

California Department of Developmental Services

DDS Rate Study

Provider Survey Instructions Highlights

- **Data collected through this survey will be used solely for the purpose of evaluating reimbursement rates.**
- **Only aggregated data will be reported to DDS; no vendor-specific information will be published.**
- **The first five tabs (Contact Info & Revenues, DDS Revenue, Admin Staff, AdminProgOps Other, and Benefits) are provider level information and only need to be completed once.**
- **Providers should provide information from their most recently completed fiscal year for which data is available.**
- **Partially completed surveys will be accepted.**
- **Highly educated guesses are okay**
- **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.**
- **Feel free to submit supplemental documentation**

Service Codes Included in the Rate Study

Residential Services

090 - Crisis Intervention Facility/Bed
109 - Program Support Group-Residential
113 - DSS Licensed- Specialized Residential Facility- Habilitation
904 - Family Home Agency
905 - Residential Facility Serving Adults- Owner Operated
910 - Residential Facility Serving Children- Owner Operated
915 - Residential Facility Serving Adults- Staff Operated
920 - Residential Facility Serving Children- Staff Operated

Day and Employment Services

028 - Socialization Training Program
055 - Community Integration Training Program
063 - Community Activities Support Services
091 - In-Home/Mobile Day Program
094 - Creative Arts Program
110 - Program Support Group-Day Service
505 - Activity Center
510 - Adult Development Center
515 - Behavior Management Program
520 - Independent Living Program
525 - Social Recreation Program
805 - Infant Development Program
950 - Supported Employment-Group
952 - Supported Employment-Individual
954 - Work Activity Program

Home and Community Supports

025 - Tutor Services-Group
062 - Personal Assistance
108 - Parenting Support Services
111 - Program Support Group-Other Services
635 - Independent Living Specialist
645 - Mobility Training Services Agency
650 - Mobility Training Services Specialist
680 - Tutor
860 - Homemaker Services
862 - In-Home Respite Services Agency
896 - Supported Living Services

Behavioral and Health Services

048 - Client/Parent Support Behavior Intervention Training
103 - Specialized Health, Treatment & Training Services
106 - Specialized Recreational Therapy
605 - Adaptive Skills Trainer
612 - Behavior Analyst
613 - Associate Behavior Analyst
615 - Behavior Management Assistant
616 - Behavior Technician - Paraprofessional
620 - Behavior Management Consultant

Transportation

875 - Transportation Company
880 - Transportation-Additional Component
882 - Transportation-Assistant

DEFINITIONS OF ADMINISTRATION, PROGRAM OPERATIONS, AND DIRECT CARE

The survey asks vendors to differentiate between direct care, program operations, and administrative costs. There are not always clear distinctions between these categories and definitions of these terms vary. For the purposes of this survey, the following guidelines should be used:

- | | |
|--------------------|--|
| Direct Care | Includes the salaries and benefits (including unemployment insurance and workers' compensation) of Direct Care Staff (DCS), participant transportation expenses whether using staff's personal vehicles or company owned/leased vehicles), and the physical space in which programs are delivered (e.g., the room in which an Adult Development Center program is operated). Direct care costs should not be reported in the two "Admin" worksheets described in the next several pages. |
| Program Operations | Includes expenses that are neither direct care nor administrative. Such activities are program-specific and can be allocated to individual service codes, but not on behalf of an individual participant. Examples include staff responsible for training direct care workers, office space for program operations staff, accreditation and professional licensing fees, program development, supervision, and quality assurance. |
| Administration | Includes expenses associated with the operation of your agency, but which are not program-specific and which cannot be allocated to individual service codes. Employees that are typically considered administrative include general management, finance/accounting, information technology, and human resource staff. |

Agency Contact Information and Revenues (see p. 7 of the instructions)

Line	Factor	Input
<i>Agency Contact Information</i>		
1	Agency	
2	FEIN/Tax ID(s)	
3	Vendor ID(s)	
4	Contact name for individual responsible for completing this survey	
5	Title of the individual listed on Line 4	
6	Phone number for the individual listed on Line 4	
7	Email address for the individual listed on Line 4	
8	Agency address	
9	City	
10	Zip Code	
<i>Annual Agency Revenues - Report revenues from your agency's most recently completed fiscal year.</i>		
11	DDS program revenues (<i>Total amount from DDS Revenue form</i>)	
12	Federal benefit payments for individuals receiving DDS services (e.g., SSI or SSDI)	
13	Total fundraising and investment income	
14	All other agency revenues	
15	Total Revenues	

