

Rate Study for Behavioral Health and
Targeted Case Management Services

Instructions for the Provider Survey

– distributed by –

BURNS & ASSOCIATES, INC.

Health Policy Consultants

3030 NORTH THIRD STREET, SUITE 200
PHOENIX, ARIZONA 85012
WWW.BURNSHEALTHPOLICY.COM/MAINEBH

– on behalf of –

Maine Department of Health and Human Services

December 8, 2015

TABLE OF CONTENTS

Introduction..... 1
 Training Webinar 1
 Overview of the Survey 1
 Completing and Submitting the Survey 2
Contact Information and Revenues..... 3
 Annual Revenue and MaineCare Co-Payments 3
Administrative and Program Support Costs..... 4
 “Operating Staff” – Salary and Benefit Costs for Admin. and Program Support Staff 4
 “Operating Other” – Expenses Other Than Staff Costs 6
Direct Care Staff Costs 8
 Direct Care Staff Wages and Training 8
 Direct Care Staff – Allocation of Work Hours 9
 Fringe Benefits for Direct Care Staff 9
Section 13 Targeted Case Management..... 12
Section 17 Community Integration 14
Section 17 Community Rehabilitation Services 16
Section 17 Daily Living Support Services 18
Section 17 Skills Development Services 20
Section 17 Day Support Services..... 22
Section 17 Assertive Community Treatment 25
Section 17 Specialized Group Services 26
Section 28 Treatment Services..... 28
Section 28 Specialized Treatment Services 30
Section 65 Outpatient Services 35
Section 65 Outpatient/Substance Abuse Services..... 37
Section 65 Intensive Outpatient Services..... 39
Section 65 Medication Management..... 41
Section 65 Children’s Home and Community Based Treatment 43
Section 65 Multi-system Therapy for Juveniles 45
Section 65 Children’s Behavioral Health Day Treatment..... 47

INTRODUCTION

The fiscal years 2016-2017 biennial budget requires that the Maine Department of Health and Human Services (DHHS) contract with a third party to review the rates paid for services covered under Sections 28 and 65 of the MaineCare Benefits Manual. In addition to the services that DHHS has been mandated to include in the rate study, the Department has decided to simultaneously review rates for services covered by Sections 13 and 17.

Certain services with little or no current utilization are not included in the provider survey although the rates for these services are part of the rate study. These services are Behavioral Health Outreach Intensive Case Management and CIPSS-Self Help/Peer services covered through Section 28 and Family Psychoeducational Treatment and Children's Assertive Community Treatment services covered through Section 65. A number of services are not included in the rate review: Interpreter Services as well as Crisis Resolution, Crisis Residential, Opioid Treatment, and Tobacco Cessation Treatment services covered through Section 65.

DHHS has contracted with the national consulting firm Burns & Associates, Inc. (B&A) to conduct the rate study. As part of the study, B&A is administering a provider survey to collect data regarding providers' service delivery designs and costs. These instructions are intended to assist providers in the completion of the survey.

The survey is voluntary, but all providers are strongly encouraged to participate as the information collected will be a key consideration in the rate-setting process.

Data collected through this survey will be used exclusively for the purpose of evaluating reimbursement rates for the services listed above. Only aggregated data will be reported; no provider-specific information will be published.

Training Webinar

B&A will record a webinar to discuss the survey and instructions. The webinar will be broken into segments, with one segment for each MaineCare section included in this rate study. A link to the webinar recording will be posted to www.burnshealthpolicy.com/MaineBH by the end of the day on Friday, December 11.

The provider survey can be complicated so all providers are encouraged to view the recording. At any time during the survey period, providers may contact Stephen Pawlowski with B&A at spawlowski@burnshealthpolicy.com or (602) 241-8519 for assistance or questions. As appropriate, B&A will email question-and-answer documents to all providers in order to share the responses to the questions that are asked.

Overview of the Survey

The survey is a Microsoft Excel file and is compatible with Excel 2007 and newer versions. Broadly, it is designed to collect information in six primary areas:

- Wages and Benefits of Administrative Staff
- Other Administrative Costs
- Direct Care Staff Wages and Training
- Allocation of Direct Care Staff Work Hours
- Benefits for Direct Care Staff
- Service-Specific Productivity and Other Factors

All providers should complete the forms related to Administrative Support Staffing, Other Administrative Costs, Direct Care Staff Wages and Training, Allocation of Direct Care Staff Work Hours, and Direct Care Staff Benefits.

Each individual service has its own Productivity and Other Factors form. Providers should only complete the forms for the services that they provide.

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

In the survey, financial data should reflect actual results over a recent 12-month period. To provide flexibility and to allow providers to rely on financial data that is already available, the survey does not specify a particular year. Providers may choose, for example, to report data for calendar year 2014, state fiscal year 2015 (July 1, 2014 through June 30, 2015), or the agency's own fiscal year. *Regardless of the 12-month period that is used, all data should be recorded for the same period.* For example, if revenue is reported for calendar year 2014, all expense data should reflect the same time period.

Completing and Submitting the Survey

When saving the survey, please add your agency's name to the beginning of the file name; e.g., "ABC Agency Behavioral Health and Targeted Case Management Services Provider survey".

*The deadline for submitting completed surveys is **January 18, 2016**.* Please submit completed surveys to Barry Smith with B&A at bsmith@burnshealthpolicy.com. 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.

If you have any questions regarding the survey, please contact Stephen Pawlowski with B&A at (602) 241-8519 or spawlowski@burnshealthpolicy.com.

Partially completed surveys will be accepted. If any information requested in the survey is unavailable, leave that field 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.

CONTACT INFORMATION AND REVENUES

In this section, provide contact information for the individual responsible for completing the survey. B&A will direct any follow-up questions related to the survey to this individual. Record the following:

- The name of your organization
- The provider ID number(s) used by your organization to bill for Sections 13, 17, 28, and 65 services.
- The name of the person responsible for the information submitted in the survey and that person's:
 - Job title,
 - Phone number,
 - Email, and
 - Address

Annual Revenue and MaineCare Co-Payments

This section requests information regarding revenues for your agency's 12-month reporting period. Consider revenue by service from all sources, including MaineCare payments, state-only funds (sometimes referred to as 'grant' dollars), revenues associated with independently contracting 'affiliates', agreements with school administrative units, funding from local governments, private insurance, member copayments, donations, etc.

Report the following information related to your agency's revenues:

- *All Revenues* – Report the total revenue amount associated with each service.
- *Affiliate Revenues* – Report the revenue billed on behalf of independently contracting affiliates.

Note: After reporting revenues for each of the listed services, record total revenues associated with all other services provided by your agency, including those covered by Section 13, 17, 28 and 65 but not included in the list. The 'Total' row at the bottom of list is automatically calculated by summing the amounts reported for each service.

Note: Revenue associated with independently contracting affiliates should be reported as part of the "All Revenues" total as well as being separately reported as "Affiliate Revenues".

Note: Do not include revenues associated with members' federal benefits (e.g., SSI/SSDI payments).

- *MaineCare Co-Payments Owed* – Report the total amount of co-payments owed by members receiving services through Section 65 based on the formula proscribed in Section 65.12 during your agency's 12-month reporting period. These amounts are deducted from payments from MaineCare.
- *Co-Payments Collected* – Report your agency's co-payments collections (of the total amount owed and reported in the previous question).

ADMINISTRATIVE AND PROGRAM SUPPORT COSTS

The survey includes two worksheets relating to your organization's administration and program support costs. The purpose of these pages is to capture expenses that are not direct care costs, which are collected elsewhere in the survey.

There are not always clear distinctions between direct care, program support, and administration costs and definitions of these terms vary. For the purposes of this survey, the following guidelines should be used:

- *Direct care costs* include the salaries and benefits (including unemployment insurance and workers' compensation) of direct care workers providing billable services, member transportation expenses, the physical space in which programs are delivered (e.g., the room in which a Day Support program is operated), and program materials and supplies (e.g., art supplies). Direct care costs should not be reported in the two "Admin" worksheets described below.
- *Administrative costs* are those associated with the operation of your organization, but which are not program-specific. Employees that are typically considered administrative include general management, finance/accounting, and human resource staff. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered administrative.
- *Program support costs* are expenses that are neither direct care nor administrative. Such activities are service-specific, but are usually not on behalf of an individual member. Examples include staff responsible for training direct care workers, program development, clinical oversight and supervision, and quality assurance. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered program support.

"Operating Staff" – Salary and Benefit Costs for Admin. and Program Support Staff

This sheet is to be used to record information regarding the staff responsible for the administrative and program support functions of your organization.

In brief, this form is intended to collect information regarding staff who are not usually providing billable services. For example, your agency may employ a board certified behavior analyst who primarily provides non-billable support such as clinical oversight and consultations with staff providing billable services. These functions would be considered program support for the applicable service.

Direct care workers performing non-direct activities related to their caseload (e.g., completing progress notes or attending planning meetings) are not considered administrative or program support so, in general, direct care workers would not be listed on this form. However, in smaller firms in particular, staff who deliver direct services may also perform administrative and program support functions and should therefore be listed.

- *Title* – Input the job title for each administrative or program support employee.

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

Note: In general, do not combine staff with different job titles in a single line. If, however, there are any employees who work entirely for other programs (that is, they do not provide any support to the agency's Section 13, 17, 28, and 65 programs) they may be reported on a single line.

- *Number of Employees* – Record the number of individuals (not full-time equivalents) in each job title employed by your organization during the selected 12-month reporting period.

