

2022 DDRS HCBS Rate Review Survey

Thank you for your participation!

Your response in the [2022 DDRS HCBS Rate Review Survey](#) will help us make informed decisions when developing new rate methodologies for the Division of Disability and Rehabilitation programs.

This online survey includes a series of questions about your provider, number of participants served, staffing levels and detailed categories of cost. We recommend that you first download a [PDF](#) copy of the survey for your reference and to prepare responses to survey questions. We estimate that determining the answers to survey questions will take at least a couple hours, depending on the number of services your organization provides, complexity of your operations and the availability of participant, staffing and cost data.

Once you have identified answers to survey questions, please begin the online survey by clicking “Next” below and responding to each question. Note that survey responses will be saved as you continue; as such you may complete the survey over multiple online sessions.

Once you have separately determined answers to the survey questions, entering information into the online survey should take approximately 30-60 minutes.

We request your survey response by the end of the day, **Wednesday, November, 16, 2022**. If you have any questions, please submit them to HCBS.Ratemethodology@fssa.IN.gov. Thank you again for your assistance with this very important initiative.

To learn more about the 2022 DDRS HCBS Rate Review Project, please [click here](#) to visit the FSSA homepage.

Can't find your password? [Please contact support](#).

General Information

Please confirm or correct your provider and contact information below.

1. Provider and Contact Information: *

Provider Name *

[question("value"), id="1274"]

Contact Name *

[question("value"), id="794"]

Contact Phone Number *

[question("value"), id="796"]

Contact Email Address *

[question("value"), id="795"]

2. Report Time Period *

Some information reported in this survey will be based off a three month time period. A default reporting period of April 1, 2022 through June 30, 2022 has been selected. Please enter an alternative three month reporting period, only if your agency was not operational during that entire time period.

Beginning of Time Period *



End of Time Period *



Section Navigation

Instructions

[question('value'), id='1258']: Navigate to and complete survey sections by clicking on "Answer." Complete the General Benefits Information and Services Provided Sections first and continue down the list of sections in sequential order.

To submit this survey:

- 1) All sections must be completed.
- 2) The main respondent for this survey must complete the Final Review section, including checking the box that states the survey has been reviewed and is ready to submit.
- 3) After the Final Review section is complete, click "Submit" below.

Employee Benefits

Benefit Information for Non-Contracted Employees Only

Instructions for this section:

- Report all relevant benefit costs incurred by your agency for non-contracted employees (full- and part-time).
- Include group coverages, contributions made to fund the purchase of individual coverage, pension plans, private account contributions, etc.
- **Report data for services delivered from [question("value"), id="1277"] to [question("value"), id="1280"].**
- **Use Tab or click in the next cell, to move from cell to cell. Do not hit Enter, as this may cause an error.**

3. What type(s) of employees work for your agency?*

- Full-time, non-contracted employees
- Part-time, non-contracted employees
- Contracted employees

VALIDATION Min = 20 Max = 65 Must be numeric

4. What is your standard work week for full-time, regular, non-contracted employees, in hours?

*

5. Do you offer any benefits to your employees? Instructions *

- Yes
- No

6. Are full-time employees eligible for the following benefits? (Benefits must include employer contribution. Select all that apply.) Instructions *

- Employer sponsored health insurance
 - Employer sponsored dental insurance
 - Employer sponsored vision insurance
 - Employer sponsored retirement benefits (pension plan, ER contributions to eligible accounts, etc)
 - Employer sponsored life insurance
 - Employer sponsored fringe benefits (disability coverage, adoption assistance, educational assistance, etc.)
 - No benefits
-

7. Are part-time employees eligible for the following benefits? (must include employer contribution) Instructions *

- Employer sponsored health insurance
 - Employer sponsored dental insurance
 - Employer sponsored vision insurance
 - Employer sponsored retirement benefits (pension plan, ER contributions to eligible accounts, etc)
 - Employer sponsored life insurance
 - Employer sponsored fringe benefits (disability coverage, adoption assistance, educational assistance, etc.)
 - No benefits
-

Services

Instructions for this section:

Report data for services delivered from [question('value'), id='1277'] to [question('value'), id='1280'].