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

Agency DDS Program Revenues (see p. 8 of the instructions)

Includes all revenues paid using Regional Center approved rates

Excludes Federal Benefits payments for individuals receiving DDS services

Line	Factor	Input
DDS Service Code		
1	Tailored Day Services, provided under Code 055	
2	Tailored Day Services, provided under Code 505	
3	Tailored Day Services, provided under Code 510	
4	Tailored Day Services, provided under Code 515	
5	Tailored Day Services, provided under Code 520	
6	Tailored Day Services, provided under Code 950	
7	Tailored Day Services, provided under Code 952	
8	Tailored Day Services, provided under Code 954	
9	Tailored Day Services	
10	025 - Tutor Services-Group	
11	028 - Socialization Training - 'Behavioral' Programs	
12	028 - Socialization Training - 'Medical' Programs	
13	028 - Socialization Training - 'Other' Programs	
14	048 - Client/Parent Support Behavior Intervention Trng	
15	055 - Community Integration Training - 'Behavioral' Look-alike Day Program	
16	055 - Community Integration Training - 'Medical' Look-alike Day Program	
17	055 - Community Integration Training - 'Other' Look-alike Day Program	
18	055 - Community Integration Training - Individual Employment	
19	055 - Community Integration Training - In-Home/Community Services	
20	062 - Personal Assistance	
21	063 - Community Activity Support Services - 'Behavioral' Look-alike Day Program	
22	063 - Community Activity Support Services - 'Medical' Look-alike Day Program	
23	063 - Community Activity Support Services - 'Other' Look-alike Day Program	
24	063 - Community Activity Support Services - Individual Employment	
25	063 - Community Activity Support Services - In-Home/Community Services	
26	090 - Crisis Intervention Facility/Bed	
27	091 - In-Home/Mobile Day Program - 'Behavioral' Programs	
28	091 - In-Home/Mobile Day Program - 'Medical' Programs	
29	091 - In-Home/Mobile Day Program - 'Other' Programs	
30	094 - Creative Arts Program - 'Behavioral' Programs	
31	094 - Creative Arts Program - 'Medical' Programs	
32	094 - Creative Arts Program - 'Other' Programs	
33	103 - Specialized Health, Treatment & Training Svcs - G-Tube related treatments	
34	103 - Specialized Health, Treatment & Training Svcs - Dental hygiene training	
35	103 - Specialized Health, Treatment & Training Svcs - Other treatments	
36	106 - Specialized Recreational Therapy - Equestrian Therapy	
37	106 - Specialized Recreational Therapy - Movement Therapy	
38	106 - Specialized Recreational Therapy - Therapeutic Play	
39	106 - Specialized Recreational Therapy - Other therapy	
40	108 - Parenting Support Services	
41	109 - Supplemental Residential Program Support	
42	110 - Supplemental Day Program Support	
43	111 - Supplemental Other Services Program Support	
44	113 - Adult Residential Facilities for Persons with Special Health Care Needs	
45	113 - Specialized Residential Facility	
46	505 - Activity Center - 'Behavioral' Programs	

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

Agency DDS Program Revenues (see p. 8 of the instructions)

Includes all revenues paid using Regional Center approved rates

Excludes Federal Benefits payments for individuals receiving DDS services

Line	Factor	Input
47	505 - Activity Center - 'Medical' Programs	
48	505 - Activity Center - 'Other' Programs	
49	510 - Adult Development Center - 'Behavioral' Programs	
50	510 - Adult Development Center - 'Medical' Programs	
51	510 - Adult Development Center - 'Other' Programs	
52	515 - Behavior Management Program	
53	520 - Independent Living Program	
54	525 - Social Recreation - 'Behavioral' Programs	
55	525 - Social Recreation - 'Medical' Programs	
56	525 - Social Recreation - 'Other' Programs	
57	605 - Adaptive Skills Trainer	
58	612 - Behavior Analyst	
59	613 - Associate Behavior Analyst	
60	615 - Behavior Management Assistant	
61	616 - Behavior Technician - Paraprofessional	
62	620 - Behavior Management Consultant	
63	635 - Independent Living Specialist	
64	645 - Mobility Training Services Agency	
65	650 - Mobility Training Specialist	
66	680 - Tutor	
67	805 - Infant Development Program - Facility-Based	
68	805 - Infant Development Program - In-Home/Community	
69	860 - Homemaker Services	
70	862 - In-Home Respite Services - Agency Model	
71	862 - In-Home Respite Services - Employer of Record (EOR)	
72	875 - Transportation Company	
73	880 - Transportation-Additional Component	
74	882 - Transportation-Assistant	
75	896 - Supported Living Services, Intermittent (Include revenue from 894)	
76	896 - Supported Living Services, Continuous (Include revenue from 894)	
77	896 - Supported Living Services, Cluster Residences (Include revenue from 894)	
78	904 - Family Home Agency	
79	905 - Residential Facility for Adults-Owner Operated	
80	910 - Residential Facility for Children-Owner Operated	
81	915 - Residential Facility for Adults - Staff Operated	
82	920 - Residential Facility for Children - Staff Operated	
83	950 - Supported Employment-Group	
84	952 - Supported Employment-Individual	
85	954 - Rehab Work Activity Program	
86	All Other DDS Revenue (<i>Total for DDS codes not listed above</i>)	
87	DDS program revenues	