- *Actual Wages* – Input the wages (inclusive of salary, bonuses, accrued leave payouts for staff leaving the organization, and any other cash compensation) actually earned and paid to the individual(s) included in each job title during the selected 12-month reporting period.
Note: For this column, only report actual wages paid, rather than salary levels (e.g., if an employee was hired mid-year, report the wages that they earned and not their annual salary).
- *Cost of Select Benefits* – Input the cost to your organization in the selected 12-month reporting period to provide the following benefits to individual(s) associated with each job title: health insurance, dental insurance, retirement, and any other benefits that are provided at your organization’s discretion.
Note: Do not include mandatory expenses such as Social Security, Medicare, workers’ compensation, and unemployment insurance. These costs will be calculated separately.
Note: Only report costs paid by your organization. Exclude employee costs such as their share of health insurance premiums or retirement contributions. Similarly, if a benefit is available but an employee opts not to participate, no cost should be reported.
- *Percent of Cost Allocated to Section 13, 17, 28, and 65 Services* – The next several sections (three columns for each service) relate to the amount of each employee’s time that is devoted to your organization’s programs for Section 13, 17, 28, and 65 services.
 - *Direct Care* – Input the percentage of time that the employee is providing direct care services to members.
Note: Although this sheet is only intended to capture information regarding administrative and program support staff, this column has been included because these staff, particularly in smaller agencies, may provide direct care at times.
 - *Administration* – Input the percentage of time that the employee is performing administrative functions related to the applicable service.
 - *Program Support* – Input the percentage of time that the employee is performing program support functions related to the applicable service.
- *Percent of Cost Allocated to Other Programs* – Input the portion of each employee’s time that is allocated to other service. This column is included because some employees support multiple programs and it would be inappropriate to allocate their total salary and benefits costs to the included services for Sections 13, 17, 28, and 65. For example, an executive director may lead an agency that provides both behavioral health and developmental disabilities services so only a portion of their cost should be allocated to behavioral health services.
Note: 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 to the Section 13 Targeted Case Management services and 30 hours were related to Community Integration services, 25 percent of that employee’s time would be allocated to direct care, administration, and/ or program support for Targeted Case Management, as appropriate, with the remaining 75 percent input in the Community Integration columns. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.
Note: The total of the time allocated across Section 13, 17, 28, and 65 programs (direct care time, administration, and program support) and other programs should equal 100 percent. If it does not, an error message will appear to the right of the table.

“Operating Other” – Expenses Other Than Staff Costs

This sheet collects information for operating other than staff costs.

For each category of expenses, the form requests the total expense for your agency’s selected 12-month reporting period. Then, the form asks how that expense should be allocated to direct care, administration, and program support for your agency’s programs by service. The preceding Operating Staff section discusses allocating costs across services and similar principles apply here. For example, if 25 percent of an employee’s time is allocated to administration of the organization’s Targeted Case Management services and 75 percent is allocated to Community Integration, costs associated with that staff person (such as office space, utilities, etc.) should be similarly allocated.

Note: The total allocation of costs across Sections 13, 17, 28, and 65 programs (direct care time, administration, and program support) and other programs should equal 100 percent. If it does not, or if a cost has been entered but not allocated, an error message will appear to the right of the table.

Note: It is understood that there may be some differences regarding how organizations categorize their expenses. The categories provided on the form are common operating expenses, but agencies are not required to report an amount for each and should use the categories that are closest to their own accounting classifications. For example, the utility expense may be included as part of the rental expense. In this case, the agency can report its total rental cost on Line 1 and report no cost on Line 6, rather than trying to break the utility expense out of the rent total. Additionally, Lines 22-25 are available to report expenses that do not fit well into the provided categories.

Note: Costs associated with members’ room and board (such as their residential placement, utilities, food, etc.) should not be reported.

Following are descriptions of the fields included in this worksheet:

- *Line 1* – Input your agency’s rent/ mortgage/ depreciation costs for direct care (that is, the physical space in which services are delivered), administration, and program support space.
- *Line 2* – Input facility maintenance costs that are not part of the rental costs recorded on Line 1.
- *Line 3* – Report office equipment and furniture costs.
- *Line 4* – Input your agency’s depreciation expenses for capital items other than facilities and vehicles (these costs should be reported on Lines 1 and 18, respectively).
- *Line 5* – Include expenses for interest paid, excluding mortgage interest, by your organization.
- *Line 6* – Input utility and similar costs that are not included as part of rental costs already reported.
- *Line 7* – Input property and income taxes paid by your organization, but do not include payroll taxes (Social Security and Medicare) or personal income taxes.
- *Line 8* – Input your agency’s licensing, certification, and/or accreditation fees.
- *Line 9* – Input your agency’s hiring expenses, which could include expenses such as background checks, placement agency fees, etc. Do not include staff-related costs (such as the cost of human resource staff) as these costs should be reported on the Operating Staff and Direct Care Wages worksheets).
- *Line 10* – Input your agency’s insurance costs. Do not include employee benefits such as health or dental insurance, workers’ compensation costs, or automobile insurance.
- *Line 11* – Record your agency’s information technology expenses, such as computers and software.

- *Line 12* – Include general office supply costs, but do not include program supplies such as materials used as part of a Day Support program.
- *Line 13* – Record program supply costs that are associated with direct care, which could include materials used as a part of a program, medical gloves, etc.
- *Line 14* – Record your agency’s training costs including fees and materials. Do not include staff-related costs (such as the cost of human resource staff) as these costs should be reported on the Operating Staff and Direct Care Wages worksheets).
- *Line 15* – Input your agency’s advertising costs.
- *Line 16* – Input your agency’s costs for memberships in business, technical, and/or professional organizations or subscriptions to business, professional, and/or technical periodicals.
- *Line 17* – Input the costs of professional and consultant services related to your agency’s operation. Do not include costs associated with contractors who provide direct care services.
- *Line 18* – Input travel related costs (e.g., mileage reimbursement, depreciation, insurance, and fuel) for administrative, direct care, and program support functions and staff. Include travel associated with direct care such as company vehicles used to transport members or reimbursement of direct care staff for the use of their personal vehicles and allocate those costs to direct care.
- *Line 19* – Input costs associated with medications, pharmacy co-payments, dental care or other medical expenses paid on behalf of members served by your organization. Do not include any costs that may be paid using member’s SSI/SSDI or other benefits.
- *Line 20* – Input your agency’s allocated corporate office overhead costs that are not otherwise captured elsewhere in the “Admin Staff” and “Admin Other” forms, if applicable. For example, some multi-state organizations have a parent office to which a portion of local organizations’ revenues are allocated, but which cannot be identified with specific corporate staff (and so cannot be reported on the Administration and Program Support Staff form) or expenses (that would be listed on another line on this form).
- *Line 21* – If corporate office costs are reported in Line 20, describe the allocation methodology used to assign costs to the agency’s Maine operations.
- *Lines 22-25* – Input any other administrative or program support costs that do not fit into the provided categories. Label any categories that you add and report the associated expense.

DIRECT CARE STAFF COSTS

There are three forms to collect direct care staff-related data: wages, allocation of work time, and benefits.

Note: For the purpose of the survey, the term direct care staff includes all staff who regularly provide direct care – including independently licensed professionals – even if they have other responsibilities. For example, staff person who has supervisory responsibilities, but also provides billable direct services during their typical work week would be included.

Note: You do not need to include direct care staff who do not provide services included in the provider survey. For example, staff who only provide Section 21 services do not need to be reported.

Note: Independent practitioners that bill MaineCare directly do not need to complete this section.

Direct Care Staff Wages and Training

This form collects information regarding the wages paid to your agency's direct care staff. Following are descriptions of the fields included in this worksheet:

- *Job Titles* – List the job titles of staff who provide direct services. Staff do not need to be listed individually; they can be grouped by job title, but do not group employees if there are meaningful differences. For example, staff who supervise other employees should not be combined with staff who do are not supervisors. Or, if your agency uses a single job title for all direct care workers, but always pays staff with a master's degree a higher wage, these staff should be reported separately.
- *Employee/Contractor* – Using the drop-down menu, select whether the staff in each job category are employees, per diem staff, or contractors. If a given job title includes both employees and contractors, complete one row for employees and another for contractors.
- *Supervisor/Non-Supervisor* – Using the drop-down menu, indicate whether the job category has supervisory duties. If a given job title includes both supervisors and non-supervisors, complete one row for supervisors and another for non-supervisors.
- *If Supervisor, # of Staff Supervised* – For employees with supervisory responsibilities, input the average number of direct reports each supervisor has.
- *Credential* – Specify the credential held by the employee.
- *Hourly or Salary* – Use the drop down box to indicate whether the employee is paid hourly or paid a salary.
- *Total Hours Paid* – Input the number of hours for which staff in each job title were paid within the past year. The total is inclusive of paid time off (e.g., holidays) and overtime hours.
Note: If your agency employs salaried direct care workers and actual hours worked are not tracked and cannot otherwise be estimated, assume that a full-time employee works 2,080 hours per year.
- *# of Hours that were Overtime* – Report the number of paid hours reported in the Total Hours Paid column that were work hours during which direct care workers were receiving overtime pay.
- *Total Wages Paid* – Input the total wages paid within the past year to staff in each job title listed. The amount reported here should be inclusive of overtime pay, shift differentials, paid time off (holidays, vacation pay, etc.), and all other cash compensation. Do not include reimbursement of expenses (such as mileage) or leave payouts to direct care workers who left your agency.

