

Provider Rate Study
– for –
Automated Medical Dispenser Services
And Emergency Home Response Services

PROVIDER SURVEY INSTRUCTIONS

– distributed by –



– on behalf of –

Illinois Department on Aging

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INTRODUCTION

The Illinois Department on Aging (IDoA) is in the process of studying provider payments for services covered by the Community Care Program, Care Coordination, and Adult Protective Services. MGT along with their partner Burns & Associates, a division of Health Management Associates (HMA-Burns), has been contracted to assist with this rate study.

The following services are included in the rate study:

- Automated Medication Dispenser
- Adult Day Services (and Transportation) *
- Care Coordination Units (CCUs)*
- Emergency Home Response Services
- In-Home Services *
- Adult Protective Services (APS)*

As part of the rate study, MGT/HMA-Burns has developed a survey to collect data regarding program designs and costs. The survey is voluntary, but all providers are strongly encouraged to participate as the information collected will be a key consideration in the rate study.

* Note the services listed with asterisks are included in the rate study but are not included in the AMD/EHRS provider survey. These services will be included in separate surveys.

Data collected through this survey will be used solely for the purpose of evaluating provider payment rates. MGT/HMA-Burns will not share individual provider responses and only aggregated data will be reported.

Assistance with the Survey

MGT/HMA-Burns recognizes the survey can be complicated, and has established several resources to assist agencies in completing the survey:

- Guidance for many questions is embedded in the survey itself. Within the survey, click on any cell with an “” icon to access relevant directions.
- These instructions supplement the embedded directions and should be reviewed before completing the survey.
- HMA-Burns has recorded a webinar to provide a detailed walk-through of the survey instrument. The webinar can be accessed at <https://www.healthmanagement.com/burns-reports/idoa-rate-study/>. All providers are encouraged to view the webinar.
- Providers may contact Tina Harper with HMA-Burns at any time during the survey period at ILDOA@MGT.us or (480) 680-1508 for assistance or questions.

Overview of the Survey

The survey is a Microsoft Excel file compatible with Excel 2010 and newer versions. Broadly, it is designed to collect information in four primary areas:

- Staff Wages, Turnover, and Training
- Benefits for Direct Care Staff
- Non-Staff Operating Expenses
- Service-Specific Productivity and Other Factors

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

Completing and Submitting the Survey

All reported revenue and cost data should reflect providers' most recently completed fiscal year. For most cost-related data, the survey requires providers to allocate expenses across the various programs they operate to ensure all expenses reasonably attributed to In-Home Services are considered. For example, if your agency delivers In-Home Services as well as behavioral health services, only a portion of the executive director's salary should be allocated to the In-Home Services since this position also supports the behavioral health program. The survey therefore distinguishes between In-Home Services – as well as any other programs that your agency combines with these programs for the purposes of cost allocation – and all other programs operated by your agency.

Questions related to program enrollment and staffing should reflect *current* operations.

When saving the survey, add your agency's name to the beginning of the file name; e.g., "ABC Agency AMD-ERHS Rate Study Provider Survey".

The deadline for submitting completed surveys is March 20, 2026. Submit completed surveys to Tina Harper at ILDOA@MGT.us.

Partially completed surveys will be accepted. If any information requested in the survey is unavailable, leave that field blank. Similarly, if there is any schedule that your agency cannot complete, that form may be left blank. 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 responses.

If there are any factors that you believe should be considered but were not included in the survey, note those issues (and any other comments) in the transmittal email when submitting the survey. You may also submit any other documentation that you would like considered as part of this study.

STAFF WAGES AND BENEFITS

This form collects information regarding the wage and benefit costs for staff with direct and indirect responsibility for your agency's AMD and EHR services in Illinois. Providers do not need to list direct care staff who do not support AMD or EHRS operations in Illinois (i.e., staff for whom no time would be allocated to a service covered by this rate study do not need to be reported).

Under the Job Title/ Classification column, providers may report staff individually, grouped by job title (e.g., "Customer Service Rep"), or subgroups within a job title. Do not group staff with different employment classifications (i.e., employee or contractor) on a single line even if the same job title is used for these staff.

The right-most columns seek to allocate the work time of the staff reported on the form. To complete this section, informed judgement will be necessary to estimate staff time over the course of the reported fiscal year. For the staff in each job title, report the percentage of their time spent on direct and indirect activities associated with the service listed in each column during the reported fiscal year. Only working hours should be considered when completing this form; do not include paid time off (holidays, vacation, or sick leave). Zeroes do not need to be reported. The total allocation of time across columns P through R should equal 100 percent. If it does not, an error message will appear to the right of the table.

‘NON-STAFF EXPENSES’

This sheet collects information for your organization’s non-wage and benefit costs.

Expense Categories For each category of expense, report the total expense for your agency’s most recently completed fiscal year.

It is understood that there may be some differences regarding how agencies categorize their expenses. Agencies are not required to report an amount for each listed expense and should use the categories that are closest to their own accounting classifications. For example, an agency’s accounting system may combine advertisement expenses for job postings with other advertising expenses. In this case, the agency can report its total advertisement expense on Line 23 (advertising) rather than trying to break out the advertisement expense related to job postings on Line 18.

Lines 30 through 34 are available to report expenses that do not fit well into the provided categories.

SERVICES-SPECIFIC PRODUCTIVITY AND OTHER FACTORS

Both service-specific forms request data regarding agency caseloads and staffing.

CHANGES AFTER FISCAL YEAR

Since the survey requires financial data be reported for the agency’s most recent fiscal year, this form has been included to allow reporting of any material changes to the agency’s costs since that time. For example, if across-the-board pay raises of two percent were granted on January 1, 2026, that cost would not be reflected in financials from the most recent fiscal year. This form can be used to reflect such increased costs.

As applicable, report the additional costs in percentage terms (relative to the totals reported earlier in the survey) and provide a brief description of the increased costs. Using the previous example, “2.0 percent” and “January 1, 2026 pay raises” would be reported in both the administrative and program support staff wages and direct support staff wages sections.