



# **Idaho Division of Vocational Rehabilitation Rate Study**

## ***Cost Collection Survey Instructions***

**Version 1.0**

**Public Consulting Group LLC  
12/20/23**

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# RATE STUDY BACKGROUND

On behalf of Idaho Division of Vocational Rehabilitation (IDVR), Public Consulting Group LLC (PCG) is conducting a rate study. PCG will analyze program expenses and payment rates that are used in IDVR contracts, and that serve as the basis for compensating providers who deliver services to IDVR customers for the following services:

- Assessment Services
- Benefits Planning
- General VR Job-Related Supports
- Pre-Employment Transition Services (Pre-ETS)
- Supported Employment Services

IDVR recognizes that the compensation made to providers must be competitive and the fee structures established in contracts must be appropriate. The information you provide here will be analyzed with the submissions from other CRPs and used to inform the methodology. All reporting will be done at an aggregate level. Your individual responses will not be identified.

There are many reasons why a fee structure analysis for services is essential for the successful provision of these services, including:

- Updated WIOA regulations,
- Upgrades to the current program processes, and
- Increased successful outcomes for IDVR customers.

PCG will use service specific expenses from submitted Cost Collection Surveys and additional levels of documentation provided to develop rate recommendations to IDVR. Rate recommendations will reflect the analyzed true costs associated with providing the selected services.

PCG will be available to support your organization throughout this engagement. We encourage you to contact the email account below for any questions related to the Cost Collection Survey. The email account is actively monitored during normal business hours (9 a.m. to 5 p.m. Eastern Time). PCG will respond to all emails within one business day.

If you need support or accommodation in completing the Qualtrics Cost Collection Survey, support will be provided. Requests for additional support or accommodation should be made via email at the address below.

Email Account: [IDVRRateStudy@pcgus.com](mailto:IDVRRateStudy@pcgus.com)

## COST COLLECTION SURVEY INSTRUCTIONS

### OBJECTIVE

The purpose of the Cost Collection Survey is to capture revenue and expense information incurred by your organization between **July 1, 2022- June 30, 2023**.

### WHAT SHOULD BE REPORTED?

- Please choose financial statements for **July 1, 2022 – June 30, 2023**, and only include information pertaining to those 12 months in your report.
- If your organization provides services at multiple location sites, please combine all sites' data, and submit one Cost Collection Survey.

## HOW CAN I PREPARE TO COMPLETE THE COST COLLECTION SURVEY?

It is important that you gather documentation needed to complete the Cost Collection Survey successfully and easily. Here are some items PCG suggests you prepare ahead of time to have available:

- Rent/Mortgage Statement
- IRS Documents such as 2022 Income Tax Forms
- Audited or Unaudited Financial Statements
- Income Statement/Profit & Loss
- General Ledger Detail
- W2s/1099s
- Budgetary Reports

## SUBMISSION INSTRUCTIONS

- The Cost Collection Survey is completed via the Qualtrics platform. A member of your organization will receive an email with a secure link to complete the Cost Collection Survey. You may forward this email to the representative in your organization that will be inputting information into the Cost Collection Survey.
- If you are unable to complete the Cost Collection Survey in one sitting, Qualtrics will automatically save your progress and you may return to it later. **Please note that you need to complete the Cost Collection Survey on the same device where you started (i.e., desktop, laptop, phone, tablet, Mac).**
- Please submit the completed Cost Collection Survey through the Qualtrics platform on or before **Friday, February 16, 2024, at 10:00pm PST**. If your organization requires additional time to complete, please contact PCG via email.

## HOW TO COMPLETE THE COST COLLECTION SURVEY

The Cost Collection Survey contains seven (7) sections:

1. Provider Contact Information: Captures your organization's basic contact information.
2. Provider Service Information: Captures the number of customers and level of administrative effort (**i.e., travel time and mileage**) your organization provides in each distinct (former) service region.
3. Revenue: Summarizes all revenue received from VR services.
4. Expenses: Summarizes all expenses incurred (e.g., admin costs, building, office supplies, etc.).
5. Personnel: Captures the expense and service information of staff who work with VR services as well as FTEs for positions open, on staff, and those who resigned during FY2023.
6. Time Study: Collects information regarding total staff time, conducting both direct and indirect services, required to complete each IDVR service included in this rate study.
7. Summary & Attestation: Allows for the secure submission of requested supporting financial documentation. Provides assurance that an individual authorized by your organization has reviewed and approved of the contents of the Cost Collection Survey.

Below, there are instructions on how to complete each section.

### 1. PROVIDER CONTACT INFORMATION

This section provides PCG with a main contact person to communicate with throughout the engagement. Below is a listing of definitions for unique fields.

- Community Rehabilitation Provider Name: Select your organization name from the drop-down menu provided.
- Doing Business as Name: Enter the organization name you use for all correspondence with IDVR, if different from your Community Rehabilitation Provider Name.
- Please describe your organization type: Indicate if you are a Community Rehabilitation Provider or "other". If "other," please explain in the box provided.
- IRS Tax Status: Select from the list the appropriate tax status for your organization
- Community Rehabilitation Provider Street Address: Enter your organization's street address.
- Community Rehabilitation Provider City, State, and Zip Code: Enter your organization's city, state, and zip code.
- Contact Name: The contact person should be the staff authorized by the organization to answer questions about your submitted Cost Collection Survey.
- Contact Position: Enter the job title of the contact.