- *Average Hourly Wage* – This field is calculated automatically by dividing total wages paid by total hours paid.
- *Estimated Annual Turnover* – Using the drop down menu, indicate the estimated annual turnover experienced for this job category. The responses are in 15 percent increments. Calculate turnover by dividing the number of staff within the reported job title who left the position within the past year (through a transfer or promotion, separation, etc.) and for whom a replacement was/is needed, by the number of employees within the job title over the course of your agency’s selected 12-month reporting period.
- *Staff Training Hours (First Year)* – Input the average number of training and development hours that a staff person in the reported job title receives during their first year with your organization.
- *Staff Training Hours (Following Years)* – Input the average number of annual training and development hours that a staff person in the reported job title receives after their first year of employment.

Direct Care Staff – Allocation of Work Hours

This form seeks to allocate the work time of the staff reported on the Direct Care Staff Wages form. The job titles listed on the Direct Care Staff Wages form are automatically transferred to this form.

There is a column for each of the services covered by this survey as well as an “Other Services” category for services that are not.

For each job listing, input a percentage into each column corresponding to the portion of the staff’s time that is spent on that service. Zeroes do not need to be entered. The total allocation of time across the columns should equal 100 percent. If it does not, an error message will appear to the right of the table.

Fringe Benefits for Direct Care Staff

This worksheet requests information regarding fringe benefits available to direct care workers and other employee related expenses. Consider only direct care workers when completing this worksheet; do not include administrative and program support staff as these costs are captured on the Admin Staff form.

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

Following are descriptions of the fields included in this worksheet.

Staffing

- *Line 1* – Input the number of direct care workers currently employed by your agency. Do not include contracted staff.

Holidays and Paid Time Off

The questions for holidays and paid time off (PTO, vacation and sick time) are similar and combined below.

Note: For the purpose of the survey, holidays include only paid days off (being paid for a holiday when not working that day) or compensatory time (vacation hours that an employee receives for working on a holiday that they can later use as paid time off). Additional holiday pay (such as time-and-a-half for employees who work on a holiday) should not be counted in this section – this compensation should have been reported in the Total Wage Paid section of the Direct Care Staff Wages and Training form.

- *Lines 2 and 7* – Using the Yes/No drop down list, indicate whether direct care workers are eligible for the applicable benefit. If the response is “No”, the remaining questions (Lines 3 through 6 for holidays and Lines 8 through 11 for paid time off) do not need to be completed.

- *Lines 3 and 8* – Using the drop down list, choose the timeframe that is closest to the waiting period before direct care workers become eligible for the applicable benefit.
- *Lines 4 and 9* – Input the minimum number of hours per week that direct care worker must work in order to receive the applicable benefit.
- *Lines 5 and 10* – Record the number of direct care workers that are currently eligible for the applicable benefit (the number should be no more than the figure reported on Line 1).
- *Lines 6 and 11* – Record the number of holidays (not hours)/average number of PTO days (not hours) that direct care workers receive.

Health Insurance

- *Line 12* – Using the Yes/No drop down list, indicate whether direct care workers are eligible for the benefit. If the response is “No”, the remaining questions (Lines 13 through 17) do not need to be completed.
- *Line 13* – Using the drop down list, choose the timeframe that is closest to the waiting period before direct care workers become eligible for the benefit.
- *Line 14* – Input the minimum number of hours per week that a direct care worker must work in order to receive the benefit.
- *Line 15* – Record the number of direct care workers that are currently eligible for the benefit (the number should be no more than the figure reported on Line 1).
- *Line 16* – Record the number of direct care workers that currently receive the benefit.
- *Line 17* – Input your organization’s total spending on health insurance premiums for direct care workers in your agency’s selected 12-month reporting period. Do not include costs for administrative or program support staff; these expenses should have been recorded on the Admin Staff worksheet. Do not include employee contributions.

Other Benefits

Your organization may offer other benefits to staff (e.g., retirement, dental or vision insurance, or tuition reimbursement). The following questions relate to these other benefits:

- *Line 18* – Using the Yes/No drop down list, indicate whether your organization provides other benefits to direct care workers. If the response is “No”, the remaining questions (Lines 25 through 30) do not need to be completed. For the purposes of the survey, mileage reimbursement and paid training are not considered benefits.
- *Line 19* – List the other benefits that are provided.
- *Line 20* – Using the drop down list, choose the timeframe closest to the waiting period before direct care workers become eligible for the applicable benefit. If your agency provides multiple other benefits with different waiting periods, answer the question for the benefit with the greatest cost.
- *Line 21* – Input the minimum number of hours per week that direct care worker must work in order to receive the applicable benefit. If your agency provides multiple other benefits with different minimum hour requirements, answer the question for the benefit with the greatest cost.
- *Line 22* – Record the number of direct care workers that are currently eligible for the applicable benefit (the number should be no more than the figure reported on Line 1). If your agency provides multiple other benefits, answer the question for the benefit with the greatest cost.

- *Line 23* – Record the number of direct care workers that currently receive the applicable benefit. If your agency provides multiple other benefits, answer the question for the benefit with the greatest cost.
- *Line 24* – Input total spending on these benefits for direct care workers in your agency’s selected 12-month reporting period. Do not include costs for administrative or program support staff; these expenses should be recorded on the Admin Staff worksheet.

State Unemployment Insurance and Workers’ Compensation

- *Line 25* – Many organizations make quarterly payments to the Maine Department of Labor for state unemployment insurance taxes based on an employer-specific tax rate, which varies according to each employer’s “experience account” (the ratio of taxes paid to benefits claimed by former employees). The tax is applied to the first \$12,000 in wages paid to each employee and the rate ranges from .73 percent to 6.80 percent. If your organization makes payments based on a tax rate, report its state unemployment insurance tax rate for 2015.

Note: Do not include the federal unemployment insurance tax.

- *Line 26* – Some organizations, including some non-profits, may elect to pay the actual cost of benefits paid to former employees rather than making payments based on a computed tax rate. If your organization makes “payments in lieu of contributions”, report the total payments made in 2014 related to direct care workers. Do not include federal unemployment insurance costs.

Note: Your organization should complete either Line 25 or Line 26, but not both.

- *Line 27* – Input your workers’ compensation cost for direct care workers as a rate for each \$100 in wages paid under your agency’s 2015 plan. If your organization has multiple policies, provide a weighted average of the policies associated with direct care workers in your agency’s behavioral health programs.

SECTION 13 TARGETED CASE MANAGEMENT

The survey differentiates between Targeted Case Management delivered to the various eligibility groups. Please consider each group when responding to each question and enter results in the appropriate column.

Agency Caseload and Service Design

- *Line 1* – Record the number of members receiving Targeted Case Management from your organization.
- *Line 2* – Input the average caseload (number of members) for a full-time (40-hours per week) case manager.

Note: It is understood that staff may have caseloads comprised of individuals from multiple eligibility groups. For example, a case manager may provide services to both children with developmental disabilities and children with chronic medical conditions. In these instances, report what the average caseload would be if the case manager served only one eligibility group. For example, if a case manager typically works 40 hours per week and has a caseload of 18 children with a developmental disability and spends 60 percent of their time on these cases, the full-time equivalent caseload would be 30 (calculated by dividing 18 by 60 percent). The full-time equivalent caseload for the other eligibility groups that they serve would be similarly calculated.

Staffing Pattern

This section requests information regarding the ‘typical’ week for each case manager for each eligibility group.

Note: If a ‘typical’ week is the same regardless of the eligibility group served by your agency’s case managers or if your case managers have ‘mixed’ caseloads of multiple eligibility groups, record the same information in each applicable column.

Note: It is understood that the number of hours that a case manager works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time a case manager spends on each of these activities over the course of a year and then dividing that total by 52. For example, a case manager may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly ‘average’ would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities members, 10 would be entered on Line 11. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

- *Line 3* – Input the number of hours per week that a case manager typically works (i.e., paid hours).
- *Line 4* – Input the number of hours per week that a case manager is providing billable services, whether Targeted Case Management through Section 13 (that is, comprehensive assessment and periodic reassessment, development and periodic revision of the individual plan of care, referral and related activities, and monitoring and follow-up activities) or any billable service through

another program. Alternatively stated, report the number of hours of service in a week your agency bills for a typical case manager.

- *Line 5* – Input the number of hours of a case manager’s week that is typically ‘lost’ because the service provided does not meet the threshold for billing any service in a given day (that is, the service provided is less than eight minutes of duration).
- Note: Only include time associated with the first unit of service in a day for a given member. It is assumed that services of greater than one unit will be revenue neutral, on balance (that is, some services will round up to the nearest unit and other services will round down to the nearest unit).
- *Line 6* – Input the number of hours of a case manager’s week that is ‘lost’ due to missed appointments.
Note: Only report hours that are not redirected to other activities. For example, if a case manager had one hour scheduled to meet with a member who misses their appointment, but returns to the office and is able to spend 30 minutes catching up on paperwork, one-half hour would be reported for the missed appointment (the ‘lost’ time) and one half-hour would be reported for recordkeeping.
- *Line 7* – Input the number of hours per week that a case manager spends transporting members.
- *Line 8* – Input the number of hours per week that a case manager is traveling between member visits.
- *Line 9* – Input the number of hours per week that a case manager spends providing ‘after-care’ or ‘post-care’ services such as checking in with individuals who are no longer receiving targeted case management.
- *Line 10* – Input the number of hours per week that a case manager spends on APS Healthcare reporting.
- *Line 11* – Input the number of hours per week that a case manager spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 12* – Input the number of hours per week that a case manager is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 13-15* – If there are activities that are part of a case manager’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a case manager typically spends on that activity.
- *Line 16* – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 4 through 15 should be equal to the total number of hours worked noted in Line 3. If “No” appears in this line, review and revise the appropriate hours.
- *Line 17* – Input the average number miles driven per week by each case manager to travel between member visits and to transport members.