VALIDATION Min. answers = 1 (if answered)

8. What services does your organization provide? **Check all that apply.** *

- Adult Day Services
- Behavioral Support Services
- Case Management
- Day Habilitation (Community and Facility)
- Extended Services
- Music Therapy
- Participant Assistance and Care
- Pre-Vocational
- Recreational Therapy
- Remote Supports
- Residential Habilitation and Support
- Respite
- Structured Family Caregiving
- Transportation
- Wellness Coordination
- Other Services

Cost Structure, Excluding Benefits and Employee-Related Expenses

VALIDATION %s format expected Using custom RegEx pattern **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

9. Please enter the total costs from the reporting period. Data reported, including total costs reported in Row ("Other Services"), should align with provider financial statements and reflect costs from all payors. *

Instructions for this section:

- Data reported, including total costs reported in the DDRS Services column, should align with provider financial statements and reflect costs from all payors.
- **Report data for services delivered from [question('value'), id='1277'] to [question('value'), id='1280'].**
- Click here for a: [PDF of Cost Definitions](#)
- Hover over each line item and column header for additional information.
- **Use Tab or click in the next cell, to move from cell to cell. Do not hit Enter, as this may cause an error.**
- **All Services is the sum of DDRS Services Under Evaluation plus Other Services. Please calculate and report accordingly.**
- **Use commas to separate numbers and ensure accuracy.**

	All Services (\$) =	DDRS Services Under Evaluation	+ Other Services (\$)
Clinical/direct care staff and supervisor salaries & wages, in dollars	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical/direct care staff and supervisor health and dental insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Direct care staff employee related expenses -- All other	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total dollars paid to agency employees/contractors for use of their personal vehicles (include mileage, insurance/maintenance stipends, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expenses incurred for agency-owned fleet vehicles (acquisition cost, maintenance, mileage, agency-paid insurance, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administrative costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program support costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bad debt and other Medicaid non-allowable costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other. Please provide a description of reported costs below.	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Please describe any "Other" costs reported in the last row above.

VALIDATION Min = 0 Max = 100

11. What is the level of accuracy of the data reported in this section?*

Estimate Actual

No Data Available

Comments

Provider Billing Identification

Instructions for this section:

Report data for services delivered from [question('value'), id='1277'] to [question('value'), id='1280'].

VALIDATION Min. answers = 1 (if answered)

12. Provider Billing Identification *

(If more than one, list all in a separate row. You may leave these rows blank if (1) you do not have this information, or (2) in the

case of Medicaid Provider ID, if your organization does not contract to provide Medicaid services.)

Billing Provider NPI

Medicaid Provider ID

	Billing Provider NPI	Medicaid Provider ID
a.	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>
e.	<input type="text"/>	<input type="text"/>
f.	<input type="text"/>	<input type="text"/>
g.	<input type="text"/>	<input type="text"/>
h.	<input type="text"/>	<input type="text"/>
i.	<input type="text"/>	<input type="text"/>
j.	<input type="text"/>	<input type="text"/>
k.	<input type="text"/>	<input type="text"/>
l.	<input type="text"/>	<input type="text"/>
m.	<input type="text"/>	<input type="text"/>
n.	<input type="text"/>	<input type="text"/>

o.

p.

Staffing of Non-Contracted Employees

You have indicated that your agency only employs contracted employees, and so you may skip this section.

Direct Care and Supervisory Staff FTE and Hourly Wage Information for Non-Contracted Employees (Exclude Independent Contractors)

Instructions for this section:

- Please provide the number of employees and hourly wage information for the following job groups, as of the date below.
- If the job title is not applicable to HCBS services delivered by your agency, enter zero for the number of full-time equivalents.
- **Reported information for this worksheet: September 1, 2022**
- **Use Tab or click in the next cell, to move from cell to cell. Do not hit Enter, as this may cause an error.**

VALIDATION Min. answers = 1 (if answered)

13. Which of the following provider types/positions does your organization employ?*

This question pertains to Non-Contracted Employees. (Exclude Independent Contractors.)

- Direct Support Professional
- Case Managers
- Behavior Professionals
- Medical/Prescriber Staff
- Doctors: MD/DO
- Psychologists - MA, PhD
- Licensed Therapists

14. Non-Contracted Employees (Excluding Independent Contractors)

Number of Full-Time Equivalents (FTEs)	Number of Unique Full-Time Employees	Number of Unique Full- Time Employee Vacancies	Number of Unique Full- Time Employees with Two or More Years of Service at Your Agency	Average Hourly Wage
(A)	(B)	(C)	(D)	(E)
<u>Instructions</u>	<u>Instructions</u>	<u>Instructions</u>	<u>Instructions</u>	<u>Instructions</u>

This column is complete for all job groups displayed below.

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Direct Support Professional *

	(A)	(B)	(C)	(D)	(E)
Direct Support Professional - Associate's Degree or Less	<input type="text"/>				
Direct Support Professional - Bachelor's or Higher	<input type="text"/>				
SFC Householder	<input type="text"/>				

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Case Managers *

	(A)	(B)	(C)	(D)	(E)
Case Manager - Bachelor's	<input type="text"/>				
Case Manager - Master's / Registered Nurse	<input type="text"/>				

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Behavior Professionals *

	(A)	(B)	(C)	(D)	(E)
Board Certified Behavior Analyst - Doctoral Level / HSPP	<input type="text"/>				
Board Certified Behavior Analyst - Master's Level	<input type="text"/>				
Board Certified Assistant Behavior Analyst - Bachelor's Level	<input type="text"/>				

