i>Transportation</i>								
Transportation	22	40%	24,260	21,602	16,354	43,941	11,220	568
<i>Professional Services</i>								
Nursing, Registered Nurses	4	13%	265,709	66,328	0	0	0	0
Nursing, Lic. Prac. Nurses	3	16%	117,939	87,791	0	0	0	0
Home Health Aide	1	10%	4,993	0	0	0	0	0
Therapy, Therapists	12	15%	41,537	7,020	0	2,809	0	0
Therapy, Assistants	5	10%	3,179	0	0	0	0	0
Respiratory Therapy	0		0	0	0	0	0	0

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Direct Support Staff Benefits**

	FT	PT
# of Responding Providers	77	77
# of Reported Staff	4,153	4,369

Benefit	Offer Benefit			Eligibility among Agencies that Offer Benefit									Participation			Benefit Level Among Staff Receiving Benefit ²							Totals Across All Staff	
	Respondents	# that Offer	% that Offer	Waiting Period			Req.'d Work Hrs./ Wk. to Quality			% of Staff Eligible			% of Eligible Staff			Low	High	Average (Mean) with Outliers	Average (Mean) without Outliers	Weighted Average with Outliers	Weighted Average without Outliers	Median	% of Staff Receiving Benefit	Effective Benefit Level ³
				0-1 Months	3-6 Months	12+ Months	Average (Mean)	Weighted Average	Median	Average (Mean)	Weighted Average	Median	Average (Mean)	Weighted Average	Median									

FULL-TIME STAFF

Holidays	75	46	61%	21	25	0	24.4	26.1	30.0	87%	91%	100%		2.0	15.0	8.0	8.1	7.8	7.9	7.5	56%	4.4		
Paid Days Off	74	47	64%	10	37	0	26.4	27.0	30.0	88%	93%	100%		3.0	139.0	21.4	17.3	29.2	25.7	15.0	59%	15.1		
Health Insur.	74	46	62%	16	32	0	31.5	31.2	32.0	89%	93%	100%	54%	46%	53%	\$100	\$1,744	\$451	\$341	\$339	\$326	\$346	27%	\$87
Retirement	74	21	28%	5	5	15	24.1	26.3	30.0	92%	98%	100%	46%	22%	23%	0.0%	11.5%	3.4%	3.1%	2.3%	2.2%	3.8%	6%	0.1%
Other Benefits	72	28	39%	11	16	2	27.5	29.5	30.0	91%	96%	100%	71%	64%	76%	\$2	\$185	\$32	\$26	\$26	\$20	\$19	24%	\$5

PART-TIME STAFF

Holidays	64	19	30%	12	6	0	7.4	3.6	1.0	88%	40%	100%		2.0	12.0	7.6	8.3	7.0	7.1	8.0	12%	0.8		
Paid Days Off	64	17	27%	4	13	0	10.9	12.9	9.0	74%	55%	90%		3.0	62.0	14.7	11.4	12.6	11.6	12.0	15%	1.7		
Health Insur.	63	11	17%	5	6	0	26.4	28.6	30.0	58%	83%	55%	8%	9%	0%	\$344	\$595	\$470	\$470	\$360	\$360	\$470	1%	\$5
Retirement	59	10	17%	1	3	6	14.7	17.3	20.0	66%	57%	71%	30%	20%	27%	0.0%	11.5%	3.9%	3.1%	3.1%	2.8%	3.8%	2%	0.1%
Other Benefits	57	8	14%	5	3	0	12.2	15.5	20.0	92%	84%	100%	53%	38%	53%	\$3	\$56	\$19	\$19	\$14	\$14	\$13	4%	\$1

AZ Unemployment Insurance	0.0%	19.0%	2.3%	2.0%	2.6%	2.3%	2.0%																
Workers' Compensation	\$0.00	\$4.93	\$2.00	\$1.87	\$2.51	\$2.37	\$1.98																

¹Weighted means are weighted using reported direct support employees

²Holidays and PTO are annual amounts; health insurance and other benefits are monthly amounts; and retirement is a percent of salary

³Effective benefit level is calculated by multiplying weighted average benefit level by weighted average "% that Offer" by weighted average "% of Staff Elig." by weighted average participation (all weighted averages exclude outliers)

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Affordable Care Act Impact Summary**

	Total Providers	FTE < 50	FTE > 50	Unknown
Total Surveys Sent	526	34	40	4
Total Surveys Returned	78	34	40	4
Total Number of Organizations Offering Insurance	50	15	34	1

Summary of Premiums and Deductibles ⁽¹⁾

	Average			Median			Weighted Average ⁽³⁾			Weighted Avg. Without Outliers ⁽³⁾		
	Total Providers	FTE < 50	FTE > 50	Total Providers	FTE < 50	FTE > 50	Total Providers	FTE < 50	FTE > 50	Total Providers	FTE < 50	FTE > 50
Total Monthly Premium	\$ 449.19	\$ 469.31	\$ 439.14	\$ 443.00	\$ 437.27	\$ 446.80	\$ 450.13	\$ 425.51	\$ 451.20	\$ 448.27	\$ 392.86	\$ 453.30
Annual Deductible: Individual	\$ 2,530.87	\$ 2,258.33	\$ 2,662.74	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,730.35	\$ 2,351.92	\$ 2,746.73	\$ 2,276.33	\$ 2,122.22	\$ 2,272.75
Annual Deductible: Family	\$ 4,520.19	\$ 3,737.04	\$ 4,873.87	\$ 4,000.00	\$ 3,000.00	\$ 5,000.00	\$ 5,512.57	\$ 4,018.94	\$ 5,573.38	\$ 4,744.24	\$ 3,566.19	\$ 4,776.27
Calculated Monthly Premium - Employee Contribution at ACA Cap ⁽²⁾	\$ 298.38	\$ 70.68	\$ 383.77	\$ 39.59	\$ 45.40	\$ 38.01	\$ 346.38	\$ 61.50	\$ 355.99	\$ 44.26	\$ 55.67	\$ 43.66

Summary of Potential Responses to ACA ⁽¹⁾

	Very Likely			Somewhat Likely			Not Likely			Don't Know/Not Applicable		
	Total Providers	FTE < 50	FTE > 50	Total Providers	FTE < 50	FTE > 50	Total Providers	FTE < 50	FTE > 50	Total Providers	FTE < 50	FTE > 50
Stop Offering Health Insurance	11	8	3	5	4	1	47	23	24	7	7	0
Offer through Exchange or in SHOP	3	1	2	13	7	6	32	19	13	21	14	7
Reduce Staff Hours to Fewer than 30hrs./week	7	4	3	8	4	4	45	26	19	9	7	2
Lay Off Staff or Remain Less than 50 Employees	6	5	1	5	5	0	47	22	25	9	7	2
Establishing a Self-Funded Plan	3	1	2	10	4	6	42	24	18	12	10	2

Note (1): Data excludes providers that did not report staffing information.

Note (2): Calculated monthly premium based on ACA cap of 9.5% of reported salaries less employer contribution portion of monthly premiums.

Note (3): Weighted averages based on number of FTE's.

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Comparison of Select Productivity and Other Factors by Service**

Urban Areas

	In-Home Supports and Specialized Habilitation								Residential Services					Day Treatment and Training		
	Attendant Care	Homemaker	Habilitation	IDLA - Hourly	IDLA - Daily	Respite - Hourly	Respite - Daily	Specialized Hab. w/ Music	Group Home (Urban+Rural)	Adult Dev. Home Super (Urban+Rural)	Adult Dev. Home Trainer (Urban+Rural)	Child Dev. Home Super (Urban+Rural)	Child Dev. Home Trainer (Urban+Rural)	Day Treatment/ Training, Adult	Day Treat./ Train., Child After School	Day Treat./ Train., Child Summer
Reporting Providers	24	5	21	8	9	29	5	24	19	6		6		25	5	5
Staffing Pattern (scaled to 40 hr. wk.)																
Direct services	36.42	38.70	33.96	36.18	37.37	36.66	37.65	38.54	39.28	20.58	29.32	13.81	17.98	35.93	28.56	30.04
ISP meetings	0.30	0.00	1.06	0.57	0.37	0.73	1.68	0.00	-	3.48	-	3.36	-	0.40	0.18	0.03
Participating in assessments	0.05	0.00	0.88	0.69	0.02	0.06	0.00	-	-	1.06	-	4.51	-	0.16	0.00	0.00
Travel between clients	1.67	0.44	2.41	1.10	0.41	1.40	0.06	0.66	-	3.46	0.00	4.76	0.00	-	-	-
Transporting clients	-	-	-	-	-	-	-	-	-	-	-	-	-	0.83	0.00	4.53
Missed appointments	0.07	0.00	0.10	0.02	0.00	0.01	0.03	0.07	-	1.06	1.29	1.50	0.64	-	-	-
Recordkeeping	1.24	0.00	1.12	0.78	0.96	0.39	0.08	0.40	-	3.63	2.40	4.57	4.14	0.76	1.00	0.83
'Employer time' (e.g. staff meetings)	0.25	0.86	0.47	0.65	0.87	0.74	0.50	0.33	0.56	3.19	1.17	4.01	2.14	0.53	2.77	0.85
Program development	-	-	-	-	-	-	-	-	-	-	-	-	-	0.60	3.23	1.21
Program prep./set-up/clean-up	-	-	-	-	-	-	-	-	-	-	-	-	-	0.78	4.26	2.52
Consulting w/ doctors, teachers, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.16	3.53	5.82	3.48	15.10	0.00	0.00	0.00
Total	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Staff Training																
First year of employment	50	53	47	72	87	48	36	41	61	118		149		62	34	34
After first year of employment	11	15	10	13	16	11	12	31	14	40		54		16	28	27
Mileage per Week (scaled to 40 hr. wk.)																
Between client sessions	27	24	79	35	31	65	34	85	-	-	-	-	-	-	-	-
Transporting clients	12	10	69	22	132	116	9	-	-	-	-	-	-	-	-	-
Equipment and Supplies																
Equipment cost (per consumer per year)	\$16		\$27	\$200		\$16	\$7	\$39	-	-	-	-	-	-	-	-
Supplies cost (per consumer per year)	\$26	\$8	\$15	\$26	\$841	\$14	\$96	\$4	-	-	-	-	\$330	\$196	\$27	

*All figures are weighted averages (by revenue) without outliers

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Comparison of Select Productivity and Other Factors by Service**

Urban Areas

	Supported Employment						Transportation	Professional Services									
	Center-Based Employment	Center-Based Employment Aide	Group Supported Employment	Group Supported Employment Aide	Individual Supp. Employment	Individual Supp. Employment Aide		Nursing, Intermittent (RN)	Nursing, Intermittent (LPN)	Nursing, Visit (RN)	Nursing, Visit (LPN)	Nursing, Continuous (RN)	Nursing, Continuous (LPN)	Therapist, Natural Environment	Therapist, Clinical Environment	Therapy Asst., Natural Enviro.	Therapy Asst., Clinical Enviro.
Reporting Providers	7	0	12	1	7	3	18	2	2	2	2	3	2	12	10	5	3
Staffing Pattern (scaled to 40 hr. wk.)																	
Direct services	30.84		32.91	40.00	27.17	29.12	39.61	23.99	23.99	23.04	23.04	37.71	37.59	34.05	34.86	27.95	27.18
ISP meetings	1.17		1.20	0.00	1.35	0.88	-	1.05	1.05	1.04	1.04	0.39	0.41	0.27	0.37	0.69	0.49
Participating in assessments	0.14		0.14	0.00	0.26	0.33	-	1.77	1.77	1.77	1.77	0.39	0.42	-	-	-	-
Travel between clients	-	-	-	-	4.93	3.06	-	6.82	6.82	8.94	8.94	0.39	0.42	1.81	0.00	2.99	0.00
Transporting clients	0.44		0.67	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-
Missed appointments	-	-	-	-	0.24	0.00	-	1.21	1.21	0.89	0.89	0.20	0.21	0.79	1.17	1.87	1.93
Recordkeeping	4.17		2.72	0.00	3.29	3.88	-	4.27	4.27	3.43	3.43	0.39	0.42	1.81	1.65	3.14	5.39
'Employer time' (e.g. staff meetings)	1.20		1.34	0.00	2.76	2.74	0.29	0.90	0.90	0.89	0.89	0.52	0.55	0.30	0.93	1.14	2.64
Program development	0.08		0.68	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-
Program prep./set-up/clean-up	1.94		0.32	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-
Consulting w/ doctors, teachers, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	0.87	0.92	1.47	2.37
Other activities	0.00		0.00	0.00	0.00	0.00	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.09	0.75	0.00
Total	40.00		40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Staff Training																	
First year of employment	78		69	50	99	39	57	36	36	36	36	26	26	39	38	27	25
After first year of employment	24		22	10	18	12	18	17	17	17	17	16	16	24	26	19	17
Mileage per Week (scaled to 40 hr. wk.)																	
Between client sessions	-	-	-	-	226	282	-	128	210	216	216	22	12	197	-	198	-
Transporting clients	-	-	-	-	33	13	-	0	0	0	0	0	0	-	-	-	-
Equipment and Supplies																	
Equipment cost (per consumer per year)	-	-	-	-	-	-	-	-	-	-	-	-	-	\$12	\$31	\$10	\$21
Supplies cost (per consumer per year)	\$231		-	-	-	-	-	\$1,280	\$1,280	\$10	\$10	\$107	\$107	\$6	\$10	\$22	\$32

*All figures are weighted averages (by revenue) without outliers

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Comparison of Select Productivity and Other Factors by Service**

Rural Areas

	In-Home Supports and Specialized Habilitation							Residential Services					Day Treatment and Training			
	Attendant Care	Homemaker	Habilitation	IDLA - Hourly	IDLA - Daily	Respite - Hourly	Respite - Daily	Specialized Hab. w/ Music	Group Home (Urban+Rural)	Adult Dev. Home Super (Urban+Rural)	Adult Dev. Home Trainer (Urban+Rural)	Child Dev. Home Super (Urban+Rural)	Child Dev. Home Trainer (Urban+Rural)	Day Treatment/ Training, Adult	Day Treat./ Train., Child After School	Day Treat./ Train., Child Summer

Reporting Providers

	5	0	2	2	0	5	1	5	19	6	6	6	7	1	1
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Staffing Pattern (scaled to 40 hr. wk.)

Direct services	36.56		27.54	20.82		31.31	36.92	38.54	39.28	20.58	29.32	13.81	17.98	35.47	17.78	27.65
ISP meetings	0.48		1.20	7.59		0.60	0.77	0.00	-	3.48	-	3.36	-	0.42	0.00	0.37
Participating in assessments	0.10		1.96	1.87		0.30	0.00	-	-	1.06	-	4.51	-	0.33	0.00	0.37
Travel between clients	1.97		7.76	6.40		6.73	0.00	0.66	-	3.46	0.00	4.76	0.00	-	-	-
Transporting clients	-	-	-	-	-	-	-	-	-	-	-	-	-	1.21	8.89	5.24
Missed appointments	0.01		0.00	1.87		0.05	0.00	0.07	-	1.06	1.29	1.50	0.64	-	-	-
Recordkeeping	0.50		1.31	1.26		0.41	1.54	0.40	-	3.63	2.40	4.57	4.14	0.42	0.00	0.75
'Employer time' (e.g. staff meetings)	0.38		0.22	0.19		0.48	0.77	0.33	0.56	3.19	1.17	4.01	2.14	0.36	4.44	1.87
Program development	-	-	-	-	-	-	-	-	-	-	-	-	-	0.55	4.44	1.87
Program prep./set-up/clean-up	-	-	-	-	-	-	-	-	-	-	-	-	-	1.09	4.44	1.87
Consulting w/ doctors, teachers, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.16	3.53	5.82	3.48	15.10	0.14	0.00	0.00
Total	40.00		40.00	40.00		39.87	40.00									

Staff Training

First year of employment	62		60	70		59	50		61	118		149		56	50	81
After first year of employment	9		6	18		8	10		14	40		54		16	50	51

Mileage per Week (scaled to 40 hr. wk.)

Between client sessions	167		298	300		484	62		-	-		-		-	-	-
Transporting clients	0			200		200			-	-		-		-	-	-

Equipment and Supplies

Equipment cost (per consumer per year)	\$327								-	-		-		-	-	-
Supplies cost (per consumer per year)	\$89		\$14	\$22		\$22	\$25		-	-		-		\$398	-	\$284

*All figures are weighted averages (by revenue) without outliers

**Arizona Division of Developmental Disabilities
 Provider Survey Analysis - Comparison of Select Productivity and Other Factors by Service**

Rural Areas

Supported Employment							Transportation
Center-Based Employment	Center-Based Employment Aide	Group Supported Employment	Group Supported Employment Aide	Individual Supp. Employment	Individual Supp. Employment Aide		

Reporting Providers

	2	0	3	1	0	1	8
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Staffing Pattern (scaled to 40 hr. wk.)

Direct services	35.88		33.70	40.00		13.33	38.56
ISP meetings	0.56		0.73	0.00		6.67	-
Participating in assessments	0.30		0.50	0.00		3.33	-
Travel between clients	-	-	-	-		6.67	-
Transporting clients	0.50		1.63	0.00	-	-	-
Missed appointments	-	-	-	-		0.00	-
Recordkeeping	0.51		0.79	0.00		3.33	-
'Employer time' (e.g. staff meetings)	0.76		0.83	0.00		6.67	0.57
Program development	0.55		0.89	0.00	-	-	-
Program prep./set-up/clean-up	0.95		0.94	0.00	-	-	-
Consulting w/ doctors, teachers, etc.	-	-	-	-	-	-	-
Other activities	0.00		0.00	0.00		0.00	0.86
Total	40.00		40.00	40.00		40.00	40.00

Staff Training

First year of employment	76		49	50		80	54
After first year of employment	38		13	10		20	13

Mileage per Week (scaled to 40 hr. wk.)

Between client sessions	-	-	-	-		67	-
Transporting clients	-	-	-	-		133	-

Equipment and Supplies

Equipment cost (per consumer per year)	-	-	-	-	-	-	-
Supplies cost (per consumer per year)	\$289		-	-	-	-	-

*All figures are weighted averages (by revenue) without outliers

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Comparison of Select Productivity and Other Factors by Service**

Rural Areas

	Professional Services																	
	Nursing, Intermittent (RN)	Nursing, Intermittent (LPN)	Nursing, Visit (RN)	Nursing, Visit (LPN)	Nursing, Continuous (RN)	Nursing, Continuous (LPN)	Therapist, Natural Environment - Tier 1	Therapist, Natural Environment - Tier 2	Therapist, Natural Environment - Tier 3	Therapist, Clinical Environment, Tier 1	Therapist, Clinical Environment, Tier 2	Therapist, Clinical Environment, Tier 3	Therapy Asst., Natural Enviro., Tier 1	Therapy Asst., Natural Enviro., Tier 2	Therapy Asst., Natural Enviro., Tier 3	Therapy Asst., Clinical Enviro., Tier 1	Therapy Asst., Clinical Enviro., Tier 1	Therapy Asst., Clinical Enviro., Tier 1
Reporting Providers	2	1	1	1	2	3	3	2	1	0	1	0	3	0	0	0	0	0
Staffing Pattern (scaled to 40 hr. wk.)																		
Direct services	20.00	20.00	17.00	17.00	36.25	36.22	20.83	21.97	19.56		16.00		21.85					
ISP meetings	1.00	1.00	1.00	1.00	0.25	0.26	1.22	0.38	0.44		0.00		0.93					
Participating in assessments	3.00	3.00	3.00	3.00	0.50	0.49	-	-	-		-		-					
Travel between clients	12.00	12.00	15.00	15.00	1.75	1.74	3.52	5.86	8.89		0.00		4.65					
Transporting clients	-	-	-	-	-	-	-	-	-		-		-					
Missed appointments	1.00	1.00	1.00	1.00	0.25	0.26	4.17	2.73	6.67		16.00		3.43					
Recordkeeping	2.00	2.00	2.00	2.00	0.50	0.51	3.05	5.21	3.56		8.00		3.48					
'Employer time' (e.g. staff meetings)	1.00	1.00	1.00	1.00	0.50	0.51	3.52	1.92	0.44		0.00		3.03					
Program development	-	-	-	-	-	-	-	-	-		-		-					
Program prep./set-up/clean-up	-	-	-	-	-	-	-	-	-		-		-					
Consulting w/ doctors, teachers, etc.	-	-	-	-	-	-	3.05	1.92	0.44		0.00		1.82					
Other activities	0.00	0.00	0.00	0.00	0.00	0.00	0.64	0.00	0.00		0.00		0.81					
Total	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00		40.00		40.00					
Staff Training																		
First year of employment	20	20	20	20	20	20	45	58			125		45					
After first year of employment	16	16	16	16	16	16	30	35			75		30					
Mileage per Week (scaled to 40 hr. wk.)																		
Between client sessions	360	360	450	450	50	50	202	144			-		201					
Transporting clients	0	0	0	0	0	0	-	-			-		-					
Equipment and Supplies																		
Equipment cost (per consumer per year)					-	-		\$6	\$17		\$6							
Supplies cost (per consumer per year)	\$10	\$10	\$3	\$3	\$10	\$15		\$1	\$10		\$1							

*All figures are weighted averages (by revenue) without outliers

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Attendant Care

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	24						5				
Number of reported clients	1,853						18				
Service Design											
# of clients seen per week per staff	4.9	4.0	4.0	4.2	3.8		6.7	6.7	2.0	5.9	5.9
Average visit length	4.9	3.7	3.3	4.6	4.4		8.7	8.7	7.5	10.5	10.5
Equipment and Supplies											
% reporting capital equipment costs	17%						20%				
If yes, annual cap. equip. cost per consumer	\$45.70	\$45.70	\$27.97	\$15.57	\$15.57		\$326.67	\$326.67	\$326.67	\$326.67	\$326.67
Average life of equipment (years)	2.3	2.3	2.0	3.3	3.3		10.0	10.0	10.0	10.0	10.0
% reporting supplies costs	42%						60%				
If yes, annual supplies cost per consumer	\$28.13	\$31.12	\$28.01	\$18.56	\$26.18		\$105.89	\$105.89	\$50.00	\$88.66	\$88.66
Staffing Pattern (scaled to a 40-hour workweek)											
Direct services	35.4	36.9	38.6	35.5	36.4		35.2	35.6	37.0	36.3	36.6
ISP meetings	0.8	0.5	0.3	0.4	0.3		0.6	0.6	0.8	0.5	0.5
Participating in assessments	0.2	0.2	0.0	0.2	0.0		0.2	0.2	0.0	0.1	0.1
Travel between clients	1.2	0.7	0.0	1.6	1.7		2.6	2.6	1.3	2.0	2.0
Missed appointments	0.3	0.2	0.0	0.6	0.1		0.4	0.0	0.0	0.2	0.0
Recordkeeping	1.6	1.1	0.8	1.4	1.2		0.6	0.6	0.8	0.5	0.5
'Employer time' (e.g. staff meetings)	0.4	0.4	0.3	0.3	0.3		0.4	0.4	0.3	0.4	0.4
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
Mileage per week (scaled to 40 hr. wk.)											
Between client sessions	72	40	44	33	27		251	251	200	167	167
Transporting clients	31	21	23	45	12		0	0	0	0	0
Total	103	61	68	77	39		251	251	200	167	167
Staff Training (hours)											
First year of employment	48	48	45	50	50		55	55	62	62	62
After first year of employment	13	12	11	12	11		10	10	10	9	9
Services Delivery to Groups											
# Reporting services to groups	16%						0%				
Average size of groups	2.7	2.7	2.0	2.1	2.1						

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Homemaker

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	5						0				
Number of reported clients	40						0				
Service Design											
# of clients seen per week per staff	1.8	1.8	1.0	2.7	2.7						
Average visit length	2.5	2.5	2.0	2.1	2.1						
Equipment and Supplies											
% reporting capital equipment costs	0%										
If yes, annual cap. equip. cost per consumer											
Average life of equipment (years)											
% reporting supplies costs	40%										
If yes, annual supplies cost per consumer	\$9.17	\$9.17	\$9.17	\$7.66	\$7.66						
Staffing Pattern (scaled to a 40-hour workweek)											
Direct services	31.1	38.0	38.9	36.0	38.7						
ISP meetings	1.5	0.0	0.0	0.4	0.0						
Participating in assessments	0.7	0.0	0.0	0.2	0.0						
Travel between clients	0.2	0.2	0.0	0.4	0.4						
Missed appointments	1.0	0.0	0.0	0.4	0.0						
Recordkeeping	4.0	0.0	0.0	1.8	0.0						
'Employer time' (e.g. staff meetings)	1.5	1.8	1.1	0.8	0.9						
Other activities	0.0	0.0	0.0	0.0	0.0						
Total	40.0	40.0	40.0	40.0	40.0						
Mileage per week (scaled to 40 hr. wk.)											
Between client sessions	24	24	24	24	24						
Transporting clients	10	10	10	10	10						
Total	34	34	34	34	34						
Staff Training (hours)											
First year of employment	52	52	53	53	53						
After first year of employment	14	14	16	15	15						
Services Delivery to Groups											
# Reporting services to groups	25%						0%				
Average size of groups	2.0	2.0	2.0	2.0	2.0						

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Habilitation

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	21						2				
Number of reported clients	1,182						30				
Service Design											
# of clients seen per week per staff	4.7	3.6	2.8	3.3	3.2		2.3	2.3	2.3	2.8	2.8
Average visit length	2.6	2.3	2.0	2.6	2.6		3.3	3.3	4.0	3.4	3.4
Equipment and Supplies											
% reporting capital equipment costs	14%						0%				
If yes, annual cap. equip. cost per consumer	\$55.28	\$55.28	\$21.72	\$27.32	\$27.32						
Average life of equipment (years)	2.3	2.3	2.0	3.3	3.3						
% reporting supplies costs	38%						67%				
If yes, annual supplies cost per consumer	\$48.55	\$21.01	\$15.41	\$17.97	\$14.59		\$20.08	\$20.08	\$20.08	\$13.57	\$13.57
Staffing Pattern (scaled to a 40-hour workweek)											
Direct services	33.1	35.3	37.4	33.0	34.0		27.8	27.8	27.8	27.5	27.5
ISP meetings	0.9	0.7	0.0	1.1	1.1		1.4	1.4	1.4	1.2	1.2
Participating in assessments	0.6	0.4	0.0	1.2	0.9		1.1	1.1	1.1	2.0	2.0
Travel between clients	1.9	1.4	0.0	2.4	2.4		7.1	7.1	7.1	7.8	7.8
Missed appointments	0.4	0.2	0.0	0.6	0.1		0.0	0.0	0.0	0.0	0.0
Recordkeeping	2.2	1.4	1.9	1.2	1.1		1.7	1.7	1.7	1.3	1.3
'Employer time' (e.g. staff meetings)	0.8	0.6	0.6	0.5	0.5		0.8	0.8	0.8	0.2	0.2
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
Mileage per week (scaled to 40 hr. wk.)											
Between client sessions	90	90	90	79	79		298	298	298	298	298
Transporting clients	81	46	20	152	69						
Total	171	136	109	230	147		298	298	298	298	298
Staff Training (hours)											
First year of employment	45	45	42	47	47		56	56	56	60	60
After first year of employment	11	10	10	11	10		8	8	8	6	6
Services Delivery to Groups											
# Reporting services to groups	7%						0%				
Average size of groups	3.5	3.5	3.5	2.2	2.2						

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Individually Designed Living Arrangement (Hourly)

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	8						2				
Number of reported clients	56						5				
Service Design											
# of clients seen per week per staff	4.6	3.4	3.0	6.8	4.2		1.5	1.5	1.5	1.3	1.3
Average visit length	11.6	8.5	8.0	11.8	11.5		9.0	9.0	9.0	9.5	9.5
Equipment and Supplies											
% reporting capital equipment costs	13%						0%				
If yes, annual cap. equip. cost per consumer	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00						
Average life of equipment (years)	2.3	2.3	2.0	0.2	0.2		5.0	5.0	5.0	5.0	5.0
% reporting supplies costs	38%						50%				
If yes, annual supplies cost per consumer	\$144.20	\$144.20	\$20.59	\$25.85	\$25.85		\$22.00	\$22.00	\$22.00	\$22.00	\$22.00
Staffing Pattern (scaled to a 40-hour workweek)											
Direct services	31.9	36.9	37.7	34.4	36.2		17.9	17.9	17.9	20.8	20.8
ISP meetings	3.4	0.3	0.2	0.7	0.6		12.0	12.0	12.0	7.6	7.6
Participating in assessments	0.6	0.6	0.1	0.7	0.7		1.4	1.4	1.4	1.9	1.9
Travel between clients	1.1	0.7	0.5	2.0	1.1		4.6	4.6	4.6	6.4	6.4
Missed appointments	0.5	0.2	0.0	0.7	0.0		1.4	1.4	1.4	1.9	1.9
Recordkeeping	1.8	0.6	0.9	0.8	0.8		2.3	2.3	2.3	1.3	1.3
'Employer time' (e.g. staff meetings)	0.6	0.6	0.7	0.6	0.7		0.4	0.4	0.4	0.2	0.2
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
Mileage per week (scaled to 40 hr. wk.)											
Between client sessions	77	77	21	35	35		300	300	300	300	300
Transporting clients	59	11	17	25	22		200	200	200	200	200
Total	136	89	38	60	57		500	500	500	500	500
Staff Training (hours)											
First year of employment	71	71	61	72	72		77	77	77	70	70
After first year of employment	20	15	17	13	13		29	29	29	18	18
Services Delivery to Groups											
# Reporting services to groups	20%						0%				
Average size of groups	3.0	3.0	3.0	3.7	3.7						

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Individually Designed Living Arrangement (Daily)

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	9						0				
Number of reported clients	145						0				
Service Design											
# of clients seen per week per staff	12.4	5.4	3.5	36.7	3.1						
Average visit length	20.6	11.5	8.5	52.6	10.2						
Equipment and Supplies											
% reporting capital equipment costs	0%										
If yes, annual cap. equip. cost per consumer											
Average life of equipment (years)	5.7	5.7	5.0	6.1	6.1						
% reporting supplies costs	33%										
If yes, annual supplies cost per consumer	\$477.55	\$477.55	\$340.00	\$840.91	\$840.91						
Staffing Pattern (scaled to a 40-hour workweek)											
Direct services	31.3	36.5	38.0	34.4	37.4						
ISP meetings	3.6	0.6	0.4	1.5	0.4						
Participating in assessments	0.1	0.1	0.0	0.0	0.0						
Travel between clients	1.0	0.6	0.1	0.7	0.4						
Missed appointments	0.1	0.0	0.0	0.0	0.0						
Recordkeeping	3.3	1.7	1.0	2.5	1.0						
'Employer time' (e.g. staff meetings)	0.6	0.6	0.5	0.8	0.9						
Other activities	0.0	0.0	0.0	0.0	0.0						
Total	40.0	40.0	40.0	40.0	40.0						
Mileage per week (scaled to 40 hr. wk.)											
Between client sessions	101	101	53	31	31						
Transporting clients	194	194	129	132	132						
Total	295	295	182	163	163						
Staff Training (hours)											
First year of employment	69	69	61	87	87						
After first year of employment	19	14	17	17	16						
Services Delivery to Groups											
# Reporting services to groups	43%						0%				
Average size of groups	2.7	2.7	2.0	3.9	3.9						

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Respite (Hourly)

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	29						5				
Number of reported clients	2,090						139				
Service Design											
# of clients seen per week per staff	3.9	3.0	2.0	3.0	2.5		13.4	13.4	1.3	10.6	10.6
Average visit length	5.0	4.4	4.0	5.3	5.3		4.3	4.3	3.4	8.4	8.4
Equipment and Supplies											
% reporting capital equipment costs	10%						0%				
If yes, annual cap. equip. cost per consumer	\$20.80	\$20.80	\$14.39	\$16.14	\$16.14						
Average life of equipment (years)	1.8	1.8	1.0	3.4	3.4						
% reporting supplies costs	38%						33%				
If yes, annual supplies cost per consumer	\$29.10	\$17.72	\$15.63	\$14.46	\$14.45		\$20.38	\$20.38	\$20.38	\$21.85	\$21.85
Staffing Pattern (scaled to a 40-hour workweek)											
Direct services	34.6	36.2	38.3	34.8	36.7		28.4	28.4	29.3	31.3	31.3
ISP meetings	0.9	0.7	0.2	1.8	0.7		1.6	1.6	1.8	0.6	0.6
Participating in assessments	0.5	0.3	0.0	0.6	0.1		1.0	1.0	0.6	0.3	0.3
Travel between clients	1.2	1.0	0.0	1.4	1.4		4.9	4.9	4.8	6.7	6.7
Missed appointments	0.3	0.1	0.0	0.2	0.0		0.1	0.1	0.0	0.1	0.1
Recordkeeping	1.6	1.0	0.9	0.5	0.4		2.4	2.4	2.0	0.4	0.4
'Employer time' (e.g. staff meetings)	0.8	0.7	0.6	0.7	0.7		1.5	1.5	1.6	0.5	0.5
Other activities	0.0	0.0	0.0	0.0	0.0		0.1	0.1	0.0	0.1	0.1
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
Mileage per week (scaled to 40 hr. wk.)											
Between client sessions	117	89	53	107	65		362	362	400	484	484
Transporting clients	73	73	25	116	116		200	200	200	200	200
Total	190	163	78	224	181		562	562	600	684	684
Staff Training (hours)											
First year of employment	47	45	42	48	48		61	61	62	59	59
After first year of employment	15	13	12	11	11		21	21	14	8	8
Services Delivery to Groups											
# Reporting services to groups	42%						33%				
Average size of groups	3.1	3.1	2.0	2.7	2.7		1.5	1.5	1.5	1.2	1.2

