



Division of Aging

Confidentiality and Informed Consent

Your provider's response will be held confidential and will not be shared with other providers. FSSA may share aggregated data from combined survey responses, but will not share provider-specific data.

Your participation in this research study is voluntary. If you decide to participate in this research survey, you may withdraw at any time. If you decide not to participate in this study or if you withdraw from participating at any time, you will not be penalized. Clicking on the Next button confirms your voluntary participation. Thank you!

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20%

A horizontal progress bar with a dark green segment on the left representing 20% completion, followed by a light gray segment for the remaining 80%.



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Provider Information

1. Provider Identification: *

Provider Name *

City *

State *

Provider Information *

Agency

Non-Agency

Identification Number

Identification Number

- Please Select --
- Please Select --
- Provider NPI Number
- Provider LPI Number
- Provider SSN
- Provider EIN



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2. Provider Survey Contact:

Title

First Name *

Last Name *

Email Address *

Phone Number *

Characters used: 0 (minimum 12).
Characters used: 0 out of 12.



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3. Division of Aging Medicaid HCBS waiver program services provided by your entity

Select all that apply: *

- Adult Day Service
- Adult Family Care
- Assisted Living
- Attendant Care
- Behavior Management (TBI only)
- Care Management
- Community Transition
- Emergency Response
- Healthcare Coordination
- Home Delivered Meals
- Home Modification Assessor (A&D only)
- Homemaker
- Nutritional Supplements

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- Pest Control
- Residential Habilitation (TBI only)
- Respite
- Specialized Medical Equipment
- Structured Day Program (TBI only)
- Structured Family Caregiving (A&D only)
- Supported Employment (TBI only)
- Transportation
- Vehicle Modifications

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25%

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Monthly Participant and Staffing Information

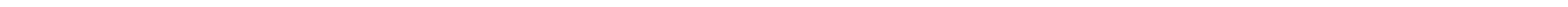
4. Monthly Participant and Staffing Information Reporting Period *

Please specify the latest available monthly reporting period used for the participant and staffing information in this section. Please use the latest available calendar month as the reporting period. If calendar month data is not accessible, please specify a comparable reporting period (for example, a 4 week period) that is no less than 4 weeks in length.

Begin Date: *



End Date: *





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5. Number of Unique Participants Receiving Program-Related Services for the Latest Available Month: *

Aged and Disabled Waiver Participants

Traumatic Brain Injury Waiver Participants

Other Medicaid Participants (Waiver or State Plan)

Private Pay Participants

"Other Medicaid Participants (Waiver or State Plan)" and "Private Pay Participants" should include the number of unique participants not covered by the Division of Aging's Aged and Disabled and Traumatic Brain Injury Medicaid waiver programs, but receiving the same types of services as covered under these two waivers.



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6. Program-Related Direct Support Employees by Type for the Latest Available Month *

Please see "STAFFING INFORMATION DEFINITIONS" below for guidance.

	Employee Monthly Total Paid Hours Worked	Employee Average Wage per Hour	Employee Non-Client Facing Hours Worked as a Percentage of Total Hours	Employee Paid Time Off (PTO) as a Percentage of Total Hours
Direct Care Worker Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Direct Care Worker Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Case Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Nurse (RN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Licensed Practical Nurse (LPN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical, Occupational, or Speech Therapist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Certified Brain Injury Specialist (CBIS)

Qualified Intellectual Disability Professional (QIDP)

Other Certified Social Workers

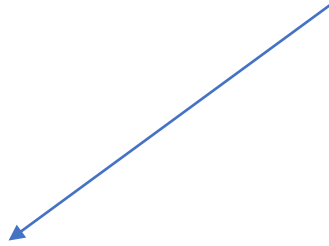
Other Accredited Direct Support Employees (Specify Below)

Please specify "Other" Accredited Direct Support Employees here



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Shows when Adult Day Service, Adult Family Care, Assisted Living, Healthcare Coordination, or Structured Family Caregiving (A&D only) is selected in #3.