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Medical/Prescriber Staff *

	(A)	(B)	(C)	(D)	(E)
Licensed Practical and Licensed Vocational Nurses	<input type="text"/>				
Registered Nurses	<input type="text"/>				
Nurse Practitioners	<input type="text"/>				
Physician Assistants	<input type="text"/>				
Home Health Aide	<input type="text"/>				

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Doctors: MD/DO *

	(A)	(B)	(C)	(D)	(E)
Psychiatrists	<input type="text"/>				
Physicians	<input type="text"/>				

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Psychologists - MA PhD *

(A)

(B)

(C)

(D)

(E)

Psychologists

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Licensed Therapists *

(A)

(B)

(C)

(D)

(E)

Recreation Therapists

Occupational Therapists

Physical Therapists

Speech-Language Therapists

Other credentialed therapist (e.g.,
music)

VALIDATION Min = 0 Max = 100

15. What is the level of accuracy of the data reported in this section?*

Estimate



Actual

No Data Available

Comments

Staffing of Contracted Employees

You have indicated that your agency does not employ contracted employees, and so you may skip this section.

Direct Care and Supervisory Staff FTE and Hourly Wage Information for Contracted Employees

Instructions for this section:

- Please provide the number of employees and hourly wage information for the following job groups, as of the date below.
- If the job title is not applicable to HCBS services delivered by your organization, enter zero for the number of full-time equivalents.
- **Reported information for this worksheet: September 1, 2022**
- **Use Tab or click in the next cell, to move from cell to cell. Do not hit Enter, as this may cause an error.**

VALIDATION Min. answers = 1 (if answered)

16. Which of the following provider types/positions does your organization employ?*

This question pertains to Contracted Employees.

- Direct Support Professional
- Case Managers
- Behavior Professionals
- Medical/Prescriber Staff
- Doctors: MD/DO
- Psychologists - MA, PhD
- Licensed Therapists

17. Contracted Employee Positions

	Total Number of Independent Contractors (A)	Number of Independent Contractors with Two or More Years of Service at Your Agency (B)	Average Hourly Rate (C)
	<u>Instructions</u>	<u>Instructions</u>	<u>Instructions</u>
Direct Support Professional - Associate's Degree or Less	<input type="text"/>	<input type="text"/>	<input type="text"/>
Direct Support Professional - Bachelor's or Higher	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Direct Support Professional *

	(A)	(B)	(C)
Direct Support Professional - Associate's Degree or Less	<input type="text"/>	<input type="text"/>	<input type="text"/>
Direct Support Professional - Bachelor's or Higher	<input type="text"/>	<input type="text"/>	<input type="text"/>
SFC Householder	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Case Managers *

	(A)	(B)	(C)
Case Manager - Bachelor's	<input type="text"/>	<input type="text"/>	<input type="text"/>
Case Manager - Master's / Registered Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Behavior Professionals *

	(A)	(B)	(C)
Board Certified Behavior Analyst - Doctoral Level / HSPP	<input type="text"/>	<input type="text"/>	<input type="text"/>
Board Certified Behavior Analyst - Master's Level	<input type="text"/>	<input type="text"/>	<input type="text"/>
Board Certified Assistant Behavior Analyst - Bachelor's Level	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Medical/Prescriber Staff *

	(A)	(B)	(C)
Licensed Practical and Licensed Vocational Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse Practitioners	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physician Assistants	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Doctors: MD/DO *

	(A)	(B)	(C)
Psychiatrists	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physicians	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Psychologists - MA, PhD *

(A)

(B)

(C)

Psychologists

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Licensed Therapists *

(A)

(B)

(C)

Recreation Therapists

Occupational Therapists

Physical Therapists

Speech-Language Therapists

Other credentialed therapist (e.g.,
music)

VALIDATION Min = 0 Max = 100

18. What is the level of accuracy of the data reported in this section?*

Estimate



Actual

No Data Available

Comments

Training Information

You have indicated that your agency only employs contracted employees, and so you may skip this section.

Training Information for Non-Contracted Employees Only

- Report data for services delivered from [question('value'), id='1277'] to [question('value'), id='1280'].
- Use Tab or click in the next cell, to move from cell to cell. Do not hit Enter, as this may cause an error.

VALIDATION Min. answers = 1 (if answered)

19. Which of the following provider types/positions does your organization employ in the role of Direct Care or Supervisor?

This question pertains to Non-Contracted Employees only. Provider type/positions checked here must match the provider type/positions checked in the Staffing section of the survey.