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Respite, Continuous

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	5						1				
Number of reported clients	80						7				
Service Design											
# of clients seen per week per staff	1.1	1.1	1.0	1.1	1.1		1.0	1.0	1.0	1.0	1.0
Average visit length	15.7	15.7	18.9	16.3	16.3		24.0	24.0	24.0	24.0	24.0
Equipment and Supplies											
% reporting capital equipment costs	20%						0%				
If yes, annual cap. equip. cost per consumer	\$7.29	\$7.29	\$7.29	\$7.29	\$7.29						
Average life of equipment (years)											
% reporting supplies costs	40%						100%				
If yes, annual supplies cost per consumer	\$79.75	\$79.75	\$79.75	\$95.92	\$95.92		\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Staffing Pattern (scaled to a 40-hour workweek)											
Direct services	37.5	37.8	38.6	36.9	37.6		36.9	36.9	36.9	36.9	36.9
ISP meetings	0.7	0.7	0.4	1.6	1.7		0.8	0.8	0.8	0.8	0.8
Participating in assessments	0.3	0.0	0.0	0.8	0.0		0.0	0.0	0.0	0.0	0.0
Travel between clients	0.3	0.3	0.0	0.1	0.1		0.0	0.0	0.0	0.0	0.0
Missed appointments	0.1	0.1	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Recordkeeping	0.5	0.5	0.3	0.1	0.1		1.5	1.5	1.5	1.5	1.5
'Employer time' (e.g. staff meetings)	0.6	0.6	0.7	0.5	0.5		0.8	0.8	0.8	0.8	0.8
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
Mileage per week (scaled to 40 hr. wk.)											
Between client sessions	33	33	33	34	34		62	62	62	62	62
Transporting clients	9	9	9	9	9						
Total	42	42	42	43	43		62	62	62	62	62
Staff Training (hours)											
First year of employment	45	45	40	36	36		50	50	50	50	50
After first year of employment	10	10	10	12	12		10	10	10	10	10
Services Delivery to Groups											
# Reporting services to groups	14%						0%				
Average size of groups	1.5	1.5	1.5	1.9	1.9						

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Specialized Habilitation with a Music Component

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
<i>Agency Caseload</i>											
Responding providers	3						0				
Number of reported clients	344						0				
<i>Service Design</i>											
# of clients seen per week per staff	23.8	23.8	23.4	25.7	25.7						
Average visit length	1.0	1.0	1.0	1.0	1.0						
<i>Equipment and Supplies</i>											
% reporting capital equipment costs	33%										
If yes, annual cap. equip. cost per consumer	\$39.31	\$39.31	\$39.31	\$39.31	\$39.31						
Average life of equipment (years)	4.0	4.0	4.0	4.0	4.0						
% reporting supplies costs	33%										
If yes, annual supplies cost per consumer	\$3.65	\$3.65	\$3.65	\$3.65	\$3.65						
<i>Staffing Pattern (scaled to a 40-hour workweek)</i>											
Direct services	38.4	38.4	38.4	38.5	38.5						
ISP meetings	0.0	0.0	0.0	0.0	0.0						
Travel between clients	0.4	0.4	0.4	0.7	0.7						
Missed appointments	0.5	0.5	0.5	0.1	0.1						
Recordkeeping	0.6	0.6	0.6	0.4	0.4						
'Employer time' (e.g. staff meetings)	0.2	0.2	0.2	0.3	0.3						
Other activities	0.0	0.0	0.0	0.0	0.0						
Total	40.0	40.0	40.0	40.0	40.0						
<i>Mileage per week (scaled to 40 hr. wk.)</i>											
Between client sessions	46	46	46	85	85						
<i>Staff Training (hours)</i>											
First year of employment	31	31	22	41	41						
After first year of employment	22	22	18	31	31						

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Group Homes

	Group Home				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers
<i>Agency Caseload</i>					
Responding providers	19				
Number of reported homes	382				
<i>Service Design</i>					
# of homes per coordinator	3.8	3.8	4.0	4.4	4.4
% w/ consumers on SNAP	0%				
# of consumers on SNAP					
Absence days per month per consumer	1.1	1.1	1.0	1.4	1.4
# of annual 'zero occupancy' days per home	0.1	0.1		0.2	0.1
<i>Activities outside the home</i>					
% of consumers w/ outside activities	92%	95%	99%	91%	95%
Days per week of outside activities	4.8	5.0	5.0	4.4	4.7
Hours per day of outside activities	5.9	6.2	6.3	5.3	5.9
<i>Staffing Pattern (scaled to a 40-hour workweek)</i>					
Direct services	38.7	39.1	39.5	38.8	39.3
'Employer time' (e.g. staff meetings)	0.7	0.7	0.5	0.6	0.6
Other activities	0.6	0.1	0.0	0.6	0.2
Total	40.0	40.0	40.0	40.0	40.0
<i>Staff Training (hours)</i>					
First year of employment	60	63	56	61	61
After first year of employment	18	17	15	16	14

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Group Home Details

	Unweighted Average Without Outliers								Urban	Median							
	Total	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	6 Bedrooms	7 Bedrooms	Total	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	6 Bedrooms	7 Bedrooms	
Number of Reported Homes	212	18	22	46	102	19	5	0		212	18	22	46	102	19	5	0
Monthly Cost per Home																	
Rent/Mortgage	\$1,172	\$571	\$920	\$1,375	\$1,234	\$979	\$1,714		\$1,200	\$557	\$875	\$1,411	\$1,300	\$866	\$1,422		
Food	\$666	\$231	\$461	\$568	\$730	\$844	\$976		\$626	\$223	\$442	\$578	\$748	\$832	\$952		
Household Consumables	\$294	\$90	\$148	\$171	\$315	\$443	\$406		\$188	\$100	\$113	\$133	\$237	\$450	\$425		
Utility/Telephone	\$485	\$119	\$252	\$516	\$537	\$601	\$612		\$507	\$106	\$178	\$507	\$538	\$564	\$554		
Maintenance	\$276	\$20	\$76	\$135	\$325	\$395	\$733		\$237	\$21	\$43	\$117	\$250	\$389	\$615		
Monthly Cost per Bedroom																	
Rent/Mortgage	\$372	\$571	\$460	\$458	\$308	\$196	\$286		\$388	\$557	\$438	\$470	\$325	\$173	\$237		
Food	\$199	\$231	\$231	\$189	\$183	\$169	\$163		\$194	\$223	\$221	\$193	\$187	\$166	\$159		
Household Consumables	\$84	\$90	\$74	\$57	\$79	\$89	\$68		\$63	\$100	\$56	\$44	\$59	\$90	\$71		
Utility/Telephone	\$141	\$119	\$126	\$172	\$134	\$120	\$102		\$138	\$106	\$89	\$169	\$134	\$113	\$92		
Maintenance	\$72	\$20	\$38	\$45	\$81	\$79	\$122		\$59	\$21	\$22	\$39	\$63	\$78	\$103		
Vehicle Costs and Mileage																	
Acquisition Cost	\$33,127	\$43,263	\$19,828	\$34,046	\$34,659	\$35,990	\$22,430		\$35,000	\$40,600	\$15,279	\$40,000	\$34,984	\$31,500	\$20,800		
Annual Maintenance/Repairs	\$3,427	\$2,625	\$943	\$2,728	\$3,900	\$5,206	\$7,127		\$1,984	\$1,800	\$737	\$1,700	\$2,663	\$4,368	\$5,226		
Annual Insurance	\$1,934	\$1,228	\$1,719	\$2,097	\$1,962	\$1,644	\$1,674		\$2,082	\$1,440	\$1,740	\$2,208	\$2,082	\$1,478	\$1,637		
Total Annual Miles	15,639	21,694	17,392	19,068	14,648	9,037	14,697		15,000	17,000	17,000	19,400	13,850	8,665	13,850		
Consumer Characteristics																	
% Using Incontinence Supplies	40%																
Annual Cost of Supplies	\$1,602																
% Receiving Nutritional Supplements	12%																
Annual Cost of Supplements	\$1,742																
% w/ Behavioral Treatment Plan	45%																
% Using Wheelchair	31%																
% Using Feeding Tubes/Catheters	8%																
% Needing Interpretive Services	0%																

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Group Home Details

	Unweighted Average Without Outliers								Rural	Median							
	Total	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	6 Bedrooms	7 Bedrooms	Total	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	6 Bedrooms	7 Bedrooms	
Number of Reported Homes	65	0	0	26	32	3	2	2		65	0	0	26	32	3	2	2
Monthly Cost per Home																	
Rent/Mortgage	\$1,288			\$1,184	\$1,414	\$1,161	\$980	\$1,911		\$1,300			\$1,155	\$1,388	\$1,478	\$980	\$1,911
Food	\$679			\$563	\$683	\$602	\$920	\$1,652		\$657			\$564	\$688	\$744	\$920	\$1,652
Household Consumables	\$159			\$87	\$122	\$146	\$179	\$691		\$100			\$78	\$106	\$140	\$179	\$691
Utility/Telephone	\$440			\$406	\$438	\$468	\$374	\$519		\$412			\$381	\$417	\$486	\$374	\$519
Maintenance	\$192			\$164	\$168	\$573	\$154	\$245		\$148			\$146	\$125	\$469	\$154	\$245
Monthly Cost per Bedroom																	
Rent/Mortgage	\$351			\$395	\$354	\$232	\$163	\$273		\$350			\$385	\$347	\$296	\$163	\$273
Food	\$180			\$188	\$171	\$120	\$153	\$236		\$176			\$188	\$172	\$149	\$153	\$236
Household Consumables	\$41			\$29	\$30	\$29	\$30	\$99		\$28			\$26	\$27	\$28	\$30	\$99
Utility/Telephone	\$120			\$135	\$110	\$94	\$62	\$74		\$107			\$127	\$104	\$97	\$62	\$74
Maintenance	\$51			\$55	\$42	\$115	\$26	\$35		\$36			\$49	\$31	\$94	\$26	\$35
Vehicle Costs and Mileage																	
Acquisition Cost	\$34,867			\$32,015	\$35,148	\$40,732	\$38,237	\$41,644		\$33,412			\$28,622	\$32,938	\$40,000	\$38,237	\$41,644
Annual Maintenance/Repairs	\$2,584			\$2,455	\$2,358	\$6,029	\$1,578	\$3,415		\$1,615			\$1,402	\$1,576	\$5,088	\$1,578	\$3,415
Annual Insurance	\$1,655			\$1,541	\$1,704	\$1,918	\$1,669	\$2,470		\$1,591			\$1,420	\$1,620	\$2,208	\$1,669	\$2,470
Total Annual Miles	10,600			12,361	10,366	9,763	11,858	3,899		9,449			10,883	8,988	9,988	11,858	3,899
Consumer Characteristics																	
% Using Incontinence Supplies	23%																
Annual Cost of Supplies	\$1,409																
% Receiving Nutritional Supplements	2%																
Annual Cost of Supplements	\$2,007																
% w/ Behavioral Treatment Plan	48%																
% Using Wheelchair	17%																
% Using Feeding Tubes/Catheters	3%																
% Needing Interpretive Services	2%																

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Developmental Homes

	Adult						Child				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
<i>Agency Caseload</i>											
Responding providers	6						6				
Number of reported homes	193						142				
Number of reported placements	275						165				
<i>Recruiting/Licensing/Placement Costs</i>											
Hrs. to recruit, train, etc. before placement	113.2	60.8	72.5	98.5	42.2		123.8	123.8	110.0	147.2	147.2
Other recruit, license, placement costs	\$2,186	\$2,186	\$650	\$1,604	\$1,604		\$6,323	\$6,323	\$3,177	\$8,599	\$8,599
Other initial training costs	\$477	\$477	\$380	\$421	\$421		\$789	\$789	\$868	\$905	\$905
% of homes newly licensed in 2012	23%						21%				
<i>Training and Supervision</i>											
Caseload (homes) per supervisor	12	12	12	15	15		13	13	14	11	11
Visits per home per year	27	27	24	24	24		28	28	30	30	30
Hours per supervision visit	1.7	1.7	1.8	1.7	1.7		1.8	1.8	2.0	1.7	1.7
Average distance for supervision visit	49	27	32	33	23		54	54	34	58	58
Annual training hours delivered to homes	45	45	10	40	40		64	64	30	78	78
% of training hours delivered in groups	66%	66%	83%	81%	81%		81%	81%	85%	82%	82%
Size of training groups	11	11	8	16	16		9	9	8	9	9
<i>Staffing Pattern - Supervisors (scaled to a 40-hour workweek)</i>											
Direct services	17.0	17.0	17.5	20.6	20.6		15.6	15.6	14.0	13.8	13.8
ISP meetings	3.6	3.6	3.8	3.5	3.5		3.3	3.3	3.1	3.4	3.4
Participating in assessments	2.1	2.1	2.0	1.1	1.1		3.4	3.4	2.0	4.5	4.5
Travel between clients	4.0	4.0	5.4	3.5	3.5		4.5	4.5	6.2	4.8	4.8
Missed appointments	1.2	1.2	1.3	1.1	1.1		1.4	1.4	2.0	1.5	1.5
Recordkeeping	4.0	4.0	3.8	3.6	3.6		4.2	4.2	5.1	4.6	4.6
'Employer time' (e.g. staff meetings)	3.6	3.6	3.3	3.2	3.2		3.7	3.7	3.6	4.0	4.0
Other activities	4.4	4.4	2.8	3.5	3.5		4.0	4.0	3.8	3.5	3.5
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0

**Arizona Division of Developmental Disabilities
 Provider Survey Analysis - Productivity and Other Factors**

Developmental Homes

Staffing Pattern - Trainers (scaled to a 40-hour workweek)											
Direct services	26.0	26.0	32.9	29.3	29.3		22.6	22.6	23.2	18.0	18.0
Travel between clients	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Missed appointments	1.5	1.5	0.6	1.3	1.3		1.1	1.1	0.3	0.6	0.6
Recordkeeping	2.6	2.6	2.3	2.4	2.4		3.5	3.5	3.2	4.1	4.1
'Employer time' (e.g. staff meetings)	1.4	1.4	2.0	1.2	1.2		1.9	1.9	2.1	2.1	2.1
Other activities	8.5	8.5	2.2	5.8	5.8		11.0	11.0	11.2	15.1	15.1
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
Staff Training (hours)											
First year of employment	122	122	40	118	118		128	128	70	149	149
After first year of employment	43	43	12	40	40		43	43	12	54	54

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Developmental Home Details

	Urban				Rural		
	Unweighted Average		Median		Unweighted Average		Median
	With Outliers	Without Outliers			With Outliers	Without Outliers	
<i>Agency Caseload</i>							
Responding providers	5				4		
Number of reported homes	167				11		
<i>Length of Time with Agency</i>							
Number of years	4.5	4.0	4.0		5.0	5.0	6.0
<i>Days in Home</i>							
Days in home last year	309	330	366		293	313	303
Hospitalization days last year	2	1	0		4	0	0
Other absences last year	1	1	0		3	2	0
<i>Payments and Services to Homes</i>							
Daily home payment	\$63.87	\$64.13	\$68.42		\$67.69	\$0.00	\$72.47
Daily room and board	\$10.03	\$12.10	\$12.00		\$8.90	\$8.90	\$12.00
Combined daily payment	\$73.65	\$73.90	\$79.45		\$73.03	\$77.08	\$80.00
Annual respite hours	275	250	140		343	231	24
Combined payment and respite (respite at \$13.80/hr)	\$84.31	\$83.35	\$83.78		\$90.77	\$85.56	\$84.52

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Day Treatment and Training - Adult

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	25						7				
Number of reported clients	1,724						161				
Service Design											
Days per year site provides services	252	253	252	252	252		253	253	251	252	252
Days per year a client attends	225	225	227	221	221		222	222	228	221	221
Hours per day site provides services	7.7	7.6	8.0	7.8	7.7		7.7	7.7	8.0	7.7	7.7
Hours per day a client attends	6.9	6.9	7.0	6.9	7.0		7.0	7.0	7.0	7.0	7.0
Annual prog. supply cost per consumer	\$524	\$371	\$259	\$340	\$330		\$517	\$517	\$394	\$398	\$398
Percent charging activity fees	43%						0%				
Average monthly fee (for those with fees)	\$22	\$19	\$20	\$19	\$19						
Vehicles											
Percent with vehicles	83%						100%				
Typical vehicle size	12						7				
Purchase price	\$35,569	\$35,626	\$38,750	\$39,399	\$40,095		\$39,738	\$39,738	\$40,000	\$36,774	\$36,774
Staffing Pattern (scaled to a 40-hour workweek)											
Direct services	34.4	35.8	36.2	35.1	35.9		35.2	35.2	35.8	35.5	35.5
ISP meetings	0.6	0.4	0.5	0.5	0.4		0.5	0.5	0.5	0.4	0.4
Participating in assessments	0.2	0.2	0.0	0.2	0.2		0.3	0.3	0.5	0.3	0.3
Transporting clients	1.6	0.9	0.6	1.3	0.8		1.5	1.5	1.4	1.2	1.2
Recordkeeping	0.7	0.6	0.6	0.8	0.8		0.5	0.5	0.5	0.4	0.4
'Employer time' (e.g. staff meetings)	0.6	0.6	0.5	0.5	0.5		0.4	0.4	0.3	0.4	0.4
Program development	0.7	0.6	0.5	0.6	0.6		0.5	0.5	0.5	0.6	0.6
Program preparation/set-up/clean-up	1.2	0.9	1.0	0.9	0.8		0.7	0.7	0.5	1.1	1.1
Other activities	0.1	0.0	0.0	0.1	0.0		0.4	0.4	0.0	0.1	0.1
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
Staff Training (hours)											
First year of employment	53	50	49	64	62		62	62	56	56	56
After first year of employment	17	14	12	19	16		20	15	16	20	16

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

	Day Treatment/Training Adult					
	Urban	Rural	Urban	Rural	Urban	Rural
	Average		Median		Average Without Outliers	
<i>Staffing</i>						
Number of Staff	6.50	3.51	5.33	3.00		
Number of Individuals Served ⁽¹⁾	13.81	7.98	12.00	6.50		
Ratio of Staff to Individuals	2.26	2.02	2.13	1.83	2.17	2.02
<i>Capital Costs</i>						
Square Footage	4,306	3,405	3,000	1,900	3,472	2,702
Cost per Square Foot	\$ 20.07	\$ 13.88	\$ 15.00	\$ 15.00	\$ 15.69	\$ 13.88
Number of Days in Service	253	253	252	251	253	253
Cost per Square Foot per Client	\$ 2.88	\$ 3.08	\$ 1.22	\$ 1.88	\$ 1.76	\$ 2.03
Square feet per Client	428.08	515.93	258.33	495.29	337.58	515.93

	Day Treatment/Training					
	All Programs Average		All Programs Median		All Programs Average Without Outliers	
	Urban	Rural	Urban	Rural	Urban	Rural
Total Annual Miles per Client	3,314	14,646	1,411	2,600	1,972	14,646
Miles to/from Residences per Client	2,613	7,148	885	1,044	1,398	1,673
Miles for Outings per Client	701	7,498	349	274	414	2,529
Miles for Outings per DC Staff	1,554	10,649	833	767	1,155	2,824

Note (1): Number of individuals served calculated based on typical attendance reported.

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Day Treatment and Training - Child, After School

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	5						1				
Number of reported clients	38						2				
Service Design											
Days per year site provides services	196	196	193	209	209		240	240	240	240	
Days per year a client attends	166	166	175	195	195		240	240	240	240	
Hours per day site provides services	3.4	3.4	4.0	3.7	3.7		4.0	4.0	4.0	4.0	
Hours per day a client attends	2.9	2.9	3.0	3.3	3.3		4.0	4.0	4.0	4.0	
Annual prog. supply cost per consumer	\$300	\$300	\$213	\$196	\$196						
Annual meal cost per consumer	\$107	\$107	\$78	\$166	\$166						
Percent charging activity fees	50%						0%				
Average monthly fee (for those with fees)	\$12	\$12	\$10	\$10	\$10						
Vehicles											
Percent with vehicles	20%						100%				
Typical vehicle size											
Purchase price	\$19,000	\$19,000	\$19,000	\$31,069	\$31,069		\$38,000	\$38,000	\$38,000	\$38,000	
Staffing Pattern (scaled to a 40-hour workweek)											
Direct services	29.5	30.9	33.0	25.6	28.6		17.8	17.8	17.8	17.8	
ISP meetings	0.6	0.6	0.3	0.2	0.2		0.0	0.0	0.0	0.0	
Participating in assessments	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	
Transporting clients	1.8	0.0	0.0	4.1	0.0		8.9	8.9	8.9	8.9	
Recordkeeping	1.2	1.3	1.2	0.9	1.0		0.0	0.0	0.0	0.0	
'Employer time' (e.g. staff meetings)	1.4	1.5	0.9	2.5	2.8		4.4	4.4	4.4	4.4	
Program development	2.1	2.2	2.0	2.9	3.2		4.4	4.4	4.4	4.4	
Program preparation/set-up/clean-up	3.4	3.6	2.6	3.8	4.3		4.4	4.4	4.4	4.4	
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	
Staff Training (hours)											
First year of employment	31	31	35	34	34		50	50	50	50	
After first year of employment	20	20	10	28	28		50	50	50	50	

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

	Day Treatment/Training Child, After School						
	Urban	Rural	Urban	Rural	Urban	Rural	
	Average		Median		Average Without Outliers		
<i>Staffing</i>							
Number of Staff	2.00	N/A	1.50	N/A			
Number of Individuals Served ⁽¹⁾	3.88	N/A	3.75	N/A			
Ratio of Staff to Individuals	2.50	N/A	2.75	N/A	2.50	N/A	
<i>Capital Costs</i>							
Square Footage	4,306	3,405	3,000	1,900	3,472	2,702	
Cost per Square Foot	\$ 20.07	\$ 13.88	\$ 15.00	\$ 15.00	\$ 15.69	\$ 13.88	
Number of Days in Service	205	240	200	240	205	N/A	
Cost per Square Foot per Client	\$ 2.88	\$ 3.08	\$ 1.22	\$ 1.88	\$ 1.76	\$ 2.03	
Square feet per Client	428.08	515.93	258.33	495.29	337.58	515.93	

Note (1): Number of individuals served calculated based on typical attendance reported.

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Day Treatment and Training - Child, Summer

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	5						1				
Number of reported clients	97						8				
Service Design											
Days per year site provides services	51	51	46	53	53		67	67	67	66	66
Days per year a client attends	46	46	37	51	51		64	64	64	62	62
Hours per day site provides services	5.1	5.1	4.0	5.0	5.0		6.3	6.3	6.3	7.4	7.4
Hours per day a client attends	3.7	3.7	4.0	3.9	3.9		5.8	5.8	5.8	6.6	6.6
Annual prog. supply cost per consumer	\$386	\$46	\$63	\$103	\$27		\$284	\$284	\$284	\$284	\$284
Annual meal cost per consumer	\$7	\$7	\$8	\$9	\$9		\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Percent charging activity fees	33%						0%				
Average monthly fee (for those with fees)	\$26	\$26	\$28	\$28	\$28						
Vehicles											
Percent with vehicles	40%						100%				
Typical vehicle size											
Purchase price	\$19,000	\$19,000	\$19,000	\$31,069	\$31,069		\$45,750	\$45,750	\$45,750	\$49,578	\$49,578
Staffing Pattern (scaled to a 40-hour workweek)											
Direct services	31.5	33.1	34.8	27.4	30.0		24.4	24.4	24.4	27.7	27.7
ISP meetings	0.2	0.1	0.0	0.0	0.0		0.3	0.3	0.3	0.4	0.4
Participating in assessments	0.0	0.0	0.0	0.0	0.0		0.3	0.3	0.3	0.4	0.4
Transporting clients	1.8	1.9	0.0	4.1	4.5		6.4	6.4	6.4	5.2	5.2
Recordkeeping	1.3	0.8	1.3	0.9	0.8		0.5	0.5	0.5	0.7	0.7
'Employer time' (e.g. staff meetings)	1.4	0.7	0.9	2.5	0.8		2.7	2.7	2.7	1.9	1.9
Program development	2.2	1.7	1.7	2.7	1.2		2.7	2.7	2.7	1.9	1.9
Program preparation/set-up/clean-up	1.6	1.7	1.3	2.3	2.5		2.7	2.7	2.7	1.9	1.9
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
Staff Training (hours)											
First year of employment	28	28	20	34	34		71	71	71	81	81
After first year of employment	18	18	10	27	27		51	51	51	51	51

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

	Day Treatment/Training Child, Summer					
	Urban	Rural	Urban	Rural	Urban	Rural
	Average		Median		Average Without Outliers	
<i>Staffing</i>						
Number of Staff	7.39	3.25	7.00	3.25		
Number of Individuals Served ⁽¹⁾	15.71	8.5	14.9	8.5		
Ratio of Staff to Individuals	2.33	2.65	2.50	2.65	2.33	2.65
<i>Capital Costs</i>						
Square Footage	4,306	3,405	3,000	1,900	3,472	2,702
Cost per Square Foot	\$ 20.07	\$ 13.88	\$ 15.00	\$ 15.00	\$ 15.69	\$ 13.88
Number of Days in Service	74	57	55	66	48	57
Cost per Square Foot per Client	\$ 2.88	\$ 3.08	\$ 1.22	\$ 1.88	\$ 1.76	\$ 2.03
Square feet per Client	428.08	515.93	258.33	495.29	337.58	515.93

Note (1): Number of individuals served calculated based on typical attendance reported.

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Individual Supported Employment

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
<i>Agency Caseload</i>											
Responding providers	7					0					
Number of reported clients	67					0					
<i>Service Design</i>											
# of clients seen per week per staff	6.0	6.0	5.0	5.7	5.7						
Average visit length	1.6	1.6	1.0	2.7	2.7						
<i>Staffing Pattern (scaled to a 40-hour workweek)</i>											
Direct services	23.2	26.6	25.5	20.4	27.2						
ISP meetings	1.3	0.9	1.1	1.3	1.4						
Participating in assessments	0.7	0.1	0.0	0.6	0.3						
Travel between clients	4.7	5.4	5.7	3.7	4.9						
Missed appointments	0.3	0.1	0.0	0.2	0.2						
Recordkeeping	4.0	4.6	5.7	2.5	3.3						
'Employer time' (e.g. staff meetings)	2.9	2.2	2.1	2.7	2.8						
Other activities	2.9	0.0	0.0	8.7	0.0						
Total	40.0	40.0	40.0	40.0	40.0						
<i>Mileage per week (scaled to 40 hr. wk.)</i>											
Between client sessions	289	289	169	226	226						
Transporting clients	15	15	0	33	33						
Total	304	304	169	259	259						
<i>Staff Training (hours)</i>											
First year of employment	79	79	80	99	99						
After first year of employment	19	19	20	18	18						

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Individual Supported Employment, Employment Aide

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	3						1				
Number of reported clients	15						1				
Service Design											
# of clients seen per week per staff	5.0	5.0	3.0	6.1	6.1		1.0	1.0	1.0	1.0	1.0
Average visit length	1.8	1.8	1.5	2.4	2.4		2.0	2.0	2.0	2.0	2.0
Staffing Pattern (scaled to a 40-hour workweek)											
Direct services	25.5	25.5	24.8	29.1	29.1		13.3	13.3	13.3	13.3	13.3
ISP meetings	0.7	0.7	0.0	0.9	0.9		6.7	6.7	6.7	6.7	6.7
Participating in assessments	0.3	0.3	0.0	0.3	0.3		3.3	3.3	3.3	3.3	3.3
Travel between clients	4.7	4.7	6.4	3.1	3.1		6.7	6.7	6.7	6.7	6.7
Missed appointments	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Recordkeeping	5.7	5.7	5.7	3.9	3.9		3.3	3.3	3.3	3.3	3.3
'Employer time' (e.g. staff meetings)	3.3	3.3	3.2	2.7	2.7		6.7	6.7	6.7	6.7	6.7
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
Mileage per week (scaled to 40 hr. wk.)											
Between client sessions	458	458	458	282	282		67	67	67	67	67
Transporting clients	11	11	11	13	13		133	133	133	133	133
Total	469	469	469	295	295		200	200	200	200	200
Staff Training (hours)											
First year of employment	42	42	53	39	39		80	80	80	80	80
After first year of employment	10	10	10	12	12		20	20	20	20	20

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Center-Based Employment

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	7						2				
Number of reported clients	810						38				
Service Design											
Days per year site provides services	252	252	251	251	251		251	251	251	250	250
Days per year a client attends	222	222	238	216	216		235	235	235	239	239
Hours per day site provides services	8.0	8.0	8.0	7.8	7.8		7.3	7.3	7.3	7.1	7.1
Hours per day a client attends	6.6	6.6	6.8	6.4	6.4		5.9	5.9	5.9	6.4	6.4
Annual prog. supply cost per consumer	\$252	\$252	\$167	\$231	\$231		\$208	\$208	\$208	\$289	\$289
Staffing Pattern (scaled to a 40-hour workweek)											
Direct services	30.0	31.3	31.8	30.0	30.8		35.9	35.9	35.9	35.9	35.9
ISP meetings	0.9	0.9	1.1	1.1	1.2		0.6	0.6	0.6	0.6	0.6
Participating in assessments	0.3	0.3	0.0	0.1	0.1		0.4	0.4	0.4	0.3	0.3
Transporting clients	2.2	0.9	0.0	1.3	0.4		0.3	0.3	0.3	0.5	0.5
Recordkeeping	3.6	3.7	4.2	4.1	4.2		0.4	0.4	0.4	0.5	0.5
'Employer time' (e.g. staff meetings)	1.0	1.0	1.1	1.2	1.2		0.5	0.5	0.5	0.8	0.8
Program development	0.5	0.2	0.0	0.3	0.1		0.5	0.5	0.5	0.5	0.5
Program preparation/set-up/clean-up	1.6	1.7	1.9	1.9	1.9		1.3	1.3	1.3	0.9	0.9
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
Staff Training (hours)											
First year of employment	72	72	60	78	78		61	61	61	76	76
After first year of employment	24	24	20	24	24		30	30	30	38	38

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

	Center-Based Employment							
	Urban	Rural		Urban	Rural		Urban	Rural
	Average			Median			Average Without Outliers	
<i>Staffing</i>								
Number of Staff	5.66	5.00		5.29	6.00			
Number of Individuals Served ⁽¹⁾	38.83	37.90		27.50	29.00			
Ratio of Staff to Individuals	6.40	6.80		6.22	5.70		6.40	6.80
<i>Capital Costs</i>								
Square Footage	10,027	2,336		8,575	3,296		10,027	2,336
Cost per Square Foot	\$ 25.30	\$ 15.25		\$ 6.26	\$ 11.00		\$ 11.68	\$ 15.25
Sq. Ft. per Client	869.92	66.48		231.18	41.72		464.16	66.48

Note (1): Number of individuals served calculated based on typical attendance reported.

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Center-Based Employment, Employment Aide

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
<i>Agency Caseload</i>											
Responding providers		0					0				
Number of reported clients		0					0				
<i>Service Design</i>											
Days per year site provides services											
Days per year a client attends											
Hours per day site provides services											
Hours per day a client attends											
Annual prog. supply cost per consumer											
<i>Staffing Pattern (scaled to a 40-hour workweek)</i>											
Direct services											
ISP meetings											
Participating in assessments											
Transporting clients											
Recordkeeping											
'Employer time' (e.g. staff meetings)											
Program development											
Program preparation/set-up/clean-up											
Other activities											
Total											
<i>Staff Training (hours)</i>											
First year of employment											
After first year of employment											

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Group Supported Employment

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
<i>Agency Caseload</i>											
Responding providers	12						3				
Number of reported clients	416						63				
<i>Service Design</i>											
Days per year a client attends	205	222	240	217	217		167	167	210	219	219
Hours per day a client attends	5.3	5.6	5.5	5.8	5.8		4.7	4.7	5.8	6.3	6.3
<i>Vehicles</i>											
Percent with vehicles	83%						100%				
Typical vehicle size	12						7				
Purchase price	\$36,381	\$36,381	\$36,895	\$28,862	\$28,862		\$26,833	\$26,833	\$26,833	\$28,520	\$28,520
<i>Staffing Pattern (scaled to a 40-hour workweek)</i>											
Direct services	32.1	33.2	34.7	32.3	32.9		34.8	34.8	35.7	33.7	33.7
ISP meetings	0.8	0.9	0.7	1.2	1.2		0.6	0.6	0.6	0.7	0.7
Participating in assessments	0.5	0.3	0.5	0.4	0.1		0.4	0.4	0.4	0.5	0.5
Transporting clients	1.8	1.2	0.4	1.0	0.7		1.0	1.0	0.5	1.6	1.6
Recordkeeping	2.3	2.0	1.3	2.7	2.7		0.6	0.6	0.5	0.8	0.8
'Employer time' (e.g. staff meetings)	0.8	0.9	0.7	1.3	1.3		0.7	0.7	0.8	0.8	0.8
Program development	0.8	0.8	0.7	0.7	0.7		0.7	0.7	0.5	0.9	0.9
Program preparation/set-up/clean-up	0.8	0.7	0.9	0.3	0.3		1.1	1.1	0.8	0.9	0.9
Other activities	0.2	0.0	0.0	0.1	0.0		0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
<i>Staff Training (hours)</i>											
First year of employment	66	66	60	69	69		43	43	46	49	49
After first year of employment	22	20	20	22	22		13	13	15	13	13

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

	Group-Based Employment					
	Urban	Rural	Urban	Rural	Urban	Rural
	Average		Median		Average Without Outliers	
<i>Staffing</i>						
Number of Staff	1.12	1.32	1.00	1.00		
Number of Individuals Served ⁽¹⁾	3.02	3.40	1.00	2.92		
Ratio of Staff to Individuals	2.95	2.74	2.83	2.32	2.64	2.62
<i>Mileage</i>						
Total Annual Miles per Client	13,179	2,876	2,004	2,000	1,362	1,858
Miles/Home/Center per Client	594	2,060	-	-	594	1,125
Miles/Worksite per Client	381	362	-	-	303	362
Total Annual Miles per Staff	3,946	5,574	721	5,020	2,584	3,877
Miles/Home/Center per Staff	2,212	4,302	-	-	2,212	2,455
Miles/Worksite per Staff	1,734	1,273	185	-	1,148	925

Note (1): Number of individuals served calculated based on typical attendance reported.