- Contact Email: enter the email of the contact.
- Contact Phone: enter the phone number of the contact.

At the bottom of each page, you will click the arrow at the bottom right corner to proceed to the next set of questions on the following page.

**NOTE:** All required questions on the page must be completed prior to clicking to proceed to the next page of questions, or you will be prompted to return to the blank questions.

Figure 1: Provider Contact Information 1-4

Figure 1: Provider Contact Information 5-1

## 2. PROVIDER SERVICE INFORMATION

This section captures information regarding where your organization serves customers (i.e., in which former IDVR service regions) and the level of administrative effort and costs (i.e., travel time and mileage) that accompany the service delivery. In the first question, you select all former IDVR service regions in which you provided services in FY2023. For each former IDVR service region you select, you will be asked to report:

- Number of unduplicated customers served.
- Number of authorizations for service received.
- Average total distance (in miles) traveled per staff member per week to provide services.
- Average total time (in minutes) traveled per staff member per week to provide services.

You will be asked to report these four values for **each former IDVR service region selected in the first question** of this section. After selecting all service regions in which you served in FY2023 and proceeding to the next screen, the first region that you indicated as applicable to your organization’s service provision will prepopulate at the top of the screen. Please provide values for the four distinct questions (i.e., customers served, authorizations received, miles travelled, and minutes travelled) specific to the former IDVR service region displayed (prepopulated) at the top of the screen. Once those values are inputted, press the arrow on the bottom right corner of the screen to proceed to the next screen.

As you enter the applicable values and select the blue arrow in the bottom right corner of the screen, you will be prompted to enter four distinct values for **each former IDVR service region that you selected in the initial prompt** (i.e., if you selected one region, you will see one screen asking to input these values; if you selected seven regions, you will see seven consecutive screens asking to input these values). As you proceed through the prompts, the specific former IDVR service

region will prepopulate and be displayed at the top of each screen. The values you enter for any region's questions should reflect service data for the former IDVR service region displayed on the top of the page.

*The first former IDVR service region that you selected will be displayed on the top of the following prompt. Enter values relative to that specific region (e.g., Treasure Valley Central region).*

IDVR Cost Collection and Personnel Roster

**Please complete the following survey questions for the 2023 Fiscal Year: July 1, 2022 - June 30, 2023.**

In which former service region(s) (i.e., 1- Coeur d'Alene; 2- Lewiston; 3- Treasure Valley Central; 4- Twin Falls; 5- Pocatello; 6- Idaho Falls; 7- Treasure Valley West; 8- Treasure Valley East) did you provide IDVR-funded services during the reporting period (2023 Fiscal Year: July 1, 2022 – June 30, 2023)?

- Coeur d'Alene
- Lewiston
- Treasure Valley Central**
- Twin Falls
- Pocatello
- Idaho Falls**
- Treasure Valley West
- Treasure Valley East

Report Period: 2023 Fiscal Year: July 1, 2022- June 30, 2023

Figure 3: Provider Service Information 1

IDVR Cost Collection and Personnel Roster

**Please complete the following survey questions for the 2023 Fiscal Year: July 1, 2022 – June 30, 2023.**

Please answer the following questions regarding services provided for customers in the **Treasure Valley Central** region. If you serve more than one service region, you will be asked to provide responses for the four questions below for each service region that you serve.

Number of unduplicated customers served in this region:

Number of authorizations for service in this region:

On average, how much **total distance** (miles) does **a single staff member** travel **per week** to provide direct services in this region? Please report an average value of weekly travel miles, associated with providing direct services, across all staff members to represent a single staff's value.

**Example:** 10 staff travel 100 miles weekly, 10 staff travel 20 miles weekly, and 5 staff travel 50 miles weekly: average value =  $\{(1000 \text{ miles} + 200 \text{ miles} + 250 \text{ miles}) / 25 \text{ staff}\}$ ; average value = 58 miles/staff. Enter 58 miles below.

Please include additional narrative to explain your average calculation, as needed.

Figure 4: Provider Contact Information 1.1a-1.3a

Once you input all values for the first selected region (e.g., Treasure Valley Central region) and select the blue arrow to proceed, the following screen will ask for the same data for the second selected region (e.g., Idaho Falls region).

On average, how much **total time** (minutes) does **a single staff member** travel **per week** to provide direct services in this region? Please report an average value of weekly travel minutes, associated with providing direct services, across all staff members to represent a single staff's value.

**Example:** 10 staff travel 100 minutes weekly, 10 staff travel 20 minutes weekly, and 5 staff travel 50 minutes weekly: average value =  $\{(1000 \text{ minutes} + 200 \text{ minutes} + 250 \text{ minutes}) / 25 \text{ staff}\}$ ; average value = 58 minutes/staff. Enter 58 minutes below.

Please include additional narrative to explain your average calculation, as needed.

←
→

Figure 5: Provider Service Information 1.4a

*IDVR Cost Collection and Personnel Roster*

**Please complete the following survey questions for the 2023 Fiscal Year: July 1, 2022 – June 30, 2023.**

Please answer the following questions regarding services provided for customers in the **Idaho Falls region**. If you serve more than one service region, you will be asked to provide responses for the four questions below for each service region that you serve.

Number of unduplicated customers served in this region:

Number of authorizations for service in this region:

On average, how much **total distance** (miles) does **a single staff member** travel **per week** to provide direct services in this region? Please report an average value of weekly travel miles, associated with providing direct services, across all staff members to represent a single staff's value.