- Direct Support Professional
- Case Managers
- Behavior Professionals
- Medical/Prescriber Staff
- Doctors: MD/DO
- Psychologists - MA, PhD
- Licensed Therapists

20. Non-Contracted Employees (Excluding Independent Contractors)

	<u>Reported Direct Care and Supervisor FTEs</u> (A) <u>Instructions</u>	<u>Estimated Required Average Training and Conference Hours per Full-Time Equivalent (FTE)</u> (B) <u>Instructions</u>	<u>All Other Training and Conference Hours per Full-Time Equivalent (FTE)</u> (C) <u>Instructions</u>	<u>Estimated Average Number of One-Time Onboarding / Training Hours Per New Employee</u> (D) <u>Instructions</u>
--	---	--	---	--

This column is complete for all job groups displayed below.

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Direct Support Professional *

	(A)	(B)	(C)	(D)
Direct Support Professional - Associate's Degree or Less	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Direct Support Professional - Bachelor's or Higher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Case Managers *

	(A)	(B)	(C)	(D)
Case Manager - Bachelor's	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Case Manager - Master's / Registered Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Behavior Professionals *

	(A)	(B)	(C)	(D)
Board Certified Behavior Analyst - Doctoral Level / HSP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Board Certified Behavior Analyst - Master's Level	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Board Certified Assistant Behavior Analyst - Bachelor's Level	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Medical/Prescriber Staff *

	(A)	(B)	(C)	(D)
Licensed Practical and Licensed Vocational Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse Practitioners	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physician Assistants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Doctors: MD/DO *

	(A)	(B)	(C)	(D)
Psychiatrists	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physicians	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Psychologists - MA, PhD *

	(A)	(B)	(C)	(D)
Psychologists	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Licensed Therapists *

	(A)	(B)	(C)	(D)
Recreation Therapists	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupational Therapists	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Therapists	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Speech-Language Therapists	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other credentialed therapist (e.g., music)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Min = 0 Max = 100

21. What is the level of accuracy of the data reported in this section?*



No Data Available

Comments

Benefit Information

You have indicated that your agency only employs contracted employees or does not offer benefits, and so you may skip this section.

Benefit Information for Non-Contracted Employees Only

Instructions for this section:

- Report all relevant benefit costs incurred by your agency for non-contracted employees (full- and part-time).
- Include group coverages, contributions made to fund the purchase of individual coverage, pension plans, private account contributions, etc.
- **Report data for services delivered from [question('value'), id='1277'] to [question('value'), id='1280'].**
- **Use Tab or click in the next cell, to move from cell to cell. Do not hit Enter, as this may cause an error.**

22. Benefit Information for Non-Contracted Employees

Unique Employees
that
Qualified for Benefits
(A)
Instructions

Unique Employees
that
Received Benefits
(B)
Instructions

Total Cost of
Benefits,
in Dollars
(C)
Instructions

Total Value of
Employee
Contributions
(D)
Instructions

This column is complete for all benefit types displayed below.

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Employer sponsored health insurance (including Rx and small group exchange plans; excluding dental, vision, and individual plans purchased on the exchange) *

	(A)	(B)	(C)	(D)
Direct care worker - someone with a high school diploma or associate's degree	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical staff - someone with a bachelor's degree or higher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Employer sponsored dental insurance *

	(A)	(B)	(C)	(D)
Direct care worker - someone with a high school diploma or associate's degree	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical staff - someone with a bachelor's degree or higher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Employer sponsored vision insurance *

	(A)	(B)	(C)	(D)
Direct care worker - someone with a high school diploma or associate's degree	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical staff - someone with a bachelor's degree or higher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Employer sponsored retirement benefits (pension plan, ER contributions to eligible accounts, etc.) *

	(A)	(B)	(C)	(D)
Direct care worker - someone with a high school diploma or associate's degree	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical staff - someone with a bachelor's degree or higher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

Employer sponsored fringe benefits (disability coverage, adoption assistance, educational assistance, etc.) *

	(A)	(B)	(C)	(D)
Direct care worker - someone with a high school diploma or associate's degree	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical staff - someone with a bachelor's degree or higher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALIDATION Min = 0 Max = 100

23. What is the level of accuracy of the data reported in this service section?*

Estimate



Actual

Data Not Available

Comments

Holiday and Paid Time Off Information

You have indicated that your agency only employs contracted employees and/or part-time employees, and so you may skip this section.

Holiday and Paid Time Off (PTO) Information for Non-Contracted Employees Only

Instructions for this section:

- Please list the average number of paid holidays hours and paid time off (hours) for non-contracted employees.
- Only report paid time off hours if your agency follows a standardized policy that is applicable to the listed provider types; if you do not have a policy for paid time off, do not report paid time off. (You may still report paid holiday hours.)
- **Report data for services delivered from [question('value'), id='1277'] to [question('value'), id='1280'].**
- **Use Tab or click in the next cell, to move from cell to cell. Do not hit Enter, as this may cause an error.**

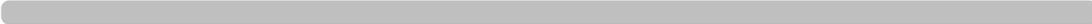
VALIDATION Must be numeric **Min. answers = 1** (if answered) Min. answers per row = 1 (if answered)

24. Full-time, non-contracted employees *

	Paid Holidays Instructions	Personal Time Off, Excluding Holidays Instructions
Direct care worker - someone with a high school diploma or associate's degree	<input type="text"/>	<input type="text"/>
Clinical staff - someone with a bachelor's degree or higher	<input type="text"/>	<input type="text"/>

VALIDATION Min = 0 Max = 100

25. What is the level of accuracy of the data reported in this section?*

Estimate  Actual

Data Not Available

Comments

Residential Habilitation - Daily Service Units

You have indicated that your agency does not provide these services, and so you may skip this section.