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Group Supported Employment, Employment Aide

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
<i>Agency Caseload</i>											
Responding providers											
Number of reported clients											
<i>Service Design</i>											
Days per year a client attends	240	240	240	240	240		240	240	240	240	
Hours per day a client attends	1.0	1.0	1.0	1.0	1.0		1.0	1.0	1.0	1.0	
<i>Vehicles</i>											
Percent with vehicles											
Typical vehicle size											
Purchase price											
<i>Staffing Pattern (scaled to a 40-hour workweek)</i>											
Direct services	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	
ISP meetings	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	
Participating in assessments	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	
Transporting clients	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	
Recordkeeping	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	
'Employer time' (e.g. staff meetings)	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	
Program development	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	
Program preparation/set-up/clean-up	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	
<i>Staff Training (hours)</i>											
First year of employment	50	50	50	50	50		50	50	50	50	
After first year of employment	10	10	10	10	10		10	10	10	10	

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Transportation

	Urban					Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)		Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers	With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload										
Responding providers	18					8				
Number of reported clients	970					124				
Service Design										
One-way routes per vehicle per day	4.4	3.4	2.0	4.9	3.0	3.7	1.6	2.0	2.7	1.4
Hours to complete a one-way route	1.3	1.3	1.5	1.5	1.5	9.4	1.8	1.9	6.7	1.9
Clients per one-way route	5.4	5.4	5.7	5.7	5.7	5.1	3.3	3.8	4.6	3.5
Vehicles										
Vehicles operated by driver only	70%	79%	79%	66%	75%	89%	89%	100%	83%	83%
Annual miles per vehicle	43,679	13,465	12,000	42,405	14,704	35,821	22,966	18,000	50,515	25,436
Vehicle size	12					12				
Purchase price	\$38,930	\$38,930	\$38,000	\$40,964	\$40,964	\$42,540	\$42,540	\$40,000	\$42,115	\$42,115
Annual maintenance cost per vehicle	\$4,488	\$3,767	\$2,885	\$4,041	\$3,703	\$4,256	\$4,256	\$3,899	\$4,514	\$4,514
Annual insurance cost per vehicle	\$2,812	\$2,550	\$2,244	\$3,383	\$3,203	\$2,295	\$2,295	\$1,906	\$2,354	\$2,354
Staffing Pattern (scaled to a 40-hour workweek)										
Direct transportation services	16.2	16.3	14.2	20.0	20.1	20.9	21.2	18.7	19.2	19.3
Other direct services	22.8	23.0	25.3	19.3	19.5	17.4	17.7	20.1	19.2	19.3
'Employer time' (e.g. staff meetings)	0.6	0.4	0.5	0.5	0.3	0.4	0.4	0.5	0.6	0.6
Other activities	0.4	0.2	0.0	0.3	0.1	1.3	0.7	0.7	1.1	0.9
Total	40.0	40.0	40.0	40.0	40.0	40.0	40.0	40.0	40.0	40.0
Staff Training (hours)										
First year of employment	54	54	49	57	57	55	55	50	54	54
After first year of employment	18	16	14	20	18	19	14	12	17	13

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Nursing, Intermittent - RN

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
<i>Agency Caseload</i>											
Responding providers	2						2				
Number of reported clients	14						10				
<i>Service Design</i>											
# of clients seen per week per staff	26.3	26.3	26.3	23.8	23.8		6.0	6.0	6.0	7.7	7.7
Average visit length	1.4	1.4	1.4	1.5	1.5		1.5	1.5	1.5	1.7	1.7
<i>Equipment and Supplies</i>											
% reporting capital equipment costs	0%						0%				
If yes, annual cap. equip. cost per consumer											
Average life of equipment (years)											
% reporting supplies costs	100%						50%				
If yes, annual supplies cost per consumer	\$1,554.16	\$1,554.16	\$1,554.16	\$1,279.78	\$1,279.78		\$10.40	\$10.40	\$10.40	\$10.40	\$10.40
<i>Staffing Pattern (scaled to a 40-hour workweek)</i>											
Direct services	23.8	23.8	23.8	24.0	24.0		20.0	20.0	20.0	20.0	20.0
ISP meetings	1.1	1.1	1.1	1.1	1.1		1.0	1.0	1.0	1.0	1.0
Participating in assessments	1.5	1.5	1.5	1.8	1.8		3.0	3.0	3.0	3.0	3.0
Travel between clients	6.8	6.8	6.8	6.8	6.8		12.0	12.0	12.0	12.0	12.0
Missed appointments	1.3	1.3	1.3	1.2	1.2		1.0	1.0	1.0	1.0	1.0
Recordkeeping	4.8	4.8	4.8	4.3	4.3		2.0	2.0	2.0	2.0	2.0
'Employer time' (e.g. staff meetings)	0.9	0.9	0.9	0.9	0.9		1.0	1.0	1.0	1.0	1.0
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
<i>Mileage per week (scaled to 40 hr. wk.)</i>											
Between client sessions	111	111	111	128	128		360	360	360	360	360
Transporting clients	0	0	0	0	0		0	0	0	0	0
Total	111	111	111	128	128		360	360	360	360	360
<i>Staff Training (hours)</i>											
First year of employment	39	39	39	36	36		20	20	20	20	20
After first year of employment	17	17	17	17	17		16	16	16	16	16

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Nursing, Intermittent - LPN

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	2						1				
Number of reported clients	14						5				
Service Design											
# of clients seen per week per staff	26.3	26.3	26.3	23.8	23.8		10.0	10.0	10.0	10.0	10.0
Average visit length	1.4	1.4	1.4	1.5	1.5		2.0	2.0	2.0	2.0	2.0
Equipment and Supplies											
% reporting capital equipment costs	0%						0%				
If yes, annual cap. equip. cost per consumer											
Average life of equipment (years)											
% reporting supplies costs	100%						100%				
If yes, annual supplies cost per consumer	\$1,554.16	\$1,554.16	\$1,554.16	\$1,279.78	\$1,279.78		\$10.40	\$10.40	\$10.40	\$10.40	\$10.40
Staffing Pattern (scaled to a 40-hour workweek)											
Direct services	23.8	23.8	23.8	24.0	24.0		20.0	20.0	20.0	20.0	20.0
ISP meetings	1.1	1.1	1.1	1.1	1.1		1.0	1.0	1.0	1.0	1.0
Participating in assessments	1.5	1.5	1.5	1.8	1.8		3.0	3.0	3.0	3.0	3.0
Travel between clients	6.8	6.8	6.8	6.8	6.8		12.0	12.0	12.0	12.0	12.0
Missed appointments	1.3	1.3	1.3	1.2	1.2		1.0	1.0	1.0	1.0	1.0
Recordkeeping	4.8	4.8	4.8	4.3	4.3		2.0	2.0	2.0	2.0	2.0
'Employer time' (e.g. staff meetings)	0.9	0.9	0.9	0.9	0.9		1.0	1.0	1.0	1.0	1.0
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
Mileage per week (scaled to 40 hr. wk.)											
Between client sessions	210	210	210	210	210		360	360	360	360	360
Transporting clients	0	0	0	0	0		0	0	0	0	0
Total	210	210	210	210	210		360	360	360	360	360
Staff Training (hours)											
First year of employment	39	39	39	36	36		20	20	20	20	20
After first year of employment	17	17	17	17	17		16	16	16	16	16

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Nursing, Visit - RN

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
<i>Agency Caseload</i>											
Responding providers	2						1				
Number of reported clients	960						15				
<i>Service Design</i>											
# of clients seen per week per staff	35.0	35.0	35.0	35.9	35.9		34.0	34.0	34.0	34.0	34.0
Average visit length	0.9	0.9	0.9	0.8	0.8		0.5	0.5	0.5	0.5	0.5
<i>Equipment and Supplies</i>											
% reporting capital equipment costs	0%						0%				
If yes, annual cap. equip. cost per consumer											
Average life of equipment (years)											
% reporting supplies costs	100%						100%				
If yes, annual supplies cost per consumer	\$11.26	\$11.26	\$11.26	\$9.72	\$9.72		\$3.06	\$3.06	\$3.06	\$3.06	\$3.06
<i>Staffing Pattern (scaled to a 40-hour workweek)</i>											
Direct services	23.7	23.7	23.7	23.0	23.0		17.0	17.0	17.0	17.0	17.0
ISP meetings	1.0	1.0	1.0	1.0	1.0		1.0	1.0	1.0	1.0	1.0
Participating in assessments	1.5	1.5	1.5	1.8	1.8		3.0	3.0	3.0	3.0	3.0
Travel between clients	8.3	8.3	8.3	8.9	8.9		15.0	15.0	15.0	15.0	15.0
Missed appointments	0.9	0.9	0.9	0.9	0.9		1.0	1.0	1.0	1.0	1.0
Recordkeeping	3.7	3.7	3.7	3.4	3.4		2.0	2.0	2.0	2.0	2.0
'Employer time' (e.g. staff meetings)	0.9	0.9	0.9	0.9	0.9		1.0	1.0	1.0	1.0	1.0
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
<i>Mileage per week (scaled to 40 hr. wk.)</i>											
Between client sessions	185	185	185	216	216		450	450	450	450	450
Transporting clients	0	0	0	0	0		0	0	0	0	0
Total	185	185	185	216	216		450	450	450	450	450
<i>Staff Training (hours)</i>											
First year of employment	39	39	39	36	36		20	20	20	20	20
After first year of employment	17	17	17	17	17		16	16	16	16	16

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Nursing, Visit - LPN

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
<i>Agency Caseload</i>											
Responding providers	2						1				
Number of reported clients	960						15				
<i>Service Design</i>											
# of clients seen per week per staff	35.0	35.0	35.0	35.9	35.9		34.0	34.0	34.0	34.0	34.0
Average visit length	0.9	0.9	0.9	0.8	0.8		0.5	0.5	0.5	0.5	0.5
<i>Equipment and Supplies</i>											
% reporting capital equipment costs	0%						0%				
If yes, annual cap. equip. cost per consumer											
Average life of equipment (years)											
% reporting supplies costs	100%						100%				
If yes, annual supplies cost per consumer	\$11.26	\$11.26	\$11.26	\$9.72	\$9.72		\$3.06	\$3.06	\$3.06	\$3.06	\$3.06
<i>Staffing Pattern (scaled to a 40-hour workweek)</i>											
Direct services	23.7	23.7	23.7	23.0	23.0		17.0	17.0	17.0	17.0	17.0
ISP meetings	1.0	1.0	1.0	1.0	1.0		1.0	1.0	1.0	1.0	1.0
Participating in assessments	1.5	1.5	1.5	1.8	1.8		3.0	3.0	3.0	3.0	3.0
Travel between clients	8.3	8.3	8.3	8.9	8.9		15.0	15.0	15.0	15.0	15.0
Missed appointments	0.9	0.9	0.9	0.9	0.9		1.0	1.0	1.0	1.0	1.0
Recordkeeping	3.7	3.7	3.7	3.4	3.4		2.0	2.0	2.0	2.0	2.0
'Employer time' (e.g. staff meetings)	0.9	0.9	0.9	0.9	0.9		1.0	1.0	1.0	1.0	1.0
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
<i>Mileage per week (scaled to 40 hr. wk.)</i>											
Between client sessions	185	185	185	216	216		450	450	450	450	450
Transporting clients	0	0	0	0	0		0	0	0	0	0
Total	185	185	185	216	216		450	450	450	450	450
<i>Staff Training (hours)</i>											
First year of employment	39	39	39	36	36		20	20	20	20	20
After first year of employment	17	17	17	17	17		16	16	16	16	16

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Nursing, Continuous/Respite - RN

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
<i>Agency Caseload</i>											
Responding providers	3						2				
Number of reported clients	238						45				
<i>Service Design</i>											
# of clients seen per week per staff	5.7	5.7	5.0	5.3	5.3		3.5	3.5	3.5	4.2	4.2
Average visit length	7.5	7.5	7.5	7.4	7.4		7.6	7.6	7.6	7.5	7.5
<i>Equipment and Supplies</i>											
% reporting capital equipment costs	0%						0%				
If yes, annual cap. equip. cost per consumer											
Average life of equipment (years)											
% reporting supplies costs	67%						50%				
If yes, annual supplies cost per consumer	\$295.20	\$295.20	\$295.20	\$107.20	\$107.20		\$10.40	\$10.40	\$10.40	\$10.40	\$10.40
<i>Staffing Pattern (scaled to a 40-hour workweek)</i>											
Direct services	38.5	38.5	39.2	37.7	37.7		36.3	36.3	36.3	36.3	36.3
ISP meetings	0.5	0.5	0.3	0.4	0.4		0.3	0.3	0.3	0.3	0.3
Participating in assessments	0.2	0.2	0.0	0.4	0.4		0.5	0.5	0.5	0.5	0.5
Travel between clients	0.2	0.2	0.0	0.4	0.4		1.8	1.8	1.8	1.8	1.8
Missed appointments	0.1	0.1	0.0	0.2	0.2		0.3	0.3	0.3	0.3	0.3
Recordkeeping	0.2	0.2	0.0	0.4	0.4		0.5	0.5	0.5	0.5	0.5
'Employer time' (e.g. staff meetings)	0.4	0.4	0.5	0.5	0.5		0.5	0.5	0.5	0.5	0.5
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
<i>Mileage per week (scaled to 40 hr. wk.)</i>											
Between client sessions	72	72	15	22	22		50	50	50	50	50
Transporting clients	0	0	0	0	0		0	0	0	0	0
Total	72	72	15	22	22		50	50	50	50	50
<i>Staff Training (hours)</i>											
First year of employment	31	31	20	26	26		20	20	20	20	20
After first year of employment	14	14	16	16	16		16	16	16	16	16

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Nursing, Continuous/Respite - LPN

	Urban						Rural				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	2						3				
Number of reported clients	113						44				
Service Design											
# of clients seen per week per staff	6.0	6.0	6.0	5.3	5.3		4.0	4.0	5.0	4.2	4.2
Average visit length	7.3	7.3	7.3	7.4	7.4		7.1	7.1	7.3	7.4	7.4
Equipment and Supplies											
% reporting capital equipment costs	0%						33%				
If yes, annual cap. equip. cost per consumer							\$72.80	\$72.80	\$72.80	\$72.80	\$72.80
Average life of equipment (years)							3.0	3.0	3.0	3.0	3.0
% reporting supplies costs	100%						67%				
If yes, annual supplies cost per consumer	\$295.20	\$295.20	\$295.20	\$107.20	\$107.20		\$185.80	\$185.80	\$185.80	\$14.95	\$14.95
Staffing Pattern (scaled to a 40-hour workweek)											
Direct services	37.8	37.8	37.8	37.6	37.6		35.3	35.3	35.3	36.2	36.2
ISP meetings	0.7	0.7	0.7	0.4	0.4		0.7	0.7	0.7	0.3	0.3
Participating in assessments	0.3	0.3	0.3	0.4	0.4		0.3	0.3	0.3	0.5	0.5
Travel between clients	0.3	0.3	0.3	0.4	0.4		1.4	1.4	1.4	1.7	1.7
Missed appointments	0.1	0.1	0.1	0.2	0.2		0.6	0.6	0.6	0.3	0.3
Recordkeeping	0.3	0.3	0.3	0.4	0.4		0.8	0.8	0.8	0.5	0.5
'Employer time' (e.g. staff meetings)	0.6	0.6	0.6	0.5	0.5		0.8	0.8	0.8	0.5	0.5
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
Mileage per week (scaled to 40 hr. wk.)											
Between client sessions	8	8	8	12	12		59	59	59	50	50
Transporting clients	0	0	0	0	0		0	0	0	0	0
Total	8	8	8	12	12		59	59	59	50	50
Staff Training (hours)											
First year of employment	39	39	39	26	26		20	20	20	20	20
After first year of employment	17	17	17	16	16		18	18	18	16	16

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Therapies, Natural Environment - Therapists

	Base						Tier 1				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
<i>Agency Caseload</i>											
Responding providers	12						3				
Number of reported clients	2,366						40				
<i>Service Design</i>											
# of clients seen per week per staff	17.5	13.8	14.0	21.4	15.8		3.0	3.0	3.0	3.7	3.7
Average visit length	1.0	1.0	1.0	1.0	1.0		1.0	1.0	1.0	1.0	1.0
Hours to complete assessment	2.9	2.9	3.0	3.2	3.2		3.0	3.0	3.0	3.0	3.0
<i>Equipment and Supplies</i>											
% reporting capital equipment costs	58%						0%				
If yes, annual cap. equip. cost per consumer	\$15.10	\$10.67	\$11.11	\$12.37	\$12.21						
Average life of equipment (years)	2.3	2.3	2.0	2.2	2.2						
% reporting supplies costs	92%						0%				
If yes, annual supplies cost per consumer	\$13.56	\$9.03	\$4.40	\$5.69	\$5.60						
<i>Staffing Pattern (scaled to 40-hr. wk.)</i>											
Direct services	25.0	26.7	25.9	33.2	34.1		20.4	20.4	20.4	20.8	20.8
ISP meetings	0.7	0.6	0.7	0.4	0.3		1.4	1.4	1.4	1.2	1.2
Travel between clients	5.3	4.2	4.7	1.8	1.8		3.1	3.1	3.1	3.5	3.5
Missed appointments	2.1	1.4	1.8	1.2	0.8		4.1	4.1	4.1	4.2	4.2
Recordkeeping	3.9	4.2	4.2	1.8	1.8		3.5	3.5	3.5	3.0	3.0
'Employer time' (e.g. staff meetings)	0.6	0.5	0.5	0.5	0.3		3.1	3.1	3.1	3.5	3.5
Consulting with doctors, teachers, etc.	2.1	2.3	2.2	0.9	0.9		3.5	3.5	3.5	3.0	3.0
Other activities	0.3	0.2	0.0	0.2	0.1		1.0	1.0	1.0	0.6	0.6
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
<i>Mileage per week (scaled to 40 hr. wk.)</i>											
Between client sessions	259	259	225	197	197		194	194	194	202	202
<i>Staff Training (hours)</i>											
First year of employment	40	30	38	43	39		43	43	43	45	45
After first year of employment	25	19	21	27	24		30	30	30	30	30
<i>Service Delivery Oversight/Supervision</i>											
Hours/month for Direct Service supervision	2.0	1.5	2.0	3.2	3.1		0.5	0.5	0.5	0.3	0.3

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Therapies, Natural Environment - Therapists

	Tier 2						Tier 3				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	2						1				
Number of reported clients	13						60				
Service Design											
# of clients seen per week per staff	6.0	6.0	6.0	10.0	10.0		2.0	2.0	2.0	2.0	2.0
Average visit length	1.0	1.0	1.0	1.0	1.0		1.1	1.1	1.1	1.1	1.1
Hours to complete assessment	3.5	3.5	3.5	3.1	3.1		3.1	3.1	3.1	3.1	3.1
Equipment and Supplies											
% reporting capital equipment costs	50%						100%				
If yes, annual cap. equip. cost per con:	\$5.56	\$5.56	\$5.56	\$5.56	\$5.56		\$16.67	\$16.67	\$16.67	\$16.67	\$16.67
Average life of equipment (years)	2.0	2.0	2.0	2.0	2.0						
% reporting supplies costs	50%						100%				
If yes, annual supplies cost per consur	\$1.11	\$1.11	\$1.11	\$1.11	\$1.11		\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
Staffing Pattern (scaled to 40-hr. wk.)											
Direct services	15.8	15.8	15.8	22.0	22.0		19.6	19.6	19.6	19.6	19.6
ISP meetings	0.2	0.2	0.2	0.4	0.4		0.4	0.4	0.4	0.4	0.4
Travel between clients	12.1	12.1	12.1	5.9	5.9		8.9	8.9	8.9	8.9	8.9
Missed appointments	5.1	5.1	5.1	2.7	2.7		6.7	6.7	6.7	6.7	6.7
Recordkeeping	4.7	4.7	4.7	5.2	5.2		3.6	3.6	3.6	3.6	3.6
'Employer time' (e.g. staff meetings)	1.1	1.1	1.1	1.9	1.9		0.4	0.4	0.4	0.4	0.4
Consulting with doctors, teachers, etc.	1.1	1.1	1.1	1.9	1.9		0.4	0.4	0.4	0.4	0.4
Other activities	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
Mileage per week (scaled to 40 hr. wk.)											
Between client sessions	80	80	80	144	144						
Staff Training (hours)											
First year of employment	88	88	88	58	58						
After first year of employment	53	53	53	35	35						
Service Delivery Oversight/Supervision											
Hours/month for Direct Service supervi	1.0	1.0	1.0	0.2	0.2						

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Therapies, Clinical Environment - Therapists

	Base						Tier 1				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	10						0				
Number of reported clients	736						0				
Service Design											
# of clients seen per week per staff	17.3	17.3	15.0	20.7	20.7						
Average visit length	1.0	1.0	1.0	1.0	1.0						
Avg. sq. ft. of prog. space per therapist	192.6	192.6	165.0	136.1	136.1						
Operating cost per square foot	\$88.47	\$17.38	\$19.00	\$68.43	\$13.19						
Hours to complete assessment	2.9	2.9	3.0	3.0	3.0						
Equipment and Supplies											
% reporting capital equipment costs	60%										
If yes, annual cap. equip. cost per consumer	\$258.72	\$43.80	\$35.42	\$50.39	\$30.80						
Average life of equipment (years)	4.5	4.5	5.0	5.5	5.5						
% reporting supplies costs	80%										
If yes, annual supplies cost per consumer	\$42.59	\$26.88	\$31.72	\$25.19	\$9.61						
Staffing Pattern (scaled to 40-hr. wk.)											
Direct services	27.6	29.5	29.9	34.0	34.9						
ISP meetings	1.0	0.7	0.7	0.6	0.4						
Travel between clients	0.0	0.0	0.0	0.0	0.0						
Missed appointments	3.0	2.5	3.0	1.5	1.2						
Recordkeeping	3.9	3.4	4.0	1.7	1.6						
'Employer time' (e.g. staff meetings)	1.8	1.9	1.0	0.9	0.9						
Consulting with doctors, teachers, etc.	2.2	1.8	1.5	0.9	0.9						
Other activities	0.6	0.2	0.0	0.4	0.1						
Total	40.0	40.0	40.0	40.0	40.0						
Mileage per week (scaled to 40 hr. wk.)											
Between client sessions	0	0	0	0	0						
Staff Training (hours)											
First year of employment	44	32	45	42	38						
After first year of employment	33	33	30	26	26						
Service Delivery Oversight/Supervision											
Hours/month for Direct Service supervision	2.1	2.1	2.0	3.0	3.0						

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Therapies, Clinical Environment - Therapists

	Tier 2						Tier 3				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	1						0				
Number of reported clients	2						0				
Service Design											
# of clients seen per week per staff	1.0	1.0	1.0	1.0	1.0						
Average visit length	1.0	1.0	1.0	1.0	1.0						
Avg. sq. ft. of prog. space per therapist											
Operating cost per square foot	\$17.80	\$17.80	\$17.80	\$17.80	\$17.80						
Hours to complete assessment	4.0	4.0	4.0	4.0	4.0						
Equipment and Supplies											
% reporting capital equipment costs	100%										
If yes, annual cap. equip. cost per con:	\$5.56	\$5.56	\$5.56	\$5.56	\$5.56						
Average life of equipment (years)	2.0	2.0	2.0	2.0	2.0						
% reporting supplies costs	100%										
If yes, annual supplies cost per consur	\$1.11	\$1.11	\$1.11	\$1.11	\$1.11						
Staffing Pattern (scaled to 40-hr. wk.)											
Direct services	16.0	16.0	16.0	16.0	16.0						
ISP meetings	0.0	0.0	0.0	0.0	0.0						
Travel between clients	0.0	0.0	0.0	0.0	0.0						
Missed appointments	16.0	16.0	16.0	16.0	16.0						
Recordkeeping	8.0	8.0	8.0	8.0	8.0						
'Employer time' (e.g. staff meetings)	0.0	0.0	0.0	0.0	0.0						
Consulting with doctors, teachers, etc.	0.0	0.0	0.0	0.0	0.0						
Other activities	0.0	0.0	0.0	0.0	0.0						
Total	40.0	40.0	40.0	40.0	40.0						
Mileage per week (scaled to 40 hr. wk.)											
Between client sessions	0	0	0	0	0						
Staff Training (hours)											
First year of employment	125	125	125	125	125						
After first year of employment	75	75	75	75	75						
Service Delivery Oversight/Supervision											
Hours/month for Direct Service supervi	2.0	2.0	2.0	2.0	2.0						

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Therapies, Natural Environment - Therapist Assistants

	Base						Tier 1				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
<i>Agency Caseload</i>											
Responding providers	5						3				
Number of reported clients	160						31				
<i>Service Design</i>											
# of clients seen per week per staff	21.2	21.2	19.0	26.5	26.5		3.3	3.3	4.0	4.6	4.6
Average visit length	1.1	1.1	1.0	1.0	1.0		1.0	1.0	1.0	1.0	1.0
Hours to complete assessment											
<i>Equipment and Supplies</i>											
% reporting capital equipment costs	20%						0%				
If yes, annual cap. equip. cost per consumer	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00						
Average life of equipment (years)											
% reporting supplies costs	40%						0%				
If yes, annual supplies cost per consumer	\$34.56	\$34.56	\$34.56	\$21.90	\$21.90						
<i>Staffing Pattern (scaled to 40-hr. wk.)</i>											
Direct services	25.9	25.9	25.7	27.9	27.9		28.2	28.2	27.9	21.8	21.8
ISP meetings	1.0	1.0	1.0	0.7	0.7		0.7	0.7	0.9	0.9	0.9
Travel between clients	3.4	3.4	3.9	3.0	3.0		3.4	3.4	4.6	4.6	4.6
Missed appointments	1.9	1.9	2.4	1.9	1.9		2.2	2.2	2.8	3.4	3.4
Recordkeeping	3.5	3.5	3.4	3.1	3.1		1.9	1.9	0.7	3.5	3.5
'Employer time' (e.g. staff meetings)	1.4	1.4	1.4	1.1	1.1		1.7	1.7	1.4	3.0	3.0
Consulting with doctors, teachers, etc.	2.0	2.0	2.2	1.5	1.5		1.2	1.2	1.7	1.8	1.8
Other activities	0.9	0.9	0.0	0.8	0.8		0.8	0.8	0.0	0.8	0.8
Total	40.0	40.0	40.0	40.0	40.0		40.0	40.0	40.0	40.0	40.0
<i>Mileage per week (scaled to 40 hr. wk.)</i>											
Between client sessions	195	195	197	198	198		201	201	201	201	201
<i>Staff Training (hours)</i>											
First year of employment	33	33	38	27	27		43	43	43	45	45
After first year of employment	23	23	28	19	19		30	30	30	30	30
<i>Service Delivery Oversight/Supervision</i>											
Hours/month for Direct Service supervision	5.0	5.0	5.0	4.6	4.6		2.5	2.5	2.5	2.0	2.0

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Therapies, Natural Environment - Therapist Assistants

	Tier 2					Tier 3			
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)		Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)
	With Outliers	Without Outliers		With Outliers		Without Outliers	With Outliers	Without Outliers	With Outliers
<i>Agency Caseload</i>									
Responding providers	0					0			
Number of reported clients	0					0			
<i>Service Design</i>									
# of clients seen per week per staff									
Average visit length									
Hours to complete assessment									
<i>Equipment and Supplies</i>									
% reporting capital equipment costs									
If yes, annual cap. equip. cost per con:									
Average life of equipment (years)									
% reporting supplies costs									
If yes, annual supplies cost per consur									
<i>Staffing Pattern (scaled to 40-hr. wk.)</i>									
Direct services									
ISP meetings									
Travel between clients									
Missed appointments									
Recordkeeping									
'Employer time' (e.g. staff meetings)									
Consulting with doctors, teachers, etc.									
Other activities									
Total									
<i>Mileage per week (scaled to 40 hr. wk.)</i>									
Between client sessions									
<i>Staff Training (hours)</i>									
First year of employment									
After first year of employment									
<i>Service Delivery Oversight/Supervision</i>									
Hours/month for Direct Service supervi									

**Arizona Division of Developmental Disabilities
Provider Survey Analysis - Productivity and Other Factors**

Therapies, Clinical Environment - Therapist Assistants

	Base						Tier 1				
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)			Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)	
	With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	3						0				
Number of reported clients	37						0				
Service Design											
# of clients seen per week per staff	12.7	12.7	10.0	15.5	15.5						
Average visit length	1.0	1.0	1.0	1.0	1.0						
Avg. sq. ft. of prog. space per therapist	133.3	133.3	150.0	129.9	129.9						
Operating cost per square foot	\$183.17	\$183.17	\$22.00	\$214.73	\$214.73						
Hours to complete assessment											
Equipment and Supplies											
% reporting capital equipment costs	33%										
If yes, annual cap. equip. cost per consumer	\$20.83	\$20.83	\$20.83	\$20.83	\$20.83						
Average life of equipment (years)	1.0	1.0	1.0	1.2	1.2						
% reporting supplies costs	100%										
If yes, annual supplies cost per consumer	\$36.69	\$36.69	\$36.08	\$32.10	\$32.10						
Staffing Pattern (scaled to 40-hr. wk.)											
Direct services	25.6	25.6	25.8	27.2	27.2						
ISP meetings	0.8	0.8	1.2	0.5	0.5						
Travel between clients	0.0	0.0	0.0	0.0	0.0						
Missed appointments	2.1	2.1	2.6	1.9	1.9						
Recordkeeping	5.9	5.9	6.1	5.4	5.4						
'Employer time' (e.g. staff meetings)	2.5	2.5	1.3	2.6	2.6						
Consulting with doctors, teachers, etc.	3.1	3.1	3.0	2.4	2.4						
Other activities	0.0	0.0	0.0	0.0	0.0						
Total	40.0	40.0	40.0	40.0	40.0						
Mileage per week (scaled to 40 hr. wk.)											
Between client sessions	0	0	0	0	0						
Staff Training (hours)											
First year of employment	32	32	40	25	25						
After first year of employment	21	21	25	17	17						
Service Delivery Oversight/Supervision											
Hours/month for Direct Service supervision	4.0	4.0	4.0	3.3	3.3						

**Arizona Division of Developmental Disabilities
 Provider Survey Analysis - Productivity and Other Factors**

Therapies, Clinical Environment - Therapist Assistants

	Tier 2					Tier 3					
	Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)		Unweighted Average		Median	Weighted Avg. (FY 2012 Rev.)		
	With Outliers	Without Outliers		With Outliers		Without Outliers	With Outliers	Without Outliers		With Outliers	Without Outliers
Agency Caseload											
Responding providers	0					0					
Number of reported clients	0					0					
Service Design											
# of clients seen per week per staff											
Average visit length											
Avg. sq. ft. of prog. space per therapist											
Operating cost per square foot											
Hours to complete assessment											
Equipment and Supplies											
% reporting capital equipment costs											
If yes, annual cap. equip. cost per con:											
Average life of equipment (years)											
% reporting supplies costs											
If yes, annual supplies cost per consur											
Staffing Pattern (scaled to 40-hr. wk.)											
Direct services											
ISP meetings											
Travel between clients											
Missed appointments											
Recordkeeping											
'Employer time' (e.g. staff meetings)											
Consulting with doctors, teachers, etc.											
Other activities											
Total											
Mileage per week (scaled to 40 hr. wk.)											
Between client sessions											
Staff Training (hours)											
First year of employment											
After first year of employment											
Service Delivery Oversight/Supervision											
Hours/month for Direct Service supervi											



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Division of Developmental Disabilities

2013 Provider Rate Rebase

Awcej o gpv3

Provider Survey

July 36, 2013

Prepared by:

BURNS & ASSOCIATES, INC.