**Example:** 10 staff travel 100 miles weekly, 10 staff travel 20 miles weekly, and 5 staff travel 50 miles weekly: average value =  $\{(1000 \text{ miles} + 200 \text{ miles} + 250 \text{ miles}) / 25 \text{ staff}\}$ ; average value = 58 miles/staff. Enter 58 miles below.

Please include additional narrative to explain your average calculation, as needed.

Figure 6: Provider Service Information 1.1b-1.4b

### 3. REVENUE

This section captures all revenue received by your organization.

- Revenue from Assessment Services: Enter in the box the total revenue received specifically for Assessment Services.
- Revenue from Benefits Planning Services: Enter in the box the total revenue received specifically for Benefits Planning Services.
- Revenue from General VR Job-Related Supports: Enter in the box the total revenue received specifically for General VR Job-Related Supports.
- Revenue from Pre-Employment Transition Services: Enter in the box the total revenue received specifically for Pre-Employment Transition Services.
- Revenue from Supported Employment Services: Enter in the box the total value of revenue received specifically for Supported Employment Services.
- Revenue from Grants (e.g. federal, state, local or private entity): Enter in the box the total revenue received related to grants.
- Revenue from Monetary Donations: Enter in the box the value of all monetary donations received.
- Revenue from In-Kind Donations: Enter in the box the value of all in-kind donations received.
- Revenue from Other Sources (please specify): Enter in the box the value of any other revenue that does not fit in the above categories. If you are reporting any “other” revenue, you must explain the revenue in the comment box provided.
- Total: The total box will auto-populate to sum the amount of revenue you have reported for each category.

Please complete the following survey questions for the 2023 Fiscal Year: July 1, 2022 – June 30, 2023.

Please enter your program's annual VR revenue for each category during the 2023 Fiscal Year: July 1, 2022 – June 30, 2023 reporting period. Please ensure all sources of revenue for the VR services you provide are indicated in a category below.

**\*\*NOTE:** For the following revenue by service-type questions, please only include VR revenue received for this service. Do not include outside revenue received for the same service.

Revenue from Assessment Services	\$ 0
Revenue from Benefits Planning	\$ 0
Revenue from General VR Job-Related Supports	\$ 0
Revenue from Pre-Employment Transition Services	\$ 0
Revenue from Supported Employment	\$ 0
Revenue from Grants (e.g., federal, state, local or private entity)	\$ 0
Revenue from Monetary Donations	\$ 0
Revenue from in-Kind Donations	\$ 0
Revenue from Other sources (please specify)	\$ 0
<b>Total</b>	<b>\$ 0</b>

Figure 7: Revenue Overview

**Service Revenue:** when an amount is entered for any of the above revenue sources, the survey’s logic will prompt you to provide information regarding revenue related to specific services. Each section will prompt a reminder of the amount entered on previous page for reference. Reference IDVR Standards for Providers for guidance regarding service definition. [IDVR CRP Service Manual 2019](#)

**Assessment Services Revenue:** Enter the corresponding amount of revenue for each service provided.

- Assessment: CBWE
- Assessment: CBWE Site Development
- Assessment: Work Experience Services
- Assessment: Staffing
- Assessment: Vocational Evaluation
- Total: The “Total” box will auto populate to sum the amount of revenue you have reported for each category. **NOTE:** The total entered in each of the five categories must enter the total value you entered for

*IDVR Cost Collection and Personnel Roster*

Please define the specific amounts received for each Assessment service. The total amount below should equal \$ 1000

Assessment: CBWE	\$ 250
Assessment: CBWE Site Development	\$ 250
Assessment: Staffing	\$ 250
Assessment: Vocational Evaluation	\$ 250
<b>Total</b>	<b>\$ 1,000</b>

Please use this space to enter any comments or notes for your revenue from Assessment services.

Figure 8: Revenue- Assessment

Assessment Services Revenue (displayed at the top of the current page), or you will be prompted to fix your entries before proceeding.

- Comments: Enter any explanations or feedback regarding reported values for Assessment Services Revenue.

**Benefits Planning Services Revenue:** Enter the corresponding amount of revenue for each service provided.

- Benefits Planning – Hourly
- Benefits Summary & Analysis (BS&A)
- Total: The “Total” box will auto populate to sum the amount of revenue you have reported for each category. **NOTE**: The total entered in each of the two categories must enter the total value you entered for Benefits Planning Services Revenue (displayed at the top of the current page), or you will be prompted to fix your entries before proceeding.
- Comments: Enter any explanations or feedback regarding reported values for Benefits Planning Service Revenue.

*IDVR Cost Collection and Personnel Roster*

Please define the specific amounts received for each Benefits Planning service. The total amount below should equal \$ 1000

Benefits Planning - Hourly	\$ 699
Benefits Summary & Analysis (BS&A)	\$ 301
<b>Total</b>	<b>\$ 1,000</b>

Please use this space to enter any comments or notes for your revenue from Benefits Planning services.

Figure 9: Revenue- Benefits Planning

**General VR Job-Related Revenue:** Enter the corresponding amount of revenue for each service provided.

- Job Search Assistance
- Job Supports – Short Term
- Training – Job Readiness
- Total: The “Total” box will auto populate to sum the amount of revenue you have reported for each category. **NOTE**: The total entered in each of the three categories must enter the total value you entered for General VR Job-Related Revenue (displayed at the top of the current page), or you will be prompted to fix your entries before proceeding.
- Comments: Enter any explanations or feedback regarding reported values for your General VR Job-Related Revenue.