Instructions for this section:

- Identify the average direct care staffing hours for each provider type that delivers residential habilitation.
- Report data for services delivered from [question('value'), id='1277'] to [question('value'), id='1280'].

VALIDATION Must be numeric

26. Average group size:

VALIDATION Must be numeric

**Residential Habilitation - Daily Service - Level 1
(2-Person Setting, Algo level 3)**

	(A) Average Daily Direct Care Hours (All Shifts) - Weekdays M-F	(B) Average Daily Direct Care Hours (All Shifts) - Weekend S-S
Direct Support Professional - Associate's Degree or Less	<input type="text"/>	<input type="text"/>
Direct Support Professional - Bachelor's or Higher	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Licensed Practical and Licensed Vocational Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Registered Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Nurse Practitioners	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Physician Assistants	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Home Health Aide	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric

Residential Habilitation - Daily Service - Level 2

(2-Person Setting, Algo level 4)

	(A) Average Daily Direct Care Hours (All Shifts) - Weekdays M-F	(B) Average Daily Direct Care Hours (All Shifts) - Weekend S-S
Direct Support Professional - Associate's Degree or Less	<input type="text"/>	<input type="text"/>
Direct Support Professional - Bachelor's or Higher	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Licensed Practical and Licensed Vocational Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Registered Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Nurse Practitioners	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Physician Assistants	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Home Health Aide	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric

Residential Habilitation - Daily Service - Level 3
(2-Person Setting, Algo level 5)

	(A) Average Daily Direct Care Hours (All Shifts) - Weekdays M-F	(B) Average Daily Direct Care Hours (All Shifts) - Weekend S-S
Direct Support Professional - Associate's Degree or Less	<input type="text"/>	<input type="text"/>
Direct Support Professional - Bachelor's or Higher	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Licensed Practical and Licensed Vocational Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Registered Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Nurse Practitioners	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Physician Assistants	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Home Health Aide	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric

Residential Habilitation - Daily Service - Level 4
(3-Person Setting, Algo level 3)

	(A) Average Daily Direct Care Hours (All Shifts) - Weekdays M-F	(B) Average Daily Direct Care Hours (All Shifts) - Weekend S-S
Direct Support Professional - Associate's Degree or Less	<input type="text"/>	<input type="text"/>
Direct Support Professional - Bachelor's or Higher	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Licensed Practical and Licensed Vocational Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Registered Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Nurse Practitioners	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Physician Assistants	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Home Health Aide	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric

Residential Habilitation - Daily Service - Level 5

(3-Person Setting, Algo level 4)

	(A) Average Daily Direct Care Hours (All Shifts) - Weekdays M-F	(B) Average Daily Direct Care Hours (All Shifts) - Weekend S-S
Direct Support Professional - Associate's Degree or Less	<input type="text"/>	<input type="text"/>
Direct Support Professional - Bachelor's or Higher	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Licensed Practical and Licensed Vocational Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Registered Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Nurse Practitioners	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Physician Assistants	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Home Health Aide	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric

Residential Habilitation - Daily Service - Level 6
(3-Person Setting, Algo level 5)

	(A) Average Daily Direct Care Hours (All Shifts) - Weekdays M-F	(B) Average Daily Direct Care Hours (All Shifts) - Weekend S-S
Direct Support Professional - Associate's Degree or Less	<input type="text"/>	<input type="text"/>
Direct Support Professional - Bachelor's or Higher	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Licensed Practical and Licensed Vocational Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Registered Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Nurse Practitioners	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Physician Assistants	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Home Health Aide	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric

Residential Habilitation - Daily Service - Level 7

(4-Person Setting, Algo level 3)

	(A) Average Daily Direct Care Hours (All Shifts) - Weekdays M-F	(B) Average Daily Direct Care Hours (All Shifts) - Weekend S-S
Direct Support Professional - Associate's Degree or Less	<input type="text"/>	<input type="text"/>
Direct Support Professional - Bachelor's or Higher	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Licensed Practical and Licensed Vocational Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Registered Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Nurse Practitioners	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Physician Assistants	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Home Health Aide	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric

Residential Habilitation - Daily Service - Level 8

(4-Person Setting, Algo level 4)