Health Policy Consultants

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DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Division of Developmental Disabilities

2013 Provider Rate Rebase
Provider Survey

Distributed by Burns & Associates, Inc. and Navigant Consulting Inc.

March 18, 2013

Questions? Contact Steve Abele with Burns & Associates, Inc. at (602) 241-8520 or sabele@burnshealthpolicy.com

**Arizona DES Division of Developmental Disabilities
2013 Provider Rate Rebase - Provider Survey**

Agency Contact Information (see p. 4 of the instructions)

Agency		
Provider ID(s)		
Contact Name		
Title		
Phone		
Email		
Address		
City		
Zip Code		

Annual Agency Revenue

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

Developmental Disabilities Programs Revenues	
Non-Developmental Disabilities Revenues	
Total	\$0.00

Agency Staffing

Report your agency's current staffing levels

Total Full-Time Staff (30 or More Hours per Week)	
Total Part-Time Staff (Fewer Than 30 Hours per Week)	
Total	0

Services Provided (see p. 4 of the instructions)

Indicate the Services Provided by Your Organization (Check Appropriate Boxes)

Home and Community-Based Services including Specialized Habilitation			
Attendant Care (ATC)	<input checked="" type="checkbox"/>		Habilitation, Individually Designed Living Arrangement (HAI, HID) <input checked="" type="checkbox"/>
Habilitation, Support (HAH)	<input checked="" type="checkbox"/>		Habilitation, Specialized Behavioral (HBB/HBM) <input checked="" type="checkbox"/>
Homemaker (HSK)	<input checked="" type="checkbox"/>		Specialized Habilitation with Music Therapy (HAM) <input checked="" type="checkbox"/>
Respite, Hourly and Continuous (RSP, RSD)	<input checked="" type="checkbox"/>		
Day Treatment and Training Services			
Day Treatment and Training, Adult (DTA)	<input checked="" type="checkbox"/>		Day Treatment and Training, Child-After School (DTT) <input checked="" type="checkbox"/>
			Day Treatment and Training, Child-Summer (DTS) <input checked="" type="checkbox"/>
Supported Employment			
Individual Supp. Employ. (ISE); Individual Employment Aide (ESA)	<input checked="" type="checkbox"/>		Center-Based Employ. (CSE); Center-Based Employment Aide (ESA) <input checked="" type="checkbox"/>
			Group Supported Employ. (GSE); Group-Based Employment Aide (ESA) <input checked="" type="checkbox"/>
Developmental Home Services			
Vendor Supported Developmental Home, Child (HBC)	<input checked="" type="checkbox"/>		Vendor Supported Developmental Home, Room and Board (RBD) <input checked="" type="checkbox"/>
Vendor Supported Developmental Home, Adult (HBA)	<input checked="" type="checkbox"/>		
Group Home Services			
Habilitation, Community Protection and Treatment-Group Home (HPD)	<input checked="" type="checkbox"/>		Habilitation, Nursing Supported Group Home (HAN) <input checked="" type="checkbox"/>
Habilitation, Group Home (HAB)	<input checked="" type="checkbox"/>		Room and Board, Group Home (RRB) <input checked="" type="checkbox"/>
Professional Services			
Home Health Aide (HHA)	<input checked="" type="checkbox"/>		Therapies (Occupational OTA/OCL/OEA/OCV, Physical PTA/PHL/PEA/PHV, and/or Speech STA/SPL/SEA/SPV) <input checked="" type="checkbox"/>
Nursing (HNV, HN9, HN1, HNR)	<input checked="" type="checkbox"/>		
Respiratory Therapy (RP1)	<input checked="" type="checkbox"/>		
Transportation Services			
Transportation Services (TRA, TRE)	<input checked="" type="checkbox"/>		

Counties of Operation (see p. 4 of the instructions)

For the service groups that your organization provides, report the allocation of those services (in terms of units) by county in your agency's most recently completed fiscal year

Line	County	Example	Home/Community-Based Services	Day Treatment and Training	Supported Employment	Developmental Home	Group Home	Professional Services	Transportation
1	Apache	20%							
2	Cochise								
3	Coconino	30%							
4	Gila								
5	Graham								
6	Greenlee								
7	La Paz								
8	Maricopa								
9	Mohave								
10	Navajo	20%							
11	Pima								
12	Pinal								
13	Santa Cruz								
14	Yavapai	30%							
15	Yuma								
16	Total	100%							
17	Check - Sum to 100%?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Savings Measures Implemented in Response to Funding Reductions (see p. 5 of the instructions)

In general, most Developmental Disabilities reimbursement rates have been reduced a total of approximately 15 percent since May 2009. Report any budget savings measures your organization has implemented since that time.

Line	Descriptions of Savings Measures	Imple- mented?	Date Implemented	Est. Annual Savings
1a	Has your organization reduced direct care staff pay or benefits?			
1b	[Type Description Here]			
1c	[Type Description Here]			
1d	[Type Description Here]			
1e	[Type Description Here]			
1f	[Type Description Here]			
2a	Has your organization reduced administrative and program support costs?			
2b	[Type Description Here]			
2c	[Type Description Here]			
2d	[Type Description Here]			
2e	[Type Description Here]			
2f	[Type Description Here]			
3a	Has your organization eliminated or changed the design of its programs (e.g., larger groups, fewer outings)?			
3b	[Type Description Here]			
3c	[Type Description Here]			
3d	[Type Description Here]			
3e	[Type Description Here]			
3f	[Type Description Here]			

**Arizona DES Division of Developmental Disabilities
2013 Provider Rate Rebase - Provider Survey**

Administrative and Program Support Staff - Salary and Benefit Costs (see p. 6 of the instructions)

*Include only those staff who support your agency's DD program, but are not primarily engaged in service delivery
Report costs from your agency's most recently completed fiscal year*

Line	Title	# of Emp.	Wages	Cost of Optional Benefits	% of Time Allocated to Developmental Disabilities Program			% of Time Allocated to Other Programs
					Direct Care	Admin.	Prog.	
Ex.	Executive Director	1.0	\$75,000	\$6,000	0%	50%	0%	50%
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								

**Arizona DES Division of Developmental Disabilities
2013 Provider Rate Rebase - Provider Survey**

Line	Title	# of Emp.	Wages	Cost of Optional Benefits	% of Time Allocated to Developmental Disabilities Program			% of Time Allocated to Other Programs
					Direct Care	Admin.	Prog.	
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
51								
52								
53								
54								
55								

Administrative and Program Support Expenses Other Than Staff Salary and Benefits (see p. 7 of the instructions)

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

Line	Category	Total Expense	% of Time Allocated to Developmental Disabilities Program		% of Total Allocated to Other Programs
			Administration	Program Support	
1	Facility Rent/ Mortgage/ Depreciation (<i>do not include direct service space such as Day Treatment areas or group homes</i>)				
2	Sq Ft of Admin Space				
3	Rent Cost per Sq Ft				
4	Facility Janitorial/ Landscaping/ Repairs/ Etc. (not part of rent)				
5	Office Equipment and Furniture				
6	Depreciation other than Facility				
7	Interest Expense (exclude mortgage)				
8	Utilities/ Telecommunications/ Etc. (<i>exclude costs associated with direct service space such as Day Treatment areas or group homes</i>)				
9	Taxes				
10	Licensing/ Certification/ Accreditation Fees				
11	Hiring expenses (excluding training-related costs)				
12	Insurance (exclude auto insurance and benefits like health/dental ins.)				
13	Information Technology Expense (e.g., computers and software)				
14	Office Supplies				
15	Postage				
16	Advertising				
17	Dues and Subscriptions				
18	Consulting - Training/ Legal/ Accounting/ Etc.				
19	Travel (<i>exclude client trans. or direct care vehicles/reimbursement</i>)				
20	Corporate Office Overhead				
21	[If Overhead is reported in Line 20, describe allocation methodology here]				
22	Other 1 [Input Description]				
23	Other 2 [Input Description]				
24	Other 3 [Input Description]				

Benefits for Direct Service Staff (see p. 10 of the instructions)

Line	Factor	Example	Full-Time	Part-Time
<i>Staffing</i>				
1	How many employees who provide direct services to clients does your organization currently employ?	30		
<i>Holidays</i>				
2	Are direct service staff eligible for holiday pay?	Yes		
3	If yes, what is the waiting period before staff are eligible for holiday pay?	3 Months		
4	What is the minimum number of hours per week that an employee must work to be eligible for holiday pay?	20		
5	Of the direct service staff employed by your organization, how many are currently eligible for holiday pay?	22		
6	How many holidays per year do eligible direct service staff receive?	10		
<i>Paid Time Off (PTO, Vacation and Sick Time)</i>				
7	Are direct service staff eligible to receive paid time off, in addition to holidays?	Yes		
8	If yes, what is the waiting period before staff are eligible for PTO?	6 Months		
9	What is the minimum number of hours per week that an employee must work to be eligible for PTO?	20		
10	Of the direct service staff employed by your organization, how many are currently eligible for PTO?	18		
11	What is the average number of PTO days that eligible direct service staff receive per year?	10		
<i>Health Insurance</i>				
12	Are direct service staff eligible to receive health insurance through your organization?	Yes		
13	If yes, what is the waiting period before staff are eligible for health insurance?	6 Months		
14	What is the minimum number of hours per week that an employee must work to be eligible for health insurance?	30		
15	Of the direct service staff employed by your organization, how many are currently eligible for health insurance?	15		
16	How many direct service staff currently receive health insurance from your organization?	10		
17	What was your organization's total contribution to health insurance costs for direct service staff last year?	\$36,000		
<i>Retirement</i>				
18	Does your organization contribute to a 401k, 403b or other retirement plan for your direct service staff?	Yes		
19	If yes, what is the waiting period before staff are eligible for retirement contributions?	12 Months		
20	What is the minimum number of hours per week that an employee must work to be eligible for retirement benefits?	30		
21	Of the direct service staff employed by your organization, how many are currently eligible for retirement benefits?	15		
22	How many direct service staff currently receive retirement contributions from your organization?	8		
23	What is your organization's avg. retirement contribution for participating direct service staff as a percent of wages?	4.0%		

Benefits for Direct Service Staff (see p. 10 of the instructions)

Line	Factor	Example	Full-Time	Part-Time
<i>Other Benefits</i>				
24	Does your organization contribute to any other benefits for staff?	No		
25	[If yes, please specify the benefit(s) here]	-		
26	What is the waiting period before staff are eligible for these benefits?	-		
27	What is the minimum number of hours per week that an employee must work to be eligible for these benefits?	-		
28	Of the direct service staff employed by your organization, how many are currently eligible for these benefits?	-		
29	How many direct service staff currently receive these benefits from your organization?	-		
30	What was your organization's cost for providing these benefits?	-		
<i>Unemployment Insurance and Workers' Compensation</i>				
31	If your organization makes Arizona state unemployment insurance payments based on a percentage of wages, what is your agency's state unemployment insurance tax rate for 2013?	1.50%		
32	If your organization pays actual costs ("payments in lieu of contributions") of state unemployment insurance benefits claimed by former employees, what was your organization's total unemployment insurance payment in 2012?	\$12,396		
33	What is your average workers' compensation cost for direct service staff under your 2013 policy (per \$100 in wages paid)?	\$1.89		

Impacts of the Federal Affordable Care Act (ACA) (see p. 12 of the instructions)

Line	Factor	Example	Input
<i>Organization's Estimated Average Annual Salary</i>			
1	What is the estimated average annual salary of the workforce (please report an overall average annual salary for all workers at your organization)?	\$18,000	
<i>Organization's Current Health Insurance</i>			
2	Does your organization offer health insurance?	Yes	
3	If yes, does the offered coverage comply with the new minimum essential coverage requirements in effect beginning January 2014?	Yes	
4	If the coverage is non-compliant, what is your agency's estimated cost (if available) of becoming compliant?		
5	What is the total monthly premium for an individual employee (please provide the total dollar amount that includes both the employer and employee responsibility)?	\$500	
6	What is the average annual deductible for the health insurance offered for individual coverage?	\$1,500	
7	What is the average annual deductible for the health insurance offered for family coverage?	\$3,000	
8	Does your organization currently contribute toward employee health insurance premiums?	Yes	
9	What is the amount, if any, that the organization contributes toward the total monthly premium (please provide the portion of the total premium paid by the employer on behalf of the employee)?	20%	
10	Is your organization familiar with the penalties if the health insurance offered to employees after January 2014 does not meet the ACA definition of "affordable?"	Yes	
<i>Potential Responses to the ACA</i>			
11	How likely is your organization to stop offering/continue to not offer health insurance coverage after January 2014?	Not Likely	
12	How likely is your organization to offer health insurance to employees through the Exchange (Small Business Health Options Program, SHOP)?	Somewhat Likely	
13	How likely is your organization to reduce some staff members' hours to fewer than 30 per week?	Not Likely	
14	How likely is your organization to lay off staff or otherwise make hiring decisions to remain below 50 employees?	Not Likely	
15	How likely is your organization to consider establishing a self-funded plan?	Not Likely	

Home and Community-Based Services - Staff Data (see p. 14 of the instructions)

Line	Job Titles	Annual Turn-over	Employee/ Contractor	Super-visor?	If super-visor, # of staff super-vised	Total Hours Paid	Total Wages Paid	Average Hourly Wage	Allocation of Time						
									Attendant Care	Habilitation Support	Habilitation IDLA	Homemaker	Respite	Respite, Continuous	Other
Ex.	Caregiver	15 - 30%	Employee	No		4,160	\$36,888	\$8.87	95%						5%
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
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16															
17															
18															
19															
20															
21															
22															
23															
24															
25															

Home/Comm.-Based Svcs. - Productivity/Other
(see p. 15 of the instructions)

Line	Factor	Example	Attendant Care		Hab. Supp.		Hab. IDLA, Hourly	
			Urban	Rural	Urban	Rural	Urban	Rural
<i>Agency Caseload and Service Design</i>								
1	Number of individuals receiving each service from your organization	20						
2	Average number of clients (or groups) seen per week per direct service staff worker	10.0						
3	Average visit length in hours	3.0						
<i>Equipment & Supplies - Input the cost of items acquired to deliver the service</i>								
4	Total cost of capital equipment purchased to perform services	\$500						
5	Average life (in years) of equipment purchased	2						
6	[If costs are listed in Line 4, summarize the equipment included in the total here]							
7	Total cost of supplies purchased and used to perform services	\$250						
8	[If costs are listed in Line 7, summarize the supplies included in the total here]							
<i>Staffing Pattern for a 'typical' week for a direct service staff person. Input the number of hours per week for the following:</i>								
9	Total hours worked and paid for in a week	36.00						
10	Providing services [Line 2 * Line 3]	30.00						
11	Participating in Individualized Support Plan (ISP) meetings	1.00						
12	Completing or participating in assessments for which the member is not present	0.50						
13	Travel between clients	3.00						
14	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	0.50						
15	Recordkeeping (do not include documentation during the course of service provision)	0.50						
16	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.50						
17	Other activities [type description here]	0.00						
18	Other activities [type description here]	0.00						
19	Other activities [type description here]	0.00						
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21	Total miles driven per week per direct service staff to travel between client sessions	90						
22	Total miles driven per week per direct service staff to transport clients	25						
<i>Staff Training. Input the number of hours of training received by direct service staff -</i>								
23	Number of training hours received by staff in their first year of employment	40						
24	Number of training hours received annually by staff after their first year of employment	15						

Home/Comm.-Based Svcs. - Productivity/Other
(see p. 15 of the instructions)

Line	Factor	Example	Hab. IDLA, Daily		Homemaker		Respite		Respite, Cont.	
			Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Agency Caseload and Service Design										
1	Number of individuals receiving each service from your organization	20								
2	Average number of clients (or groups) seen per week per direct service staff worker	10.0								
3	Average visit length in hours	3.0								
Equipment & Supplies - Input the cost of items acquired to deliver the service										
4	Total cost of capital equipment purchased to perform services	\$500								
5	Average life (in years) of equipment purchased	2								
6	[If costs are listed in Line 4, summarize the equipment included in the total here]		/	/	/	/	/	/	/	/
7	Total cost of supplies purchased and used to perform services	\$250								
8	[If costs are listed in Line 7, summarize the supplies included in the total here]		/	/	/	/	/	/	/	/
Staffing Pattern for a 'typical' week for a direct service staff person. Input the number of hours per										
9	Total hours worked and paid for in a week	36.00								
10	Providing services [Line 2 * Line 3]	30.00								
11	Participating in Individualized Support Plan (ISP) meetings	1.00								
12	Completing or participating in assessments for which the member is not present	0.50								
13	Travel between clients	3.00								
14	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	0.50								
15	Recordkeeping (do not include documentation during the course of service provision)	0.50								
16	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.50								
17	Other activities [type description here]	0.00								
18	Other activities [type description here]	0.00								
19	Other activities [type description here]	0.00								
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21	Total miles driven per week per direct service staff to travel between client sessions	90								
22	Total miles driven per week per direct service staff to transport clients	25								
Staff Training. Input the number of hours of training received by direct service staff -										
23	Number of training hours received by staff in their first year of employment	40								
24	Number of training hours received annually by staff after their first year of employment	15								

**Arizona DES Division of Developmental Disabilities
2013 Provider Rate Rebase - Provider Survey**

Habilitation, Specialized Behavioral - Staff Data (see p. 14 of the instructions)

Line	Job Titles	Annual Turnover	Employee/ Contractor	Super-visor?	If super-visor, # of staff super-vised	Total Hours Paid	Total Wages Paid	Average Hourly Wage	Allocation of Time		
									Hab. Behav. Bachelors	Hab. Behav. Masters	Other
Ex.	Behavioral Consultant	0 - 15%	Employee	No		1,000	\$26,500	\$26.50	95%		5%
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
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14											
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16											
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19											
20											
21											
22											
23											
24											
25											

Habilitation, Specialized Behavioral - Productivity and Other Factors (see p. 15 of the instructions)

Line	Factor	Example	Bachelors		Masters	
			Urban	Rural	Urban	Rural
<i>Agency Caseload and Service Design</i>						
1	Number of individuals receiving Habilitation, Behavioral services from your organization	20				
2	Average number of clients (or groups) seen per week per habilitation worker	15				
3	Average visit length in hours	2.00				
<i>Equipment & Supplies - Input the cost of items acquired to deliver the service</i>						
4	Total cost of capital equipment purchased to perform services	\$500				
5	Average life (in years) of equipment purchased	2				
6	[If costs are listed in Line 4, summarize the equipment included in the total here]					
7	Total cost of supplies purchased and used to perform services	\$250				
8	[If costs are listed in Line 7, summarize the supplies included in the total here]					
<i>Staffing Pattern for a 'typical' week for a habilitation worker. Input the number of hours per week for the following:</i>						
9	Total hours worked and paid for in a week	38.00				
10	Providing direct services	30.00				
11	Participating in Individualized Support Plan (ISP) meetings	2.00				
12	Completing or participating in assessments for which the member is not present	0.50				
13	Travel between clients	2.50				
14	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	0.50				
15	Recordkeeping (do not include documentation during the course of service provision)	2.00				
16	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.50				
17	Other activities [type description here]	0.00				
18	Other activities [type description here]	0.00				
19	Other activities [type description here]	0.00				
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes	Yes	Yes	Yes
21	Total miles driven per week per habilitation worker to travel between client sessions	90				
22	Total miles driven per week per habilitation worker to transport clients	10				
<i>Staff Training. Input the number of hours of training received by a habilitation worker -</i>						
23	Number of training hours received by staff in their first year of employment	40				
24	Number of training hours received annually by staff after their first year of employment	15				

**Arizona DES Division of Developmental Disabilities
2013 Provider Rate Rebase - Provider Survey**

Habilitation, Music Therapy - Staff Data (see p. 14 of the instructions)

Line	Job Titles	Annual Turnover	Employee/ Contractor	Super-visor?	If super-visor, # of staff super-vised	Total Hours Paid	Total Wages Paid	Average Hourly Wage	Allocation of Time	
									Hab., Music Services	Other
Ex.	Music Consultant	0 - 15%	Employee	No		1,500	\$30,000	\$20.00	95%	5%
1										
2										
3										
4										
5										
6										
7										
8										
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25										

Habilitation, Music Therapy - Productivity and Other Factors (see p. 17 of the instructions)

Line	Factor	Example	Habilitation, Music	
			Urban	Rural
<i>Agency Caseload and Service Design</i>				
1	Number of individuals receiving Habilitation, Music Therapy services from your organization	60		
2	Average number of sessions seen per week per music therapist	30		
3	Average length of session in hours	1.00		
<i>Equipment & Supplies - Input the cost of items acquired to deliver the service</i>				
4	Total cost of capital equipment purchased to perform services	\$500		
5	Average life (in years) of equipment purchased	2		
6	[If costs are listed in Line 4, summarize the equipment included in the total here]			
7	Total cost of supplies purchased and used to perform services	\$250		
8	[If costs are listed in Line 7, summarize the supplies included in the total here]			
<i>Staffing Pattern for a 'typical' week for a music therapist. Input the number of hours per week for the following:</i>				
9	Total hours worked and paid for in a week	38.00		
10	Providing direct services	30.00		
11	Participating in Individualized Support Plan (ISP) meetings	2.00		
12	Travel between clients	2.50		
13	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	0.50		
14	Recordkeeping (do not include documentation during the course of service provision)	2.50		
15	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.50		
16	Other activities [type description here]	0.00		
17	Other activities [type description here]	0.00		
18	Other activities [type description here]	0.00		
19	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 18)	Yes	Yes	Yes
20	Total miles driven per week per music therapist to travel between client sessions	90		
<i>Staff Training. Input the number of hours of training received by a music therapist -</i>				
21	Number of training hours received by staff in their first year of employment	40		
22	Number of training hours received annually by staff after their first year of employment	15		

**Arizona DES Division of Developmental Disabilities
2013 Provider Rate Rebase - Provider Survey**

Home Health Aide - Staff Data (see p. 14 & 19 of the instructions)

Line	Job Titles	Annual Turnover	Employee/ Contractor	Super-visor?	If super-visor, # of staff super-vised	Total Hours Paid	Total Wages Paid	Average Hourly Wage	Allocation of Time	
									Home Health Services	Other
Ex.	Home Health Aide	0 - 15%	Employee	No		34,512	\$402,954	\$11.68	95%	5%
1										
2										
3										
4										
5										
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24										
25										

Home Health Aide - Productivity and Other Factors (see p. 19 of the instructions)

Line	Factor	Example	Home Health	
			Urban	Rural
<i>Agency Caseload and Service Design</i>				
1	Number of individuals receiving Home Health Aide services from your organization	20		
2	Average number of clients (or groups) seen per week per home health aide	15		
3	Average visit length in hours	2.00		
<i>Equipment & Supplies - Input the cost of items acquired to deliver the service</i>				
4	Total cost of capital equipment purchased to perform services	\$500		
5	Average life (in years) of equipment purchased	2		
6	[If costs are listed in Line 4, summarize the equipment included in the total here]			
7	Total cost of supplies purchased and used to perform services	\$250		
8	[If costs are listed in Line 7, summarize the supplies included in the total here]			
<i>Staffing Pattern for a 'typical' week for a home health aide. Input the number of hours per week for the following:</i>				
9	Total hours worked and paid for in a week	38.00		
10	Providing direct services	30.00		
11	Participating in Individualized Support Plan (ISP) meetings	2.00		
12	Completing or participating in assessments for which the member is not present	0.50		
13	Travel between clients	2.50		
14	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	0.50		
15	Recordkeeping (do not include documentation during the course of service provision)	2.00		
16	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.50		
17	Other activities [type description here]	0.00		
18	Other activities [type description here]	0.00		
19	Other activities [type description here]	0.00		
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes	Yes
21	Total miles driven per week per home health aide to travel between client sessions	90		
22	Total miles driven per week per home health aide to transport clients	10		
<i>Staff Training. Input the number of hours of training received by home health aide -</i>				
23	Number of training hours received by staff in their first year of employment	40		
24	Number of training hours received annually by staff after their first year of employment	15		

**Arizona DES Division of Developmental Disabilities
2013 Provider Rate Rebase - Provider Survey**

Nursing - Staff Data (see p. 14 & 19 of the instructions)

Line	Job Titles	Annual Turnover	Employee/ Contractor	Super-visor?	If super-visor, # of staff super-vised	Total Hours Paid	Total Wages Paid	Average Hourly Wage	Allocation of Time	
									Nursing Services	Other
Ex.	Registered Nurse	0 - 15%	Employee	No		6,875	\$210,731	\$30.65	95%	5%
1										
2										
3										
4										
5										
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Nursing - Productivity and Other Factors
(see p. 19 of the instructions)

Line	Factor	Example	Intermittent - RN		Intermittent - LPN	
			Urban	Rural	Urban	Rural
<i>Agency Caseload and Service Design</i>						
1	Number of individuals receiving Nursing services from your organization	20				
2	Average number of clients (or groups) seen per week per nurse	15				
3	Average visit length in hours	2.00				
<i>Equipment & Supplies - Input the cost of items acquired to deliver the service</i>						
4	Total cost of capital equipment purchased to perform services	\$500				
5	Average life (in years) of equipment purchased	2				
6	[If costs are listed in Line 4, summarize the equipment included in the total here]					
7	Total cost of supplies purchased and used to perform services	\$250				
8	[If costs are listed in Line 7, summarize the supplies included in the total here]					
<i>Staffing Pattern for a 'typical' week for a nurse. Input the number of hours per week for the following:</i>						
9	Total hours worked and paid for in a week	38.00				
10	Providing direct services	30.00				
11	Participating in Individualized Support Plan (ISP) meetings	2.00				
12	Completing or participating in assessments for which the member is not present	0.50				
13	Travel between clients	2.50				
14	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	0.50				
15	Recordkeeping (do not include documentation during the course of service provision)	2.00				
16	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.50				
17	Other activities [type description here]	0.00				
18	Other activities [type description here]	0.00				
19	Other activities [type description here]	0.00				
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes	Yes	Yes	Yes
21	Total miles driven per week per nurse to travel between client sessions	90				
22	Total miles driven per week per nurse to transport clients	10				
<i>Staff Training. Input the number of hours of training received by nurse -</i>						
23	Number of training hours received by staff in their first year of employment	40				
24	Number of training hours received annually by staff after their first year of employment	15				

Nursing - Productivity and Other Factors
(see p. 19 of the instructions)

Line	Factor	Example	Visit - RN		Visit - LPN	
			Urban	Rural	Urban	Rural
Agency Caseload and Service Design						
1	Number of individuals receiving Nursing services from your organization	20				
2	Average number of clients (or groups) seen per week per nurse	15				
3	Average visit length in hours	2.00				
Equipment & Supplies - Input the cost of items acquired to deliver the service						
4	Total cost of capital equipment purchased to perform services	\$500				
5	Average life (in years) of equipment purchased	2				
6	[If costs are listed in Line 4, summarize the equipment included in the total here]					
7	Total cost of supplies purchased and used to perform services	\$250				
8	[If costs are listed in Line 7, summarize the supplies included in the total here]					
Staffing Pattern for a 'typical' week for a nurse. Input the number of hours per week for the following:						
9	Total hours worked and paid for in a week	38.00				
10	Providing direct services	30.00				
11	Participating in Individualized Support Plan (ISP) meetings	2.00				
12	Completing or participating in assessments for which the member is not present	0.50				
13	Travel between clients	2.50				
14	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	0.50				
15	Recordkeeping (do not include documentation during the course of service provision)	2.00				
16	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.50				
17	Other activities [type description here]	0.00				
18	Other activities [type description here]	0.00				
19	Other activities [type description here]	0.00				
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes	Yes	Yes	Yes
21	Total miles driven per week per nurse to travel between client sessions	90				
22	Total miles driven per week per nurse to transport clients	10				
Staff Training. Input the number of hours of training received by nurse -						
23	Number of training hours received by staff in their first year of employment	40				
24	Number of training hours received annually by staff after their first year of employment	15				

Nursing - Productivity and Other Factors
(see p. 19 of the instructions)

Line	Factor	Example	Cont./Respite - RN		Cont./Respite - LPN	
			Urban	Rural	Urban	Rural
Agency Caseload and Service Design						
1	Number of individuals receiving Nursing services from your organization	20				
2	Average number of clients (or groups) seen per week per nurse	15				
3	Average visit length in hours	2.00				
Equipment & Supplies - Input the cost of items acquired to deliver the service						
4	Total cost of capital equipment purchased to perform services	\$500				
5	Average life (in years) of equipment purchased	2				
6	[If costs are listed in Line 4, summarize the equipment included in the total here]					
7	Total cost of supplies purchased and used to perform services	\$250				
8	[If costs are listed in Line 7, summarize the supplies included in the total here]					
Staffing Pattern for a 'typical' week for a nurse. Input the number of hours per week for the following:						
9	Total hours worked and paid for in a week	38.00				
10	Providing direct services	30.00				
11	Participating in Individualized Support Plan (ISP) meetings	2.00				
12	Completing or participating in assessments for which the member is not present	0.50				
13	Travel between clients	2.50				
14	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	0.50				
15	Recordkeeping (do not include documentation during the course of service provision)	2.00				
16	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.50				
17	Other activities [type description here]	0.00				
18	Other activities [type description here]	0.00				
19	Other activities [type description here]	0.00				
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes	Yes	Yes	Yes
21	Total miles driven per week per nurse to travel between client sessions	90				
22	Total miles driven per week per nurse to transport clients	10				
Staff Training. Input the number of hours of training received by nurse -						
23	Number of training hours received by staff in their first year of employment	40				
24	Number of training hours received annually by staff after their first year of employment	15				

Therapies (Occupational, Physical, and Speech) - Staff Data (see p. 14 & 19 of the instructions)

Line	Job Titles	Annual Turn-over	Employee/ Contractor	Super-visor?	If super-visor, # of staff super-vised	Total Hours Paid	Total Wages Paid	Average Hourly Wage	Allocation of Time								
									Natural Environment				Clinic-Based				Other
									'Base' Geographic	Tier 1	Tier 2	Tier 3	'Base' Geographic	Tier 1	Tier 2	Tier 3	
Ex.	Occupational Therapist	0 - 15%	Employee	No		6,875	\$210,731	\$30.65	95%								5%
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
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25																	

**Therapies (OT, PT, SLP) - Productivity/Other
(see p. 19 of the instructions)**

Line	Factor	Example	Therapist - Natural Environment			
			Base	Tier 1	Tier 2	Tier 3
<i>Agency Caseload and Service Design</i>						
1	Number of DDD individuals receiving Therapy services from your organization	20				
2	Average number of sessions seen per week per therapist	15				
3	Average length of session in hours	2.00				
4	Average Square footage of program space per Therapists	150				
5	Operating cost per square foot	\$12.50				
6	Length of time to complete an evaluation in hours	2.50				
<i>Equipment & Supplies - Input the cost of items acquired to deliver the service</i>						
7	Total cost of capital equipment purchased to perform services	\$500				
8	Average life (in years) of equipment purchased	2				
9	[If costs are listed in Line 7, summarize the equipment included in the total here]					
10	Total cost of supplies purchased and used to perform services	\$250				
11	[If costs are listed in Line 10, summarize the supplies included in the total here]					
<i>Staffing Pattern for a 'typical' week for a therapist. Input the number of hours per week for the following:</i>						
12	Total hours worked and paid for in a week	38.00				
13	Providing direct services	30.00				
14	Participating in Individualized Support Plan (ISP) meetings	0.50				
15	Travel between clients	2.50				
16	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	0.50				
17	Recordkeeping (do not include documentation during the course of service provision)	2.75				
18	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.25				
19	Consultation with doctors, caregivers, teachers and other service providers	1.50				
20	Other activities [type description here]	0.00				
21	Other activities [type description here]	0.00				
22	Other activities [type description here]	0.00				
23	Has all time been allocated? (Total hours from Line 12 should equal sum of Lines 13 - 22)	Yes	Yes	Yes	Yes	Yes
24	Total miles driven per week per therapist to travel between client sessions	90				

**Arizona DES Division of Developmental Disabilities
2013 Provider Rate Rebase - Provider Survey**

Line	Factor	Example	Therapist - Natural Environment			
<i>Staff Training. Input the number of hours of training received by therapist -</i>						
25	Number of training hours received by staff in their first year of employment	60				
26	Number of training hours received annually by staff after their first year of employment	40				
<i>Service Delivery Oversight/Supervision</i>						
27	Average hours per month required for Direct Service performance supervision	4.0				