*IDVR Cost Collection and Personnel Roster*

Please define the specific amounts received for each General VR Job-Related Supports service. The total amount below should equal \$ 1000

Job Search Assistance	\$ 334
Job Supports-Short Term	\$ 333
Training - Job Readiness	\$ 333
<b>Total</b>	<b>\$ 1,000</b>

Please use this space to enter any comments or notes for your revenue from General VR Job-Related Supports services.

Figure 10: Revenue- General VR Job-Related

**Pre-Employment Transition Services Revenue (Pre-ETS):** Enter the corresponding amount of revenue for each service provided.

- Pre-ETS – Work Based Learning Experience
- Pre-ETS – Workplace Readiness Training
- Total: The “Total” box will auto populate to sum the amount of revenue you have reported for each category. **NOTE**: The total entered in each of the three categories must enter the total value you entered for Pre-ETS Revenue (displayed at the top of the current page), or you will be prompted to fix your entries before proceeding.
- Comments: Enter any explanations or feedback regarding reported values for your Pre-ETS Revenue.

*IDVR Cost Collection and Personnel Roster*

Please define the specific amounts received for each Pre-Employment Transition services. The total amount below should equal \$ 1000

Pre-ETS - Work Based Learning Experience	\$ 450
Pre-ETS - Workplace Readiness Training	\$ 550
<b>Total</b>	<b>\$ 1,000</b>

Please use this space to enter any comments or notes for your revenue from Pre-Employment Transition services.

Figure 11: Revenue – Pre-ETS

**Supported Employment Services Revenue:** Enter the corresponding amount of revenue for each service provided.

- VR-Funded Supported Employment – Job Coaching
- **Total:** The “Total” box will auto populate to sum the amount of revenue you have reported for each category. **NOTE:** The total entered in each of the two categories must enter the total value you entered for your Supported Employment Services Revenue (displayed at the top of the current page), or you will be prompted to fix your entries before proceeding.
- **Comments:** Enter any explanations or feedback regarding reported values for your Supported Employment Services Revenue

*IDVR Cost Collection and Personnel Roster*

Please define the specific amounts received for each Supported Employment services. The total amount below should equal \$ 1000

VR-Funded Supported Employment - Job Coaching	\$ 1000
<b>Total</b>	<b>\$ 1,000</b>

Please use this space to enter any comments or notes for your revenue from Supported Employment services.

*Figure 12: Revenue- Supported Employment Services*

**Revenue from Grants (e.g., federal, state, local or private entity):** Enter and describe the specific amounts received for each grant. **NOTE:** The description should explain each grant received. The total for all grants received and described in the box should enter the total value you entered for Grants (displayed in this question).

Please describe the revenue from grants (e.g., federal, state, local or private entity) and specific amounts received for each source. The total amount below should equal \$ 1000

*Figure 13: Revenue- Grants*

**Revenue from Monetary Donations:** Enter and describe the revenue from monetary donations and specific amounts received for each source. **NOTE:** The description should explain each donation received. The total for all donations received and described in the box should enter the total value you entered for Monetary Donations (displayed in this question).

Please describe the revenue from monetary donations and specific amounts received for each source. The total amount below should equal \$ 1000

*Figure 14: Revenue- Monetary Donations*

**Revenue from In-Kind Donations:** Enter and describe the revenue from in-kind donations and specific amounts received for each source. **NOTE:** The description should explain each donation received. The total for all donations received and described in the box should enter the total value you entered for in-kind donations (displayed in this question).

Please describe the revenue from in-kind donations and specific amounts received for each source. The total amount below should equal \$ 1000

*Figure 15: Revenue- In-Kind Donations*

**Revenue from Other Sources:** Enter and describe the revenue from other sources and specific amounts received for each source. **NOTE:** The total for all Other Sources of revenue received and described in the box should enter the total value you entered for Other Sources of revenue (displayed in this question).

Please describe the revenue from other sources and specific amounts received for each source. The total amount below should equal \$ 1000

*Figure 16: Revenue- Other Sources*

**Additional Comments, Context, or Notes:** Enter any additional comments, context, or notes about your revenue entries in the provided text box.

Please use this space to enter any additional comments, context, or notes about your revenue entries:

Figure 17: Revenue- Additional Comments

#### 4. EXPENSES

This section captures all other expenses incurred by your organization associated with VR services. As you enter expense category values, the **Total Expenses** automatically calculate the total of the above fields. For each category, include the following costs:

- **Administrative Cost Allocation:** Enter any administrative staff costs outside of the costs for direct administrative staff at your organization (i.e., portion of CEO salary for Idaho offices). Please describe any costs in the additional comments text box below this question.
- **Advertising and PR:** Enter any costs associated with advertising, marketing, etc. to support your organization providing VR services.
- **Building and Grounds, including Maintenance and Repairs:** Enter costs related to the physical facility where your organization operates.
- **Contracted Services (i.e., Non-VR Services: Security, HR, Etc.):** Enter any professional service costs.
- **Depreciation Expense:** Enter the value of the portion of any fixed asset(s) that has been consumed in the current fiscal year and is charged to expense.
- **Equipment (computers, printers, phones, etc.):** Enter costs related to equipment. This could include computers, mobile devices, printers, desks, chairs, etc.
- **Federal and State Taxes:** Enter all federal and state taxes paid.
- **Furniture & Fixtures:** Enter costs associated with purchase or upkeep of property that your business owns and uses in day-to-day business that is not attached to the building.
- **Liability/Workman's Compensation Insurance:** Enter costs associated with obtaining and maintain Liability Insurance (a form of insurance coverage that provides protection from third-party lawsuits) or Workman's Compensation Insurance (a form of insurance coverage that pays benefits to staff who are injured or become disabled because of their job).
- **Memberships Dues and Subscriptions:** Enter any cost associated with membership affiliations related to providing VR services.
- **Mortgage or Rent:** Enter all mortgage and/or rent payments.
- **Office Supplies:** Enter costs related to office supplies.
- **Other Transportation/Travel:** Enter costs related to transportation other than staff mileage reimbursement. This can include rideshare, airfare, and other public transportation. Do not include vehicle purchases, maintenance, or depreciation.
- **Phone and Internet:** Enter all phone and internet costs.
- **Postage and Mailing, Printing and Binding, and Photocopy Expense:** Enter costs related to postage and mailing, printing, and binding, and photocopy expenses.
- **Real Estate Taxes:** Enter the cost of all property taxes and other real estate taxes.

Please complete the following survey questions for the 2023 Fiscal Year: July 1, 2022 – June 30, 2023.

Please enter the program costs for the 2023 Fiscal Year: July 1, 2022 – June 30, 2023, reporting period in each of the categories below.

Administrative Cost Allocation (please describe):	\$ 0
Advertising and PR:	\$ 0
Building and Grounds (includes Maintenance and Repairs):	\$ 0
Contracted Services (i.e., Non-VR Services: Security, HR, Etc.):	\$ 0
Depreciation Expense:	\$ 0
Equipment (computers, printers, phones, etc.):	\$ 0
Federal and State Taxes:	\$ 0
Furniture & Fixtures:	\$ 0
Liability/Workman's Compensation Insurance:	\$ 0
Membership Dues and Subscriptions:	\$ 0
Mortgage or Rent:	\$ 0
Office Supplies:	\$ 0
Other Transportation/Travel:	\$ 0
Phone and Internet:	\$ 0
Postage and Mailing, Printing and Binding, Photocopy:	\$ 0
Real Estate Taxes:	\$ 0
Software & Subscriptions (MS office, Zoom, etc.):	\$ 0
Staff Mileage Reimbursement:	\$ 0
Training and Professional Development:	\$ 0
Utilities:	\$ 0
Vehicle Lease and Maintenance:	\$ 0
VR Educational Supplies:	\$ 0
Accreditation Fees:	\$ 0
Other Expenses (e.g., background checks, recruitment expenses, etc.):	\$ 0
<b>Total</b>	<b>\$ 0</b>

Figure 18: Expenses- Overview

- **Software & Subscriptions (MS Office, Zoom, etc.):** Enter the cost of computer software, programs or other monthly/annual type memberships that assist in service delivery.
- **Staff Mileage Reimbursement:** Enter the cost of travel related to mileage reimbursement incurred for VR services. Do not include vehicle purchases, maintenance, or depreciation.
- **Training and Professional Development:** Enter costs related to training. This could include the cost of running internal training and the cost of hiring outside contractors for training purposes. Please do not include the cost of staff time for attending these training courses.
- **Utilities:** Enter the cost of annual utilities including electricity, and gas, etc.
- **Vehicle Lease and Maintenance:** Enter costs for vehicles including leasing costs and maintenance.
- **VR Educational Supplies:** Enter costs for supplies for VR educational purposes.
- **Accreditation Fees:** Enter any accreditation fees related to providing VR services. Please explain if the cost reported is incurred annually, bi-annually, or tri-annually in the corresponding section.
- **Other Expenses:** Enter any other costs that were incurred that are not included in the above categories. Please fill out the Notes/Comments section with information on these expenses.

Entering a value for any of following categories will prompt a follow-up question within the Cost Collection Survey:

- Administrative Cost Allocation
- Accreditation Fees
- Other

After entering total expenses for each general expense category and pressing the blue arrow at the bottom of the screen, you will see text boxes for an explanation of any of these three expense types (Administrative Cost Allocation, Other, and Accreditation), if you reported a value for any of these expenses in the overview question.

If you reported Administrative Cost Allocation and/or Other expenses, please explain the types of expenses that are included, for each category.

If you reported Accreditation expenses, please explain the types of expenses reported for that category **and** provide an explanation regarding the frequency of those expenses (i.e., does the reported value indicate your annual, biannual, or triannual payments for those types of expenses).

A general comment essay text box is also provided at the conclusion of the expenses section. Please provide a general explanation regarding your organization’s expenses that you think is pertinent to this cost analysis.

The screenshot shows a form titled "Expenses-Explanation" with four text input areas. The first area is for "Administrative Cost Allocation" with a prompt: "You specified an amount in the 'Administrative Cost Allocation' expense category. Please use this space to describe what is included in this amount. The total amount below should equal \$ 1000". The second area is for "Other Expenses" with a prompt: "You specified an amount in the 'Other Expenses' expense category. Please use this space to describe what is included in this amount. The total amount below should equal \$ 1000". The third area is for accreditation fees with a prompt: "If you reported an accreditation expense on the previous page, please explain if the cost reported is incurred annually, bi-annually, or tri-annually.". The fourth area is a general comment box with a prompt: "Please use this space to enter any additional comments, context, or notes about your expense entries:". Each input area has a blue arrow icon at the bottom right corner.