**California Department of Developmental Services
DDS Rate Study - Provider Survey**

Administrative Staff - Salary and Benefit Costs (see p. 10 of the instructions)

Include only those staff who perform administrative functions

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

See the instructions for the specific benefits that should be recorded in the 'Cost of Payroll Taxes & Benefits' column

See the instructions for further details on allocation of time for individual job titles reported

Line	Title	# of Emp.	Wages	Cost of Payroll Taxes & Benefits	% of Time Allocated to DDS Program Admin	% of Time Allocated to Fundraising/ Investments	% of Time Allocated to Other Program Admin	% of Time Allocated to Non-Admin. Tasks
Ex.	Executive Director	1	\$75,000	\$6,000	50%		50%	
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**California Department of Developmental Services
DDS Rate Study - Provider Survey**

Independent Living Program (520)

Wages, Training and Duties for Direct Care and Program Operations Staff (see p. 16 of the instructions)

Provide responses for your agency's most recently completed fiscal year.

Line	Job Titles	County or Regional Center (if LA County) Optional Responses	Employee/ Contractor	Total Hours Paid	% of Hours that were Over-time	Total Wages Paid	Average Hourly Wage	Annual Turnover	Staff Training Hours	
									1st Year (per staff average)	Following Years (per staff average)
Ex.	Habilitation Worker	Eastern Los Angeles	Employee	4,160	10%	\$47,600	\$11.44	35%	40	20
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Independent Living Program (520)
Staff Functions and Services Delivered

Line	Job Titles	Job Function						If supervisor, # of staff supervised	Services Delivered/ Supported	
		Direct Care	Supervision of Direct Care Staff	Training/ Program Development	Professional Supports	Other Program Ops Duties	Other Functions		Independent Living (520)	Other Services
Ex.	Habilitation Worker	100%							100%	
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Independent Living Program (Service Code 520)
Productivity and Other Factors (see p. 30 of the instructions)

Line	Factor	Example	Input
Agency Caseload and Service Design			
1	Number of individuals receiving Independent Living services from your organization	100	
2	Average number of hours of service per week per individual	30.00	
3	Average number of service encounters per week per staff person	10	
4	Average encounter length in hours	3.00	
Staffing Ratios. Input the percentage of direct service time provided at each of the following ratios			
5	2:1 staff-to-individual ratio		
6	1:1 staff-to-individual ratio	95%	
7	1:2 staff-to-individual ratio	5%	
8	1:3 staff-to-individual ratio		
Staffing Pattern for a 'typical' week for a staff. Input the number of hours per week for the following:			
9	Total hours worked and paid for in a week	37.00	
10	Providing Independent Living services (should be equivalent to Line 3 * Line 4)	30.00	
11	Providing other billable services	0.00	
12	Participating in individual planning meetings	0.50	
13	Travel time between individuals	4.00	
14	Recordkeeping (do not include documentation during the course of service provision)	1.50	
15	'Employer time' (e.g. receiving one-on-one supervision, participating in staff meetings, etc.)	1.00	
16	Time lost to missed appointments	0.00	
17	Other activities [type description here]	0.00	
18	Other activities [type description here]	0.00	
19	Other activities [type description here]	0.00	
20	Has all time been allocated? (Total hours from Line 9 should equal sum of Lines 10 - 19)	Yes	Yes
21	Total miles driven per week per staff to travel between service encounters	120	
22	Total miles driven per week per staff to transport individuals	60	
23	Total annual cost to your organization for mass transit services related to direct care? (e.g., bus, metro)	\$2,400	
24	Workers' Compensation rate for direct service staff (amount per \$100 wages)	\$1.75	
On-Site Supervision			
25	Does your organization provide on-site supervision of staff providing Independent Living services?	Yes	
26	If yes, average number of hours of on-site supervision provided per staff per year	4.00	