	(A) Average Daily Direct Care Hours (All Shifts) - Weekdays M-F	(B) Average Daily Direct Care Hours (All Shifts) - Weekend S-S
Direct Support Professional - Associate's Degree or Less	<input type="text"/>	<input type="text"/>
Direct Support Professional - Bachelor's or Higher	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Licensed Practical and Licensed Vocational Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Registered Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Nurse Practitioners	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Physician Assistants	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Home Health Aide	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric

Residential Habilitation - Daily Service - Level 9

(4-Person Setting, Algo level 5)

	(A) Average Daily Direct Care Hours (All Shifts) - Weekdays M-F	(B) Average Daily Direct Care Hours (All Shifts) - Weekend S-S
Direct Support Professional - Associate's Degree or Less	<input type="text"/>	<input type="text"/>
Direct Support Professional - Bachelor's or Higher	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Licensed Practical and Licensed Vocational Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Registered Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Nurse Practitioners	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Physician Assistants	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Home Health Aide	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric

27. Average One-Way Travel Time Per Service, in Minutes:

VALIDATION Must be numeric

28. Average One-Way Trip Mileage Per Service:

VALIDATION Min = 0 Max = 100

29. What is the level of accuracy of the data reported in this section?*

Estimate



Actual

No Data Available

Comments

Structured Family Caregiving - Daily Service Units

You have indicated that your agency does not provide these services, and so you may skip this section.

Instructions for this section:

- Identify the direct care staffing hours for each provider type that delivers structure family caregiving.
- Report data for services delivered from [question('value'), id='1277'] to [question('value'), id='1280'].

VALIDATION Must be numeric

30. Structured Family Caregiving - Daily Service - Level 1

	(A) Average Daily Direct Care Hours (All Shifts) - Weekdays M-F	(B) Average Daily Direct Care Hours (All Shifts) - Weekend S-S
Direct Support Professional - Associate's Degree or Less	<input type="text"/>	<input type="text"/>
Direct Support Professional - Bachelor's or Higher	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Licensed Practical and Licensed Vocational Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Registered Nurses	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Nurse Practitioners	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Physician Assistants	<input type="text"/>	<input type="text"/>
Medical/Prescriber Staff - Home Health Aide	<input type="text"/>	<input type="text"/>

VALIDATION Must be numeric

Structured Family Caregiving - Daily Service - Level 2

(A) Average Daily Direct Care Hours
(All Shifts) - Weekdays M-F

(B) Average Daily Direct Care Hours
(All Shifts) - Weekend S-S

Direct Support Professional - Associate's Degree or Less

Direct Support Professional - Bachelor's or Higher

Medical/Prescriber Staff - Licensed Practical and Licensed Vocational Nurses

Medical/Prescriber Staff - Registered Nurses

Medical/Prescriber Staff - Nurse Practitioners

Medical/Prescriber Staff - Physician Assistants

Medical/Prescriber Staff - Home Health Aide

VALIDATION Must be numeric

Structured Family Caregiving - Daily Service - Level 3

(A) Average Daily Direct Care Hours
(All Shifts) - Weekdays M-F

(B) Average Daily Direct Care Hours
(All Shifts) - Weekend S-S

Direct Support Professional - Associate's Degree or Less

Direct Support Professional - Bachelor's or Higher

Medical/Prescriber Staff - Licensed Practical and Licensed Vocational Nurses

Medical/Prescriber Staff - Registered Nurses

Medical/Prescriber Staff - Nurse Practitioners

Medical/Prescriber Staff - Physician Assistants

Medical/Prescriber Staff - Home Health Aide

VALIDATION Must be numeric

31. Average percentage of services delivered by a family member for Level

1:

VALIDATION Must be numeric

32. Average percentage of services delivered by a family member for Level

2:

VALIDATION Must be numeric

33. Average percentage of services delivered by a family member for Level

3:

VALIDATION Min = 0 Max = 100

34. What is the level of accuracy of the data reported in this section?*

Estimate

Actual

No Data Available

Comments

Adult Day Services - Daily Service Units

You have indicated that your agency does not provide these services, and so you may skip this section.

Instructions for this section:

- Identify the direct care staffing hours for each provider type that delivers adult day services.
- Report data for services delivered from [question('value'), id='1277'] to [question('value'), id='1280'].