Figure 19: Expenses- Explanation

## 5. PERSONNEL

This section captures all expenses related to personnel and is split into **five subsections** to capture a variety of information about personnel expenses. The subsections cover the following: Number of Full Time Equivalencies, Personnel Program Costs, Personnel Time Off, Direct Service Personnel Roster, and Vacant Positions.

### 5.1 Number of Full Time Equivalencies

The first subsection captures the number of Full Time Equivalencies (FTE) at your organization that delivers VR services. These FTEs are divided into three categories: Administrative Leadership FTEs, Direct Service FTEs, and Support Staff FTEs. Please use a consistent and acceptable allocation method to divide FTEs by position type, if applicable. Part-time staff working 20 hours a week are considered .5 FTE. Agencies should use the comment box to add any clarifications or explanations about the number of FTEs reported. If you are reporting any part-time staff, indicate in the comment box the number of part-time staff you are reporting and clarify the position.

**Please complete the following survey questions for the 2023 Fiscal Year: July 1, 2022 – June 30, 2023.**

Please enter your VR-Specific Full time Equivalencies (FTEs) in each category based on full-time requirements. For example, each full-time employee working 40 hours per week would be considered 1 FTE; whereas, each part-time employee working 20 hours a week would be considered .5 FTE.

Administrative Leadership FTEs:	<input type="text" value="0"/>	FTEs
Support Staff FTEs:	<input type="text" value="0"/>	FTEs
Direct Staff FTEs:	<input type="text" value="0"/>	FTEs
<b>Total</b>	<input type="text" value="0"/>	<b>FTEs</b>

Please use this space to enter any comments or notes about your FTE entries:

Figure 20: FTEs

### 5.2 Personnel Program Costs

The next subsection covers the expenses associated with personnel. Please provide the costs associated with each item from **July 1, 2022 - June 30, 2023**. Your organization can use the comment section to provide any additional information that is necessary about personnel expenses in any of the categories. **Note:** Salaries should align with the personnel information provided in 5.1 Number of Full-Time Equivalencies.

Please document the total amount your organization spent for the respective items for staff working on VR services in the appropriate line.

- **Administrative Leadership Salaries:** List the total amount your organization provided in compensation for Administrative Leadership salaries.
- **Personnel Taxes:** Provide the total cost your organization paid for taxes associated with Administrative Leadership Salaries.
- **Worker's Compensation:** Provide the cost of workers' compensation, for Administrative Leadership positions.
- **Health Care:** Provide the cost of healthcare benefits for Administrative Leadership positions.
- **Retirement:** Provide the cost of retirement benefits for Administrative Leadership positions.
- **Other Fringe Benefits:** Provide the total amount your organization spends on other fringe benefits for Administrative Leadership positions that are not captured in the previous categories. If your organization includes any costs in this line, please be sure to explain what those costs are in the comment section. (i.e., Discount Programs, or EAP)
- **Total:** The total will auto populate based on information entered for each category.

Please enter your VR program salary costs for the reporting period for Administrative Leadership FTEs:  
 Note: Salaries should align with the information provided above.

Administrative Leadership Salaries and Owner Draws	\$	<input type="text" value="0"/>
Personnel Taxes	\$	<input type="text" value="0"/>
Worker's Compensation	\$	<input type="text" value="0"/>
Health Care	\$	<input type="text" value="0"/>
Retirement	\$	<input type="text" value="0"/>
Other Fringe Benefits	\$	<input type="text" value="0"/>
<b>Total</b>	\$	<input type="text" value="0"/>

Figure 21: Administrative FTEs

- **Direct Service Salaries:** List the total amount your organization provided in compensation to Direct Service positions.
- **Personnel Taxes:** Provide the total cost your organization paid for taxes associated with Direct Service Salaries.
- **Worker's Compensation:** Provide the cost of workers' compensation for Direct Service positions.
- **Health Care:** Provide the cost of healthcare benefits for Direct Service positions.
- **Retirement:** Provide the cost of retirement benefits for Direct Service positions.
- **Other Fringe Benefits:** Provide the total amount your organization spends on other fringe benefits for Direct Service positions that are not captured in the previous categories. If your organization includes any costs in this line, please be sure to explain what those costs are in the comment section. (ie. Discount Programs, or EAP)
- **Total:** The total will auto populate based on information entered for each category.

Please enter your VR program salary costs for the reporting period for Direct Service FTEs:

Note: Salaries should align with the information provided above.

Direct Service Salaries	\$ 0
Personnel Taxes	\$ 0
Worker's Compensation	\$ 0
Health Care	\$ 0
Retirement	\$ 0
Other Fringe Benefits	\$ 0
<b>Total</b>	\$ 0

Figure 22: Direct Service FTEs

- **Support Staff Salaries:** List the total amount your organization provided in compensation for Support Staff positions.
- **Personnel Taxes:** Provide the total cost your organization paid for taxes associated with Support Staff Salaries.
- **Worker's Compensation:** Document the cost of workers' compensation for Support Staff positions.
- **Health Care:** Provide the cost of healthcare benefits for Support Staff positions.
- **Retirement:** Document the cost of retirement benefits for Support Staff positions.
- **Other Fringe Benefits:** Please list the total amount your organization spends on other fringe benefits for Support Staff positions that are not captured in the previous categories. If your organization includes any costs in this line, please be sure to explain what those costs are in the comment section. (ie. Discount Programs, or EAP)
- **Total:** The total will auto populate based on information entered for each category.

