

**Provider Rate Study
– for –
In-Home Services**

PROVIDER SURVEY INSTRUCTIONS

– distributed by –



– on behalf of –

Illinois Department on Aging

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TABLE OF CONTENTS

Introduction..... 2
 Assistance with the Survey 2
 Overview of the Survey 2
 Completing and Submitting the Survey 3
Definitions 3
 Administration, Program Support, and Direct Care..... 3
 Geographic Regions 4
‘Admin & Program Staff’ – Administrative and Program Support Staff - Wage and Benefit Costs 6
Direct Care Staff Costs 6
 ‘Direct Staff Wages’ - Direct Care Workers - Wages, Benefits, Turnover, and Training 6
 ‘Direct Staff Benefits’ – Direct Care Workers – Fringe Benefits 7
‘Non-Staff Expenses’ 7
In-Home Services..... 8
Changes After Fiscal Year 8

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:

- In-Home Services
- Emergency Home Response Services*
- Care Coordination Units (CCUs)*
- Adult Day Services (and Transportation)*
- Automated Medication Dispenser*
- 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 In-Home Services 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 five primary areas:

- Wages and Benefits of Administrative and Program Support Staff
- Direct Care 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.

The staffing pattern sections and 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 In-Home 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.

DEFINITIONS

Administration, Program Support, and Direct Care

The survey asks providers to differentiate between direct care, program support, 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:

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|-----------------|---|
| Administration | Includes expenses associated with the operation of your agency, but which are not program-specific and which cannot be allocated to individual services. Employees that are typically considered administrative include general management, finance/accounting, information technology, and human resource staff. Expenses associated with these staff (for example, their office space) are also considered administrative. Other non-staff examples include office equipment and furniture, office supplies, general insurance, and other operating expenses that cannot be allocated to specific programs or services. |
| Program Support | Includes expenses that are program-specific, but not part of direct service delivery. Examples include first-line supervisors as well as staff responsible for clinical oversight, program design, quality assurance, and training direct care workers. Expenses associated with these staff (for example, their office space) are also considered program support. Non-staff examples include accreditation and professional licensing fees, |

software and devices for electronic visit verification, and personal protective equipment for staff providing services.

Direct Care Includes the salaries and benefits of staff providing direct, billable services as well as activities specifically related to direct care. For example, time spent traveling between service visits and writing progress notes after a billable service should be categorized as direct care even though that time may not be directly billable. Direct care also includes transportation expenses for individuals who receive services, and admission fees.

Geographic Regions

The survey asks providers to differentiate service delivery locations based on the Illinois Area Agencies on Aging regions. For the purposes of this survey, the following regional definitions should be used:

Region	Name	Counties
Area 1	Northwestern	Boone, Carroll, DeKalb, JoDaviess, Lee, Ogle, Stephenson, Whiteside, and Winnebago Counties
Area 2	AgeGuide	DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, and Will Counties
Area 3	Western	Bureau, Henderson, Henry, Knox, LaSalle, McDonough, Mercer, Putnam, Rock Island, and Warren Counties
Area 4	Central	Fulton, Marshall, Peoria, Stark, Tazewell, and Woodford Counties
Area 5	East Central	Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, McLean, Macon, Moultrie, Piatt, Shelby, and Vermilion Counties
Area 6	West Central	Adams, Brown, Calhoun, Hancock, Pike, and Schuyler Counties
Area 7	AgeLinc	Cass, Christian, Greene, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, and Scott Counties
Area 8	AgeSmart	Bond, Clinton, Madison, Monroe, Randolph, St. Clair, and Washington Counties
Area 9	Midland	Clay, Effingham, Fayette, Jefferson, and Marion Counties
Area 10	Southeastern	Crawford, Edwards, Hamilton, Jasper, Lawrence, Richland, Wabash, Wayne, and White Counties
Area 11	Egyptian	Alexander, Franklin, Gallatin, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, and Williamson Counties
Area 12	Chicago	
Area 13	Suburban Cook County	

‘ADMIN & PROGRAM STAFF’ – ADMINISTRATIVE AND PROGRAM SUPPORT STAFF - WAGE AND BENEFIT COSTS

This form collects wage and benefit data for agency and program support staff. This form is used to report information regarding the staff responsible for the administrative and program support functions of your organization while a second form, Direct Staff, collects information related to staff who provide direct, billable services. **Staff should be listed on *only one* of the two wage forms (Admin & Prog Staff or Direct Staff) based on their primary function.** These forms allow time to be allocated to other tasks.

Job Title Enter the job title for each administrative or program support employee.

If your organization has multiple employees within a given job title (e.g., three Human Resource Specialists), you may list them in the same row if their time is allocated similarly (e.g., each spends 100 percent of their time on administrative functions; see the discussion below for the Allocation of Staff Time/ Cost columns).