VALIDATION Must be numeric

Adult Day Services - Daily Service - Level 1

Average Daily Direct Care Hours
(All Shifts) - Weekdays M-F

Direct Support Professional - Associate's Degree or Less

Direct Support Professional - Bachelor's or Higher

Medical/Prescriber Staff - Licensed Practical and Licensed Vocational Nurses

Medical/Prescriber Staff - Registered Nurses

Medical/Prescriber Staff - Nurse Practitioners

Medical/Prescriber Staff - Physician Assistants

Medical/Prescriber Staff - Home Health Aide

VALIDATION Must be numeric

Adult Day Services - Daily Service - Level 2

Average Daily Direct Care Hours
(All Shifts) - Weekdays M-F

Direct Support Professional - Associate's Degree or Less

Direct Support Professional - Bachelor's or Higher

Medical/Prescriber Staff - Licensed Practical and Licensed Vocational Nurses

Medical/Prescriber Staff - Registered Nurses

Medical/Prescriber Staff - Nurse Practitioners

Medical/Prescriber Staff - Physician Assistants

Medical/Prescriber Staff - Home Health Aide

VALIDATION Must be numeric

Adult Day Services - Daily Service - Level 3

Average Daily Direct Care Hours
(All Shifts) - Weekdays M-F

Direct Support Professional - Associate's Degree or Less

Direct Support Professional - Bachelor's or Higher

Medical/Prescriber Staff - Licensed Practical and Licensed Vocational Nurses

Medical/Prescriber Staff - Registered Nurses

Medical/Prescriber Staff - Nurse Practitioners

Medical/Prescriber Staff - Physician Assistants

Medical/Prescriber Staff - Home Health Aide

VALIDATION Min = 0 Max = 100

35. What is the level of accuracy of the data reported in this section?*

Estimate



Actual

No Data Available

Comments

Case Management Services

You have indicated that your agency does not provide these services, and so you may skip this section.

Instructions for this section:

Report data for services delivered from [question('value'), id='1277'] to [question('value'), id='1280'].

Caseload

VALIDATION Must be numeric

36. What is your average caseload size for case management services?

Supervisor Span of Control - Case Management Services

VALIDATION Must be numeric

37. What is the average supervisor span of control for case management services?

Travel

VALIDATION Must be numeric

38. Average one-way travel time per on-site visit, in minutes:

VALIDATION Must be numeric

39. Average one-way trip mileage per on-site visit:

VALIDATION Must be numeric

40. Average number of on-site visits per year per waiver participant:

VALIDATION Min = 0 Max = 100

41. What is the level of accuracy of the data reported in this section?*

Estimate



Actual

No Data Available

Comments

Wellness Coordination Services

You have indicated that your agency does not provide these services, and so you may skip this section.

Instructions for this section:

Report data for services delivered from [question('value'), id='1277'] to [question('value'), id='1280'].

TIER 1

Caseload

VALIDATION Must be numeric

42. What is your average caseload size for case management services?

Travel

VALIDATION Must be numeric

43. Average one-way travel time per on-site visit, in minutes:

VALIDATION Must be numeric

44. Average one-way trip mileage per on-site visit:

VALIDATION Must be numeric

45. Average number of on-site visits per year per waiver participant:

TIER 2

Caseload

VALIDATION Must be numeric

46. What is your average caseload size for case management services?

Travel

VALIDATION Must be numeric

47. Average one-way travel time per on-site visit, in minutes:

VALIDATION Must be numeric

48. Average one-way trip mileage per on-site visit:

VALIDATION Must be numeric

49. Average number of on-site visits per year per waiver participant:

TIER 3

Caseload

VALIDATION Must be numeric

50. What is your average caseload size for case management services?

Travel

VALIDATION Must be numeric

51. Average one-way travel time per on-site visit, in minutes:

VALIDATION Must be numeric

52. Average one-way trip mileage per on-site visit:

VALIDATION Must be numeric

53. Average number of on-site visits per year per waiver participant:

VALIDATION Min = 0 Max = 100

54. What is the level of accuracy of the data reported in this section?*

Estimate



Actual

No Data Available

Comments

Payment Differentials

This section only applies to the following services: Participant Assistance and Care, Respite and Residential Habilitation.

You have indicated that your agency does not provide these services, and so you may skip this section.

Instructions for this section:

Report data for services delivered from [question('value'), id='1277'] to [question('value'), id='1280'].

55. **Report any payment differentials in Residential Habilitation services.**

Do you offer payment differentials for nights, weekends or holidays?

Yes No

How will you report the payment differential? *

- As a Percentage As Dollars per Hour

Enter the differentials as a percentage for: *

Nights

Weekends

Holiday

Enter the differentials as dollars per hour: *

Nights

Weekends

Holiday

Do you offer higher payment for overtime?

- Yes No

How will you report the payment differential?

- As a Percentage As Dollars per Hour

Hour
Enter the overtime payment differential as a percentage: *

Enter the overtime differential as dollars per hour:

*

What percentage of hours are paid as overtime? *

56. **Report any payment differentials in Respite services.**

Do you offer payment differentials for nights, weekends or holidays?

Yes No

How will you report the payment differential? *

As a Percentage As Dollars per Hour

Enter the differentials as a percentage for: *

Nights

Weekends

Holiday

Enter the differentials as a dollar amount for: *

Nights

Weekends

Holiday

Do you offer higher payment for overtime?

- Yes No

How will you report the payment differential? *

- As a Percentage As Dollars per Hour

Enter the differential as dollars per hour: *

Enter the differential as a percentage: *

What percentage of hours are paid as Overtime?