SECTION 17 COMMUNITY INTEGRATION

Agency Caseload and Service Design

- *Line 1* – Record the number of members receiving Community Integration from your organization.
- *Line 2* – Input the average caseload of a MHRT/C (number of members to whom the staff person is providing Community Integration).

Note: It is understood that staff may be providing other services in addition to Community Integration. If that is the case, report what the average caseload would be if the staff providing only Community Integration services. For example, if staff typically work 40 hours per week, carry a Community Integration caseload of 12, but Community Integration services account for only half of their time, the full-time equivalent caseload would be 24 (calculating by dividing 12 by 50 percent).

Staffing Pattern

This section requests information regarding the ‘typical’ week for each MHRT/C.

Note: It is understood that the number of hours that a MHRT/C works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time an MHRT/C spends on each of these activities over the course of a year and then dividing that total by 52. For example, an MHRT/C may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly ‘average’ would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities, 10 would be entered on Line 9. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

- *Line 3* – Input the number of hours per week that an MHRT/C typically works (i.e., paid hours).
- *Line 4* – Input the number of hours per week that an MHRT/C is providing billable services, whether Community Integration through Section 17 (that is, any activity listed at Section 17.04-1) or any billable service through another program. Alternatively stated, report the number of hours of service in a week your agency bills for a typical MHRT/C.
- *Line 5* – Input the number of hours of an MHRT/C’s week that is ‘lost’ due to missed appointments.

Note: Only report hours that are not redirected to other activities. For example, if a staff person had one hour scheduled to meet with a member who misses their appointment, but returns to the office and is able to spend 30 minutes catching up on paperwork, one-half hour would be reported for the missed appointment (the ‘lost’ time) and one half-hour would be reported for recordkeeping.

- *Line 6* – Input the number of hours per week that an MHRT/C spends transporting members.
- *Line 7* – Input the number of hours per week that an MHRT/C is traveling between member visits.

- *Line 8* – Input the number of hours per week that an MHRT/C spends on APS Healthcare reporting.
- *Line 9* – Input the number of hours per week that an MHRT/C spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 10* – Input the number of hours per week that an MHRT/C is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 11-13* – If there are activities that are part of an MHRT/C’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a MHRT/C typically spends on that activity.
- *Line 14* – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 4 through 13 should be equal to the total number of hours worked noted in Line 3. If “No” appears in this line, review and revise the appropriate hours.
- *Line 15* – Input the average number miles driven per week by each MHRT/C to travel between member visits and to transport members.

SECTION 17 COMMUNITY REHABILITATION SERVICES

Agency Caseload and Service Design

This form includes separate columns for the MHRT/C and MHRT 1 staff supporting your agency's Community Rehabilitation Services program in order to understand how the programs are staffed and how responsibilities differ across these positions. The columns are merged for questions that are not staff-specific (specifically, the agency caseload-related questions).

- *Line 1* – Record the number of members receiving Community Rehabilitation Services from your organization.
- *Line 2* – Input the number of MHRT/C's and MHRT 1's providing Community Rehabilitation Services.
- *Line 3* – Input the average number of hours per week that an MHRT C or MHRT 1 is providing Community Rehabilitation Services.

Note: The reported amount should include all activities related to the Community Rehabilitation Services program, such as any activity conducted on behalf of a member receiving this service.

- *Line 4* – This line automatically calculates the average number of total weekly MHRT/C and MHRT 1 staff hours associated with the operation of Community Rehabilitation Services programs by multiplying Lines 2 and 3.
- *Line 5* – This line automatically calculates the average number of allocated weekly MHRT/C and MHRT 1 staff hours per member receiving Community Rehabilitation Services by dividing Line 4 by Line 1.
- *Line 6* – Report the average weekly cost of on-call payment related to the Community Rehabilitation Services programs. Only include payments that are in addition to the work hours reported on Line 3.
- *Line 7* – Input the percent of cases delivered in a member's own home.
- *Line 8* – Input the percent of cases delivered in an agency owned or leased home.

Note: The sum of Lines 7 and 8 should equal 100 percent.

Staffing Pattern

This section requests information regarding the 'typical' week for each MHRT/C and MHRT 1.

Note: It is understood that the number of hours that a staff person works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time a staff person spends on each of these activities over the course of a year and then dividing that total by 52. For example, a staff person may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly 'average' would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities, 10 would be entered on Line 15. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

- *Line 9* – Input the number of hours per week that an MHRT/C and MHRT 1 typically works (i.e., paid hours).
- *Line 10* – Input the number of hours per week that an MHRT/C and MHRT 1 is providing covered Community Rehabilitation Services activities through Section 17 or any billable service through another program .
- *Line 11* – Input the number of hours of an MHRT/C and MHRT 1’s week that is ‘lost’ due to missed appointments.

Note: Only report hours that are not redirected to other activities. For example, if a staff person had one hour scheduled to meet with a member who misses their appointment, but returns to the office and is able to spend 30 minutes catching up on paperwork, one-half hour would be reported for the missed appointment (the ‘lost’ time) and one half-hour would be reported for recordkeeping.
- *Line 12* – Input the number of hours per week that an MHRT/C and MHRT 1 spends transporting members.
- *Line 13* – Input the number of hours per week that an MHRT/C and MHRT 1 is traveling between member visits.
- *Line 14* – Input the number of hours per week that an MHRT/C and MHRT 1 spends on APS Healthcare reporting.
- *Line 15* – Input the number of hours per week that an MHRT/C and MHRT 1 spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 16* – Input the number of hours per week that an MHRT/C and MHRT 1 is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 17-19* – If there are activities that are part of an MHRT/C and MHRT 1’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a team lead typically spends on that activity.
- *Line 20* – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Line 10 through 19 should be equal to the total number of hours worked noted in Line 9. If “No” appears in this line, review and revise the appropriate hours.
- *Line 21* – Input the average number miles driven per week by each MHRT/C and MHRT 1 to travel between member visits and to transport members.

SECTION 17 DAILY LIVING SUPPORT SERVICES

Agency Caseload and Service Design

- *Line 1* – Record the number of members receiving Daily Living Support Services from your organization.
- *Line 2* – Input the average number of face-to-face member visits per direct care worker each week. Count each visit separately; for example, if a staff person visits a member three times per week, count those as three visits.
- *Line 3* – In hours, report the average length of a member visit.

Staffing Pattern

This section requests information regarding the ‘typical’ week for each direct care worker.

Note: It is understood that the number of hours that a staff person works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time a staff person spends on each of these activities over the course of a year and then dividing that total by 52. For example, a staff person may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly ‘average’ would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities, 10 would be entered on Line 13. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

- *Line 4* – Input the number of hours per week that a direct care worker typically works (i.e., paid hours).
- *Line 5* – This line automatically calculates the number of hours per week that a direct care worker provides Daily Living Support Services by multiplying Lines 2 and 3.
- *Line 6* – Input the number of hours per week that a direct care worker provides billable services other than Daily Living Support Services.
- *Line 7* – Input the number of hours of a direct care worker’s week that is ‘lost’ due to missed appointments.

Note: Only report hours that are not redirected to other activities. For example, if a staff person had one hour scheduled to meet with a member who misses their appointment, but returns to the office and is able to spend 30 minutes catching up on paperwork, one-half hour would be reported for the missed appointment (the ‘lost’ time) and one half-hour would be reported for recordkeeping.

- *Line 8* – Input the number of hours per week that a direct care worker is participating in ISP/ Plan of Care meetings.
- *Line 9* – Input the number of hours per week that a direct care worker is participating in member assessments.

- *Line 10* – Input the number of hours per week that a direct care worker spends transporting members.
- *Line 11* – Input the number of hours per week that a direct care worker is traveling between member visits.
- *Line 12* – Input the number of hours per week that a direct care worker spends on APS Healthcare reporting.
- *Line 13* – Input the number of hours per week that a direct care worker spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 14* – Input the number of hours per week that a direct care worker is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 15-17* – If there are activities that are part of a direct care worker’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a direct care worker typically spends on that activity.
- *Line 18* – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 5 through 17 should be equal to the total number of hours worked noted in Line 4. If “No” appears in this line, review and revise the appropriate hours.
- *Line 19* – Input the average number miles driven per week by each staff person to travel between member visits and to transport members.

SECTION 17 SKILLS DEVELOPMENT SERVICES

Agency Caseload and Service Design

- *Line 1* – Record the number of members receiving Skills Development from your organization.
- *Line 2* – Input the average number of face-to-face member visits per direct care worker each week. Count each visit separately; for example, if a staff person visits a member three times per week, count those as three visits.
- *Line 3* – In hours, report the average length of a member visit.

Staffing Pattern

This section requests information regarding the ‘typical’ week for each direct care worker.

Note: It is understood that the number of hours that a staff person works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time a staff person spends on each of these activities over the course of a year and then dividing that total by 52. For example, a staff person may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly ‘average’ would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities, 10 would be entered on Line 13. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

- *Line 4* – Input the number of hours per week that a direct care worker typically works (i.e., paid hours).
- *Line 5* – This line automatically calculates the number of hours per week that a direct care worker provides Skills Development Services by multiplying Lines 2 and 3.
- *Line 6* – Input the number of hours per week that a direct care worker provides billable services other than Skills Development Services.
- *Line 7* – Input the number of hours of a direct care worker’s week that is ‘lost’ due to missed appointments.