**Therapies (OT, PT, SLP) - Productivity/Other
(see p. 19 of the instructions)**

Line	Factor	Example	Therapist - Clinic-Based			
			Base	Tier 1	Tier 2	Tier 3
<i>Agency Caseload and Service Design</i>						
1	Number of DDD individuals receiving Therapy services from your organization	20				
2	Average number of sessions seen per week per therapist	15				
3	Average length of session in hours	2.00				
4	Average Square footage of program space per Therapists	150				
5	Operating cost per square foot	\$12.50				
6	Length of time to complete an evaluation in hours	2.50				
<i>Equipment & Supplies - Input the cost of items acquired to deliver the service</i>						
7	Total cost of capital equipment purchased to perform services	\$500				
8	Average life (in years) of equipment purchased	2				
9	[If costs are listed in Line 7, summarize the equipment included in the total here]					
10	Total cost of supplies purchased and used to perform services	\$250				
11	[If costs are listed in Line 10, summarize the supplies included in the total here]					
<i>Staffing Pattern for a 'typical' week for a therapist. Input the number of hours per week for the following</i>						
12	Total hours worked and paid for in a week	38.00				
13	Providing direct services	30.00				
14	Participating in Individualized Support Plan (ISP) meetings	0.50				
15	Travel between clients	2.50				
16	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	0.50				
17	Recordkeeping (do not include documentation during the course of service provision)	2.75				
18	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.25				
19	Consultation with doctors, caregivers, teachers and other service providers	1.50				
20	Other activities [type description here]	0.00				
21	Other activities [type description here]	0.00				
22	Other activities [type description here]	0.00				
23	Has all time been allocated? (Total hours from Line 12 should equal sum of Lines 13 - 22)	Yes	Yes	Yes	Yes	Yes
24	Total miles driven per week per therapist to travel between client sessions	90				

**Arizona DES Division of Developmental Disabilities
2013 Provider Rate Rebase - Provider Survey**

Line	Factor	Example	Therapist - Clinic-Based			
<i>Staff Training. Input the number of hours of training received by therapist -</i>						
25	Number of training hours received by staff in their first year of employment	60				
26	Number of training hours received annually by staff after their first year of employment	40				
<i>Service Delivery Oversight/Supervision</i>						
27	Average hours per month required for Direct Service performance supervision	4.0				

**Therapies (OT, PT, SLP) - Productivity/Other
(see p. 19 of the instructions)**

Line	Factor	Example	Therapist Assistant - Natural Environment			
			Base	Tier 1	Tier 2	Tier 3
<i>Agency Caseload and Service Design</i>						
1	Number of DDD individuals receiving Therapy services from your organization	20				
2	Average number of sessions seen per week per therapist	15				
3	Average length of session in hours	2.00				
4	Average Square footage of program space per Therapists	150	/	/	/	/
5	Operating cost per square foot	\$12.50	/	/	/	/
6	Length of time to complete an evaluation in hours	2.50	/	/	/	/
<i>Equipment & Supplies - Input the cost of items acquired to deliver the service</i>						
7	Total cost of capital equipment purchased to perform services	\$500				
8	Average life (in years) of equipment purchased	2				
9	[If costs are listed in Line 7, summarize the equipment included in the total here]		/	/	/	/
10	Total cost of supplies purchased and used to perform services	\$250				
11	[If costs are listed in Line 10, summarize the supplies included in the total here]		/	/	/	/
<i>Staffing Pattern for a 'typical' week for a therapist. Input the number of hours per week for the following</i>						
12	Total hours worked and paid for in a week	38.00				
13	Providing direct services	30.00				
14	Participating in Individualized Support Plan (ISP) meetings	0.50				
15	Travel between clients	2.50				
16	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	0.50				
17	Recordkeeping (do not include documentation during the course of service provision)	2.75				
18	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.25				
19	Consultation with doctors, caregivers, teachers and other service providers	1.50				
20	Other activities [type description here]	0.00				
21	Other activities [type description here]	0.00				
22	Other activities [type description here]	0.00				
23	Has all time been allocated? (Total hours from Line 12 should equal sum of Lines 13 - 22)	Yes	Yes	Yes	Yes	Yes
24	Total miles driven per week per therapist to travel between client sessions	90				

**Arizona DES Division of Developmental Disabilities
2013 Provider Rate Rebase - Provider Survey**

Line	Factor	Example	Therapist Assistant - Natural Environment			
<i>Staff Training. Input the number of hours of training received by therapist -</i>						
25	Number of training hours received by staff in their first year of employment	60				
26	Number of training hours received annually by staff after their first year of employment	40				
<i>Service Delivery Oversight/Supervision</i>						
27	Average hours per month required for Direct Service performance supervision	4.0				

**Therapies (OT, PT, SLP) - Productivity/Other
(see p. 19 of the instructions)**

Line	Factor	Example	Therapist Assistant - Clinic-Based			
			Base	Tier 1	Tier 2	Tier 3
<i>Agency Caseload and Service Design</i>						
1	Number of DDD individuals receiving Therapy services from your organization	20				
2	Average number of sessions seen per week per therapist	15				
3	Average length of session in hours	2.00				
4	Average Square footage of program space per Therapists	150				
5	Operating cost per square foot	\$12.50				
6	Length of time to complete an evaluation in hours	2.50				
<i>Equipment & Supplies - Input the cost of items acquired to deliver the service</i>						
7	Total cost of capital equipment purchased to perform services	\$500				
8	Average life (in years) of equipment purchased	2				
9	[If costs are listed in Line 7, summarize the equipment included in the total here]					
10	Total cost of supplies purchased and used to perform services	\$250				
11	[If costs are listed in Line 10, summarize the supplies included in the total here]					
<i>Staffing Pattern for a 'typical' week for a therapist. Input the number of hours per week for the following</i>						
12	Total hours worked and paid for in a week	38.00				
13	Providing direct services	30.00				
14	Participating in Individualized Support Plan (ISP) meetings	0.50				
15	Travel between clients	2.50				
16	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	0.50				
17	Recordkeeping (do not include documentation during the course of service provision)	2.75				
18	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.25				
19	Consultation with doctors, caregivers, teachers and other service providers	1.50				
20	Other activities [type description here]	0.00				
21	Other activities [type description here]	0.00				
22	Other activities [type description here]	0.00				
23	Has all time been allocated? (Total hours from Line 12 should equal sum of Lines 13 - 22)	Yes	Yes	Yes	Yes	Yes
24	Total miles driven per week per therapist to travel between client sessions	90				

**Arizona DES Division of Developmental Disabilities
2013 Provider Rate Rebase - Provider Survey**

Line	Factor	Example	Therapist Assistant - Clinic-Based			
<i>Staff Training. Input the number of hours of training received by therapist -</i>						
25	Number of training hours received by staff in their first year of employment	60				
26	Number of training hours received annually by staff after their first year of employment	40				
<i>Service Delivery Oversight/Supervision</i>						
27	Average hours per month required for Direct Service performance supervision	4.0				

**Arizona DES Division of Developmental Disabilities
2013 Provider Rate Rebase - Provider Survey**

Respiratory Therapy - Staff Data (see p. 14 & 19 of the instructions)

Line	Job Titles	Annual Turnover	Employee/ Contractor	Super-visor?	If super-visor, # of staff super-vised	Total Hours Paid	Total Wages Paid	Average Hourly Wage	Allocation of Time	
									Resp. Ther. Services	Other
Ex.	Respiratory Therapist	0 - 15%	Employee	No		1,500	\$30,000	\$20.00	95%	5%
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Respiratory Therapy - Productivity and Other Factors (see p. 19 of the instructions)

Line	Factor	Example	Respiratory Therapy	
			Urban	Rural
<i>Agency Caseload and Service Design</i>				
1	Number of individuals receiving Respiratory Therapy services from your organization	20		
2	Average number of sessions seen per week per therapist	15		
3	Average length of session in hours	2.00		
<i>Equipment & Supplies - Input the cost of items acquired to deliver the service</i>				
4	Total cost of capital equipment purchased to perform services	\$500		
5	Average life (in years) of equipment purchased	2		
6	[If costs are listed in Line 4, summarize the equipment included in the total here]			
7	Total cost of supplies purchased and used to perform services	\$250		
8	[If costs are listed in Line 7, summarize the supplies included in the total here]			
<i>Staffing Pattern for a 'typical' week for a respiratory therapist. Input the number of hours per week for the following:</i>				
9	Total hours worked and paid for in a week	38.00		
10	Providing direct services	30.00		
11	Participating in Individualized Support Plan (ISP) meetings	0.50		
12	Recordkeeping (do not include documentation during the course of service provision)	2.75		
13	Travel between clients	2.50		
14	Consultation with doctors, caregivers, teachers and other service providers	1.50		
15	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.25		
16	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	0.50		
17	Other activities [type description here]	0.00		
18	Other activities [type description here]	0.00		
19	Other activities [type description here]	0.00		
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes	Yes
21	Total miles driven per week per respiratory therapist to travel between client sessions	90		
<i>Staff Training. Input the number of hours of training received by a respiratory therapist -</i>				
22	Number of training hours received by staff in their first year of employment	50		
23	Number of training hours received annually by staff after their first year of employment	30		

Individual Supported Employment - Staff Data (see p. 14 of the instructions)

Line	Job Titles	Annual Turn-over	Employee/ Contractor	Super-visor?	If super-visor, # of staff super-vised	Total Hours Paid	Total Wages Paid	Average Hourly Wage	Allocation of Time		
									Individual Supported Employment	Employment Aide	Other
Ex.	Employment Specialist	15 - 30%	Employee	No		8,250	\$102,550	\$12.43	95%		5%
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											

Individual Supported Employment - Productivity and Other Factors (see p. 22 of the instructions)

Line	Factor	Example	Indiv. Supp. Emp.		Employ. Aide	
			Urban	Rural	Urban	Rural
<i>Agency Caseload and Service Design</i>						
1	Number of individuals receiving Individual Supported Employment from your organization	20				
2	Average number of clients (or groups) seen per week per direct service staff worker	10.0				
3	Average visit length in hours	3.0				
<i>Staffing Pattern for a "typical" week for a direct service staff person. Input the number of hours per week for the following:</i>						
4	Total hours worked and paid for in a week	36.00				
5	Providing services [Line 2 * Line 3]	30.00				
6	Participating in Individualized Support Plan (ISP) meetings	1.00				
7	Completing or participating in assessments for which the member is not present	0.50				
8	Travel between clients	3.00				
9	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	0.50				
10	Recordkeeping (do not include documentation during the course of service provision)	0.50				
11	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.50				
12	Other activities [type description here]	0.00				
13	Other activities [type description here]	0.00				
14	Other activities [type description here]	0.00				
15	Has all time been allocated? (Total hours from Line 4 should equal sum of Lines 5 - 14)	Yes	Yes	Yes	Yes	Yes
16	Total miles driven per week per direct service staff to travel between client sessions	90				
17	Total miles driven per week per direct service staff to transport clients	25				
<i>Staff Training. Input the number of hours of training received by direct service staff -</i>						
18	Number of training hours received by staff in their first year of employment	40				
19	Number of training hours received annually by staff after their first year of employment	15				

Day Treatment and Training Services - Staff Data (see p. 14 & 24 of the instructions)

Line	Job Titles	Annual Turn-over	Employee/ Contractor	Super-visor?	If super-visor, # of staff super-vised	Total Hours Paid	Total Wages Paid	Average Hourly Wage	Allocation of Time			
									Adult	Child, After School	Child, Summer	Other
Ex.	Caregiver	15 - 30%	Employee	No		12,000	\$112,945	\$9.41	95%			5%
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
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15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												

Day Treatment and Training Services - Productivity and Other Factors (see p. 24 of the instructions)

Line	Factor	Example	Adult		Child/After Sch.		Child/Summer	
			Urban	Rural	Urban	Rural	Urban	Rural
Agency Caseload								
1	Number of individuals receiving Day Treatment/ Training Services from your organization	80						
Service Design								
2	Number of days per year Day Treatment/ Training sites are open and providing services	250						
3	Average number of days per year that a typical individual attends the program	240						
4	Average number of hours per day the facility is open to provide services	7.00						
5	Avg. number of hours per day that a typical individual receives Day Treatment/ Training	6.00						
6	Total cost of program supplies in most recently completed fiscal year	\$28,800						
7	[Summarize the supplies included in Line 6]							
8	Total cost of meals and snacks in most recently completed fiscal year	\$8,000						
9	Does your organization charge 'activity fees' to participate in certain activities?	No						
10	If activity fees are charged, what is the average monthly amount?							
Vehicles								
11	No. of vehicles owned/leased by your organization and utilized for Day Treatment/Train.	3						
12	Typical vehicle size (in terms of passengers)	15						
13	Average purchase price of vehicle	\$38,000						
Staffing Pattern for a "typical" week for a direct service staff person. Input the number of hours per week for the following:								
14	Total hours worked and paid for in a week	35.00						
15	Providing services	30.00						
16	Participating in Individualized Support Plan (ISP) meetings	0.75						
17	Completing or participating in assessments for which the member is not present	0.50						
18	Transporting individuals from/ to their residence to/ from their activity	0.75						
19	Recordkeeping (do not include documentation during the course of service provision)	0.75						
20	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.75						
21	Program development	0.75						
22	Program preparation/ set-up/ clean-up	0.75						
23	Other activities [type description here]	0.00						
24	Other activities [type description here]	0.00						
25	Has all time been allocated? (Total hours from Line 14 should equal sum of Lines 15 - 24)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Staff Training. Input the number of hours of training received by direct service staff -								
26	Number of training hours received by staff in their first year of employment	40						
27	Number of training hours received annually by staff after their first year of employment	15						

Day Treatment and Training Services - Group Details (see p. 26 of the instructions)

		<i>Day Treatment and Training Example</i>				<i>Day Treatment and Training Site #1</i>				<i>Day Treatment and Training Site #2</i>			
	Location												
1	Address	1234 Main Street											
2	City / Zip	Phoenix 85001											
	Facilities												
3	Square Feet of Program Space	1,000											
4	Operating Costs per Square Foot	\$12.00											
	Vehicles												
5	# of Vehicles for Location	2.0											
6	Total Annual Miles on Vehicles	20,000											
7	Miles to/from Residences	16,000											
8	Miles for Outings	4,000											
	Groups												
		Program Type	Scheduled Consumer	Typical Attendanc	Scheduled Staff	Program Type	Scheduled Consumer	Typical Attendanc	Scheduled Staff	Program Type	Scheduled Consumer	Typical Attendanc	Scheduled Staff
9	Group 1	Adult	24.0	20.0	4.0								
10	Group 2	Adult	10.0	9.0	2.0								
11	Group 3	Child, After Sc	8.0	8.0	2.0								
12	Group 4	Adult	1.0	1.0	1.0								
13	Group 5												
14	Group 6												
15	Group 7												
16	Group 8												
17	Group 9												
18	Group 10												
	Total		43.0	38.0	9.0								

Day Treatment and Training Services - Group Details (see p. 26 of the instructions)

		<i>Day Treatment and Training Site #3</i>				<i>Day Treatment and Training Site #4</i>				<i>Day Treatment and Training Site #5</i>			
	Location												
1	Address												
2	City / Zip												
	Facilities												
3	Square Feet of Program Space		/				/				/		
4	Operating Costs per Square Foot		/				/				/		
	Vehicles												
5	# of Vehicles for Location		/				/				/		
6	Total Annual Miles on Vehicles		/				/				/		
7	Miles to/from Residences		/				/				/		
8	Miles for Outings		/				/				/		
	Groups												
		Program Type	Scheduled Consumer	Typical Attendanc	Scheduled Staff	Program Type	Scheduled Consumer	Typical Attendanc	Scheduled Staff	Program Type	Scheduled Consumer	Typical Attendanc	Scheduled Staff
9	Group 1												
10	Group 2												
11	Group 3												
12	Group 4												
13	Group 5												
14	Group 6												
15	Group 7												
16	Group 8												
17	Group 9												
18	Group 10												
	Total												

Center-Based Employment - Staff Data (see p. 14 & 24 of the instructions)

Line	Job Titles	Annual Turn-over	Employee/ Contractor	Super-visor?	If super-visor, # of staff super-vised	Total Hours Paid	Total Wages Paid	Average Hourly Wage	Allocation of Time		
									Center-Based Employment	Employment Aide	Other
Ex.	Employment Specialist	15 - 30%	Employee	No		12,000	\$125,652	\$10.47	95%		5%
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
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16											
17											
18											
19											
20											
21											
22											
23											
24											
25											

Center-Based Employment Services - Productivity and Other Factors (see p. 24 of the instructions)

Line	Factor	Example	Center-Based Emp.		Employ. Aide	
			Urban	Rural	Urban	Rural
<i>Agency Caseload</i>						
1	Number of individuals receiving Center-Based Employment from your organization	80				
<i>Service Design</i>						
2	Number of days per year Center-Based Employment sites are open and providing services	250				
3	Average number of days per year that a typical individual attends the program	240				
4	Average number of hours per day the facility is open to provide services	7.00				
5	Avg. number of hours per day that a typical individual receives Center-Based Employment	6.00				
6	Total cost of program supplies in most recently completed fiscal year	\$28,800				
7	[Summarize the supplies included in Line 6]					
<i>Staffing Pattern for a 'typical' week for a direct service staff person. Input the number of hours per week for the following:</i>						
8	Total hours worked and paid for in a week	35.00				
9	Providing services	30.00				
10	Participating in Individualized Support Plan (ISP) meetings	0.75				
11	Completing or participating in assessments for which the member is not present	0.50				
12	Transporting individuals from/ to their residence to/ from their activity	0.75				
13	Recordkeeping (do not include documentation during the course of service provision)	0.75				
14	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.75				
15	Program development	0.75				
16	Program preparation/ set-up/ clean-up	0.75				
17	Other activities [type description here]	0.00				
18	Other activities [type description here]	0.00				
19	Has all time been allocated? (Total hours from Line 10 should equal sum of Lines 11 - 20)	Yes	Yes	Yes	Yes	Yes
<i>Staff Training. Input the number of hours of training received by direct service staff -</i>						
20	Number of training hours received by staff in their first year of employment	40				
21	Number of training hours received annually by staff after their first year of employment	15				

Center-Based Employment Services - Group Details (see p. 26 of the instructions)

		<i>Center-Based Employment Example</i>			<i>Center-Based Employment Site #1</i>			<i>Center-Based Employment Site #2</i>		
Location										
1	Address	1234 Main Street								
2	City / Zip	Phoenix 85001								
Facilities										
3	Square Feet of Operating Space	1,000								
4	Operating Costs per Square Foot	\$12.00								
Groups										
		# of Scheduled Consumers	Typical Attendance	# of Scheduled Staff	# of Scheduled Consumers	Typical Attendance	# of Scheduled Staff	# of Scheduled Consumers	Typical Attendance	# of Scheduled Staff
5	Group 1	26.0	24.0	5.0						
6	Group 2	12.0	10.0	2.0						
7	Group 3	9.0	8.0	2.0						
8	Group 4	1.0	1.0	1.0						
9	Group 5									
10	Group 6									
11	Group 7									
12	Group 8									
13	Group 9									
14	Group 10									
	Total	48.0	43.0	10.0						

Center-Based Employment Services - Group Details (see p. 26 of the instructions)

		<i>Center-Based Employment Site #3</i>			<i>Center-Based Employment Site #4</i>			<i>Center-Based Employment Site #5</i>		
	Location									
1	Address									
2	City / Zip									
	Facilities									
3	Square Feet of Operating Space		/	/		/	/		/	/
4	Operating Costs per Square Foot		/	/		/	/		/	/
	Groups									
		# of Scheduled Consumers	Typical Attendance	# of Scheduled Staff	# of Scheduled Consumers	Typical Attendance	# of Scheduled Staff	# of Scheduled Consumers	Typical Attendance	# of Scheduled Staff
5	Group 1									
6	Group 2									
7	Group 3									
8	Group 4									
9	Group 5									
10	Group 6									
11	Group 7									
12	Group 8									
13	Group 9									
14	Group 10									
	Total									

Group Supported Employment - Staff Data (see p. 14 & 28 of the instructions)

Line	Job Titles	Annual Turn-over	Employee/ Contractor	Super-visor?	If super-visor, # of staff super-vised	Total Hours Paid	Total Wages Paid	Average Hourly Wage	Allocation of Time		
									Group-Based Employment	Employment Aide	Other
Ex.	Employment Specialist	15 - 30%	Employee	No		12,000	\$125,652	\$10.47	95%		5%
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											

Group Supported Employment Services - Productivity and Other Factors (see p. 28 of the instructions)

Line	Factor	Example	Group-Based		Employ. Aide	
			Urban	Rural	Urban	Rural
<i>Agency Caseload</i>						
1	Number of individuals receiving Group Supported Employment from your organization	80				
<i>Service Design</i>						
2	Average number of days per year that a typical individual attends the program	240				
3	Avg. number of hours per day that a typical individual receives Group Supported Employment	6.00				
<i>Vehicles</i>						
4	No. of vehicles owned/leased by your organization and utilized for Group Supported Employ.	3				
5	Typical vehicle size (in terms of passengers)	15				
6	Average purchase price of vehicle	\$38,000				
<i>Staffing Pattern for a 'typical' week for a direct service staff person. Input the number of hours per week for the following:</i>						
7	Total hours worked and paid for in a week	35.00				
8	Providing services	30.00				
9	Participating in Individualized Support Plan (ISP) meetings	0.75				
10	Completing or participating in assessments for which the member is not present	0.50				
11	Transporting individuals from/ to their residence	0.75				
12	Recordkeeping (do not include documentation during the course of service provision)	0.75				
13	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.75				
14	Program development	0.75				
15	Program preparation/ set-up/ clean-up	0.75				
16	Other activities [type description here]	0.00				
17	Other activities [type description here]	0.00				
18	Has all time been allocated? (Total hours from Line 10 should equal sum of Lines 11 - 20)	Yes	Yes	Yes	Yes	Yes
<i>Staff Training. Input the number of hours of training received by direct service staff -</i>						
19	Number of training hours received by staff in their first year of employment	40				
20	Number of training hours received annually by staff after their first year of employment	15				

Group-Based Employment Services - Group Details (see p. 29 of the instructions)

		<i>Group-Based Employment Example</i>			<i>Group-Based Employment Site #1</i>			<i>Group-Based Employment Site #2</i>		
	Location									
1	Address	1234 Main Street								
2	City / Zip	Phoenix 85001								
3	Briefly Describe the Program	Recycling and shredding services at ABC Corp.			[type description here]			[type description here]		
	Vehicles									
4	# of Vehicles for Location	2.0								
5	Total Annual Miles on Vehicles	20,000								
6	Miles to/from Home to/from Center	16,000								
7	Miles to/from Worksite	4,000								
	Groups									
		# of Scheduled Consumers	Typical Attendance	# of Scheduled Staff	# of Scheduled Consumers	Typical Attendance	# of Scheduled Staff	# of Scheduled Consumers	Typical Attendance	# of Scheduled Staff
8	Group 1	10.0	9.0	3.0						
9	Group 2	8.0	7.0	2.0						
10	Group 3	1.0	1.0	1.0						
11	Group 4									
12	Group 5									
13	Group 6									
14	Group 7									
15	Group 8									
16	Group 9									
17	Group 10									
	Total	19.0	17.0	6.0						

Group-Based Employment Services - Group Details (see p. 29 of the instructions)

		<i>Group-Based Employment Site #3</i>			<i>Group-Based Employment Site #4</i>			<i>Group-Based Employment Site #5</i>		
	Location									
1	Address									
2	City / Zip									
3	Briefly Describe the Program	[type description here]			[type description here]			[type description here]		
	Vehicles									
4	# of Vehicles for Location									
5	Total Annual Miles on Vehicles									
6	Miles to/from Home to/from Center									
7	Miles to/from Worksite									
	Groups									
		# of Scheduled Consumers	Typical Attendance	# of Scheduled Staff	# of Scheduled Consumers	Typical Attendance	# of Scheduled Staff	# of Scheduled Consumers	Typical Attendance	# of Scheduled Staff
8	Group 1									
9	Group 2									
10	Group 3									
11	Group 4									
12	Group 5									
13	Group 6									
14	Group 7									
15	Group 8									
16	Group 9									
17	Group 10									
	Total									

**Arizona DES Division of Developmental Disabilities
2013 Provider Rate Rebase - Provider Survey**

Developmental Home - Staff Data (see p. 14 & 31 of the instructions)

Line	Job Titles	Annual Turnover	Employee/ Contractor	Super-visor?	If super-visor, # of staff super-vised	Total Hours Paid	Total Wages Paid	Average Hourly Wage	Allocation of Time				
									ADH Recruit, Train & Place	ADH Supervision	CDH Recruit, Train & Place	CDH Supervision	Other
Ex.	Program Specialist	0 - 15%	Employee	No		20,800	\$300,000	\$14.42		30%		65%	5%
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
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17													
18													
19													
20													
21													
22													
23													
24													
25													

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

Line	Factor	Example	Adult	Child
<i>Developmental Home Characteristics</i>				
1	Number of Developmental Home providers contracting with your agency	20		
2	Number of Developmental Home placements with your agency	22		
<i>Cost to recruit, license, place and train a Developmental Home provider prior to a placement with the provider</i>				
3	Average staff hours required to recruit, train, and license a Dev. Home prior to a client placement	30		
4	Other costs related to recruitment, licensing & placement [type description here]	\$100		
5	Other costs related to initial training [type description here]	\$100		
6	Number of contracted homes that received <i>initial</i> licensure in 2012	2		
<i>Training, Supervision, and Supports for Developmental Home providers</i>				
7	Average caseload of Developmental Home providers per supervision staff	20		
8	Average number of supervision visits per Developmental Home provider per year	12		
9	Average length in hours of supervision visits	2.0		
10	Average travel distance per supervision visit (miles)	15		
11	Average number of annual on-going training hours delivered to Developmental Home providers	10.0		
12	% of training hours that Developmental Home providers receive with a group of other providers	60%		
13	As applicable, average number of participants in a group training session	6		
<i>Staffing Pattern for a 'typical' week for a Developmental Home supervisor. Input the number of hours per week for the following:</i>				
14	Total hours worked and paid for in a week	40.00		
15	Supervision services	30.00		
16	Participating in Individualized Support Plan (ISP) meetings	0.00		
17	Completing or participating in assessments for which the member is not present	1.00		
18	Travel between clients	4.00		
19	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	1.50		
20	Recordkeeping (do not include documentation during the course of service provision)	2.00		
21	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	1.50		
22	Other activities [type description here]	0.00		
23	Other activities [type description here]	0.00		
24	Other activities [type description here]	0.00		
25	Has all time been allocated? (Total hours from Line 14 should equal sum of Lines 15 - 24)	Yes	Yes	Yes

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

Line	Factor	Example	Adult	Child
<i>Staffing Pattern for a 'typical' week for a Developmental Home trainer. Input the number of hours per week for the following:</i>				
26	Total hours worked and paid for in a week	35.00		
27	Training services	32.00		
28	Travel between clients	0.00		
29	Missed appointments (include only 'lost' time, not necessarily the length of the appt.)	0.00		
30	Recordkeeping (do not include documentation during the course of service provision)	2.00		
31	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	1.00		
32	Other activities [type description here]	0.00		
33	Other activities [type description here]	0.00		
34	Other activities [type description here]	0.00		
35	Has all time been allocated? (Total hours from Line 26 should equal sum of Lines 27 - 34)	Yes	Yes	Yes
<i>Staff Training. Input the number of hours of training received by supervision and training staff -</i>				
36	Number of training hours received by staff in their first year of employment	40		
37	Number of training hours received annually by staff after their first year of employment	15		

Developmental Home Detail (see p. 33 of the instructions)

Line	Developmental Home Example			Line							
	<i>Home Details</i>				<i>Residents</i>						
1	Address	1234 Main Street			ID Numbers	Days in Dev. Home Last Yr.	Hospitalization Days Last Year	Other Absences Last Year	Monthly Home Payment	Monthly Room/Board	Respite Hours Last Year
2	City, Zip	Phoenix, 85001									
3	# of years contracting with agency	4		4a	123456789	206	14	2	\$1,250.00	\$360.00	150
				4b	123456790	359	0	7	\$1,250.00	\$360.00	150
				4c							

Line	Developmental Home #1			Line							
	<i>Home Details</i>				<i>Residents</i>						
1	Address				ID Numbers	Days in Dev. Home Last Yr.	Hospitalization Days Last Year	Other Absences Last Year	Monthly Home Payment	Monthly Room/Board	Respite Hours Last Year
2	City, Zip										
3	# of years contracting with agency			4a							
				4b							
				4c							

Line	Developmental Home #2			Line							
	<i>Home Details</i>				<i>Residents</i>						
1	Address				ID Numbers	Days in Dev. Home Last Yr.	Hospitalization Days Last Year	Other Absences Last Year	Monthly Home Payment	Monthly Room/Board	Respite Hours Last Year
2	City, Zip										
3	# of years contracting with agency			4a							
				4b							
				4c							

Line	Developmental Home #3			Line							
	<i>Home Details</i>				<i>Residents</i>						
1	Address				ID Numbers	Days in Dev. Home Last Yr.	Hospitalization Days Last Year	Other Absences Last Year	Monthly Home Payment	Monthly Room/Board	Respite Hours Last Year
2	City, Zip										
3	# of years contracting with agency			4a							
				4b							
				4c							

Developmental Home Detail (see p. 33 of the instructions)

Line	Developmental Home #4		Line						
	<i>Home Details</i>		<i>Residents</i>						
1	Address		ID Numbers	Days in Dev. Home Last Yr.	Hospitalization Days Last Year	Other Absences Last Year	Monthly Home Payment	Monthly Room/Board	Respite Hours Last Year
2	City, Zip								
3	# of years contracting with agency		4a						
			4b						
			4c						

Line	Developmental Home #5		Line						
	<i>Home Details</i>		<i>Residents</i>						
1	Address		ID Numbers	Days in Dev. Home Last Yr.	Hospitalization Days Last Year	Other Absences Last Year	Monthly Home Payment	Monthly Room/Board	Respite Hours Last Year
2	City, Zip								
3	# of years contracting with agency		4a						
			4b						
			4c						

Line	Developmental Home #6		Line						
	<i>Home Details</i>		<i>Residents</i>						
1	Address		ID Numbers	Days in Dev. Home Last Yr.	Hospitalization Days Last Year	Other Absences Last Year	Monthly Home Payment	Monthly Room/Board	Respite Hours Last Year
2	City, Zip								
3	# of years contracting with agency		4a						
			4b						
			4c						

Line	Developmental Home #7		Line						
	<i>Home Details</i>		<i>Residents</i>						
1	Address		ID Numbers	Days in Dev. Home Last Yr.	Hospitalization Days Last Year	Other Absences Last Year	Monthly Home Payment	Monthly Room/Board	Respite Hours Last Year
2	City, Zip								
3	# of years contracting with agency		4a						
			4b						
			4c						

**Arizona DES Division of Developmental Disabilities
2013 Provider Rate Rebase - Provider Survey**

Group Home - Staff Data (see p. 14 of the instructions)

Line	Job Titles	Annual Turnover	Employee/ Contractor	Super-visor?	If super-visor, # of staff super-vised	Total Hours Paid	Total Wages Paid	Average Hourly Wage	Allocation of Time			
									Hab., Group Home	Hab., CPT Group Home	Hab., Nurs. Group Home	Other
Ex.	Habilitation Tech.	0 - 15%	Employee	No		20,800	\$197,534	\$9.50	95%			5%
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												

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

Line	Factor	Example	Group Home	CPT	Nursing Supported
<i>Home Characteristics</i>					
1	Number of Group Home residences operated by your agency	19			
2	Number of Group Home coordinators employed by your agency	4			
3	How many homes, on average, is a coordinator responsible for?	5			
4	Do any members in your homes receive supplemental nutrition assistance program (SNAP, food stamps) benefits?	Yes			
5	If yes, percent of members in your agency's Group Homes receiving SNAP benefits	40%			
6	Average absence days per consumer per month (due to hospitalization, vacation, etc.)	2.0			
7	Average number of zero occupancy days, per home, per year	0.5			
<i>Activities outside the home</i>					
8	Percentage of individuals participating in activities outside of the Group Home	90%			
9	For clients participating in activities outside the home, average number of days per week	5.0			
10	For clients participating in activities outside the home, average number of hours per day	6.0			
<i>Staffing Pattern for a 'typical' week for a direct service staff. Input the number of hours per week for the following:</i>					
11	Total hours worked and paid for in a week	40.00			
12	Providing direct services	39.50			
13	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.50			
14	Other activities [type description here]	0.00			
15	Other activities [type description here]	0.00			
16	Other activities [type description here]	0.00			
17	Has all time been allocated? (Total hours from Line 11 should equal sum of Lines 12 - 16)	Yes	Yes	Yes	Yes
<i>Staff Training. Input the number of hours of training received by direct service staff -</i>					
18	Number of training hours received by staff in their first year of employment	40			
19	Number of training hours received annually by staff after their first year of employment	15			

Group Home Detail (see p. 35 of the instructions)