57. Report any payment differentials in Participant Assistance and Care services.

Do you offer payment differentials for nights, weekends or holidays?

- Yes No

How will you report the payment differential? *

- As a Percentage As Dollars per Hour

Enter the differentials as a percentage for: *

Nights

Weekends

Holiday

Enter the differentials as dollars per hour for: *

Nights

Weekends

Holiday

Do you offer higher payment for overtime?

- Yes No

How will you report the payment differential? *

- As a Percentage As Dollars per Hour

Enter the differential as dollars per hour: *

Enter the differential as a percentage: *

What percentage of hours are paid as Overtime? *

VALIDATION Min = 0 Max = 100

How accurate is the data reported in this section? *

Estimate



Actual

No Data Available

Comments

Service Time

Instructions for this section:

- **Report data for services delivered from [question('value'), id='1277'] to [question('value'), id='1280'].**
- Time that must be spent by non-supervisory clinical staff to provide the service, but is not spent "person facing", and does not result in a billable unit of service.
- Time incurred for necessary activities such as planning, summarizing notes, updating medical records, and other non-billable but appropriate time not otherwise included in clinical /direct care staff direct time.
- Travel time is accounted for separately. For most services, it is assumed that the indirect time does not result in a billable unit.

VALIDATION Must be numeric

58. Behavioral Support Services - Basic - 15-minute unit

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

59. Behavioral Support Services - Level 1 - 15-minute unit

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

60. Day Habilitation (Community and Facility) - Individual - 1 hour

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

61. Day Habilitation (Community and Facility) - Group (small) - 1 hour unit

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

62. Day Habilitation (Community and Facility) - Group (medium) - 1 hour unit

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

63. Day Habilitation (Community and Facility) - Group (medium) - 1 hour unit

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

64. Day Habilitation (Community and Facility) - Group (large) - 1 hour unit

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

65. Extended Services - 1 hour unit

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

66. Music Therapy - 15-minute unit

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

67. Participant Assistance and Care - 1 hour unit

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

68. Pre-Vocational - 2:1 - 1 hour unit

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

69. Pre-Vocational - 16:1 - 1 hour unit

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

70. Recreational Therapy - 15-minute unit

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

71. Respite - Nursing Care - 15-minute unit

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

72. Respite - Care Services - 1 hour unit

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

73. Wellness Coordination

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Must be numeric

74. Case Management (in-person contact)

Average direct time for an in-person contact

Average indirect time for an in-person contact

VALIDATION Must be numeric

75. Residential Habilitation and Support - 1 hour unit

Average direct time per unit of service

Average indirect time per unit of service

VALIDATION Min = 0 Max = 100

76. What is the level of accuracy of the data reported in this section?*

Estimate



Actual

No Data Available

Comments

Supervisor Span of Control

Instructions for this section:

- Report data for services delivered from [question('value'), id='1277'] to [question('value'), id='1280'].
- Identify the supervisor to staff ratio for each service.

VALIDATION Must be numeric

77. Behavioral Support Services

What is the average supervisor span of control for this service?

VALIDATION Must be numeric

78. Day Habilitation (Community and Facility)

What is the average supervisor span of control for this service?

VALIDATION Must be numeric

79. Extended Services

What is the average supervisor span of control for this service?

VALIDATION Must be numeric

80. Music Therapy

What is the average supervisor span of control for this service?

VALIDATION Must be numeric

81. Participant Assistance and Care

What is the average supervisor span of control for this service?

VALIDATION Must be numeric

82. Pre-Vocational

What is the average supervisor span of control for this service?

VALIDATION Must be numeric

83. Recreational Therapy

What is the average supervisor span of control for this service?

VALIDATION Must be numeric

84. Respite

What is the average supervisor span of control for this service?

VALIDATION Must be numeric

85. Wellness Coordination

What is the average supervisor span of control for this service?

VALIDATION Must be numeric

86. Residential Habilitation and Support

What is the average supervisor span of control for this service?

VALIDATION Min = 0 Max = 100

87. What is the level of accuracy of the data reported in this section?*

Estimate

Actual

No Data Available

Comments

Final Review by Main Respondent

Review your answers below.

Scroll to the bottom and click Next to continue to submit your survey response from the Section Navigation page.

88. I have reviewed our agency's responses provided in this survey:*

Our survey is ready to submit.

Thank You!

Thank you for taking time to participate in our survey. We truly value the information you have provided. By participating in this survey, you made your voice heard and are helping shape the future of the Division of Disability and Rehabilitative Services programs.

Please visit the DDRS Home and Community-Based Service Rate Review homepage for more information

<https://www.in.gov/fssa/ompp/health-coverage/medicaid-hcbs-programs/2019-2020-hcbs-rate-methodology-project/>. You may contact the Milliman DDRS Community Rate Review Team at HCBS.Ratemethodology@fssa.IN.gov with any further questions about this survey or the rate review project.