7. Division of Aging Waivers' Adult Day Service, Adult Family Care, Assisted Living, TBI Healthcare Coordination or Structured Family Care Paid Service Units by Level for the Latest Available Month *

Total Monthly Participant Paid Service Units (Per Day, Hour or 15-Minutes)

Level 1 participants

Level 2 participants

Level 3 participants

Level 4 participants (if applicable)



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Shows when Adult Day Service, Adult Family Care, Assisted Living, Healthcare Coordination, or Structured Family Caregiving (A&D only) is selected in #3.

8. Reported Unit Basis: *

- Per Day
- Per Hour
- Per 15-minutes

Comments on reported participant and staffing information:



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STAFFING INFORMATION DEFINITIONS

COLUMN DEFINITIONS:

Employee Monthly Total Paid Hours Worked

Please report the number of paid hours worked for direct support employees who directly provided program-related services to a participant or provided supervision of the care of a participant for the monthly reporting period. Include both full time and part time employees. Exclude employees who did not directly provide program support services, such as administrative staff, executive leadership, and staff providing direct services that were not covered under Medicaid waiver programs.

Employee Average Wage per Hour

Please report the average monthly wage per hour for each direct support employee type for the monthly reporting period. Exclude benefits and taxes.

Employee Non-Client Facing Hours Worked as a Percentage of Total Hours

Please report the percentage of direct support employee total hours spent on program-related duties that prevented employees from providing direct services for the monthly reporting period. This includes service record keeping time, travel time between clients, time spent on training and program development, and time spent on other program-related job duties (e.g., staff meetings).

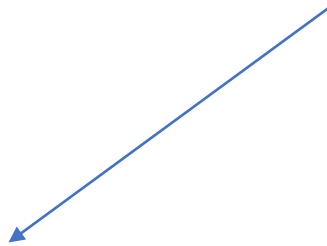
Employee Paid Time Off (PTO) a Percentage of Total Hours

Please report the percentage of direct support employee total hours spent on Paid Time Off (PTO) for the monthly reporting period. This includes vacation time, holidays, sick time and other paid leave.



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Shows when Adult Day Service, Adult Family Care, Assisted Living, Healthcare Coordination, or Structured Family Caregiving (A&D only) is selected in #3.



Total Monthly Participant Paid Service Units for Adult Day Care, Adult Family Care, Assisted Living, TBI Healthcare Coordination or Structured Family Care Services

Please report, by participant level, the total number of paid service units for Adult Day Care, Adult Family Care, Assisted Living, TBI Healthcare Coordination or Structured Family Care services by your provider for the monthly reporting period. Reported units should be either per hour or per 15-minutes (based on how the service is paid).



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EMPLOYEE TYPE DEFINITIONS:

Direct Care Worker Staff

Please include direct care workers who directly assist participants with program-related services, such as Nursing Assistants, Home Health Aides, Personal and Home Care Aides. Direct care workers assist with key activities of daily living, including assisting participants bathe, dress, eat, and other daily tasks. Exclude employees with accreditation specified in the other employee types.

Direct Care Worker Supervisor

Please include direct care supervisors who directly supervise direct care workers providing program-related services. Exclude employees with accreditations specified in the other employee types.

Case Manager

Please include Case Managers who coordinate and integrate services required in the individual's service plan. Please report Case Manager information in this row, regardless of whether they have other accreditations specified in the other employee types.

Registered Nurse (RN)

Please include Registered Nurses (RNs) with a current Indiana RN license, excluding Case Managers.

Licensed Practical Nurse (LPN)

Please include Licensed Practical Nurse (LPNs) with a current Indiana LPN license, excluding Case Managers.

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Physical, Occupational, or Speech Therapist

Please include Physical, Occupational, and Speech Therapists with a current Indiana license, excluding Case Managers.

Other Certified Brain Injury Specialists (CBIS)

Please include Certified Brain Injury Specialists (CBIS) who assist participants with brain injuries to restore, maintain, and promote optimal health, excluding Case Managers.