Line	Group Home Example							Group Home #1						
	Home Details							Home Details						
1	Address	1234 Main Street						Address						
2	City, Zip	Phoenix, 85001						City, Zip						
3	Type of Home	Group Home						Type of Home						
4	# of Bedrooms	4						# of Bedrooms						
5	Annual Rental/Mortgage Cost	\$9,600						Annual Rental/Mortgage Cost						
6	Annual Food Cost	\$10,000						Annual Food Cost						
7	Annual Household Consumables Cost	\$800						Annual Household Consumables Cost						
8	Annual Utility/Telephone Cost	\$1,200						Annual Utility/Telephone Cost						
9	Annual Maintenance Costs	\$800						Annual Maintenance Costs						
	Residents	Costs (as applicable)		Does the consumer have/require:				Residents	Costs (as applicable)		Does the consumer have/require:			
	ID Numbers	Incontinence Supplies	Nutritional Supplements	Behav. Treat. Plan	Wheel-chair	Feeding Tubes/Catheters	Inter-pretive Services	ID Numbers	Incontinence Supplies	Nutritional Supplements	Behav. Treat. Plan	Wheel-chair	Feeding Tubes/Catheters	Inter-pretive Services
10a	123456789	\$2,400			Yes									
10b	123456790		\$3,000											
10c	123456791			Yes										
10d	123456792													
10e														
10f														
	Staff Matrix Range							Staff Matrix Range						
11	Indicate the Matrix Range			12				Indicate the Matrix Range						
	Vehicles							Vehicles						
12	# of Vehicles for Location			1				# of Vehicles for Location						
13	Acquisition Cost			\$38,000				Acquisition Cost						
14	Annual Maintenance/Repairs			\$3,500				Annual Maintenance/Repairs						
15	Annual Insurance			\$3,300				Annual Insurance						
16	Total Annual Miles on Vehicles			10,000				Total Annual Miles on Vehicles						

Group Home Detail (see p. 35 of the instructions)

Line	Group Home #2							Group Home #3						
	Home Details							Home Details						
1	Address							Address						
2	City, Zip							City, Zip						
3	Type of Home							Type of Home						
4	# of Bedrooms							# of Bedrooms						
5	Annual Rental/Mortgage Cost							Annual Rental/Mortgage Cost						
6	Annual Food Cost							Annual Food Cost						
7	Annual Household Consumables Cost							Annual Household Consumables Cost						
8	Annual Utility/Telephone Cost							Annual Utility/Telephone Cost						
9	Annual Maintenance Costs							Annual Maintenance Costs						
	Residents		Costs (as applicable)		Does the consumer have/require:			Residents		Costs (as applicable)		Does the consumer have/require:		
	ID Numbers	Incontinence Supplies	Nutritional Supplements	Behav. Treat. Plan	Wheel-chair	Feeding Tubes/Catheters	Inter-pretive Services	ID Numbers	Incontinence Supplies	Nutritional Supplements	Behav. Treat. Plan	Wheel-chair	Feeding Tubes/Catheters	Inter-pretive Services
10a														
10b														
10c														
10d														
10e														
10f														
	Staff Matrix Range							Staff Matrix Range						
11	Indicate the Matrix Range							Indicate the Matrix Range						
	Vehicles							Vehicles						
12	# of Vehicles for Location							# of Vehicles for Location						
13	Acquisition Cost							Acquisition Cost						
14	Annual Maintenance/Repairs							Annual Maintenance/Repairs						
15	Annual Insurance							Annual Insurance						
16	Total Annual Miles on Vehicles							Total Annual Miles on Vehicles						

Group Home Detail (see p. 35 of the instructions)

Line	Group Home #4							Group Home #5						
	Home Details							Home Details						
1	Address							Address						
2	City, Zip							City, Zip						
3	Type of Home							Type of Home						
4	# of Bedrooms							# of Bedrooms						
5	Annual Rental/Mortgage Cost							Annual Rental/Mortgage Cost						
6	Annual Food Cost							Annual Food Cost						
7	Annual Household Consumables Cost							Annual Household Consumables Cost						
8	Annual Utility/Telephone Cost							Annual Utility/Telephone Cost						
9	Annual Maintenance Costs							Annual Maintenance Costs						
	Residents		Costs (as applicable)		Does the consumer have/require:			Residents		Costs (as applicable)		Does the consumer have/require:		
	ID Numbers	Incontinence Supplies	Nutritional Supplements	Behav. Treat. Plan	Wheel-chair	Feeding Tubes/Catheters	Inter-pretive Services	ID Numbers	Incontinence Supplies	Nutritional Supplements	Behav. Treat. Plan	Wheel-chair	Feeding Tubes/Catheters	Inter-pretive Services
10a														
10b														
10c														
10d														
10e														
10f														
	Staff Matrix Range							Staff Matrix Range						
11	Indicate the Matrix Range							Indicate the Matrix Range						
	Vehicles							Vehicles						
12	# of Vehicles for Location							# of Vehicles for Location						
13	Acquisition Cost							Acquisition Cost						
14	Annual Maintenance/Repairs							Annual Maintenance/Repairs						
15	Annual Insurance							Annual Insurance						
16	Total Annual Miles on Vehicles							Total Annual Miles on Vehicles						

Group Home Detail (see p. 35 of the instructions)

Line	Group Home #6							Group Home #7						
	Home Details							Home Details						
1	Address							Address						
2	City, Zip							City, Zip						
3	Type of Home							Type of Home						
4	# of Bedrooms							# of Bedrooms						
5	Annual Rental/Mortgage Cost							Annual Rental/Mortgage Cost						
6	Annual Food Cost							Annual Food Cost						
7	Annual Household Consumables Cost							Annual Household Consumables Cost						
8	Annual Utility/Telephone Cost							Annual Utility/Telephone Cost						
9	Annual Maintenance Costs							Annual Maintenance Costs						
	Residents		Costs (as applicable)		Does the consumer have/require:			Residents		Costs (as applicable)		Does the consumer have/require:		
	ID Numbers	Incontin- ence Supplies	Nutritional Supple- ments	Behav. Treat. Plan	Wheel- chair	Feeding Tubes/ Catheters	Inter- pretive Services	ID Numbers	Incontin- ence Supplies	Nutritional Supple- ments	Behav. Treat. Plan	Wheel- chair	Feeding Tubes/ Catheters	Inter- pretive Services
10a														
10b														
10c														
10d														
10e														
10f														
	Staff Matrix Range							Staff Matrix Range						
11	Indicate the Matrix Range							Indicate the Matrix Range						
	Vehicles							Vehicles						
12	# of Vehicles for Location							# of Vehicles for Location						
13	Acquisition Cost							Acquisition Cost						
14	Annual Maintenance/Repairs							Annual Maintenance/Repairs						
15	Annual Insurance							Annual Insurance						
16	Total Annual Miles on Vehicles							Total Annual Miles on Vehicles						

Group Home Detail (see p. 35 of the instructions)

Line	Group Home #8							Group Home #9						
	Home Details							Home Details						
1	Address							Address						
2	City, Zip							City, Zip						
3	Type of Home							Type of Home						
4	# of Bedrooms							# of Bedrooms						
5	Annual Rental/Mortgage Cost							Annual Rental/Mortgage Cost						
6	Annual Food Cost							Annual Food Cost						
7	Annual Household Consumables Cost							Annual Household Consumables Cost						
8	Annual Utility/Telephone Cost							Annual Utility/Telephone Cost						
9	Annual Maintenance Costs							Annual Maintenance Costs						
	Residents	Costs (as applicable)		Does the consumer have/require:				Residents	Costs (as applicable)		Does the consumer have/require:			
	ID Numbers	Incontinence Supplies	Nutritional Supplements	Behav. Treat. Plan	Wheel-chair	Feeding Tubes/Catheters	Inter-pretive Services	ID Numbers	Incontinence Supplies	Nutritional Supplements	Behav. Treat. Plan	Wheel-chair	Feeding Tubes/	Inter-pretive Services
10a														
10b														
10c														
10d														
10e														
10f														
	Staff Matrix Range							Staff Matrix Range						
11	Indicate the Matrix Range							Indicate the Matrix Range						
	Vehicles							Vehicles						
12	# of Vehicles for Location							# of Vehicles for Location						
13	Acquisition Cost							Acquisition Cost						
14	Annual Maintenance/Repairs							Annual Maintenance/Repairs						
15	Annual Insurance							Annual Insurance						
16	Total Annual Miles on Vehicles							Total Annual Miles on Vehicles						

**Arizona DES Division of Developmental Disabilities
2013 Provider Rate Rebase - Provider Survey**

Transportation - Staff Data (see p. 14 of the instructions)

Line	Job Titles	Annual Turnover	Employee/ Contractor	Super-visor?	If super-visor, # of staff super-vised	Total Hours Paid	Total Wages Paid	Average Hourly Wage	Allocation of Time	
									Transport. Services	Other
Ex.	Driver	0 - 15%	Employee	No		1,500	\$18,500	\$12.33	95%	5%
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Transportation - Productivity and Other Factors (see p. 37 of the instructions)

Line	Factor	Example	Transportation	
			Urban	Rural
<i>Agency Caseload and Service Design</i>				
1	Number of individuals receiving Transportation services from your organization	20		
2	Number of individuals receiving Transportation services who require a wheelchair	1		
3	Average number of one-way routes completed per vehicle per day	2.0		
4	Avg. time (in hours) to complete a one-way route (i.e., time from first pick-up to final drop-off)	1.5		
5	Average number of clients transported on a one-way route	8.5		
<i>Vehicles</i>				
6	No. of vehicles owned/leased by your organization used to transport clients to/from their homes	8		
7	Number of vehicles typically operated with a single staff person (i.e., the driver)	6		
8	Number of vehicles typically operated with two staff persons (i.e., the driver and an aide)	2		
9	Avg. number of annual miles traveled per vehicle <i>for Transportation to/from clients' homes only</i>	12,500		
10	Typical vehicle size (in terms of passengers)	12		
11	Average purchase price of vehicle	\$50,000		
12	Total vehicle maintenance costs in past year (for vehicles counted in Line 6)	\$8,000		
13	Total vehicle insurance costs in past year (for vehicles counted in Line 6)	\$14,400		
<i>Staffing Pattern for a 'typical' week for a direct service staff person. Input the number of hours per week for the following:</i>				
14	Total hours worked and paid for in a week	35.50		
15	Providing direct <i>transportation</i> services	15.00		
16	Providing <i>other</i> direct services	20.00		
17	'Employer time' (e.g. receiving one-on-one supervision, in staff meetings, etc.)	0.50		
18	Other activities [type description here]	0.00		
19	Other activities [type description here]	0.00		
20	Other activities [type description here]	0.00		
21	Has all time been allocated? (Total hours from Line 12 should equal sum of Lines 13 - 18)	Yes	Yes	Yes
<i>Staff Training. Input the number of hours of training received by direct service staff -</i>				
22	Number of training hours received by staff in their first year of employment	40		
23	Number of training hours received annually by staff after their first year of employment	15		



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Division of Developmental Disabilities

2013 Provider Rate Rebase

Attachment 2

Provider Survey Instructions

July 14, 2013

Prepared by:

BURNS & ASSOCIATES, INC.

Health Policy Consultants

3030 NORTH THIRD STREET, SUITE 200
PHOENIX, ARIZONA 85012
(602) 241-8520

NAVIGANT

201 EAST WASHINGTON STREET
PHOENIX, AZ 85004
(602) 257-0075



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Division of Developmental Disabilities

2013 Provider Rate Rebase

Provider Survey Instructions

March 18, 2013

Prepared by:

BURNS & ASSOCIATES, INC.

Health Policy Consultants

NAVIGANT

3030 NORTH THIRD STREET, SUITE 200
PHOENIX, ARIZONA 85012
(602) 241-8520

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PHOENIX, AZ 85004
(602) 257-0075

QUICK REFERENCE

If you provide:

Home and Community-Based Services (e.g., Attendant Care, Habilitation-Behavioral, Habilitation Support, Respite)	1-17
Habilitation, Music Therapy	1-14, 18-19
Day Treatment and Training	1-14, 25-28
Center-Based Employment	1-14, 25-28
Group Supported Employment	1-14, 29-31
Individual Supported Employment	1-14, 23-24
Developmental Home Services including Room and Board	1-14, 32-34
Group Home Services including Room and Board	1-14, 35-37
Professional Services (Home Health Aide, Nursing, Therapies, Respiratory Therapy)	1-14, 20-22
Transportation Services	1-14, 38-39

TABLE OF CONTENTS

Introduction..... 1

Agency Contact Information, Revenues, and Staffing..... 4

Services Provided..... 4

Counties of Operation 4

Savings Measures..... 5

Administrative and Program Support Costs..... 6

“Benefits” – Benefits for Direct Service Staff..... 10

“ACA” – Impacts of the Federal Affordable Care Act 12

Staff Data – General Instructions..... 14

Home and Community-Based Services; and Habilitation, Specialized Behavioral..... 15

Habilitation, Music Therapy 18

Professional Services 20

Individual Supported Employment 23

Day Treatment and Training and Center-Based Employment..... 25

Group Supported Employment 29

Developmental Home 32

Group Home..... 35

Transportation Services 38

INTRODUCTION

In accordance with A.R.S. § 36-2959, the Arizona Division of Developmental Disabilities (DDD) is in the process of studying the reimbursement rates paid to providers of home and community based services. Burns & Associates, Inc. (B&A) and Navigant Consulting Inc. are providing assistance in this initiative.

Part of this review includes a provider survey to collect data regarding providers' service delivery designs and costs. The information being collected in this survey will be a factor in the rate setting process and will be utilized only for this purpose. These instructions are intended to assist providers in the completion of the survey.

The following services are included in the survey:

Home and Community-Based Services including Specialized Habilitation

- Attendant Care
- Habilitation, Support
- Housekeeping
- Respite, Hourly and Continuous
- Hab., Indiv. Designed Living Arrangement
- Habilitation, Specialized Behavioral
- Specialized Habilitation w/ Music Therapy

Day Treatment and Training

- Day Treatment and Training, Adult
- Day Treatment/ Train., Child-After School
- Day Treatment/ Training, Child-Summer

Supported Employment

- Individual Supported Employment;
- Individual Support Employment Aide
- Group Supported Employment;
- Group Supported Employment Employ. Aide
- Center-Based Employment;
- Center-Based Employment Aide

Developmental Homes

- Vendor Supp. Developmental Home, Child
- Vendor Supp. Developmental Home, Adult
- Vendor Supported Developmental Home, Room and Board

Group Home Services

- Habilitation, Group Home
- Hab., Community Protection/ Treatment-Group Home
- Hab., Nursing Supported Group Home
- Room and Board, Group Home

Professional Services

- Home Health Aide
- Nursing: Visit, Intermittent, Respite
- Therapies (Occupational, Physical, Speech)
- Respiratory Therapy

Transportation Services

Training Conference Call

B&A is hosting a conference call to discuss the survey and instructions and to respond to questions. Following are the details:

Date and Time: Tuesday, March 26, 10:00 A.M. (Arizona time)

Call-In Number: (800) 920-7487, use participant code 43689748#

Accessing the Survey

The survey has been built in Microsoft Excel, in a version compatible with Excel 97 and more current versions. The survey includes macros that must be enabled. Excel 2007 users will get a warning and should select “Enable this content.” Users of older versions of Excel must have their security setting for macros set at “Medium” or lower. To view or change the setting:

- Open Microsoft Excel[®],
- Select Tools (from the menu)
- Select Options...,
- Select the “Security” Tab in the popup menu
- Select the button (lower right hand side) titled Macro Security...
- Select the “Security Level” Tab in the new popup menu
- Select the button next to “Medium. You can choose whether or not to run potentially unsafe macros”. (Note the current security setting for your computer, if you want to reset the level after completing the survey)
- Press the “OK” button to exit the popup menus
- Exit and restart Excel

Overview of the Survey

Broadly, the survey is designed to collect information in five primary areas:

- Administration and Program Support Staffing
- Other Administration and Program Support Costs
- Benefits for Direct Service Staff
- Direct Service Staff Hours and Wages
- Direct Service Productivity and Other Factors

All providers should complete the forms related to Administration and Program Support Staffing, Other Administration and Program Support Costs, and Benefits for Direct Service Staff.

Each individual service has its own Direct Service Staff and Direct Service Productivity and Other Factors forms. Providers only need to complete the forms for the services that they provide (and the survey will only produce the forms for those services that providers indicate that they deliver).

Throughout the survey, fields in which users may record data are shaded in light green. Examples are shaded in grey. Dark green fields are automatically calculated based on other responses.

Providers should provide information from their most recently completed fiscal year for which data is available.

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 DDD Provider Rate Rebase Survey".

The deadline for submitting completed forms is April 15, 2013. Please submit completed forms to B&A at bsmith@burnshealthpolicy.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. You may also submit any other documentation that you would like considered as part of this study.

If you have any questions, please contact Steve Abele with B&A at (602) 241-8520 or sabele@burnshealthpolicy.com.

AGENCY CONTACT INFORMATION, REVENUES, AND STAFFING

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

- The name of your organization
- The provider ID number or numbers used by your organization to bill for services
- The name of the individual responsible for the information submitted through the survey and that individual's
 - Job title,
 - Phone number,
 - Email, and
 - Address

Additionally, this sheet requests information regarding revenues from your agency's most recently completed fiscal year. Report agency revenues using the following categories:

- *Developmental Disabilities Program Revenues* – include any revenues that support your organization's DD programs, including payments from the Division of Developmental Disabilities, payments from private insurers and other payers, and grants or donations
- *Non-DD Revenues* – input revenues associated with any non-DD programs operated by your organization (e.g., behavioral health services)
- *Total* – The worksheet will sum the two previous amounts to calculate total agency revenue

Finally, this sheet asks for your agency's current staffing level, divided between full-time and part-time staff. 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.

SERVICES PROVIDED

This form includes check boxes for each of the services included in the survey. Select those provided by your organization. When a check box has been selected, the corresponding Staff and Productivity and Other Factors worksheets for that service will be 'unlocked' for completion.

COUNTIES OF OPERATION

This form requests that you allocate your agency's business across Arizona's 15 counties, for each category of service provided by your agency. The allocations should be based on the percent of units of service (rather than revenues or clients) that were delivered in each county in your agency's most recently completed fiscal year. The sheet will automatically sum the percentages reported in each category and report whether or not the sum equals 100 percent. If "No" appears in the check line, review and revise so that the total is 100 percent.

SAVINGS MEASURES

Since May 2009, most provider reimbursement rates have been reduced by almost 15 percent. This form seeks information regarding the steps that your agency has been forced to take in response to these reduction. The worksheet is divided into three categories of potential savings measures:

- Reductions to direct care staff pay and/or benefits
- Reductions to administrative and/or program support costs
- Program eliminations and/or changes to program design

Examples of changes in program design could include reducing staffing ratios, resulting in larger group sizes, or reducing the number of outings in day programs.

For each of the three categories of the potential savings measures, use the drop down list to indicate whether your organization has implemented any such actions. Then, for those actions that were taken, provide a brief description, the date the action was implemented, and the estimated annual savings associated with each measure. If your agency does not have a savings estimate, the measure should still be listed, but the estimate field can be left blank.

ADMINISTRATIVE AND PROGRAM SUPPORT COSTS

The survey includes two worksheets relating to your organization's administration and program support costs. The purpose of these pages is to collect all expenses that are not direct care costs, which are surveyed elsewhere.

There are not always clear distinctions between direct care, 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, 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). Direct care costs should not be reported in the two "Admin" worksheets described below.
- *Administrative costs* are those associated with the operation of your organization, but which are not program-specific. 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 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.

"Admin Staff" – Salary and Benefit Costs for Administrative and Program Support Staff

This sheet is to be used to record information regarding your organization's administrative and program support staff, but not those employees who primarily provide direct care. All figures should be for your agency's most recently completed fiscal year. Following are descriptions of the fields included in this worksheet:

- *Title* – Input the job title for each administrative or program support employee. If your organization has multiple employees within a given job title (e.g., three Human Resource Specialists), you may list them in the same row if their time is allocated similarly (e.g., each spends 100 percent of their time on administrative functions; see the discussion below for the Percent of Time Allocated to DD column). Do not combine staff with different job titles in a single row.
- *Number of Employees* – Record the number of full-time equivalent staff in each job title employed by your organization.
- *Wages* – Input the wages actually earned in the most recently completed fiscal year by the individual(s) associated with each job title.
Note: Only report actual wages paid, rather than salary levels (e.g., if an employee was hired midyear, report the wages that they earned and not their annual salary level).

- *Cost of Optional Benefits* – Input the cost to your organization for optional benefits provided in the most recently completed fiscal year to the individual(s) associated with each job title. Optional benefits include health insurance, dental insurance, retirement, and other benefits that are provided at your organization’s discretion.
 - Note:* Do not include mandatory employee related expenses (ERE) such as Social Security, Medicare, unemployment insurance, and workers’ compensation. These costs will be calculated separately.
 - Note:* Only report costs paid by your organization; exclude employee costs such as their share of health insurance premiums or retirement contributions.
- *Percent of Time Allocated to DD Program* – The next three columns relate to the amount of each employee’s time that is devoted to your organization’s DD program.
 - *Direct Care* – Input the percentage of time that the employee is providing direct care services (although this sheet is only intended to capture information regarding administrative and program support staff, this column has been included because these staff, particularly in smaller agencies, may provide direct care at times).
 - *Administration* – Input the percentage of time that the employee is performing DD-related administrative functions.
 - *Program Support* – Input the percentage of time that the employee is performing DD-related program support functions.
- *Percent of Time Allocated to Other Programs* – Input the portion of each employee’s time that is allocated to programs other than those reported in the previous section. This column is included because some employees support multiple programs so it would be inappropriate to allocate their total salary and benefits costs to the DD program (e.g., an executive director may lead an agency that provides both DD and behavioral health programs so only a portion of their time should be allocated to the DD program).

Note: If your agency does not already have a methodology for allocating costs across programs, it is recommended that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the program on which they are working. After that week, each employee’s time would be allocated based on their log. For example, if an employee worked 40 hours and 10 of their hours were related to the DD program, 25 percent of that employee’s time would be allocated to direct care, administration, and/ or program support of the DD program, as appropriate, with the remaining 75 percent input in the Other Programs column. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

Note: The total of the time allocated across DD programs (direct care time, administration, and program support) and other programs should equal 100 percent. If it does not, an error message will appear to the right of the table.

“Admin Other” – Administrative and Program Support Expenses Other Than Staff Costs

This sheet collects information for all administrative and program support costs other than staff expenses. For each category of expenses, the sheet requests the total expense for your agency’s most recently completed fiscal year and the percent of the total that should be allocated to direct

services, administration, and program support for your agency's developmental disabilities programs as well as the portion that should be allocated to your organization's non-DD programs (see the discussion in the Admin Staff section regarding allocating costs across programs). Costs associated with direct care should not be included in this worksheet. Following are descriptions of the fields included in this worksheet:

- *Line 1* – Input your agency's rent/ mortgage/ depreciation costs for administration and program support space. Do not include costs associated with direct care space such as Group Homes or the rooms in which Day Treatment programs are conducted.
- *Line 2* – Input the number of square feet associated with the facility rent/ mortgage/ depreciation expense reported in Line 1.
- *Line 3* – As applicable (i.e., for leased space), input the cost per square foot for the space noted on Line 2.
- *Line 4* – Input any facility maintenance costs that are not part of the rental costs recorded on Line 1.
- *Line 5* – Report office equipment and furniture costs.
- *Line 6* – Input your agency's depreciation expenses for capital items other than facilities.
- *Line 7* – Include expenses for interest paid, excluding mortgage interest, by your organization.
- *Line 8* – Input utility and similar costs that are not included as part of rental costs already reported. Do not include costs associated with direct care space such as Group Homes and Day Treatment facilities.
- *Line 9* – Input property and income taxes paid by your organization, but do not include payroll taxes (Social Security and Medicare).
- *Line 10* – Input your agency's licensing, certification, and/or accreditation fees.
- *Line 11* – Input your agency's hiring expenses, which could include expenses such as background checks, placement agency fees, etc. Do not include training-related costs in this line.
- *Line 12* – Input your agency's insurance costs. Do not include employee benefits such as health or dental insurance, workers' compensation costs, or automobile insurance.
- *Line 13* – Record your agency's information technology expenses, such as computers and software, associated with administrative and program support functions and staff.
- *Line 14* – Include general office supply costs, but do not include program supplies.
- *Line 15* – Record your agency's postage costs.
- *Line 16* – Input your agency's advertising costs.
- *Line 17* – Input your agency's costs for memberships in business, technical, and/or professional organizations or subscriptions to business, professional, and/or technical periodicals.

- *Line 18* – Input the costs of professional and consultant services related to your agency’s operation. Do not include costs associated with contractors who provide direct care services.
- *Line 19* – Input travel related costs (e.g., mileage reimbursement) for administrative and program support functions and staff. Do not include travel associated with direct care such as company vehicles used to transport individuals or reimbursement of direct care staff for the use of their personal vehicles.
- *Line 20* – Input your agency’s corporate office overhead costs that are not otherwise captured elsewhere in the “Admin Staff” and “Admin Other” forms, if applicable. This line is primarily related to multi-state organizations in which a portion of local organizations’ revenues are allocated to the parent corporation.
- *Line 21* – If corporate office costs are reported in Line 20, describe the allocation methodology used to assign costs to the agency’s Arizona operations.
- *Lines 22-24* – Input any other administrative or program support costs that do not fit into the provided categories. Label any categories that you add and report the associated expense.

“BENEFITS” – BENEFITS FOR DIRECT SERVICE STAFF

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 Admin Staff 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 40 hours as the definition.

Following are descriptions of the fields included in this worksheet.

Staffing

- *Line 1* – Input the number of direct service staff currently employed by your agency.

Holidays and Paid Time Off

The questions for holidays and paid time off (PTO, vacation and sick time) are similar:

- *Lines 2/7* – Using the drop down list, indicate whether direct service staff are eligible for the applicable benefit.
- *Lines 3/8* – Using the drop down list, choose the timeframe that is closest to the waiting period before staff become eligible for the applicable benefit.
- *Lines 4/9* – Input the minimum number of hours per week that an employee must work in order to receive the applicable benefit.
- *Lines 5/10* – Record the number of direct service staff that are currently eligible for the applicable benefit (the number should be no more than the figure reported on Line 1).
- *Lines 6/11* – Record the number of holidays/ average number of PTO days that direct service staff receive.

Health Insurance and Retirement

The questions for health insurance and retirement benefits are similar:

- *Lines 12/18* – Using the drop down list, indicate whether direct service staff are eligible for the applicable benefit.
- *Lines 13/19* – Using the drop down list, choose the timeframe that is closest to the waiting period before staff become eligible for the applicable benefit.
- *Lines 14/20* – Input the minimum number of hours per week that an employee must work in order to receive the applicable benefit.
- *Lines 15/21* – Record the number of direct service staff that are currently eligible for the applicable benefit (the number should be no more than the figure reported on Line 1).
- *Lines 16/22* – Record the number of direct service staff that currently participate in the applicable benefit.

- *Line 17/--* – Input your organization’s total spending on health insurance premiums for direct care staff in the most recently completed fiscal year. Do not include costs for administrative or program support staff; these expenses should have been recorded on the Admin Staff worksheet. Do not include employee contributions.
- *Line --/23* – Input your organization’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.

Other Benefits

Your organization may offer other benefits to staff (e.g., dental or vision insurance). The following questions relate to these other benefits:

- *Lines 24* – Using the drop down list, indicate whether your organization provides other benefits.
- *Lines 25* – List the other benefits that are provided.
- *Lines 26* – Using the drop down list, choose the timeframe that is closest to the waiting period before staff become eligible for the applicable benefits.
- *Lines 27* – Input the minimum number of hours per week that an employee must work in order to receive the applicable benefits.
- *Lines 28* – Record the number of direct service staff that are currently eligible for the applicable benefits (the number should be no more than the figure reported on Line 1).
- *Lines 29* – Record the number of direct service staff that currently participate in the applicable benefit.
- *Line 30* – 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; these expenses should have been recorded on the Admin Staff worksheet.

Unemployment Insurance and Workers’ Compensation

- *Line 31* – Many organizations make quarterly payments to the Arizona Department Economic Security for state unemployment insurance taxes based on an employer-specific tax rate, which varies according to each employer’s “experience account” (the ratio of taxes paid to benefits claimed by former employees). The tax is applied to the first \$7,000 in wages paid to each employee and the rate ranges from .02 percent to 5.4 percent. If your organization makes payments based on a tax rate, report its state unemployment insurance tax rate for 2013. Do not include the federal unemployment insurance tax.
 - *Line 32* – Some organizations, including non-profits, may elect to pay the actual cost of benefits paid to former employees rather than making payments based on a computed tax rate. If your organization makes “payments in lieu of contributions”, report the total payments made in 2012. Do not include federal unemployment insurance costs.
- Note:* Your organization should complete either Line 31 or Line 32, but not both.

- *Line 33* – Input your workers’ compensation cost for Direct Service Staff under your 2013 policy period as a rate for each \$100 in wages paid. If your organization has multiple policies, provide a weighted average of the policies associated with direct care staff in your agency’s DD programs.

“ACA” – IMPACTS OF THE FEDERAL AFFORDABLE CARE ACT

This form includes several questions related to the Affordable Care Act (ACA), sometimes referred to as “health care reform”. The ACA was signed into law on March 23, 2010. One aspect of the ACA is to decrease the number of uninsured Americans through the use of the individual mandate, premium tax credits and cost sharing reductions. The individual mandate requires that all individuals not covered by an employer plan or public insurance program purchase a private insurance plan or pay a penalty, effective January 1, 2014. Therefore, employees who may have not enrolled previously may enroll to avoid the penalty.

The ACA does not require employers to offer coverage, but it does require every American citizen to have insurance. The ACA can affect employers differently based on the number of full-time employees they employ. To be clear, there is an important difference between part-time and full-time workers; a full-time employee is defined in the ACA as someone who works 30 hours or more per week.

Employers will have to make choices regarding the health insurance they offer. Employers can opt to offer their employees ACA compliant employer-sponsored insurance (ESI) or they can opt to pay a penalty. Employers that employ fewer than 50 workers are not required to offer insurance and are not subject to a penalty. Employers with more than 50 workers will be subject to a penalty if they do not offer ACA compliant ESI. An employer can also be penalized when an employee opts to obtain health care through the exchange instead of the ESI.

As part of the five-year rate rebase, the survey seeks to understand the impact of the ACA legislation on the provider community.

Organization’s Estimated Annual Average Salary

- *Line 1* – Report your organization’s estimated average annual salary.

Organization’s Current Health Insurance

- *Line 2* – Report whether health insurance is offered to your agency’s employees.
- *Line 3* – If your agency does provide health insurance, use the drop-down list to report whether or not it meets the ACA’s minimum essential coverage requirements. If you do not know, select that option.
- *Line 4* – If you answer “No” on Line 3, report the additional cost that would be required in order to become compliant, if your agency has developed an estimate.
- *Line 5* – Report the total monthly cost of a health care premium for an individual employee on the health care plan offered by your organization. Please provide the total dollar amount that includes both the employer and employee responsibility.

- *Line 6* – Report the average annual deductible that the employee is responsible for on the individual coverage health care plan offered by your organization.
- *Line 7* – Report the average annual deductible that the employee is responsible for on the family coverage health care plan offered by your organization.
- *Line 8* – Report whether your organization contributes funds towards employee health insurance premiums.
- *Line 9* – If you answer “Yes” on Line 8, report the percentage of the total monthly premium reported on Line 5 that the organization pays towards the employee’s monthly premium.
- *Line 10* – Use the drop-down list to record whether your agency is familiar with the penalties imposed by the ACA on large employers that do not offer qualifying health insurance.

Potential Responses to the ACA

- *Lines 11-15* – Using the drop-down lists to respond to each of the questions relating to how likely each of the potential responses is for your agency.

STAFF DATA – GENERAL INSTRUCTIONS

The staff data pages are very similar for each service. This section of the instructions outlines the general questions included on the staff data page for each service. Any additional questions unique to a specific service are discussed in the following sections, which provide service-by-service instructions.

- *Job Titles* – Within each service, list the job titles of staff that provide the applicable service. Staff do not need to be listed individually; they can be grouped by job title, but complete a separate row for each job title/ classification.
- *Estimated Annual Turnover*: Using the drop down menu, indicate the estimated annual turnover experienced for this job category. The responses are in 15 percent increments. Calculate turnover by dividing the number of staff who departed from your organization within the past year and for whom a replacement was/ is needed by the number of individuals in the job title within the past year.
- *Employee/ Contractor* – Using the drop-down menu, select whether the individuals in each job category are agency employees or contractors. If a given job title includes both employees and contractors, complete one row for employees and another for contractors.
- *Supervisor, Non-Supervisor* – Using the drop-down menu, indicate whether the job category has supervisory duties. If a given job title includes both supervisors and non-supervisors, complete one row for supervisors and another for non-supervisors.
- *If Supervisor, # of Staff Supervised* – For employees with supervisory responsibilities, input the number of staff they supervise.
- *Total Hours Paid* – Input the number of hours that staff in each job title were paid within the past year. The amount reported here is inclusive of overtime hours.
- *Total Wages Paid* – Input the total wages paid within the past year to staff in each job title listed. The amount reported here is inclusive of overtime pay.
- *Average Hourly Wage* – This field will be calculated automatically by dividing total wages paid by total hours worked.
- *Allocation of Time* –
 - *[Service]* – Report the percentage of time that staff are performing activities related to the service being surveyed for your agency’s DD program. This allocation should include both direct service time and non-direct time that is still service-related (e.g., travel time to visit a client).
 - *Other* – Report the percentage time that staff are performing activities other than the applicable services (including related non-direct time), such as providing other services (e.g., an attendant care worker may spend a portion of their time providing respite services), delivering services for another program (e.g., a staff person may spend a portion of their time providing behavioral health services), or performing administrative or program support activities.