Please enter your VR program salary costs for the reporting period for Support Staff FTEs:

Note: Salaries should align with the information provided above.

Support Staff Salaries	\$ 0
Personnel Taxes	\$ 0
Worker's Compensation	\$ 0
Health Care	\$ 0
Retirement	\$ 0
Other Fringe Benefits	\$ 0
<b>Total</b>	\$ 0

Figure 23: Support Staff FTEs

- **Independent Contractor Payments:** List the total payment made to independent contractors providing VR services.
- **Total:** The total will auto populate based on information entered for each category.
- **Comment Box:** Enter any additional information to explain Independent Contractor payments, as needed, in the comment box.

Please enter your VR program costs for the reporting period for Independent Contractors:

Independent Contractor Payments (Please describe the costs below)

<input type="text"/>	\$ 0
<b>Total</b>	\$ 0

Please use this space to enter any comments or notes about your program cost entries:

Figure 24: Independent Contractors

### 5.3 Personnel Time Off

The next subsection captures holiday days, vacation days, and sick days. For this section, please calculate the **average number of days, per staff**, (full-time and part-time) at your organization (e.g., If your organization has 10 staff, five of which receive 10 vacation days and five of which receive 12 vacation days, enter 11 vacation days). Be sure to include partial days in the reported numbers, if needed. If you do not distinguish between vacation or sick days, please place all the time into the vacation days box. **\*Do not include Personnel time off For Contract Positions**

- **Holiday Days:** Please enter the average number of paid holiday days allocated to personnel.
- **Vacation Days:** Please enter the average number of paid vacation days allocated to personnel.
- **Sick Days:** Please enter the average number of paid sick days allocated to personnel.

Please enter the average number of non-working days in each category per person per year for all full-time and part-time staff. If there is no distinction between vacation or sick days, please place all time into the vacation days box.

Holidays	<input type="text" value="0"/> days
Vacation Days	<input type="text" value="0"/> days
Sick Days	<input type="text" value="0"/> days
<b>Total</b>	<input type="text" value="0"/> days

Please use this space to enter any comments or notes you have about your non-working days entries above.

Figure 25: Personnel Time Off

### 5.4 Direct Service Personnel Roster

The fourth subsection captures a staff roster for all full-time and part-time staff, as well as independent contractors, that work in direct VR services at your organization. This matrix will capture the person, staff type, their position(s), highest education attained, staff certifications or licensures, the number of hours paid (annually or total during the reporting period), percentage of time allocated to VR services, annual salary or amount paid for hours worked, and the total annual mandatory and non-mandatory benefits paid (taxes, WC, benefits).

- **Last Name and First Name:** List the staff's first and last name, ID number or mnemonic. If your organization uses something other than a name, please be sure to keep a reference in case PCG has additional follow-up questions about any individual entries.
- **Staff Type:** Use the drop-down list to select the appropriate employment status for each staff member. Your organization may select "Full-Time," "Part-Time," or "Independent Contractor."
- **Primary Title:** Use the drop-down list to select the most appropriate job title for this position. Your organization may use slightly different titles, but please do your best to select the closest title from the list. If you selected "Other" please indicate the personnel name (or ID) and recognized job title, for each staff identified as "Other" in the question below the personnel roster.
- **Secondary Title:** Use the drop-down list to select the most appropriate secondary job title for this position. Your organization may use slightly different titles, but please do your best to select the closest title from the list. If you selected "Other" please indicate the personnel name (or ID) and recognized secondary job title for each staff identified as "Other" in the question below the personnel roster.
- **Highest Education Attainment:** Utilize the drop down to select the highest level of education for each staff listed on the personnel roster.
- **Staff Certifications or Licensures:** Provide any certifications or licensures each staff listed on the personnel roster holds.
- **Number of Hours Paid:** List the total number of hours this staff worked annually or total during the review period.
- **Percent of Time Allocated to Vocational Rehabilitation:** Indicate the percentage of time this staff provided VR direct services during the review period.
- **Total Annual Salary or Amount Paid for hours worked:** Provide the annual salary or the prorated amount paid of the staff for the review period. For non-salaried personnel, list the total hourly amount paid over the review period.
- **Total Annual Mandatory and Non-Mandatory Benefits Paid:** For each staff member listed, provide the total annual amount mandatory and non-mandatory benefits paid (taxes, workers compensation, and other benefits).

	Last Name	First Name	Staff Type	Primary Title	Secondary Title (if Applicable)	Highest Education Attained	Staff Certifications or Licensures	# Hours Paid (Annually or total during the reporting period)	% Time Allocation to Vocational Rehabilitation	Total Annual Salary, or Amount Paid for hours worked	Total Annual Mandatory and Non-Mandatory Benefits Paid (Taxes, WC, Benefits)
	Or ID # / Mnemonic	Or ID # / Mnemonic					Text	Hours	Percent	\$	\$
#1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
#2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
#3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

Figure 26: Personnel Roster Table

If you selected "Other" in either the Primary or Secondary Title column, please indicate the personnel name (or ID) and recognized job title, for each personnel identified as "Other".