Fringe Benefits for Direct Care and Program Operations Staff (see p. 14 of the instructions)

Line	Factor	Example	Full-Time	Part-Time
Staffing				
1	Number of current employees provide direct services to individuals	30		
2	Average number of work hours per employee per week	35		
Holidays				
3	Are direct care and program operations staff eligible for holiday pay?	Yes		
4	If yes, waiting period before these are eligible for holiday pay	4 - 6 Months		
5	Minimum number of hours per week that these staff must work to be eligible for holiday pay	20		
6	Of the staff listed on Line 1, number currently eligible for holiday pay	22		
7	Average number of annual holidays that eligible direct care and program operations staff receive (in days)	10		
Paid Time Off (PTO, Vacation and Sick Time)				
8	Are direct care and program operations staff eligible to receive paid time off, in addition to holidays?	Yes		
9	If yes, waiting period before staff are eligible for PTO	7 - 9 Months		
10	Minimum number of hours per week that these staff must work to be eligible for PTO	20		
11	Of the staff listed on Line 1, number currently eligible for PTO	18		
12	Average number of annual PTO days that eligible direct care and program operations staff receive (in days)	10		
Health Insurance				
13	Are direct care and program operations staff eligible to receive health insurance through your organization?	Yes		
14	If yes, waiting period before staff are eligible for health insurance	7 - 9 Months		
15	Minimum number of hours per week that these staff must work to be eligible for health insurance	30		
16	Of the staff listed on Line 1, number currently eligible for health insurance	15		
17	Of the staff listed on Line 16, number currently receiving health insurance from your organization	10		
18	Organization's total contribution to health insurance costs in the previous month for the staff listed on Line 17	\$3,835		
19	Calculated average monthly cost per participating employee	\$383.50		
Other Benefits				
20	Does your organization contribute to any other benefits for direct care and program operations staff?	No		
21	[If yes, specify the benefit(s) here]			
22	If yes, waiting period before these staff are eligible for these benefits			
23	Minimum number of hours per week that these staff must work to be eligible for these benefits			
24	Of the staff listed on Line 1, number currently eligible for these benefits			
25	Of the staff listed on Line 24, number currently receiving these benefits from your organization			
26	Organization's cost for providing these benefits in the previous month for the staff listed on Line 25			
27	Calculated average monthly cost per participating employee			
State Unemployment Insurance				
28	Organization's state unemployment insurance tax rate for 2018 (or calculated rate if paying actual costs)	1.50%		

California Department of Developmental Services
 DDS Rate Study - Provider Survey

Administrative & Program Operations Expenses Other Than Staff Salary and Benefits (see p. 12 of the instructions)

Report and allocate costs from your agency's most recently completed fiscal year
 See the instructions for further details on allocation of cost for individual amounts reported

Line	Category	Total Expense	Total Allocation	% of Admin Cost Allocated to DDS Services	% of Admin Cost Allocated to Fundraising/Investments	% of Admin Cost Allocated to Other Services	Prog Ops for:	
1	Administrative facility rent/mortgage/depreciation (exclude direct service space such as community-based day program centers, community care facilities, ARFPSHNs, or other residential facilities)							
2	Administrative facility janitorial/landscaping/etc. not part of rent (exclude direct service space)							
3	Repairs and maintenance (includes facilities and furnishings)							
4	Office equipment and furniture							
5	Depreciation (exclude facility and vehicles)							
6	Interest expense (excluding mortgage)							
7	Utilities/telecommunications/etc. (exclude direct service space costs)							
8	Taxes (exclude payroll taxes and personal income taxes)							
9	Licensing/certification/accreditation fees							
10	Hiring expenses (e.g., advertising; exclude staff costs)							
11	Staff training expense (e.g., fees and materials; exclude staff costs)							
12	Insurance (exclude auto insurance for direct care staff and health, dental, workers' comp for all)							
13	Workers' compensation costs (for Administrative Staff only)							
14	Information technology expense (e.g., computers and software)							
15	Office supplies							
16	Program supplies							
17	Advertising							
18	Dues and subscriptions							
19	Professional consultant services - legal/accounting/etc.							
20	Travel (exclude transporting service recipients or direct care vehicles/ reimbursement)							
21	Allocated corporate office overhead							
22	[If Overhead is reported in Line 21, describe allocation methodology here]							
23	Other 1 (Input Description)							
24	Other 2 (Input Description)							
25	Other 3 (Input Description)							
26	Other 4 (Input Description)							
27	Other 5 (Input Description)							
Calculated Administrative/Program Operations Rate								
28	Total calculated rate (as a percentage of reported revenues)							



FREQUENTLY ASKED QUESTIONS

1. WHY IS THE DEPARTMENT DOING A STUDY?

As required by the Welfare & Institutions Code [Section 4519.8](#) the Department of Developmental Services is required to submit a rate study addressing the sustainability, quality, and transparency of community-based services. The Provider Survey is just one aspect of the overall rate study.