Note: Only report hours that are not redirected to other activities. For example, if a staff person had one hour scheduled to meet with a member who misses their appointment, but returns to the office and is able to spend 30 minutes catching up on paperwork, one-half hour would be reported for the missed appointment (the ‘lost’ time) and one half-hour would be reported for recordkeeping.

- *Line 8* – Input the number of hours per week that a direct care worker is participating in ISP/ Plan of Care meetings.
- *Line 9* – Input the number of hours per week that a direct care worker is participating in member assessments.
- *Line 10* – Input the number of hours per week that a direct care worker spends transporting members.

- *Line 11* – Input the number of hours per week that a direct care worker is traveling between member visits.
- *Line 12* – Input the number of hours per week that a direct care worker spends on APS Healthcare reporting.
- *Line 13* – Input the number of hours per week that a direct care worker spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 14* – Input the number of hours per week that a direct care worker is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 15-17* – If there are activities that are part of a direct care worker’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a direct care worker typically spends on that activity.
- *Line 18* – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 5 through 17 should be equal to the total number of hours worked noted in Line 4. If “No” appears in this line, review and revise the appropriate hours.
- *Line 19* – Input the average number miles driven per week by each staff person to travel between member visits and to transport members.

SECTION 17 DAY SUPPORT SERVICES

Agency Caseload

- *Line 1* – Record the number of members receiving Day Support Services from your organization.
- *Line 2* – Input the percentage of hours billed for groups with a ratio of three or fewer members per direct care worker.
- *Line 3* – Input the percentage of hours billed for groups with a ratio of more than three but five or fewer members per direct care worker.
- *Line 4* – Input the percentage of hours billed for groups with a ratio of more than five but seven or fewer members per direct care worker.
- *Line 5* – Input the percentage of hours billed for groups with a ratio of more than seven members per direct care worker.

Note: The sum of Lines 2 through 5 should be 100 percent.

Staffing Pattern

This section requests information regarding the ‘typical’ week for each direct care worker.

Note: It is understood that the number of hours that a staff person works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time a staff person spends on each of these activities over the course of a year and then dividing that total by 52. For example, a staff person may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly ‘average’ would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities, 10 would be entered on Line 12. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

- *Line 6* – Input the number of hours per week that a direct care worker typically works (i.e., paid hours).
- *Line 7* – Input the number of hours per week that a direct care worker is providing Day Support Services.
- *Line 8* – Input the number of hours per week that a direct care worker is providing other billable services.
- *Line 9* – Input the number of hours per week that a direct care worker is participating in ISP/ Plan of Care meetings.
- *Line 10* – Input the number of hours per week that a direct care worker is participating in member assessments.
- *Line 11* – Input the number of hours per week that a direct care worker spends on APS Healthcare reporting.

- *Line 12* – Input the number of hours per week that a direct care worker spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 13* – Input the number of hours per week that a direct care worker is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Line 14* – Input the number of hours per week that a direct care worker spends on program preparation, set-up, and clean-up activities before or after members are at the program.
- *Lines 15-17* – If there are activities that are part of a direct care worker’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a direct care worker typically spends on that activity.
- *Line 18* – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 7 through 17 should be equal to the total number of hours worked noted in Line 6. If “No” appears in this line, review and revise the appropriate hours.

Day Support Services – Location Detail

Use a separate column for each physical location at which your agency delivers Day Support Services.

Location

- *Line 1* – Record the city of the Day Support facility location.
- *Line 2* – Input the zip code of the Day Support facility location.

Staffing and Attendance

- *Line 3* – Record the number of direct care staff regularly scheduled to work at each location.
- *Line 4* – For the direct care staff reported on Line 3, report the average number of work hours per week per staff person.
- *Line 5* – The total number of weekly staff hours is automatically calculated by multiplying Lines 3 and 4.
- *Line 6* – Input the average number of members receiving Day Support Services each week.
- *Line 7* – Report the average number of scheduled Day Support Services hours per week per member.
- *Line 8* – Report the average number of Day Support Services hours that a member receives per week.
- *Line 9* – The average attendance rate is automatically calculated by dividing Line 8 by Line 7.
- *Line 10* – The average group size (number of members per direct care staff is automatically calculated by dividing the product of Lines 6 and 8 by Line 5.

Facility and Transportation

- *Line 11* – Record the square footage of facility space in which members receive services. Include only program-related space; do not include administrative space.
- *Line 12* – Record the operating cost per square foot of the facility space in which members receive services.
- *Line 13* – Use the drop down box to indicate whether the location offers transportation.
- *Line 14* – If transportation is provided, report the average number of miles traveled by vehicles supporting the Day Support Services program. Include both agency-owned and -leased vehicles as well as the use of staff's personal vehicles.

SECTION 17 ASSERTIVE COMMUNITY TREATMENT

Agency Caseload

This form includes a column for recording data and a second column that calculates the caseload for a full-time staff person in each of the listed occupations. The second column is calculated by dividing the caseload reported on Line 1 by the number of full-time equivalent staff reported on Lines 2 through 10.

- *Line 1* – Record the number of members receiving ACT services from your organization.
- *Line 2 – 10* – Report the number of full-time equivalent staff involved in your agency’s ACT program for each of the listed disciplines.

Note: A full-time equivalent position is defined as 40 hours per week.

Note: Only consider the staff hours associated with ACT services. For example, if a staff person works 40 hours per week, but spends 30 hours providing other services, that staff person translates to 0.75 full-time equivalents (30 divided by 40).

Support Provided to Members

- *Line 11* – Input the average number of hours per month of ‘service’ provided to a member. For the purposes of this question, ‘service’ includes both direct contact and on-behalf of activities specifically related to the individual provided by any ACT team member.
- *Line 12* – Input the percent of days that your agency is unable to bill due to not meeting the minimum requirements. Per the MaineCare Benefits Manual, “ACT teams must provide at least on average, per member, three (3) face-to-face contacts with the member per week. There may be exceptions to the three (3) face-to-face contact requirements and the member’s record must clearly document why the contacts did not occur.” For example, if one week (seven days) is not billed for a member in service for the entire year because three face-to-face contacts did not occur during that week, 1.9 percent would be reported (7 divided by 365).
- *Line 13* – Report the total number of ACT-related miles driven per week for all staff reported on Lines 2 through 10.

SECTION 17 SPECIALIZED GROUP SERVICES

This worksheet includes four columns; one for each of the courses outlined in Section 17.04-8 of the MaineCare Benefits Manual: Wellness Recovery Action Planning (WRAP), Recovery Workbook Group, Trauma Recovery and Empowerment Group (TREM), and Dialectical Behavior Therapy (DBT).

Agency Caseload

- *Line 1* – Record the number of members who received Specialized Group Services from your organization last year.
- *Line 2* – Input the typical number of members in a session.
- *Line 3* – Input the percent of members that complete the series of sessions.
- Staffing Pattern

This section requests information regarding the ‘typical’ week for each direct care worker.

Note: It is understood that the number of hours that a staff person works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time a staff person spends on each of these activities over the course of a year and then dividing that total by 52. For example, a staff person may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly ‘average’ would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities, 10 would be entered on Line 8. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

- *Line 4* – Input the number of hours per week that a direct care worker typically works (i.e., paid hours).
- *Line 5* – Input the number of hours per week that a direct care worker is providing Specialized Group Services.
- *Line 6* – Input the number of hours per week that a direct care worker is providing other billable services.
- *Line 7* – Input the number of hours per week that a direct care worker spends on APS Healthcare reporting.
- *Line 8* – Input the number of hours per week that a direct care worker spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 9* – Input the number of hours per week that a direct care worker is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Line 10* – Input the number of hours per week that a direct care worker spends on program preparation, set-up, and clean-up activities before or after members are at the program.

- *Lines 11-13* – If there are activities that are part of a direct care worker’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a direct care worker typically spends on that activity.
- *Line 14* – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 5 through 13 should be equal to the total number of hours worked noted in Line 4. If “No” appears in this line, review and revise the appropriate hours.

SECTION 28 TREATMENT SERVICES

This worksheet includes three columns for data entry. The right-most column is intended for services that are provided exclusively in the home or community (that is, a member never receives services at an agency's facility). The other two columns are for programs that include a facility component. These columns are distinguished based on whether the program is school based (operated either at a public school or a special school) or not (including preschools and any other program).

Agency Caseload

- *Line 1* – Record the number of members receiving Treatment Services from your organization.

Service Design

- *Line 2* – For programs with a facility component, report the percentage of a typical member's service hours that are spent in the community away from the facility.

Staffing Pattern

This section requests information regarding the 'typical' week for each direct care worker.

Note: It is understood that the number of hours that a staff person works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time a staff person spends on each of these activities over the course of a year and then dividing that total by 52. For example, a staff person may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly 'average' would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities, 10 would be entered on Line 10. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

- *Line 3* – Input the number of hours per week that a direct care worker typically works (i.e., paid hours).
- *Line 4* – Input the number of hours per week that a direct care worker is providing Treatment Services directly to members.
- *Line 5* – Input the number of hours per week that a direct care worker is providing other billable services.
- *Line 6* – Input the number of hours per week that a direct care worker is participating in IEP, ISP, or Plan of Care meetings.
- *Line 7* – Input the number of hours per week that a direct care worker is traveling between members.
- *Line 8* – Input the number of hours of a direct care worker's week that is 'lost' due to missed appointments.