This level of detail is requested to ensure direct care staff are not reported on this schedule. For external reporting purposes, only a total cost for wages and for benefits will be reported and organization-specific data will not be released (that is, the survey analysis will report total or average administrative payroll costs across all participating providers and will not report position-specific wages or agency-level data).

Allocation of Staff Time/ Cost For the employee(s) listed on each line, there are six columns across which employees’ work hours should be allocated based on the program supported (In-Home Services and all other programs) and, within each program, their function (administrative, program support, and direct care). The total across the six columns should equal 100 percent. Although this sheet is only intended to capture information regarding administrative and program support staff, the direct care columns are included because reported staff may occasionally provide direct care (for example, to cover for a staff absence).

If your agency does not already have a methodology for allocating costs across programs, it is recommended that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the program on which they are working. After that week, each employee’s time would be allocated based on their log. For example, if an employee worked 40 hours and 10 of their hours were related administration of In-Home Service programs, 25 percent of that employee’s time would be allocated to administration, as appropriate, with the remaining 75 percent reported in the Other Programs columns. If a time study is not feasible for your organization, contact MGT/HMA-Burns to discuss other potential allocation methodologies.

DIRECT CARE STAFF COSTS

The survey includes two forms to collect information regarding direct care staff. **Staff should be listed on *only one* of the two wage forms (Admin & Prog Staff or Direct Staff) based on their primary function.** These forms allow time to be allocated to other tasks.

‘Direct Staff Wages’ - Direct Care Workers - Wages, Benefits, Turnover, and Training

This form collects information regarding the wages paid to your agency’s direct care staff, including staff employed or contracted by your agency to provide direct care or billable services. Also include related

caregivers who are paid by your agency. Providers do not need to list direct care staff who do not provide In-Home Services (i.e., staff for whom no time would be allocated to a service covered by this rate study do not need to be reported). The form additionally collects information regarding actual payroll tax and benefit expenses as well as turnover and training hours.

Under the Job Title/ Classification column, providers may report staff individually, grouped by job title (e.g., “Health Aide”), or sub-groups within a job title. Do not group staff with different employment classifications (i.e., employee, related caregivers, or contractor) or supervisory responsibilities (i.e., do not include supervisory and non-supervisory staff on a single line even if the same job title is used for these staff).

Report staff on separate lines based on the geographic region they primarily serve using the county groupings defined above.

The right-most columns seek to allocate the work time of the direct care staff reported on the Direct Care Wages 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 the service listed in each column during the reported fiscal year. For the listed service, consider both direct service time and associated activities (e.g., time spent traveling between individuals).

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 the columns V and W should equal 100 percent. If it does not, an error message will appear to the right of the table.

‘Direct Staff Benefits’ – Direct Care Workers – Fringe Benefits

This worksheet requests information regarding the benefits available to direct care staff. Consider only direct care staff when completing this worksheet.

There are separate columns for full-time and part-time direct care staff. For the purposes of the survey, full-time is defined as 30 hours per week.

‘NON-STAFF EXPENSES’

This sheet collects information for all non-wage and benefit costs including administrative, program support, and direct care expenses.

Expense Categories	For each category of expense, report the total expense for your agency’s most recently completed fiscal year.
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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 19 (advertising) rather than trying to break out the advertisement expense related to job postings on Line 14.

Lines 26 through 30 are available to report expenses that do not fit well into the provided categories.

IN-HOME SERVICES

The first part of this form requests data regarding agency caseloads and service encounters. Separate columns are provided for each Area Agency on Aging region to allow analysis of regional differences. Only complete the columns for the regions served by the agency.

The second ‘Staffing Pattern’ section collects information for a typical week for a direct care staff person providing the service, reflecting the average across the agency’s workforce. Reporting should reflect staff’s current experience.

To complete this section, report the total number of hours that a direct care staff works in a typical week on the first line of the section. Then, in the remaining lines, report the activities in which they are engaged. The sum of hours for all reported activities must be equal to the total number of work hours reported on the first line of the section.

As necessary, there are ‘Other activities’ lines that can be used for responsibilities not provided on the predefined list. Do not use these lines to report hours associated with training, holidays, or paid time off as, in general, training and paid leave is not assumed to be part of a worker’s typical work week (that is, most staff do not participate in training or take time off every week). Information related to training and paid time off is collected elsewhere in the survey.

It is understood that the number of hours that a direct care staff works and how they spend their time may vary from week-to-week. To complete this section, informed judgement will be necessary to consider these variations and determine what constitutes a ‘typical’ week. This could be done by considering how much time a direct care staff spends on each of these activities over the course of a year and then dividing that total by 52. For example, direct care staff may spend 65 hours per year participating in person centered support plan meetings so your agency would report 1.25 hours per week (65 divided by 52).

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.