Figure 27: Other Title Explanation

### 5.5 Staffing Levels and Resignations

The fifth subsection asks about any personnel on staff at beginning of the fiscal year (July 1, 2022), end of the FY (June 30, 2023), and resignations your organization had for VR services throughout the FY. Each question asks for the value of both Direct Care Staff and Administrative Leadership and Support Staff FTEs.

Please provide the following values:

- Filled Direct Care Staff positions at your organization as of July 01, 2022
- Direct Care Staff resigned during FY2023
- Direct Care Staff hired during FY2023
- Filled Direct Care Staff positions at your organization as of June 30, 2023
- Open Direct Care Staff positions at your organization as of June 30, 2023.

Please also provide the following values:

- Filled Administrative Leadership and Support Staff positions at your organization as of July 01, 2022
- Administrative Leadership, Direct Car, and Support Staff resigned during FY2023
- Administrative Leadership, Direct Care, and Support Staff hired during FY2023
- Filled Administrative Leadership, Direct Care, and Support Staff positions at your organization as of June 30, 2023
- Open Administrative Leadership, Direct Care, and Support Staff positions at your organization as of June 30, 2023.

How many FTE positions did you have on staff as of July 1, 2022?

Direct Care Staff for VR Services (case managers, social workers, etc.)  FTEs

Administrative Leadership and Support Staff for VR services  FTEs

Total  FTEs

How many staff resigned or were terminated during the year of July 1, 2022 – June 30, 2023?

Direct Care Staff for VR Services (case managers, social workers, etc.)  FTEs

Administrative Leadership and Support Staff for VR services  FTEs

Total  FTEs

How many staff were hired during the year of July 1, 2022 – June 30, 2023?

Direct Care Staff for VR Services (case managers, social workers, etc.)  FTEs

Administrative Leadership and Support Staff for VR services  FTEs

Total  FTEs

How many FTE positions did you have on staff as of June 30, 2023?

Direct Care Staff for VR Services (case managers, social workers, etc.)  FTEs

Administrative Leadership and Support Staff for VR services  FTEs

Total  FTEs

How many open staff positions did you have as of June 30, 2023?

Direct Care Staff for VR Services (case managers, social workers, etc.)  FTEs

Administrative Leadership and Support Staff for VR services  FTEs

Total  FTEs

Please use the box below to explain any responses above, as needed:

Figure 28: Staffing Levels

## 6. TIME STUDY

This section collects data on the average hours spent providing each IDVR service, regardless of authorized hours. For each of the services listed in the below table, we ask you to identify the average number of hours a staff member spent working with or on behalf of an individual client. If your organization does not provide a service in the table below, you may enter "N/A" or skip that row. We ask you to:

1. List the average direct hours (time spent), per client, in the second column
2. List the average non-direct hours (time spent) on behalf of an individual client (e.g., phone calls, report writing, case notes, collateral notes, or supervision) in the third column.

You are also asked to identify whether the time values entered are an estimation or are exact. You may also select "other" and are asked to explain that response in the comment box. You may also provide any additional information regarding your entered time study values, as needed.

	Average Direct Service Time Spent with Client	Average Non-Direct Service Time Spent Working on a Client's Case
Assessment: CBWE	<input type="text"/>	<input type="text" value="N/A"/>
Assessment: CBWE Report Writing	<input type="text" value="N/A"/>	<input type="text"/>
Assessment: CBWE Site Development	<input type="text" value="N/A"/>	<input type="text"/>
Assessment: Staffing	<input type="text" value="N/A"/>	<input type="text"/>
Assessment: Vocational Evaluation	<input type="text"/>	<input type="text"/>
Job Search Assistance	<input type="text"/>	<input type="text"/>
Job Supports-Short Term	<input type="text"/>	<input type="text"/>
Pre-ETS Work Based Learning Experience	<input type="text"/>	<input type="text"/>
Pre-ETS Workplace Readiness Training	<input type="text"/>	<input type="text"/>
Supported Employment - Job Coaching	<input type="text"/>	<input type="text"/>
Training: Job Readiness	<input type="text"/>	<input type="text"/>

Figure 29: Time Study Table

## 7. SUMMARY & ATTESTATION

This section captures any supporting documentation used to complete the Cost Collection Survey. In this section, we ask you to upload any supporting documentation used to complete the Cost Collection Survey. If you need to submit more than 10 supporting documents, please email these documents to [IDVRRateStudy@pcgus.com](mailto:IDVRRateStudy@pcgus.com). Please use the appropriate naming conventions to describe the file in the first question, and in the corresponding question upload your file. **Please note the maximum file upload size is 100 MB.**

File #1 Name:

File #1 Upload

Drop files or click here to upload

Figure 30: File Upload

The attestation provides PCG and IDVR with a level of assurance that an individual authorized by your organization has reviewed and approved of the contents of your Cost Collection Survey. In this section we ask you to confirm the expenses are accurate to the best of your knowledge and type your name.

**Attestation:** I confirm the information and expenses recorded are accurate and complete to the best of my knowledge.  
*Writing your name below will serve as your digital signature and date.*

Name

Figure 31: Attestation

### Returning the Cost Collection Survey to PCG

**Please ensure that your Cost Collection Survey is filled out completely before selecting the final blue arrow following the question.** Selecting “yes” and clicking this final arrow will submit your Cost Collection Survey. Your organization will see a confirmation screen indicating that your Cost Collection Survey was submitted.

Are you ready to submit the cost report? Once you click the final blue arrow below, you will not have access to the cost report submission.

Yes

Figure 32: Submission