Note: Only report hours that are not redirected to other activities. For example, if a direct care worker had one hour scheduled to meet with a member who misses their appointment, but returns to the office and is able to spend 30 minutes catching up on paperwork, one-half hour would be

reported for the missed appointment (the ‘lost’ time) and one half-hour would be reported for recordkeeping.

- *Line 9* – Input the number of hours per week that a direct care worker spends on APS Healthcare reporting.
- *Line 10* – Input the number of hours per week that a direct care worker spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 11* – Input the number of hours per week that a direct care worker is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 12-14* – If there are activities that are part of a direct care worker’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a direct care worker typically spends on that activity.
- *Line 15* – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 12 through 14 should be equal to the total number of hours worked noted in Line 3. If “No” appears in this line, review and revise the appropriate hours.
- *Line 16* – For home and community-based services, input the average number miles driven per week by each staff person to travel between member visits and to transport members (transportation-related questions for facility-based programs are included on the “Detail” form).

SECTION 28 SPECIALIZED TREATMENT SERVICES

This worksheet includes three columns for data entry. The right-most column is intended for services that are provided exclusively in the home or community (that is, a member never receives services at an agency's facility). The other two columns are for programs that include a facility component. These columns are distinguished based on whether the program is school based (operated either at a public school or a special school) or not (including preschools and any other program).

Agency Caseload

- *Line 1* – Record the number of members receiving Specialized Treatment Services from your organization.

Service Design

- *Line 2* – For programs with a facility component, report the percentage of a typical member's service hours that are spent in the community away from the facility.

Staffing Pattern for a Direct Care Worker

This section requests information regarding the 'typical' week for each direct care worker.

Note: It is understood that the number of hours that a staff person works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time a staff person spends on each of these activities over the course of a year and then dividing that total by 52. For example, a staff person may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly 'average' would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities, 10 would be entered on Line 10. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

- *Line 3* – Input the number of hours per week that a direct care worker typically works (i.e., paid hours).
- *Line 4* – Input the number of hours per week that a direct care worker is providing Specialized Treatment Services directly to members.
- *Line 5* – Input the number of hours per week that a direct care worker is providing other billable services.
- *Line 6* – Input the number of hours per week that a direct care worker is participating in IEP, ISP, or Plan of Care meetings.
- *Line 7* – Input the number of hours per week that a direct care worker is traveling between members.
- *Line 8* – Input the number of hours of a direct care worker's week that is 'lost' due to missed appointments.

Note: Only report hours that are not redirected to other activities. For example, if a direct care worker had one hour scheduled to meet with a member who misses their appointment, but returns to the office and is able to spend 30 minutes catching up on paperwork, one-half hour would be

reported for the missed appointment (the 'lost' time) and one half-hour would be reported for recordkeeping.

- *Line 9* – Input the number of hours per week that a direct care worker spends on APS Healthcare reporting.
- *Line 10* – Input the number of hours per week that a direct care worker spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 11* – Input the number of hours per week that a direct care worker is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 12-14* – If there are activities that are part of a direct care worker's typical week, but not listed on the survey, type a description and indicate the number of hours per week that a direct care worker typically spends on that activity.
- *Line 15* – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 4 through 14 should be equal to the total number of hours worked noted in Line 3. If "No" appears in this line, review and revise the appropriate hours.
- *Line 16* – For home and community-based services, input the average number miles driven per week by each staff person to travel between member visits and to transport members (transportation-related questions for facility-based programs are included on the "Locations" form).

Staffing Pattern for a BCBA

This section requests information regarding the 'typical' week for each board certified behavior analyst.

Note: The same guidance regarding the completion of the Staffing Pattern section for a direct care worker discussed above applies to this Staffing Pattern section for BCBAs.

- *Line 17* – Input the number of hours per week that a BCBA typically works (i.e., paid hours).
 - *Line 18* – Input the number of hours per week that a BCBA is providing billable services.
 - *Line 19* – Input the number of hours per week that a BCBA is conducting comprehensive assessments.
 - *Line 20* – Input the number of hours per week that a BCBA is conducting treatment planning.
 - *Line 21* – Input the number of hours per week that a BCBA is participating in case reviews.
 - *Line 22* – Input the number of hours per week that a BCBA is performing home visits.
 - *Line 23* – Input the number of hours per week that a BCBA is participating in IEP, ISP, or Plan of Care meetings.
 - *Line 24* – Input the number of hours per week that a BCBA is traveling between members.
 - *Line 25* – Input the number of hours of a BCBA's week that is 'lost' due to missed appointments.
- Note:* Only report hours that are not redirected to other activities. For example, if a BCBA had one hour scheduled to meet with a member who misses their appointment, but returns to the office and is able to spend 30 minutes catching up on paperwork, one-half hour would be reported for the missed appointment (the 'lost' time) and one half-hour would be reported for recordkeeping.
- *Line 26* – Input the number of hours per week that a BCBA spends on APS Healthcare reporting.

- *Line 27* – Input the number of hours per week that a BCBA spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 28* – Input the number of hours per week that a BCBA is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 29-31* – If there are activities that are part of a BCBA’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a BCBA typically spends on that activity.
- *Line 32* – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 18 through 31 should be equal to the total number of hours worked noted in Line 17. If “No” appears in this line, review and revise the appropriate hours.
- *Line 33* – For home and community-based services, input the average number miles driven per week by each BCBA to travel between member visits and to transport members (transportation-related questions for facility-based programs are included on the “Locations” form).

Treatment Services and Specialized Treatment Services – Location Detail

Use a separate column for each physical location at which your agency delivers Treatment Services and Specialized Treatment Services.

Location

- *Line 1* – Record the city of the Treatment Services facility location.
- *Line 2* – Input the zip code of the Treatment Services facility location.
- *Line 3* – Record the days per year the facility is open and providing Treatment Services.
- *Line 4* – Input the average number hours per day the facility is open to provide services.

Staffing and Attendance – Treatment Services

- *Line 5* – Record the number of direct care staff providing Treatment Services at each location.
- *Line 6* – For the direct care staff reported on Line 5, report the average number of work hours per week per staff person.
- *Line 7* – The total number of weekly staff hours is automatically calculated by multiplying Lines 5 and 6.
- *Line 8* – Input the average number of members receiving Treatment Services each week.
- *Line 9* – Report the average number of scheduled Treatment Services hours per week per member.
- *Line 10* – Report the average number of Treatment Services hours that a member receives per week.
- *Line 11* – The average attendance rate is automatically calculated by dividing Line 10 by Line 9.

Staffing and Attendance – Specialized Treatment Services

- *Line 12* – Record the number of direct care staff providing Specialized Treatment Services at each location.
- *Line 13* – For the direct care staff reported on Line 12, report the average number of work hours per week per staff person.
- *Line 14* – The total number of weekly staff hours is automatically calculated by multiplying Lines 12 and 13.
- *Line 15* – Record the number of board certified behavior analysts supporting Specialized Treatment Services at each location.
- *Line 16* – For the BCBA's reported on Line 15, report the average number of work hours per week per staff person.
- *Line 17* – The total number of weekly BCBA hours is automatically calculated by multiplying Lines 15 and 16.
- *Line 18* – Input the average number of members receiving Specialized Treatment Services each week.
- *Line 19* – Report the average number of scheduled Specialized Treatment Services hours per week per member.

- *Line 20* – Report the average number of Specialized Treatment Services hours that a member receives per week.
- *Line 21* – The average attendance rate is automatically calculated by dividing Line 20 by Line 19.

Facility and Transportation

- *Line 22* – Record the square footage of facility space in which members receive services. Include only program-related space; do not include administrative space.
- *Line 23* – Record the operating cost per square foot of the facility space in which members receive services.
- *Line 24* – Use the drop down box to indicate whether the location offers transportation.
- *Line 25* – If transportation is provided, report the average number of miles traveled by vehicles supporting the Day Support Services program. Include both agency-owned and -leased vehicles as well as the use of staff's personal vehicles.

SECTION 65 OUTPATIENT SERVICES

This form collects information regarding Comprehensive Assessment and Therapy Outpatient Services. The survey differentiates between services delivered in provider offices/clinics, in schools, and in the community. Further, the office and home/community columns further differentiate between services provided to adults and those provided to children. Exclude Substance Abuse Services from this form.

Agency Caseload and Service Design

- *Line 1* – Record the number of members receiving Outpatient Services from your organization.
- *Line 2* – Record the average length in hours of a member’s session.
- *Line 3* – Report the average number of staff hours required to complete a Comprehensive Assessment.
- *Line 4* – Record the square footage of office space in which members receive services. Include only program-related space; do not include administrative space.
- *Line 5* – Record the operating cost per square foot of the facility space in which members receive services.

Outpatient Groups

- *Line 6* – Input the percentage of hours billed for groups with a ratio of three or fewer members per direct care worker.
 - *Line 7* – Input the percentage of hours billed for groups with a ratio of more than three but five or fewer members per direct care worker.
 - *Line 8* – Input the percentage of hours billed for groups with a ratio of more than five but seven or fewer members per direct care worker.
 - *Line 9* – Input the percentage of hours billed for groups with a ratio of more than seven members per direct care worker.
- Note:* The sum of Lines 6 through 9 should be 100 percent.
- *Line 10* – Report the typical attendance rate for individuals participating in group services.