Note: These columns should total 100 percent; if they do not, an error message will appear to the right.

HOME AND COMMUNITY-BASED SERVICES; AND HABILITATION, SPECIALIZED BEHAVIORAL

The two survey forms – Staff Data, and Productivity and Other Factors – for Home and Community-Based Services and Habilitation, Specialized Behavioral, are similar so this section provides the instructions for each of these categories.

Staff Data

The Staff Data forms for these services follow the general instructions discussed previously.

Productivity and Other Factors

For many of these services, the Productivity and Other Factors form includes separate columns for staff delivering different services, with different qualifications, and/or in different geographic areas. Specifically:

- The forms include separate columns for programs delivered in ‘urban’ and ‘rural’ areas. *For the purposes of these forms, ‘urban’ areas are defined as Maricopa and Pima counties, and ‘rural’ areas are the remainder of the State.*
- The Home and Community-Based form includes different columns for each of the different services included (e.g., Attendant Care, Habilitation Support, Respite, etc.)
- The Habilitation-Behavioral form differentiates between bachelor’s and master’s level staff (i.e., Hab-B and Hab-M).

Agency Caseload and Service Design

- *Line 1* – Record the number of individuals receiving the applicable service from your organization.
- *Line 2* – Input the average number of client visits that a direct service staff person conducts per week.
- *Line 3* – Input the average number of hours that a client visit lasts.

Equipment and Supplies

- *Line 4* – Input the total cost of capital equipment directly related to service provision.
- *Line 5* – If applicable, input the average life in years of purchased equipment.
- *Line 6* – If equipment costs are noted in Line 4, list the types of equipment included in the expense.
- *Line 7* – Input the total cost of program supplies directly related to service provision.
- *Line 8* – If program supply costs are noted in Line 7, list the types of supplies included in the expense.

Staffing Pattern

This section requests information regarding the ‘typical’ week for the direct service staff.

- *Line 9* – Input the number of hours per week that a direct service staff person typically works.

- *Line 10* – The number of hours per week that a direct service staff person is engaged in service delivery. This line is automatically calculated by multiplying Line 2 (number of visits per week) by Line 3 (number of hours per visit).
- *Line 11* – Input the number of hours per week that a direct care staff person is participating in Individualized Support Plan (ISP) meetings.
- *Line 12* – Input the number of hours per week that a direct service staff person completes or participates in member assessments at which the member is not present.
- *Line 13* – Input the number of hours per week that a direct service staff person is traveling between individual visits.
- *Line 14* – Input the number of hours per week that a direct service staff person loses due to missed appointments. Do not include time that is redirected to another activity accounted for within this schedule. For example, if a consumer misses a four-hour appointment, it is unlikely that four hours is ‘lost’ because the staff person instead catches up on paperwork, is sent home, etc.
- *Line 15* – Input the number 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. Do not include documentation associated with the completion of formal assessments.
- *Line 16* – Input the number of hours per week that a direct service 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. Do not include time spent on training programs.
- *Lines 17-19* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 20* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Line 10 through 19 should be equal to the total number of hours worked noted in Line 9. If “No” appears in this line, review and revise the appropriate hours.
- *Line 21* – Record the number of miles per week that a direct service staff person travels between client sessions.
- *Line 22* – Record the number of miles per week that a direct service staff person travels while transporting clients.

Staff Training

- *Line 23* – Input the number of training hours that direct service staff receive during their first year with your organization.
- *Line 24* – Input the average number of training hours that direct service staff annually receive after their first year of employment.

Service Delivery, Groups

- *Line 25* – Indicate whether your organization delivers this service to groups (e.g. more than one individual at a time).
- *Line 26* – If Line 25 is Yes, indicate the typical group size that receives the service from a single direct service staff.

HABILITATION, MUSIC THERAPY

There are two worksheets for Habilitation, Music Therapy: Staff Data, and Productivity and Other Factors.

Staff Data

The Staff Data forms for these services follow the general instructions discussed previously.

Productivity and Other Factors

This form collects information on your organization's Habilitation, Music Therapy services. The form includes separate columns for programs delivered in urban and rural areas. *For the purposes of this form, 'urban' areas are defined as Maricopa and Pima counties, and 'rural' areas are the remainder of the State.*

Agency Caseload and Service Design

- *Line 1* – Record the number of individuals receiving the applicable service from your organization.
- *Line 2* – Input the average number of client visits that a direct service staff person conducts per week.
- *Line 3* – Input the average number of hours that a client visit lasts.

Equipment and Supplies

- *Line 4* – Input the total cost of capital equipment directly related to service provision.
- *Line 5* – If applicable, input the average life in years of purchased equipment.
- *Line 6* – If equipment costs are noted in Line 4, list the types of equipment included in the expense.
- *Line 7* – Input the total cost of program supplies directly related to service provision.
- *Line 8* – If program supply costs are noted in Line 7, list the types of supplies included in the expense.

Staffing Pattern

This section requests information regarding the 'typical' week for the direct service staff.

- *Line 9* – Input the number of hours per week that a direct service staff person typically works.
- *Line 10* – The number of hours per week that a direct service staff person is engaged in service delivery. This line is automatically calculated by multiplying Line 2 (number of visits per week) by Line 3 (number of hours per visit).
- *Line 11* – Input the number of hours per week that a direct care staff person is participating in Individualized Support Plan (ISP) meetings.
- *Line 12* – Input the number of hours per week that a direct service staff person is traveling between individual visits.

- *Line 13* – Input the number of hours per week that a direct service staff person loses due to missed appointments. Do not include time that is redirected to another activity accounted for within this schedule. For example, if a consumer misses a four-hour appointment, it is unlikely that four hours is ‘lost’ because the staff person instead catches up on paperwork, is sent home, etc.
- *Line 14* – Input the number 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. Do not include documentation associated with the completion of formal assessments.
- *Line 15* – Input the number of hours per week that a direct service 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. Do not include time spent on training programs.
- *Lines 16-18* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 19* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Line 10 through 18 should be equal to the total number of hours worked noted in Line 9. If “No” appears in this line, review and revise the appropriate hours.
- *Line 21* – Record the number of miles per week that a direct service staff person travels between client sessions.

Staff Training

- *Line 23* – Input the number of training hours that direct service staff receive during their first year with your organization.
- *Line 24* – Input the average number of training hours that direct service staff annually receive after their first year of employment.

PROFESSIONAL SERVICES

The survey forms for Professional Services – Home Health Aide, Nursing, Therapies (Occupational Therapy, Physical Therapy, and Speech/Language Pathology), and Respiratory Therapy – are similar so this section provides the instructions for each of these categories.

Staff Data

The Staff Data forms for these services follow the general instructions discussed previously with the following exceptions related to the Allocation of Time section:

- The Therapies form differentiates between clinical and natural environments and between geographic areas (Base, Tier 1, Tier 2, and Tier 3; defined in Appendix A).
- The Home Health Aide, Nursing, and Respiratory Therapy forms differentiate between urban and rural areas. *For the purposes of these forms, 'urban' areas are defined as Maricopa and Pima counties, and 'rural' areas are the remainder of the State.*

Productivity and Other Factors

For many of these services, the Productivity and Other Factors form includes separate columns for staff delivering different services, with different qualifications, in different environments, and/or in different geographic areas. Specifically:

- The Therapies form differentiates between clinical and natural environments, between therapists and therapist assistants, and between geographic areas (Base, Tier 1, Tier 2, and Tier 3; defined in Appendix A).
- The Home Health Aide, Nursing, and Respiratory Therapy forms differentiate between urban and rural areas. *For the purposes of these forms, 'urban' areas are defined as Maricopa and Pima counties, and 'rural' areas are the remainder of the State.*
- The Nursing form further differentiates between Intermittent, Visit, and Continuous/Respite services, as well as between registered nurses (RNs) and licensed practical nurses (LPNs).

In this section, the second line number in each of the following descriptions refers to the Therapy schedule; the first number applies to each of the other services.

Agency Caseload and Service Design

- *Line 1/1* – Record the number of DDD individuals receiving the applicable service from your organization.
- *Line 2/2* – Input the average number of sessions seen per staff person per week.
- *Line 3/3* – Input the average number of hours each session lasts.
- *Line -/4 (Therapies only)* – For clinic-based services, record the average square footage of the program space, such as the office where members are seen and communal areas where services may be delivered. Do not include administrative space such as a reception area.

- *Line -/5 (Therapies only)* – For the square footage recorded in Line 4, report the operating cost per square foot.
- *Line -/6 (Therapies only)* – Report the length of time required to complete a billable evaluation.

Equipment and Supplies

- *Line 4/7* – Input the total cost of capital equipment directly related to service provision.
- *Line 5/8* – If applicable, input the average life in years of purchased equipment.
- *Line 6/9* – If equipment costs are noted in Line 4/7, list the types of equipment included in the expense.
- *Line 7/10* – Input the total cost of program supplies directly related to service provision.
- *Line 8/11* – If program supply costs are noted in Line 7/10, list the types of supplies included in the expense.

Staffing Pattern

This section requests information regarding the ‘typical’ week for the direct service staff.

- *Line 9/12* – Input the number of hours per week that a direct service staff person typically works.
- *Line 10/13* – The number of hours per week that a direct service staff person is engaged in service delivery. This line is automatically calculated by multiplying Line 2 (number of sessions per week) by Line 3 (number of hours per session).
- *Line 11/14* – Input the number of hours per week that a direct care staff person is participating in Individualized Support Plan (ISP) meetings.
- *Line 12/-* – Input the number of hours per week that a direct service staff person is participating in or completing assessments for which the member is not present.
- *Line 13/15* – Input the number of hours per week that a direct service staff person is traveling between individual visits.
- *Line 14/16* – Input the number of hours per week that a direct service staff person loses due to missed appointments. Do not include time that is redirected to another activity accounted for within this schedule. For example, if a consumer misses a four-hour appointment, it is unlikely that four hours is ‘lost’ because the staff person instead catches up on paperwork, is sent home, etc.
- *Line 15/17* – Input the number 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. Activities within recordkeeping may include compiling; session notes, quarterly reports; and incident reports.
- *Line 16/18* – Input the number of hours per week that a direct service 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. Do not include time spent on training programs.

- *Line -/19 Therapies only* – Input the number of hours per week that a direct service staff person consults with doctors, caregivers, teachers, and other service providers.
- *Lines 17-19/20-22* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 20/23* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 10/13 through 19/22 should be equal to the total number of hours worked noted in Line 9/12. If “No” appears in this line, review and revise the appropriate hours.
- *Line 21/24* – Record the number of miles per week that a direct service staff person travels between client sessions.
- *Line 22/-* – Record the number of miles per week that a direct service staff person travels while transporting clients.

Staff Training

- *Line 23/25* – Input the number of training hours that direct service staff receives during their first year with your organization.
- *Line 24/26* – Input the average number of training hours that direct service staff annually receives after their first year of employment.

Service Delivery Oversight/Supervision

- *Line -/25 (Therapies only)* – Input the average number of hours per month required for Direct Service performance supervision (or supervised). For example, for Therapists input the number of hours required by the Therapist to attend and oversee the provision of direct service by a Therapy Assistant or Intern. Conversely, for Therapy Assistants input the number of hours required for the individual to be supervised by a Therapists during the provision of direct service.

INDIVIDUAL SUPPORTED EMPLOYMENT

There are two worksheets for Individual Supported Employment: Staff Data, and Productivity and Other Factors.

Staff Data

The Staff Data forms for these services follow the general instructions discussed previously.

Productivity and Other Factors

The Individual Supported Employment form includes separate columns for programs delivered in urban and rural areas. *For the purposes of this form, 'urban' areas are defined as Maricopa and Pima counties, and 'rural' areas are the remainder of the State.*

The form further differentiates between staff providing Individual Supported Employment services and those staff providing Employment Aide service in an individual supported employment environment.

Agency Caseload and Service Design

- *Line 1* – Record the number of individuals receiving Individual Supported Employment from your organization.
- *Line 2* – Input the average number of client visits that a direct service staff person conducts per week.
- *Line 3* – Input the average number of hours that a client visit lasts.

Staffing Pattern

This section requests information regarding the 'typical' week for the direct service staff.

- *Line 4* – Input the number of hours per week that a direct service staff person typically works.
- *Line 5* – The number of hours per week that a direct service staff person is engaged in service delivery. This line is automatically calculated by multiplying Line 2 (number of visits per week) by Line 3 (number of hours per visit).
- *Line 6* – Input the number of hours per week that a direct care staff person is participating in Individualized Support Plan (ISP) meetings.
- *Line 7* – Input the number of hours per week that a direct service staff person completes or participates in member assessments at which the member is not present.
- *Line 8* – Input the number of hours per week that a direct service staff person is traveling between individual visits.
- *Line 9* – Input the number of hours per week that a direct service staff person loses due to missed appointments. Do not include time that is redirected to another activity accounted for within this schedule. For example, if a consumer misses a four-hour appointment, it is unlikely that four hours is 'lost' because the staff person instead catches up on paperwork, is sent home, etc.

- *Line 10* – Input the number 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. Do not include documentation associated with the completion of formal assessments.
- *Line 11* – Input the number of hours per week that a direct service 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. Do not include time spent on training programs.
- *Lines 12-14* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 15* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Line 5 through 14 should be equal to the total number of hours worked noted in Line 4. If “No” appears in this line, review and revise the appropriate hours.
- *Line 16* – Record the number of miles per week that a direct service staff person travels between client sessions.
- *Line 17* – Record the number of miles per week that a direct service staff person travels while transporting clients.

Staff Training

- *Line 18* – Input the number of training hours that direct service staff receive during their first year with your organization.
- *Line 19* – Input the average number of training hours that direct service staff annually receive after their first year of employment.

DAY TREATMENT AND TRAINING AND CENTER-BASED EMPLOYMENT

There are three worksheets for both Day Treatment and Training and Center-Based Employment: Staff Data, Productivity and Other Factors, and Group Details.

Staff Data

The Staff Data forms follow the general instructions discussed previously with the following exceptions related to the Allocation of Time section:

- The Day Treatment and Training form differentiates between Adult, Child-After School, and Child-Summer programs.
- The Center-Based Employment form includes separate columns for staff delivering Center-Based Employment services and those providing Employment Aide services in a center-based employment environment.

Productivity and Other Factors

These forms collect information on the operation of your organization's Day Treatment and Training or Center-Based Employment programs. For many of these services, the Productivity and Other Factors form includes separate columns for staff delivering different services, with different qualifications, and/or in different geographic areas. Specifically:

- Both the Day Treatment and Training and Center-Based Employment forms includes separate columns for programs delivered in 'urban' and 'rural' areas. *For the purposes of these forms, 'urban' areas are defined as Maricopa and Pima counties, and 'rural' areas are the remainder of the State.*
- The Day Treatment and Training form differentiates between Adult, Child-After School, and Child-Summer programs within each area.
- The Center-Based Employment form differentiates between staff providing Center-Based Employment services and those staff providing Employment Aide service in a Center-Based Employment environment.

When two line numbers are indicated, the first number refers to the Day Treatment and Training form and the second number refers to the Center-Based Employment form.

Agency Caseload

- *Line 1* – Record the number of individuals receiving Day Treatment and Training/ Center-Based Employment services from your organization.

Service Design

- *Line 2* – Input the number of days per year that program facilities are open and providing services.
- *Line 3* – Input the annual number of days that a typical individual attends the program.
- *Line 4* – Input the average number of hours per day the facility is open to provide services.
- *Line 5* – Input the number of hours per day that a typical individual receives services.

- *Line 6* – Input the total cost of program supplies for your organization’s most recently completed fiscal year. Supplies could include art supplies for a craft project in a Day Treatment and Training program. Do not include materials in Center-Based Employment programs that are part of a finished product. For example, if the program is producing widgets, the components of those widgets should not be reported here.
- *Line 7* – If program supply costs are noted in Line 6, list the types of supplies included in the expense.
- *Line 8/- (Day Treatment and Training only)* – Input the total cost of meals and snack for children’s day programs in your organization’s most recently completed fiscal year.
- *Line 9/- (Day Treatment and Training only)* – Using the drop-down list, indicate whether your organization charges members ‘activity fees’ to participate in certain activities.
- *Line 10/- (Day Treatment and Training only)* – If activity fees are assessed, indicate the average monthly per member fee.

Vehicles

- *Line 11/- (Day Treatment and Training only)* – Record the number of vehicles owned by your organization and utilized for Day Treatment and Training/Center-Based Employment services. If a vehicle is shared among program types – such as an Adult day program and a Children’s After School program – allocate the vehicles based on the number of consumers served. For example, if one vehicle typically transports two adults and four children for an after school program, report 0.33 vehicles for the Adult program and 0.67 vehicles for the Child-After School program.
- *Line 12/- (Day Treatment and Training only)* – Input the typical size of the vehicles, in terms of passengers, utilized for individuals’ transportation. For example, for a six-passenger van, you would input “6”.
- *Line 13/- (Day Treatment and Training only)* – As applicable, report the average purchase price of your organization’s vehicles.

Staffing Pattern

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 14/8* – Input the number of hours per week that a single staff person typically works.
- *Line 15/9* – Input the number of hours per week that a staff person is providing direct care.
- *Line 16/10* – Input the number of hours per week that a staff person is participating in Individualized Support Plan (ISP) meetings.
- *Line 17/11* - Input the number of hours per week that a staff person is participating in assessments.

- *Line 18/12* - Input the number of hours per week that a staff person is transporting individuals from and to their residence and to and from their activity. This figure should reflect the typical time a staff member spends transporting individuals to/from the program.
- *Line 19/13* - Input the number 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 20/14* – Input the number 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. Do not include time spent on training programs.
- *Line 21/15* - Input the number of hours per week that a direct service staff person is performing program development activities, such as developing community relationships to create opportunities for individuals.
- *Line 22/16* - Input the number of hours per week that a direct service staff person is engaged in set-up and clean-up activities that occur outside of the time when members are present.
- *Lines 23-24/17-18* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 25/19* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 15/9 through 24/18 should be equal to the total number of hours worked noted in Line 14/8. If “No” appears in this line, review and revise the appropriate hours.

Staff Training

- *Line 26/20* – Input the number of training hours that direct service staff persons receive during their first year with your organization.
- *Line 27/21* – Input the average number of training hours that direct service staff persons annually receive after their first year of employment.

Group Details

This form requests information related to each Day Treatment and Training and Center-Based Employment services site operated by your organization. The survey includes room for five sites. If your organization operates more sites, please copy and paste additional sites.

Location

- *Lines 1-2* – For each site, please provide the physical address.

Facilities

- *Line 3* – Input the square footage of the program space for that location.

- *Line 4* – Input the operating costs per square foot of each facility.

Vehicles (Day Treatment and Training only)

- *Line 5* – Input the number of vehicles used at each facility for Day Treatment and Training services. If a vehicle is shared among sites, allocate the vehicles based on the number of consumers served. For example, if one vehicle typically transports two members to Site 1 and four children to Site 2, report 0.33 vehicles for Site 1 and 0.67 vehicles for Site 2.
- *Line 6* – Input the total annual miles for all vehicles used at each facility.
- *Line 7* – Record the total annual miles for all vehicles used at each site to transport members to and from their homes. The sum of Lines 7 and 8 should equal Line 6.
- *Line 8* – Record the total annual miles for all vehicles used at each site for outings or transportation to and from the worksite. The sum of Lines 7 and 8 should equal Line 6.

Groups

- *Lines 9-18/5-14* – These lines are intended to provide information regarding the types of program provided and staffing ratios at each site. How this section is completed will depend on your organization's program design. If there are discrete groups at the site (i.e., the same members are together each day with the same number of staff), each group should be listed individually. If there are not discrete groups (e.g., the group in which a given member participates may change from day to day), your organization may only be able report information at the site level because there are not defined groups at the site. Individuals receiving one-on-one services should also be listed as a separate group. Your organization is encouraged to complete this section based on attendance records and timesheets from a recent month.

For day treatment and training only, start by selecting the type of group that is being reported (i.e., Adult, Child-After School, or Child-Summer). Then – for either the site overall or the defined groups at the site – report the number of consumers that are scheduled on average, average daily attendance, and the number of scheduled staff.

GROUP SUPPORTED EMPLOYMENT

There are three worksheets for Group Supported Employment services: Staff Data, Productivity and Group Details.

Staff Data

The Staff Data forms for Group Supported Employment follow the general instructions discussed previously except that the form includes separate columns for staff delivering Group Supported Employment services and those providing Employment Aide services in a group-based employment environment.

Productivity and Other Factors

The Group Supported Employment form includes separate columns for programs delivered in urban and rural areas. *For the purposes of these forms, 'urban' areas are defined as Maricopa and Pima counties, and 'rural' areas are the remainder of the State.*

The form further differentiates between staff providing Group Supported Employment services and those staff providing Employment Aide service in a group-based employment environment.

Agency Caseload

- *Line 1* – Record the number of individuals receiving Group Supported Employment from your organization.

Service Design

- *Line 2* – Input the average number of days per year that a typical individual attends the program.
- *Line 3* – Enter the average number of hours per day that a typical individual receives Group Supported Employment.

Vehicles

- *Line 4*– Report the total number of vehicles dedicated to Group Supported Employment.
- *Line 5*– Input the typical size of the vehicles, in terms of passengers. For example, for a six-passenger van, you would input “6”.
- *Line 6* – As applicable, report the average purchase price of the vehicles noted on Line 4.

Staffing Pattern

This section requests information regarding the ‘typical’ week for the direct service staff.

- *Line 7* – Input the number of hours per week that a direct service staff person typically works.
- *Line 8* – Input the number of hours per week that a direct service staff person is engaged in service delivery.
- *Line 9* – Input the number of hours per week that a direct care staff person is participating in Individualized Support Plan (ISP) meetings.

- *Line 10* – Input the number of hours per week that a direct service staff person participates in client assessments.
- *Line 11* – Input the number of hours per week that a direct service staff person is transporting individuals to and from their residence.
- *Line 12* – Input the number 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. Do not include documentation associated with the completion of formal assessments.
- *Line 13* – Input the number of hours per week that a direct service 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. Do not include time spent on training programs.
- *Line 14* – Input the number of hours per week that a direct service staff person is performing program development activities, such as developing community relationships to create opportunities for individuals.
- *Line 15* – Input the number of hours per week that a direct service staff person is engaged in set-up and clean-up activities.
- *Lines 16-17* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 18* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 8 through 17 should be equal to the total number of hours worked noted in Line 7. If “No” appears in this line, review and revise the appropriate hours.

Staff Training

- *Line 19* – Input the number of general training hours that direct service staff receive during their first year with your organization.
- *Line 20* – Input the average number of training hours that direct service staff annually receive after their first year of employment.

Group Details

This form requests information related to each Group Supported Employment services site operated by your organization. The survey includes room for five sites. If your organization operates more sites, please copy and paste additional sites.

Location

- *Lines 1-2* – For each group, please provide the physical address.
- *Line 3* – Enter a brief description of the program such as the type of work performed and for whom the work is done.

Vehicles

- *Line 4* – Input the number of vehicles used for each site. If a vehicle is shared among sites, allocate the vehicles based on the number of consumers served. For example, if one vehicle typically transports two members to Site 1 and four children to Site 2, report 0.33 vehicles for Site 1 and 0.67 vehicles for Site 2.
- *Line 5* – Input the total annual miles for all vehicles used at each facility.
- *Line 6* – Input the total annual miles associated with transporting consumers to and from their home to and from the employment center, as applicable. Specifically, this line should include miles associated with Transportation (TRE) billing.
- *Line 7* – Input the total annual miles traveled to take consumers to and from their worksite. This should not include any miles associated with trips for which Transportation (TRE) is billed.

Note: The sum of Lines 6 and 7 should be equal to the total reported in Line 5.

Groups

- *Lines 8-17* – These lines are intended to provide information regarding the types of program provided and staffing ratios at each site. How this section is completed will depend on your organization's program design. If there are discrete groups at the site (i.e., the same members are together each day with the same number of staff), each group should be listed individually. If there are not discrete groups (e.g., the group in which a given member participates may change from day to day), your organization may only be able report information at the site level because there are not defined groups at the site. Individuals receiving one-on-one services should also be listed as a separate group. Your organization is encouraged to complete this section based on attendance records and timesheets from a recent month.

For either the site overall or the defined groups at the site – report the number of consumers that are scheduled on average, average daily attendance, and the number of scheduled staff.

DEVELOPMENTAL HOME

There are three worksheets for Developmental Homes: Staff Data, Productivity, and Other Factors and Developmental Home Detail. Throughout these schedules, ADH refers to Developmental Homes with adult placements (18 and over), while CDH refers to Developmental Homes with child placements (under 18).

Staff Data

The Staff Data form for Developmental Homes follows the general instructions discussed previously with one exception:

- Within the Allocation of Time section, the form separately asks for time related to recruitment, licensure, training and placement versus time related to supervision of Developmental Home Family Living providers.

This form should be used only for staff who support Developmental Home providers; do not include the home providers themselves.

Productivity and Other Factors

This form collects information on your organization's Developmental Home services.

Home Characteristics

- *Line 1* – Record the number of Developmental Home providers contracting with your agency.
- *Line 2* – Input the number of Developmental Home placements with your agency.

Cost to Recruit and Train

- *Line 3* – Input the average number of staff hours required to recruit, license, and train a Developmental Home prior to placing a consumer in the home.
- *Lines 4-5* – Briefly describe any non-staff expenses associated with recruiting, licensing, and training a Developmental Home prior to placing a consumer in the home, and record the associated cost.
- *Line 6* – Record the number of Developmental Home contracting with your agency that received State licensure for the first time in 2012. This would not include homes that transferred to your agency, but had been providing Developmental Home services under contract with another agency prior to 2012.

Training, Supervision, and Supports for Family Living Homes

- *Line 7* – Report the average caseload for Developmental Home supervisors.
- *Line 8* – Report the average number of supervision visits that a Developmental Home receives annually.
- *Line 9* – Input the average number of hours that a supervision visit lasts.
- *Line 10* – Record the average distance traveled for a supervision visit.

- *Line 11* – Input the average number of annual on-going training hours that your organization delivers to Developmental Home providers. This should include only formal training, and not, for example, instruction provided during a supervision visit. Do not include training associated with initial licensure.
- *Line 12* – Report the percentage of training sessions that are provided to a group of Developmental Home providers (e.g., multiple providers participating in a training session at your organization’s facility) compared to individual training sessions (e.g., delivered in the Developmental Home provider’s home).
- *Line 13* – As applicable, report the average number of Developmental Home providers that participate in a group training session.

Staffing Pattern for a Developmental Home Supervisor/ Trainer

These two sections request information regarding the ‘typical’ week for a Developmental Home Supervisor and Trainer, respectively. The survey lists a number of activities and asks how many hours per week a typical staff person is engaged in each.

- *Line 14/26* – Input the number of hours per week that a single supervisor/ trainer typically works.
- *Line 15/27* – This line should reflect the number of hours per week that a supervisor/ trainer is engaged in supervision/ training services.
- *Line 16 (supervisors only)* – Input the number of hours per week that a supervisor is participating in Individualized Support Plan (ISP) meetings.
- *Line 17 (supervisors only)* – Input the number of hours per week that a supervisor is participating in client assessments for which the member is not present.
- *Line 18/28* – Input the number of hours per week that a supervisor/ trainer is traveling between supervision visits/ training sessions.
- *Line 19/29* – Input the number of hours per week that a supervisor/ trainer loses due to missed appointments (i.e., time that is not replaced by other activities).
- *Line 20/30* – Input the number of hours per week that a supervisor/ trainer spends on recordkeeping activities, other than documentation that occurs during the course of a supervision visit or training session. Do not include documentation associated with the completion of formal assessments.
- *Line 21/31* – Input the number of hours per week that a supervisor/ trainer 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. Do not include time spent on training programs.
- *Lines 22-24/32-34* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 25/35* – These lines calculate whether all staff hours have been allocated; the sum of the activities listed in Lines 15/27 through 24/34 should be equal to the total number of

hours worked noted in Line 14/26. If “No” appears in this line, review and revise the appropriate hours.

Staff Training

The following questions relate to agency staff only, do not include Developmental Homes.

- *Line 36* – Input the number training hours that supervisors/ trainers receive during their first year with your organization.
- *Line 37* – Input the average number of training hours that supervisors/ trainers annually receive after their first year of employment.

Developmental Home Details

This worksheet requests information related to the Developmental Homes contracting with your agency and the individuals residing in each residence. The survey includes room for seven residences. If your organization offers more than that, please copy and paste additional homes.

If your organization already has all of the information requested on this form in an alternative format, this may be submitted in lieu of completing the form.

Complete the form for those homes contracting with your organization and members in those homes as of December 31, 2012. When information is requested for ‘last year’, report information for calendar year 2012.

Home Details

- *Lines 1-2* – Input the address for each developmental home.
- *Line 3* – Record the number of years that the home has been contracting with your agency.

Residents

- *Lines 4a-4c* – Input the ID number of each member residing in the home, the number of days that the member was in the home last year, the number of days he/she was absent last year due to hospitalization or for any other reason, the monthly payment made for the member (excluding room and board), the room and board payment made for the member, and the number of respite hours provided by your agency for the member.

Home Specific Data

For obtaining information related to room and board costs for individuals placed within an ADH or CDH a separate tool has been included as Appendix B. Please print the Appendix and distribute to Developmental Homes. If your organization chooses not to distribute the tool to all Developmental Home Family providers, please ensure that those receiving the tool would be representative of your service area (ADH/ CDH and geographical).

Please have the Developmental Home Family providers complete the tool and return it either (a) to your organization or (b) directly to B&A via fax to 602.241.8529. Any completed tools that are returned to your organization can be submitted to B&A as above.

GROUP HOME

There are three worksheets for Group Home: Staff Data, Productivity and Other Factors, and Group Home Detail.

Staff Data

The Staff Data form for Group Home follows the general instructions discussed previously.

Productivity and Other Factors

This form collects information on the operation of your organization's Group Homes.

Home Characteristics

- *Line 1* – Record the number of Group Homes operated by your agency.
- *Line 2* – Record the number of Group Home coordinators employed by your agency. These are staff that oversee and visit the homes, but do not typically provide direct care.
- *Line 3* – Indicate the average number of homes for which a coordinator is responsible.
- *Line 4* – Using the drop-down list, indicate whether any residents of your agency's Group Homes receive supplemental nutrition assistance program benefits (SNAP, formerly named food stamps).
- *Line 5* – If there are residents in your agency's Group Homes enrolled in SNAP, input the percentage of all members that are receiving this benefit.
- *Line 6* – Input the average number of days per month that residents are absent due to hospitalization, vacation, or other reasons.
- *Line 7* – Input the average number of days per home per year in which there are no residents in the home ('zero occupancy days').

Activities Outside the Home

- *Line 8* – Indicate the percentage of individuals that regularly participate (at least one day per week) in activities (e.g., a day treatment and training program) outside of the residence.
- *Line 9* – For individuals participating in activities, indicate the average number of days per week that they participate in such activities.
- *Line 10* – For individuals participating in activities, indicate the average number of hours per day that they participate in such activities.

Staffing Pattern

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 11* – Input the number of hours per week that a single staff person typically works.

- *Line 12* – Input the number of hours per week that a staff person is providing direct care. This should reflect all of the hours that a staff person works that are accounted for within the ‘HAB matrix’.
- *Line 13* – Input the number 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. Do not include time spent on training programs or any hours accounted for within the ‘HAB matrix’.
- *Lines 14-16* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity. Any hours represented in these lines should not be accounted for within the ‘HAB matrix’.
- *Line 17* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 12 through 16 should be equal to the total number of hours worked noted in Line 11. If “No” appears in this line, review and revise the appropriate hours.

Staff Training

- *Line 18* – Input the number of training hours that direct service staff receive during their first year with your organization.
- *Line 19* – Input the average number of training hours that direct service staff annually receive after the first year of employment.

Group Home Detail

This worksheet requests information related to group homes operated by your agency and the individuals residing in each residence. The survey includes room for nine homes. If your organization offers more than that, please copy and paste additional homes.

If your organization already has all of the information requested on this form in an alternative format, this may be submitted in lieu of completing the form.

Resident Information

- *Lines 1-2* – Input the address for each group home residence.
- *Line 3* – From the dropdown menu, select which the type of home (Group Home/Community Protection/Nursing Supported)
- *Line 4* – Input the number of bedrooms in each home.
- *Line 5* – Input the annual rental/mortgage cost for each home.
- *Line 6* – Input the annual food costs associated with each home.
- *Line 7* – Input the annual household consumables cost for each home. Such costs could include personal hygiene supplies, cleaning supplies, etc.
- *Line 8* – Input the annual utility/telephone costs associated with each home.

- *Line 9* – Input the annual maintenance costs, such as landscaping and pest control, associated with each home.
- *Lines 10a-10f* – For each home, list the consumers currently residing there by their ID number (do not include names). Then, for each consumer:
 - As applicable, report the following annual costs for each resident:
 - Incontinence supplies
 - Nutritional supplements
 - As applicable, use the drop-down list to report whether each resident has or requires:
 - A behavior treatment plan
 - A wheelchair
 - Feeding tubes and/or catheters
 - Interpretive service (e.g., sign language)

Staff Matrix Range

- *Line 11* – Input the approved Habilitation, Group Home staff matrix range (e.g. 14) for the home as of the end of the reporting period.