Other Qualified Intellectual Disability Professionals (QIDP)

Please include Qualified Intellectual Disability Professionals (QIDPs) who have specialized training and experience in treating participants with intellectually disabilities and meet the Divisions of Aging waiver requirements, excluding Case Managers.

Other Certified Social Workers

Please include Certified Social Workers with a current Indiana license, excluding Case Managers, CBIS, QIDP, RNs and LPNs.

Other Accredited Direct Support Employees

Please include all other accredited employees providing program-related direct support services, and specify the employee type in the box provided. Please utilize the other specified employee types to the extent possible.

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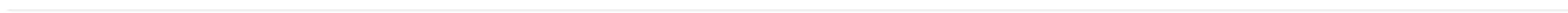
Program-Related Cost Information

9. Please specify the reporting period used for reporting costs in this section. Please use the latest available 12-month fiscal year (FY) as the reporting period. If fiscal year data is not accessible, please specify a recent available reporting period (for example, the latest quarter) that is no less than 1 month in length. *

From *



To *





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10. FYE Program Related Cost Information *

Please see "PROGRAM-RELATED COST DEFINITIONS" below for guidance.

Total Direct Support Employee Salaries and Wages	<input type="text"/>
Total Direct Support Employee Benefits	<input type="text"/>
Total Administrative Costs	<input type="text"/>
Total Program Support Costs	<input type="text"/>
Total Direct Support Contractor Costs	<input type="text"/>

Total Reported Costs : 0

Comments on reported costs:



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PROGRAM-RELATED COST DEFINITIONS

Total direct support employee salaries and wages

Please report total salaries and wages paid to direct support employees. Exclude employees who did not provide program-related direct support services, such as administrative staff, executive leadership, and staff providing direct services that were not covered under Medicaid waiver programs. Also exclude contractor costs.

Total direct support employee benefits

Please report total benefits costs for direct support employees, including health insurance, employer-paid taxes, worker's compensation, etc.

Total administrative costs

Please report total administrative costs related to salaries and benefits for administrative staff and executive leadership, and administrative non-payroll costs including accounting, human resources, office supplies, office leases/depreciation, etc. Exclude non-program related costs such as room and board (unless specifically covered under the Medicaid waiver programs).

Total program support costs

Please report total costs for salaries and benefits for program support staff not included in other cost categories, and program-support costs such as supplies, activities, staff training, quality assurance, transportation, etc. Exclude non-program related costs such as facility maintenance and room and board (unless specifically covered under the Medicaid waiver programs).

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Total direct support contractor costs

Please report total costs related to direct support contractors. Exclude contractors who did not provide program-related direct support services, such as administrative staff, and contractor staff providing direct services that were not covered under Medicaid waiver programs. Also exclude all employee wage and benefits costs.

Program related costs

Program-related costs are the reasonable and necessary costs related to providing services covered under the Medicaid HCBS waiver programs. You may include costs for services provided to clients covered by other payers (or self-pay), so as long as the type of services provided to these clients were the same as those covered under the Medicaid HCBS waiver programs. Non-program related costs, such as operations not related to Medicaid HCBS waiver programs (ex: book store) should be excluded from reported costs. Also, room and board expenses for residential services, such as the costs associated with housing (rent, interest or mortgage expenses, utilities, property maintenance, etc.) should be excluded from reported costs. Meals expenses should also be excluded unless specifically covered under the Division of Aging waiver programs (examples of covered meals include Home Delivered Meals, Nutritional Supplements and Adult Day Service meals).

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Submit

75%

A horizontal progress bar with a green segment on the left and a grey segment on the right, indicating 75% completion.



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You have reached the end of the survey!

100%

A horizontal green progress bar is shown, with a white vertical line at the far left end, indicating that the survey is 100% complete.

Once you have identified answers to these survey questions, please begin the online survey by clicking on the survey link in the email and responding to each question. Entering information into the online survey should take approximately 10 minutes. You will receive a confirmation e-mail once the survey response is submitted.