Staffing Pattern

This section requests information regarding the ‘typical’ week for each direct care worker.

Note: It is understood that the number of hours that a staff person works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time a staff person spends on each of these activities over the course of a year and then dividing that total by 52. For example, a staff person may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly ‘average’ would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities, 10 would be entered on Line 19. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

Line 11 – Input the number of hours per week that a direct care worker typically works (i.e., paid hours).

- *Line 12* – Input the number of hours per week that a direct care worker is providing Outpatient Services.
- *Line 13* – Input the number of hours per week that a direct care worker is providing other billable services.
- *Line 14* – Input the number of hours per week that a direct care worker is preparing for court and providing testimony. Only include non-billable time.
- *Line 15* – Input the number of hours per week that a direct care worker is participating in ISP/ Plan of Care meetings.
- *Line 16* – Input the number of hours per week that a direct care worker is traveling between member visits.
- *Line 17* – Input the number of hours of a direct care worker’s week that is ‘lost’ due to missed appointments.

Note: Only report hours that are not redirected to other activities. For example, if a direct care worker had one hour scheduled to meet with a member who misses their appointment, but returns to the office and is able to spend 30 minutes catching up on paperwork, one-half hour would be reported for the missed appointment (the ‘lost’ time) and one half-hour would be reported for recordkeeping.

- *Line 18* – Input the number of hours per week that a direct care worker spends on APS Healthcare reporting.
- *Line 19* – Input the number of hours per week that a direct care worker spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 20* – Input the number of hours per week that a direct care worker is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 21-23* – If there are activities that are part of a direct care worker’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a direct care worker typically spends on that activity.

Line 24 – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 12 through 20 should be equal to the total number of hours worked noted in Line 11. If “No” appears in this line, review and revise the appropriate hours.

- *Line 25* – Input the average number miles driven per week by each staff person to travel between member visits and to transport members.

SECTION 65 OUTPATIENT/SUBSTANCE ABUSE SERVICES

This form collects information regarding Comprehensive Assessment and Therapy Outpatient/Substance Abuse Services. The survey differentiates between services delivered in provider offices/clinics, in schools, and in the community. Further, the office and home/community columns further differentiate between services provided to adults and those provided to children.

Agency Caseload and Service Design

- *Line 1* – Record the number of members receiving Outpatient/Substance Abuse Services from your organization.
- *Line 2* – Record the average length in hours of a member’s session.
- *Line 3* – Report the average number of staff hours required to complete a Comprehensive Assessment.
- *Line 4* – Record the square footage of office space in which members receive services. Include only program-related space; do not include administrative space.
- *Line 5* – Record the operating cost per square foot of the facility space in which members receive services.

Outpatient Groups

- *Line 6* – Input the percentage of hours billed for groups with a ratio of three or fewer members per direct care worker.
- *Line 7* – Input the percentage of hours billed for groups with a ratio of more than three but five or fewer members per direct care worker.
- *Line 8* – Input the percentage of hours billed for groups with a ratio of more than five but seven or fewer members per direct care worker.
- *Line 9* – Input the percentage of hours billed for groups with a ratio of more than seven members per direct care worker.

Note: The sum of Lines 6 through 9 should be 100 percent.

- *Line 10* – Report the typical attendance rate for individuals participating in group services.

Staffing Pattern

This section requests information regarding the ‘typical’ week for each direct care worker.

Note: It is understood that the number of hours that a staff person works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time a staff person spends on each of these activities over the course of a year and then dividing that total by 52. For example, a staff person may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly ‘average’ would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities, 10 would be entered on Line 19. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

Line 11 – Input the number of hours per week that a direct care worker typically works (i.e., paid hours).

- *Line 12* – Input the number of hours per week that a direct care worker is providing Outpatient/ Substance Abuse Services.
- *Line 13* – Input the number of hours per week that a direct care worker is providing other billable services.
- *Line 14* – Input the number of hours per week that a direct care worker is preparing for court and providing testimony. Only include non-billable time.
- *Line 15* – Input the number of hours per week that a direct care worker is participating in ISP/ Plan of Care meetings.
- *Line 16* – Input the number of hours per week that a direct care worker is traveling between member visits.
- *Line 17* – Input the number of hours of a direct care worker’s week that is ‘lost’ due to missed appointments.

Note: Only report hours that are not redirected to other activities. For example, if a direct care worker had one hour scheduled to meet with a member who misses their appointment, but returns to the office and is able to spend 30 minutes catching up on paperwork, one-half hour would be reported for the missed appointment (the ‘lost’ time) and one half-hour would be reported for recordkeeping.

- *Line 18* – Input the number of hours per week that a direct care worker spends on APS Healthcare reporting.
- *Line 19* – Input the number of hours per week that a direct care worker spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 20* – Input the number of hours per week that a direct care worker is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 21-23* – If there are activities that are part of a direct care worker’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a direct care worker typically spends on that activity.

Line 24 – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 12 through 20 should be equal to the total number of hours worked noted in Line 11. If “No” appears in this line, review and revise the appropriate hours.

- *Line 25* – Input the average number miles driven per week by each staff person to travel between member visits and to transport members.

SECTION 65 INTENSIVE OUTPATIENT SERVICES

The survey differentiates between Intensive Outpatient Services delivered to adults and children.

Agency Caseload

- *Line 1* – Record the number of members receiving Intensive Outpatient Services from your organization.
- *Line 2* – Report the average number of days per week that a member receives Intensive Outpatient Services.
- *Line 3* – Report the average number of hours per day that a member receives Intensive Outpatient Services.
- *Line 4* – Record the square footage of office space in which members receive services. Include only program-related space; do not include administrative space.
- *Line 5* – Record the operating cost per square foot of the facility space in which members receive services.

Staffing Pattern

This section requests information regarding the ‘typical’ week for each direct care worker.

Note: It is understood that the number of hours that a staff person works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time a staff person spends on each of these activities over the course of a year and then dividing that total by 52. For example, a staff person may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly ‘average’ would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities, 10 would be entered on Line 13. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

- *Line 6* – Input the number of hours per week that a direct care worker typically works (i.e., paid hours).
- *Line 7* – Input the number of hours per week that a direct care worker is providing Intensive Outpatient Services directly to members.
- *Line 8* – Input the number of hours per week that a direct care worker is providing other billable services.
- *Line 9* – Input the number of hours per week that a direct care worker is preparing for court and providing testimony. Only include non-billable time.
- *Line 10* – Input the number of hours per week that a direct care worker is participating in IEP, ISP, or Plan of Care meetings.
- *Line 11* – Input the number of hours of a direct care worker’s week that is ‘lost’ due to missed appointments.

Note: Only report hours that are not redirected to other activities. For example, if a direct care worker had one hour scheduled to meet with a member who misses their appointment, but returns to the office and is able to spend 30 minutes catching up on paperwork, one-half hour would be reported for the missed appointment (the ‘lost’ time) and one half-hour would be reported for recordkeeping.

- *Line 12* – Input the number of hours per week that a direct care worker spends on APS Healthcare reporting.
 - *Line 13* – Input the number of hours per week that a direct care worker spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
 - *Line 14* – Input the number of hours per week that a direct care worker is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
 - *Lines 15-17* – If there are activities that are part of a direct care worker’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a direct care worker typically spends on that activity.
- Line 18* – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 7 through 17 should be equal to the total number of hours worked noted in Line 6. If “No” appears in this line, review and revise the appropriate hours.
- *Line 19* – Input the average number miles driven per week by each staff person to travel between member visits and to transport members.

SECTION 65 MEDICATION MANAGEMENT

The survey differentiates between Medication Management services for adults and children.

Agency Caseload and Service Design

- *Line 1* – Record the number of members receiving Medication Management from your organization.
- *Line 2* – Input the average number of face-to-face member visits per direct care worker each week.
- *Line 3* – In hours, report the average length of a member visit.

Staffing Pattern

This section requests information regarding the ‘typical’ week for each direct care worker.

Note: It is understood that the number of hours that a staff person works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time a staff person spends on each of these activities over the course of a year and then dividing that total by 52. For example, a staff person may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly ‘average’ would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities, 10 would be entered on Line 14. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

- *Line 4* – Input the number of hours per week that a direct care worker typically works (i.e., paid hours).
- *Line 5* – Input the number of hours per week that a direct care worker is providing Medication Management.
- *Line 6* – Input the number of hours per week that a direct care worker is providing other billable services.
- *Line 7* – Input the number of hours per week that a direct care worker conducts and scores assessments.
- *Line 8* – Input the number of hours per week that a direct care worker is authorizing medication.
- *Line 9* – Input the number of hours per week that a direct care worker is providing lab monitoring and tracking.
- *Line 10* – Input the number of hours per week that a direct care worker provides ongoing consultation to a member’s primary care physician.
- *Line 11* – Input the number of hours per week that a direct care worker is participating in ISP/ Plan of Care meetings.
- *Line 12* – Input the number of hours per week that a direct care worker is traveling between member visits.

- *Line 13* – Input the number of hours per week that a direct care worker spends on APS Healthcare reporting.
- *Line 14* – Input the number of hours per week that a direct care worker spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 15* – Input the number of hours per week that a direct care worker is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Lines 16-18* – If there are activities that are part of a direct care worker’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a direct care worker typically spends on that activity.
- *Line 19* – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 5 through 14 should be equal to the total number of hours worked noted in Line 4. If “No” appears in this line, review and revise the appropriate hours.
- *Line 20* – Input the average number miles driven per week by each direct care worker to travel between members.