Vehicles

- *Line 12* – Input the number of vehicles that are available at each location.
- *Line 13* – Input the acquisition cost for all vehicles that are that are reported on Line 11.
- *Line 14* – Input the cost to perform annual maintenance and repairs for all vehicles reported on Line 11.
- *Line 15* – Input the cost to insure all vehicles that are that are reported on Line 11.
- *Line 16* – Input the total annual miles driven for all vehicles at each home.

TRANSPORTATION SERVICES

There are two worksheets for Transportation Services: Staff Data, and Productivity and Other Factors. The sheets do not differentiate between TRA and TRE so combined information for both services should be reported.

Staff Data

The Staff Data forms for these services follow the general instructions discussed previously.

Productivity and Other Factors

The form includes separate columns for programs delivered in urban and rural areas. *For the purposes of these forms, 'urban' areas are defined as Maricopa and Pima counties, and 'rural' areas are the remainder of the State.*

Agency Caseload and Service Design

- *Line 1* – Record the number of individuals who receive billable Transportation services (i.e., TRA or TRE) from your agency.
- *Line 2* – Of the individuals who receive Transportation services, report the number who require a wheelchair.
- *Line 3* – Record the number of one-way routes completed per vehicle per day. A one-way route should be defined as picking up some number of consumers and then dropping them off at their destination. For example, a van that picks up six consumers from six different homes and then drops four of them off at their day program and two off at their employment program would have completed a single one-way route.
- *Line 4* – Report the average number of hours to complete a one-way route. Specifically, report the time between the first pick-up and the final drop-off. Using the example described in the Line 3 description above, the time would start when the first of the six consumers is picked-up and ends when the two consumers are dropped off at their employment program.
- *Line 5* – Report the average number of clients transported on a one-way route. In the example from the Line 3 description above, the response would be “6”.

Vehicles

- *Line 6* – Input the number of vehicles owned or leased by your organization that are used to provide billable Transportation services.
- *Line 7* – Report the number of vehicles that are typically operated with a single staff person (i.e., there is only a driver).
- *Line 8* – Report the number of vehicles that are typically operated with two staff persons (i.e., there is a driver and an aide).
- *Line 9* – Record the average number of annual miles traveled per vehicle. This should only include miles associated with taking consumers to and from their homes (e.g., TRA

and TRE services). Do not include mileage associated with other transportation, such as in-program trips.

- *Line 10* – Report the typical size – in terms of the number of passengers (e.g., for a 15-passenger van, record “15”) – for the vehicles reported on Line 6.
- *Line 11* – Report the average purchase price of the vehicles reported on Line 6.
- *Line 12* – Input the cost to perform annual maintenance and repairs for all vehicles reported on Line 6.
- *Line 13* – Input the cost to insure all vehicles that are that are reported on Line 6.

Staffing Pattern

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

- *Line 14* – Input the number of hours per week that a single staff person typically works.
- *Line 15* – Input the number of hours per week that a single staff person typically provides Transportation services.
- *Line 16* – Input the number of hours per week that a staff person is providing direct care other than Transportation services. For example, the staff person may also provide Day Treatment services.
- *Line 17* – Input the number 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. Do not include time spent on training programs.
- *Line 18-20* – If there are activities that are part of a staff person’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a staff person typically spends in that activity.
- *Line 21* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 15 through 20 should be equal to the total number of hours worked noted in Line 14. If “No” appears in this line, review and revise the appropriate hours.

Staff Training

- *Line 22* – Input the number of training hours that direct service staff receive during their first year with your organization.
- *Line 23* – Input the average number of training hours that direct service staff annually receive after the first year of employment.

Listing of Tier assignment by Zip Code
 Ascending by Zip Code

ZIP	City	St	County	Tier
85001	Phoenix	AZ	Maricopa	Base Rate
85002	Phoenix	AZ	Maricopa	Base Rate
85003	Phoenix	AZ	Maricopa	Base Rate
85004	Phoenix	AZ	Maricopa	Base Rate
85005	Phoenix	AZ	Maricopa	Base Rate
85006	Phoenix	AZ	Maricopa	Base Rate
85007	Phoenix	AZ	Maricopa	Base Rate
85008	Phoenix	AZ	Maricopa	Base Rate
85009	Phoenix	AZ	Maricopa	Base Rate
85012	Phoenix	AZ	Maricopa	Base Rate
85013	Phoenix	AZ	Maricopa	Base Rate
85014	Phoenix	AZ	Maricopa	Base Rate
85015	Phoenix	AZ	Maricopa	Base Rate
85016	Phoenix	AZ	Maricopa	Base Rate
85017	Phoenix	AZ	Maricopa	Base Rate
85018	Phoenix	AZ	Maricopa	Base Rate
85019	Phoenix	AZ	Maricopa	Base Rate
85020	Phoenix	AZ	Maricopa	Base Rate
85021	Phoenix	AZ	Maricopa	Base Rate
85022	Phoenix	AZ	Maricopa	Base Rate
85023	Phoenix	AZ	Maricopa	Base Rate
85024	Phoenix	AZ	Maricopa	Base Rate
85027	Phoenix	AZ	Maricopa	Base Rate
85028	Phoenix	AZ	Maricopa	Base Rate
85029	Phoenix	AZ	Maricopa	Base Rate
85031	Phoenix	AZ	Maricopa	Base Rate
85032	Phoenix	AZ	Maricopa	Base Rate
85033	Phoenix	AZ	Maricopa	Base Rate
85034	Phoenix	AZ	Maricopa	Base Rate
85035	Phoenix	AZ	Maricopa	Base Rate
85036	Phoenix	AZ	Maricopa	Base Rate
85037	Phoenix	AZ	Maricopa	Base Rate
85039	Phoenix	AZ	Maricopa	Base Rate
85040	Phoenix	AZ	Maricopa	Base Rate
85041	Phoenix	AZ	Maricopa	Base Rate
85042	Phoenix	AZ	Maricopa	Base Rate
85043	Phoenix	AZ	Maricopa	Base Rate
85044	Phoenix	AZ	Maricopa	Base Rate
85045	Phoenix	AZ	Maricopa	Base Rate
85048	Phoenix	AZ	Maricopa	Base Rate

ZIP	City	St	County	Tier
85050	Phoenix	AZ	Maricopa	Base Rate
85051	Phoenix	AZ	Maricopa	Base Rate
85053	Phoenix	AZ	Maricopa	Base Rate
85054	Phoenix	AZ	Maricopa	Base Rate
85063	Phoenix	AZ	Maricopa	Base Rate
85064	Phoenix	AZ	Maricopa	Base Rate
85066	Phoenix	AZ	Maricopa	Base Rate
85068	Phoenix	AZ	Maricopa	Base Rate
85069	Phoenix	AZ	Maricopa	Base Rate
85071	Phoenix	AZ	Maricopa	Base Rate
85072	Phoenix	AZ	Maricopa	Base Rate
85074	Phoenix	AZ	Maricopa	Base Rate
85075	Phoenix	AZ	Maricopa	Base Rate
85076	Phoenix	AZ	Maricopa	Base Rate
85083	Phoenix	AZ	Maricopa	Base Rate
85085	Phoenix	AZ	Maricopa	Base Rate
85086	Phoenix	AZ	Maricopa	Base Rate
85087	New River	AZ	Maricopa	Tier 1
85201	Mesa	AZ	Maricopa	Base Rate
85202	Mesa	AZ	Maricopa	Base Rate
85203	Mesa	AZ	Maricopa	Base Rate
85204	Mesa	AZ	Maricopa	Base Rate
85205	Mesa	AZ	Maricopa	Base Rate
85206	Mesa	AZ	Maricopa	Base Rate
85207	Mesa	AZ	Maricopa	Base Rate
85208	Mesa	AZ	Maricopa	Base Rate
85209	Mesa	AZ	Maricopa	Base Rate
85210	Mesa	AZ	Maricopa	Base Rate
85211	Mesa	AZ	Maricopa	Base Rate
85212	Mesa	AZ	Maricopa	Base Rate
85213	Mesa	AZ	Maricopa	Base Rate
85214	Mesa	AZ	Maricopa	Base Rate
85215	Mesa	AZ	Maricopa	Tier 1
85216	Mesa	AZ	Maricopa	Base Rate
85217	Apache Junction	AZ	Pinal	Tier 1
85218	Apache Junction	AZ	Pinal	Tier 1
85219	Apache Junction	AZ	Pinal	Tier 1
85220	Apache Junction	AZ	Pinal	Tier 1
85221	Bapchule	AZ	Pinal	Tier 2
85222	Casa Grande	AZ	Pinal	Tier 2
85223	Arizona City	AZ	Pinal	Tier 2
85224	Chandler	AZ	Maricopa	Base Rate
85225	Chandler	AZ	Maricopa	Base Rate
85226	Chandler	AZ	Maricopa	Base Rate
85227	Chandler Heights	AZ	Maricopa	Base Rate

ZIP	City	St	County	Tier
85228	Coolidge	AZ	Pinal	Tier 2
85230	Casa Grande	AZ	Pinal	Tier 2
85231	Eloy	AZ	Pinal	Tier 2
85232	Florence	AZ	Pinal	Tier 2
85233	Gilbert	AZ	Maricopa	Base Rate
85234	Gilbert	AZ	Maricopa	Base Rate
85235	Hayden	AZ	Pinal	Tier 3
85236	Higley	AZ	Maricopa	Base Rate
85237	Kearny	AZ	Pinal	Tier 2
85238	Maricopa	AZ	Pinal	Tier 2
85239	Maricopa	AZ	Pinal	Tier 2
85240	Queen Creek	AZ	Maricopa	Tier 1
85241	Picacho	AZ	Pinal	Tier 2
85242	Queen Creek	AZ	Maricopa	Tier 1
85243	Queen Creek	AZ	Maricopa	Tier 1
85244	Chandler	AZ	Maricopa	Base Rate
85245	Red Rock	AZ	Pinal	Tier 2
85246	Chandler	AZ	Maricopa	Base Rate
85247	Sacaton	AZ	Pinal	Tier 2
85248	Chandler	AZ	Maricopa	Base Rate
85249	Chandler	AZ	Maricopa	Base Rate
85250	Scottsdale	AZ	Maricopa	Base Rate
85251	Scottsdale	AZ	Maricopa	Base Rate
85253	Paradise Valley	AZ	Maricopa	Base Rate
85254	Scottsdale	AZ	Maricopa	Base Rate
85255	Scottsdale	AZ	Maricopa	Base Rate
85256	Scottsdale	AZ	Maricopa	Base Rate
85257	Scottsdale	AZ	Maricopa	Base Rate
85258	Scottsdale	AZ	Maricopa	Base Rate
85259	Scottsdale	AZ	Maricopa	Base Rate
85260	Scottsdale	AZ	Maricopa	Base Rate
85262	Scottsdale	AZ	Maricopa	Base Rate
85263	Rio Verde	AZ	Maricopa	Base Rate
85264	Fort McDowell	AZ	Maricopa	Base Rate
85266	Scottsdale	AZ	Maricopa	Base Rate
85267	Scottsdale	AZ	Maricopa	Base Rate
85268	Fountain Hills	AZ	Maricopa	Base Rate
85269	Fountain Hills	AZ	Maricopa	Base Rate
85271	Scottsdale	AZ	Maricopa	Base Rate
85272	Stanfield	AZ	Pinal	Tier 2
85273	Superior	AZ	Pinal	Tier 3
85277	Mesa	AZ	Maricopa	Base Rate
85278	Apache Junction	AZ	Maricopa	Tier 1
85279	Florence	AZ	Pinal	Tier 2
85280	Tempe	AZ	Maricopa	Base Rate

ZIP	City	St	County	Tier
85281	Tempe	AZ	Maricopa	Base Rate
85282	Tempe	AZ	Maricopa	Base Rate
85283	Tempe	AZ	Maricopa	Base Rate
85284	Tempe	AZ	Maricopa	Base Rate
85285	Tempe	AZ	Maricopa	Base Rate
85286	Chandler	AZ	Maricopa	Base Rate
85291	Valley Farms	AZ	Pinal	Tier 2
85292	Winkelman	AZ	Gila	Tier 3
85295	Gilbert	AZ	Maricopa	Base Rate
85296	Gilbert	AZ	Maricopa	Base Rate
85297	Gilbert	AZ	Maricopa	Base Rate
85298	Gilbert	AZ	Maricopa	Base Rate
85299	Gilbert	AZ	Maricopa	Base Rate
85301	Glendale	AZ	Maricopa	Base Rate
85302	Glendale	AZ	Maricopa	Base Rate
85303	Glendale	AZ	Maricopa	Base Rate
85304	Glendale	AZ	Maricopa	Base Rate
85305	Glendale	AZ	Maricopa	Base Rate
85306	Glendale	AZ	Maricopa	Base Rate
85307	Glendale	AZ	Maricopa	Base Rate
85308	Glendale	AZ	Maricopa	Base Rate
85309	Luke AFB	AZ	Maricopa	Base Rate
85310	Glendale	AZ	Maricopa	Base Rate
85311	Glendale	AZ	Maricopa	Base Rate
85312	Glendale	AZ	Maricopa	Base Rate
85318	Glendale	AZ	Maricopa	Base Rate
85320	Aguila	AZ	Maricopa	Tier 1
85321	Ajo	AZ	Pima	Tier 3
85322	Arlington	AZ	Maricopa	Tier 1
85323	Avondale	AZ	Maricopa	Base Rate
85324	Black Canyon City	AZ	Yavapai	Tier 2
85325	Bouse	AZ	La Paz	Tier 2
85326	Buckeye	AZ	Maricopa	Tier 1
85327	Cave Creek	AZ	Maricopa	Base Rate
85328	Cibola	AZ	La Paz	Tier 2
85329	Cashion	AZ	Maricopa	Base Rate
85331	Cave Creek	AZ	Maricopa	Base Rate
85332	Congress	AZ	Yavapai	Tier 2
85333	Dateland	AZ	Yuma	Tier 3
85335	El Mirage	AZ	Maricopa	Base Rate
85336	Gadsden	AZ	Yuma	Tier 2
85337	Gila Bend	AZ	Maricopa	Tier 1
85338	Goodyear	AZ	Maricopa	Base Rate
85339	Laveen	AZ	Maricopa	Base Rate
85340	Litchfield Park	AZ	Maricopa	Base Rate

ZIP	City	St	County	Tier
85341	Lukeville	AZ	Pima	Base Rate
85342	Morristown	AZ	Maricopa	Tier 1
85343	Palo Verde	AZ	Maricopa	Tier 1
85344	Parker	AZ	La Paz	Tier 2
85345	Peoria	AZ	Maricopa	Base Rate
85346	Quartzite	AZ	La Paz	Tier 2
85347	Roll	AZ	Yuma	Tier 2
85348	Salome	AZ	La Paz	Tier 2
85349	San Luis	AZ	Yuma	Tier 3
85350	Somerton	AZ	Yuma	Tier 3
85351	Sun City	AZ	Maricopa	Base Rate
85352	Tacna	AZ	Yuma	Tier 3
85353	Tolleson	AZ	Maricopa	Base Rate
85354	Tonopah	AZ	Maricopa	Tier 1
85355	Waddell	AZ	Maricopa	Base Rate
85356	Wellton	AZ	Yuma	Tier 3
85357	Wenden	AZ	La Paz	Tier 2
85358	Wickenburg	AZ	Maricopa	Tier 1
85359	Quartzite	AZ	La Paz	Tier 2
85360	Wikieup	AZ	Mohave	Tier 3
85361	Wittmann	AZ	Maricopa	Tier 1
85362	Yarnell	AZ	Yavapai	Tier 2
85363	Youngtown	AZ	Maricopa	Base Rate
85364	Yuma	AZ	Yuma	Tier 3
85365	Yuma	AZ	Yuma	Tier 3
85366	Yuma	AZ	Yuma	Tier 3
85367	Yuma	AZ	Yuma	Tier 3
85371	Poston	AZ	La Paz	Tier 2
85373	Sun City	AZ	Maricopa	Base Rate
85374	Surprise	AZ	Maricopa	Base Rate
85375	Sun City West	AZ	Maricopa	Base Rate
85376	Sun City West	AZ	Maricopa	Base Rate
85377	Carefree	AZ	Maricopa	Base Rate
85379	Surprise	AZ	Maricopa	Base Rate
85380	Peoria	AZ	Maricopa	Base Rate
85381	Peoria	AZ	Maricopa	Base Rate
85382	Peoria	AZ	Maricopa	Base Rate
85383	Peoria	AZ	Maricopa	Base Rate
85385	Peoria	AZ	Maricopa	Base Rate
85387	Surprise	AZ	Maricopa	Base Rate
85388	Surprise	AZ	Maricopa	Base Rate
85390	Wickenburg	AZ	Maricopa	Tier 1
85392	Avondale	AZ	Maricopa	Base Rate
85395	Goodyear	AZ	Maricopa	Base Rate
85396	Buckeye	AZ	Maricopa	Tier 1

ZIP	City	St	County	Tier
85501	Globe	AZ	Gila	Tier 3
85502	Globe	AZ	Gila	Tier 3
85530	Bylas	AZ	Graham	Tier 3
85531	Central	AZ	Graham	Tier 3
85532	Claypool	AZ	Gila	Tier 3
85533	Clifton	AZ	Greenlee	Tier 3
85534	Duncan	AZ	Greenlee	Tier 3
85535	Eden	AZ	Graham	Tier 3
85536	Fort Thomas	AZ	Graham	Tier 3
85539	Miami	AZ	Gila	Tier 3
85540	Morenci	AZ	Greenlee	Tier 3
85541	Payson	AZ	Gila	Tier 2
85542	Peridot	AZ	Gila	Tier 3
85543	Pima	AZ	Graham	Tier 3
85544	Pine	AZ	Gila	Tier 2
85545	Roosevelt	AZ	Gila	Tier 3
85546	Safford	AZ	Graham	Tier 3
85547	Payson	AZ	Gila	Tier 2
85548	Safford	AZ	Graham	Tier 3
85550	San Carlos	AZ	Gila	Tier 3
85551	Solomon	AZ	Graham	Tier 3
85552	Thatcher	AZ	Graham	Tier 3
85553	Tonto Basin	AZ	Gila	Tier 2
85601	Arivaca	AZ	Pima	Tier 2
85602	Benson	AZ	Cochise	Tier 2
85603	Bisbee	AZ	Cochise	Tier 2
85605	Bowie	AZ	Cochise	Tier 2
85606	Cochise	AZ	Cochise	Tier 2
85607	Douglas	AZ	Cochise	Tier 3
85608	Douglas	AZ	Cochise	Tier 3
85610	Elfrida	AZ	Cochise	Tier 3
85611	Elgin	AZ	Santa Cruz	Tier 2
85613	Fort Huachuca	AZ	Cochise	Base Rate
85614	Green Valley	AZ	Pima	Tier 2
85615	Hereford	AZ	Cochise	Tier 2
85616	Huachuca City	AZ	Cochise	Tier 2
85617	Mc Neal	AZ	Cochise	Tier 3
85618	Mammoth	AZ	Pinal	Tier 3
85619	Mount Lemmon	AZ	Pima	Base Rate
85620	Naco	AZ	Cochise	Tier 2
85621	Nogales	AZ	Santa Cruz	Tier 2
85622	Green Valley	AZ	Pima	Base Rate
85623	Oracle	AZ	Pinal	Tier 3
85624	Patagonia	AZ	Santa Cruz	Tier 2
85625	Pearce	AZ	Cochise	Tier 2

ZIP	City	St	County	Tier
85626	Pirtleville	AZ	Cochise	Tier 2
85627	Pomerene	AZ	Cochise	Tier 2
85628	Nogales	AZ	Santa Cruz	Tier 2
85629	Sahuartia	AZ	Pima	Base Rate
85630	Saint David	AZ	Cochise	Tier 3
85631	San Manuel	AZ	Pinal	Tier 3
85632	San Simon	AZ	Cochise	Tier 2
85634	Sells	AZ	Pima	Tier 3
85635	Sierra Vista	AZ	Cochise	Tier 3
85636	Sierra Vista	AZ	Cochise	Tier 2
85637	Sonoita	AZ	Santa Cruz	Tier 2
85638	Tombstone	AZ	Cochise	Tier 3
85639	Topawa	AZ	Pima	Tier 2
85640	Tumacacori	AZ	Santa Cruz	Tier 2
85641	Vail	AZ	Pima	Base Rate
85643	Willcox	AZ	Cochise	Tier 2
85645	Amado	AZ	Santa Cruz	Tier 2
85646	Tubac	AZ	Santa Cruz	Tier 2
85648	Rio Rico	AZ	Santa Cruz	Tier 3
85650	Sierra Vista	AZ	Cochise	Base Rate
85652	Cortaro	AZ	Pima	Base Rate
85653	Marana	AZ	Pima	Base Rate
85670	Fort Huachuca	AZ	Cochise	Base Rate
85701	Tucson	AZ	Pima	Base Rate
85702	Tucson	AZ	Pima	Base Rate
85703	Tucson	AZ	Pima	Base Rate
85704	Tucson	AZ	Pima	Base Rate
85705	Tucson	AZ	Pima	Base Rate
85706	Tucson	AZ	Pima	Base Rate
85707	Tucson	AZ	Pima	Base Rate
85708	Tucson	AZ	Pima	Base Rate
85710	Tucson	AZ	Pima	Base Rate
85711	Tucson	AZ	Pima	Base Rate
85712	Tucson	AZ	Pima	Base Rate
85713	Tucson	AZ	Pima	Base Rate
85714	Tucson	AZ	Pima	Base Rate
85715	Tucson	AZ	Pima	Base Rate
85716	Tucson	AZ	Pima	Base Rate
85717	Tucson	AZ	Pima	Base Rate
85718	Tucson	AZ	Pima	Base Rate
85719	Tucson	AZ	Pima	Base Rate
85724	Tucson	AZ	Pima	Base Rate
85726	Tucson	AZ	Pima	Base Rate
85728	Tucson	AZ	Pima	Base Rate
85730	Tucson	AZ	Pima	Base Rate

ZIP	City	St	County	Tier
85731	Tucson	AZ	Pima	Base Rate
85732	Tucson	AZ	Pima	Base Rate
85733	Tucson	AZ	Pima	Base Rate
85734	Tucson	AZ	Pima	Base Rate
85735	Tucson	AZ	Pima	Base Rate
85736	Tucson	AZ	Pima	Base Rate
85737	Tucson	AZ	Pima	Base Rate
85739	Tucson	AZ	Pima	Base Rate
85740	Tucson	AZ	Pima	Base Rate
85741	Tucson	AZ	Pima	Base Rate
85742	Tucson	AZ	Pima	Base Rate
85743	Tucson	AZ	Pima	Base Rate
85745	Tucson	AZ	Pima	Base Rate
85746	Tucson	AZ	Pima	Base Rate
85747	Tucson	AZ	Pima	Base Rate
85748	Tucson	AZ	Pima	Base Rate
85749	Tucson	AZ	Pima	Base Rate
85750	Tucson	AZ	Pima	Base Rate
85751	Tucson	AZ	Pima	Base Rate
85752	Tucson	AZ	Pima	Base Rate
85755	Tucson	AZ	Pima	Base Rate
85757	Tucson	AZ	Pima	Base Rate
85901	Show Low	AZ	Navajo	Tier 3
85902	Show Low	AZ	Navajo	Tier 3
85911	Cibecue	AZ	Navajo	Tier 3
85912	White Mountain Lake	AZ	Navajo	Tier 3
85920	Alpine	AZ	Apache	Tier 3
85922	Blue	AZ	Greenlee	Tier 3
85923	Clay Springs	AZ	Navajo	Tier 3
85924	Concho	AZ	Apache	Tier 3
85925	Eagar	AZ	Apache	Tier 3
85926	Fort Apache	AZ	Navajo	Tier 3
85927	Greer	AZ	Apache	Tier 3
85928	Heber	AZ	Navajo	Tier 3
85929	Lakeside	AZ	Navajo	Tier 3
85930	McNary	AZ	Apache	Tier 3
85932	Nutriosio	AZ	Apache	Tier 3
85933	Overgaard	AZ	Navajo	Tier 3
85934	Pinedale	AZ	Navajo	Tier 3
85935	Pinetop	AZ	Navajo	Tier 3
85936	Saint Johns	AZ	Apache	Tier 3
85937	Snowflake	AZ	Navajo	Tier 3
85938	Springerville	AZ	Apache	Tier 3
85939	Taylor	AZ	Navajo	Tier 3
85940	Vernon	AZ	Apache	Tier 3

ZIP	City	St	County	Tier
85941	Whiteriver	AZ	Navajo	Tier 3
85942	Woodruff	AZ	Navajo	Tier 3
86001	Flagstaff	AZ	Coconino	Base Rate
86002	Flagstaff	AZ	Coconino	Base Rate
86003	Flagstaff	AZ	Coconino	Base Rate
86004	Flagstaff	AZ	Coconino	Base Rate
86011	Flagstaff	AZ	Coconino	Base Rate
86015	Bellefont	AZ	Coconino	Base Rate
86017	Munds Park	AZ	Coconino	Base Rate
86018	Parks	AZ	Coconino	Base Rate
86020	Cameron	AZ	Navajo	Tier 2
86021	Colorado City	AZ	Mohave	Tier 3
86022	Fredonia	AZ	Coconino	Tier 3
86023	Grand Canyon	AZ	Coconino	Tier 2
86024	Happy Jack	AZ	Coconino	Tier 2
86025	Holbrook	AZ	Navajo	Tier 3
86029	Sun Valley	AZ	Navajo	Tier 3
86030	Hotevilla	AZ	Navajo	Tier 3
86031	Indian Wells	AZ	Navajo	Tier 3
86032	Joseph City	AZ	Navajo	Tier 3
86033	Kayenta	AZ	Navajo	Tier 3
86034	Keams Canyon	AZ	Navajo	Tier 3
86035	Leupp	AZ	Coconino	Tier 2
86036	Marble Canyon	AZ	Coconino	Tier 3
86038	Mormon Canyon	AZ	Coconino	Base Rate
86039	Kykotsmovi Village	AZ	Navajo	Tier 3
86040	Page	AZ	Coconino	Tier 3
86042	Polacca	AZ	Navajo	Tier 3
86043	Second Mesa	AZ	Navajo	Tier 3
86044	Tonalea	AZ	Coconino	Tier 3
86045	Tuba City	AZ	Coconino	Tier 3
86046	Williams	AZ	Coconino	Tier 3
86047	Winslow	AZ	Navajo	Tier 3
86053	Kaibito	AZ	Coconino	Tier 3
86054	Shoton	AZ	Navajo	Tier 3
86301	Prescott	AZ	Yavapai	Base Rate
86302	Prescott	AZ	Yavapai	Base Rate
86303	Prescott	AZ	Yavapai	Base Rate
86304	Prescott	AZ	Yavapai	Base Rate
86305	Prescott	AZ	Yavapai	Base Rate
86312	Prescott Valley	AZ	Yavapai	Base Rate
86314	Prescott Valley	AZ	Yavapai	Base Rate
86320	Ash Fork	AZ	Yavapai	Tier 3
86321	Bagdad	AZ	Yavapai	Tier 3
86322	Camp Verde	AZ	Yavapai	Base Rate

ZIP	City	St	County	Tier
86323	Chino Valley	AZ	Yavapai	Base Rate
86324	Clarkdale	AZ	Yavapai	Base Rate
86325	Cornville	AZ	Yavapai	Base Rate
86326	Cottonwood	AZ	Yavapai	Base Rate
86327	Dewey	AZ	Yavapai	Base Rate
86329	Humboldt	AZ	Yavapai	Base Rate
86332	Kirkland	AZ	Yavapai	Tier 2
86333	Mayer	AZ	Yavapai	Base Rate
86334	Paulden	AZ	Yavapai	Tier 3
86335	Rimrock	AZ	Yavapai	Base Rate
86336	Sedona	AZ	Coconino	Base Rate
86337	Seligman	AZ	Yavapai	Tier 2
86338	Skull Valley	AZ	Yavapai	Tier 3
86339	Sedona	AZ	Coconino	Base Rate
86340	Sedona	AZ	Coconino	Base Rate
86341	Sedona	AZ	Coconino	Base Rate
86342	Lake Montezuma	AZ	Yavapai	Base Rate
86343	Crown King	AZ	Yavapai	Tier 2
86351	Sedona	AZ	Coconino	Tier 2
86401	Kingman	AZ	Mohave	Base Rate
86402	Kingman	AZ	Mohave	Base Rate
86403	Lake Havasu City	AZ	Mohave	Tier 3
86404	Lake Havasu City	AZ	Mohave	Tier 3
86405	Lake Havasu City	AZ	Mohave	Tier 3
86406	Lake Havasu City	AZ	Mohave	Tier 3
86409	Kingman	AZ	Mohave	Base Rate
86413	Golden Valley	AZ	Mohave	Tier 3
86426	Fort Mohave	AZ	Mohave	Tier 3
86427	Fort Mohave	AZ	Mohave	Tier 3
86429	Bullhead City	AZ	Mohave	Tier 3
86430	Bullhead City	AZ	Mohave	Tier 3
86432	Littlefield	AZ	Mohave	Tier 3
86433	Oatman	AZ	Mohave	Tier 3
86434	Peach Springs	AZ	Mohave	Tier 3
86435	Supai	AZ	Coconino	Tier 3
86436	Topock	AZ	Mohave	Tier 3
86438	Yucca	AZ	Mohave	Tier 3
86439	Bullhead City	AZ	Mohave	Tier 3
86440	Mohave Valley	AZ	Mohave	Tier 3
86441	Dolan Springs	AZ	Mohave	Tier 3
86442	Bullhead City	AZ	Mohave	Tier 3
86444	Meadview	AZ	Mohave	Tier 3
86502	Chambers	AZ	Apache	Tier 3
86503	Chinle	AZ	Apache	Tier 3
86504	Fort Defiance	AZ	Apache	Tier 3

ZIP	City	St	County	Tier
86505	Ganado	AZ	Apache	Tier 3
86506	Houck	AZ	Apache	Tier 3
86507	Lukachukai	AZ	Apache	Tier 3
86508	Lupton	AZ	Apache	Tier 3
86510	Pinon	AZ	Navajo	Tier 3
86511	Saint Michaels	AZ	Apache	Tier 3
86512	Sanders	AZ	Apache	Tier 3
86514	Teec Nos Pos	AZ	Apache	Tier 3
86515	Window Rock	AZ	Apache	Tier 3
86520	Blue Gap	AZ	Navajo	Tier 3
86535	Dennehotso	AZ	Apache	Tier 3
86538	Many Farms	AZ	Apache	Tier 3
86540	Nazlini	AZ	Apache	Tier 3
86544	Red Valley	AZ	Apache	Tier 3
86545	Rock Point	AZ	Apache	Tier 3
86547	Round Rock	AZ	Apache	Tier 3
86556	Tsaile	AZ	Apache	Tier 3

Appendix B

Developmental Home Family Survey

Introduction

In accordance with A.R.S. § 36-2959, the Arizona Division of Developmental Disabilities (DDD) is in the process of studying the reimbursement rates paid to providers of home and community based services. Burns & Associates, Inc. (B&A) and Navigant Consulting Inc. are providing assistance in this initiative.

Part of this review includes a collecting data regarding service delivery. The information being collected in this will be considered in the rate setting process and will be utilized only for this purpose. If you have any questions, please contact Steve Abele with B&A at (602) 241-8520 or sabele@burnshealthpolicy.com.

At your discretion, you may return the completed tool to either your provider agency or directly to B&A via fax at (602) 241-8529.

Questionnaire:

Individual(s) placed in your home: _____

Please list the identification numbers for those individual's placed in your home through your agency that are eligible for IDD services.

Location of home (city, zip): _____

Please indicate the location of your primary home, city and zip code.

Type of home licensure: ADH CDH

Please indicate the type of home licensure. ADH is for placements 18 and older, CDH is for placements under 18.

Number of individuals residing in home: _____

Please indicate the total number of individuals residing in the home inclusive of placements through your agency.

Livable square footage of home: _____

Please indicate the total livable square footage of the home.

Average monthly rent/mortgage cost: _____

Please indicate the average (or estimated average) monthly rent or mortgage costs for the home.

Average monthly food cost: _____

Please indicate the average (or estimated average) monthly food costs for the home.

Average monthly utilities cost: _____

Please indicate the average (or estimated average) monthly utility costs for the home. Such costs include electric, gas, water, sewer, trash, telecommunications, etc.

Average monthly maintenance cost: _____

Please indicate the average (or estimated average) monthly maintenance costs for the home. Include any costs to maintain the interior and exterior of the home.

Average monthly consumables cost: _____

Please indicate the average (or estimated average) monthly consumables costs for the home. Such costs could include personal hygiene supplies, cleaning supplies, etc.

Monthly reimbursement from Agency: _____

Please indicate the monthly reimbursement received from your provider agency inclusive of any room and board costs.

Annual respite hours received: _____

Please indicate the total hours of respite received last year provided by your provider agency.