2. WHO SHOULD COMPLETE THE PROVIDER SURVEY?

All providers of services included in the rate study are encouraged to complete the survey. A list of all services included in the rate study is [here](#). [SEE ATTACHED]

3. WHAT DO I NEED TO COMPLETE THE PROVIDER SURVEY?

You will need Microsoft Excel (version 2010 or newer), your latest fiscal year information for administrative and program costs, staff wages and benefits and some service specific productivity information.

4. WHO IS SENDING OUT THE PROVIDER SURVEY SO I KNOW IT IS NOT SPAM OR JUNK MAIL?

The initial notification and reminder emails will come from the contractor conducting the rate study, Burns & Associates. The information will be sent from the following email address: DDSPProviderSurvey@burnshealthpolicy.com.

If you did not receive an email with the survey and instructions they are also located on the Burns & Associates website: www.burnshealthpolicy.com/DDSVendorRates.

5. WILL THE INFORMATION I REPORT BE MADE PUBLIC?

No. Your information will not be made public. Only aggregated data will be part of the survey's analysis and final report. There will be no vendor-specific information published. Data collected through this survey will be used solely for the purpose of evaluating reimbursement rates.

6. IF I CANNOT COMPLETE ALL THE RELATED SECTIONS OF THE PROVIDER SURVEY SHOULD I STILL SUBMIT IT?

Yes. Partially completed surveys will be accepted. Even if a submitted survey is incomplete, the information that your agency is able to provide will be considered as part of the analysis of survey results.

7. HOW DO I KNOW IF I COMPLETED THE PROVIDER SURVEY CORRECTLY?

The survey includes a worksheet tab titled "**SubmissionChecklist**". This form checks for potentially incomplete portions of the survey and common errors. You are encouraged to check this form and make

revisions as appropriate for any red "X" rather than green checkmarks. There also is a worksheet tab titled "TOC" which is the Table of Contents. This is color coded by service code to match the worksheet tabs and it will direct your focus regarding the worksheets to complete for each of the service codes.

8. IS THERE SOMEONE TO CONTACT IF I NEED HELP AND/OR TECHNICAL ASSISTANCE COMPLETING THE SURVEY?

Burns & Associates has provided a dedicated email address and phone number to answer questions and provide technical support.

Email: DDSPROVIDERSURVEY@BURNSHEALTHPOLICY.COM

Phone: 602-241-8515

There are Provider Survey Instructions and a series of pre-recorded webinars on the Burns & Associates website to provide a detailed walk-through of the survey pages.

Website: www.burnshealthpolicy.com/DDSVendorRates

You can also contact your local regional center. They may be able to put you in contact with other providers who are available to provide assistance.

If you have general questions about the Provider Survey, you are also welcome to contact the Department.

Email: vendorsurvey@dds.ca.gov

Phone: 916-654-2300

9. WHAT SHOULD I DO IF I DO NOT UNDERSTAND A SURVEY QUESTION?

Along with the series of webinars, you can access the "Provider Survey Instructions". Each service code of the Provider Survey has explanations within these instructions. Within the survey itself are "fly-over" messages that appear when you select a cell. These messages also provide additional instructions to help you understand what the questions are asking.

10. WHAT IF THERE ARE FACTORS I BELIEVE SHOULD BE CONSIDERED, BUT WERE NOT ASKED IN THE SURVEY?

If there are factors that you believe should be considered, note those issues and any concerns, in the transmittal email when submitting the survey.

11. HOW DO I RETURN MY SURVEY?

You will need to save your completed survey before submission. When saving it add your agency's name to the beginning of the file name. For example, "ABC Agency DDS Rate Study Provider Survey." Surveys are then emailed to Burns & Associates at: DDSPROVIDERSURVEY@BURNSHEALTHPOLICY.COM

12. IF I HAVE MULTIPLE VENDORIZATIONS FROM ONE OR MORE REGIONAL CENTERS, DO I COMPLETE MORE THAN ONE SURVEY?

No. Service providers may report information for all vendorizations on a single survey.