SECTION 65 CHILDREN'S HOME AND COMMUNITY BASED TREATMENT

The survey differentiates between direct care workers with bachelors and master's degrees.

Agency Caseload and Service Design

- *Line 1* – Record the number of members receiving Children's Home and Community Based Treatment from your organization.
- *Line 2* – Input the typical caseload per direct care worker.
- *Line 3* – Report the typical number of hours per week that a member receives services.

Staffing Pattern

This section requests information regarding the 'typical' week for each direct care worker.

Note: It is understood that the number of hours that a staff person works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time a staff person spends on each of these activities over the course of a year and then dividing that total by 52. For example, a staff person may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly 'average' would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities, 10 would be entered on Line 14. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

- *Line 4* – Input the number of hours per week that a direct care worker typically works (i.e., paid hours).
- *Line 5* – Input the number of hours per week that a direct care worker is providing Children's Home and Community Based Treatment.
- *Line 6* – Input the number of hours per week that a direct care worker is providing other billable services.
- *Line 7* – Input the number of hours per week that a direct care worker conducts and scores assessments.
- *Line 8* – Input the number of hours per week that a direct care worker is preparing for court and providing testimony. Only include non-billable time.
- *Line 9* – Input the number of hours per week that a direct care worker is participating in IEP, ISP, Plan of Care, family team, and wrap around meetings.
- *Line 10* – Input the number of hours per week that a Bachelor's Degree receives supervision and input the number of hours per week that a Master's Degree provides supervision.
- *Line 11* – Input the number of hours per week that a direct care worker is traveling between member visits.
- *Line 12* – Input the number of hours of a direct care worker week that is 'lost' due to missed appointments.

Note: Only report hours that are not redirected to other activities. For example, if a direct care worker had one hour scheduled to meet with a member who misses their appointment, but returns to the office and is able to spend 30 minutes catching up on paperwork, one-half hour would be reported for the missed appointment (the ‘lost’ time) and one half-hour would be reported for recordkeeping.

- *Line 13* – Input the number of hours per week that a direct care worker spends on APS Healthcare reporting.
- *Line 14* – Input the number of hours per week that a direct care worker spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 15* – Input the number of hours per week that a direct care worker is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Line 16* – Input the number of hours per week that a direct care worker spends treatment planning and preparation.
- *Lines 17-19* – If there are activities that are part of a direct care worker’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a direct care worker typically spends on that activity.
- *Line 20* – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 5 through 19 should be equal to the total number of hours worked noted in Line 4. If “No” appears in this line, review and revise the appropriate hours.
- *Line 21* – Input the average number miles driven per week by each direct care worker to travel between members.

SECTION 65 MULTI-SYSTEM THERAPY FOR JUVENILES

The survey differentiates between MST and MST-Problem Sexualized Behavior (PSB) services.

Agency Caseload and Service Design

- *Line 1* – Record the number of members receiving Multi-System Therapy for Juveniles from your organization.
- *Line 2* – Input the typical caseload, the number of members, per direct care worker.
- *Line 3* – Report the typical number of hours per week that a member receives services.

Staffing Pattern

This section requests information regarding the ‘typical’ week for each direct care worker.

Note: It is understood that the number of hours that a staff person works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time a staff person spends on each of these activities over the course of a year and then dividing that total by 52. For example, a staff person may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly ‘average’ would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities, 10 would be entered on Line 14. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

- *Line 4* – Input the number of hours per week that a direct care worker typically works (i.e., paid hours).
- *Line 5* – Input the number of hours per week that a direct care worker is providing Multi-System Therapy for Juveniles.
- *Line 6* – Input the number of hours per week that a direct care worker is providing other billable services.
- *Line 7* – Input the number of hours per week that a direct care worker conducts and scores assessments.
- *Line 8* – Input the number of hours per week that a direct care worker is preparing for court and providing testimony. Only include non-billable time.
- *Line 9* – Input the number of hours per week that a direct care worker is participating in IEP, ISP, Plan of Care, family team, and wrap around meetings.
- *Line 10* – Input the number of hours per week that a Bachelor’s Degree receives supervision and input the number of hours per week that a Master’s Degree provides supervision.
- *Line 11* – Input the number of hours per week that a direct care worker is traveling between member visits.
- *Line 12* – Input the number of hours of a direct care worker week that is ‘lost’ due to missed appointments.

Note: Only report hours that are not redirected to other activities. For example, if a direct care worker had one hour scheduled to meet with a member who misses their appointment, but returns to the office and is able to spend 30 minutes catching up on paperwork, one-half hour would be reported for the missed appointment (the ‘lost’ time) and one half-hour would be reported for recordkeeping.

- *Line 13* – Input the number of hours per week that a direct care worker spends on APS Healthcare reporting.
- *Line 14* – Input the number of hours per week that a direct care worker spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 15* – Input the number of hours per week that a direct care worker is engaged in ‘employer time’ and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.
- *Line 16* – Input the number of hours per week that a direct care worker spends treatment planning and preparation.
- *Lines 17-19* – If there are activities that are part of a direct care worker’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a direct care worker typically spends on that activity.
- *Line 20* – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 5 through 19 should be equal to the total number of hours worked noted in Line 4. If “No” appears in this line, review and revise the appropriate hours.
- *Line 21* – Input the average number miles driven per week by each direct care worker to travel between members.

SECTION 65 CHILDREN'S BEHAVIORAL HEALTH DAY TREATMENT

The survey differentiates between BHP direct care workers, direct care workers who hold master's degrees, and Board Certified Behavioral Analysts (BCBA). In addition, there are two sections to differentiate between public school/ special purpose school programs and other programs, such as preschools.

Agency Caseload and Service Design

- *Line 1* – Record the number of members receiving Children's Behavioral Health Day Treatment from your organization.

Staffing Pattern

This section requests information regarding the 'typical' week for each direct care worker.

Note: It is understood that the number of hours that a staff person works and how they spend their time may vary from week-to-week. To complete this section of the form, informed judgement will be necessary to consider these variations and determine what constitutes an average week.

This could be done for example, by considering how much time a staff person spends on each of these activities over the course of a year and then dividing that total by 52. For example, a staff person may not participate in a staff meeting during a typical week. Rather, they may attend one, one-hour staff meeting per month. Thus, the weekly 'average' would be 0.23 hours (12 hours per year divided by 52 weeks).

Another suggestion is that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the task 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 spent on recordkeeping activities, 10 would be entered on Line 8. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

- *Line 2* – Input the number of hours per week that a direct care worker typically works (i.e., paid hours).
- *Line 3* – Input the number of hours per week that a direct care worker is providing Children's Behavioral Health Day Treatment.
- *Line 4* – Input the number of hours per week that a Master's Degree and BCBA spend providing consultative services.
- *Line 5* – Input the number of hours per week that a direct care worker is providing other billable services.
- *Line 6* – Input the number of hours per week that a direct care worker is participating in IEP, ISP/ Plan of Care meetings.
- *Line 7* – Input the number of hours per week that a direct care worker spends on APS Healthcare reporting.
- *Line 8* – Input the number of hours per week that a direct care worker spends on recordkeeping activities unrelated to APS Healthcare and other than documentation that occurs during the course of service provision. Examples could include case notes and incident reports.
- *Line 9* – Input the number of hours per week that a direct care worker is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.

- *Line 10* – Input the number of hours per week that a direct care worker spends on program preparation, set-up, and clean-up activities before or after members are at the program.
- *Lines 11-13* – If there are activities that are part of a direct care worker’s typical week, but not listed on the survey, type a description and indicate the number of hours per week that a direct care worker typically spends on that activity.
- *Line 14* – This Line calculates whether all staff hours have been allocated; the sum of the activities listed in Lines 3 through 10 should be equal to the total number of hours worked noted in Line 2. If “No” appears in this line, review and revise the appropriate hours.

Children's Behavioral Health Day Treatment, Detail

Use a separate column for each physical location at which your agency delivers Children's Behavioral Health Day Treatment Services.

Location

- *Line 1* – Record the city of the Day Treatment facility location.
- *Line 2* – Input the zip code of the Day Treatment facility location.
- *Line 3* – Specify whether the location is a Public School/Special Purpose location or Preschool/Other location.
- *Line 4* – Record the days per year the facility is open and providing Day Treatment services.
- *Line 5* – Input the average number hours per day the facility is open to provide services.

Staffing and Attendance

- *Line 6* – Record the number of direct care staff providing Day Treatment services at each location.
- *Line 7* – For the direct care staff reported on Line 6, report the average number of work hours per week per staff person.
- *Line 8* – The total number of weekly staff hours is automatically calculated by multiplying Lines 6 and 7.
- *Line 9* – Input the average number of members receiving Day Treatment services each week.
- *Line 10* – Report the average number of scheduled Day Treatment services hours per week per member.
- *Line 11* – Report the average number of Day Treatment services hours that a member receives per week.
- *Line 12* – The average attendance rate is automatically calculated by dividing Line 11 by Line 10.

Facility and Transportation

- *Line 13* – Record the square footage of facility space in which members receive services. Include only program-related space; do not include administrative space.
- *Line 14* – Record the operating cost per square foot of the facility space in which members receive services.
- *Line 15* – Use the drop down box to indicate whether the location offers transportation.
- *Line 16* – If transportation is provided, report the average number of miles traveled by vehicles supporting the Day Support Services program. Include both agency-owned and -leased vehicles as well as the use of staff's personal vehicles.