



Home Health Services Rate Study Section 40 Services

Provider Survey Instructions

December 13, 2016

Prepared by:

BURNS & ASSOCIATES, INC.

Health Policy Consultants

3030 NORTH THIRD STREET, SUITE 200
PHOENIX, ARIZONA 85012
(602) 241-8520

TABLE OF CONTENTS

Introduction..... 1
 Training Webinar..... 1
 Accessing the Survey..... 1
 Overview of the Survey..... 1
 Completing and Submitting the Survey..... 2
Agency Contact Information and Annual Agency Revenues..... 3
Administrative Costs..... 4
 “Admin Staff” – Administrative Staff - Salary and Benefit Costs..... 4
 “Admin Other” – Administrative Expenses Other Than Staff Costs..... 5
Direct Care Staff Costs..... 8
 Direct Care Staff Wages..... 8
 Direct Care Staff – Allocation of Work Hours..... 9
 Fringe Benefits for Direct Care Staff..... 9
Home Health Services – Productivity and Other Factors..... 12

INTRODUCTION

The Maine Department of Health and Human Services (DHHS) is in the process of studying the reimbursement rates paid to providers of Home Health services provided through Section 40 of MaineCare funded programs. Burns & Associates, Inc. (B&A) is providing assistance in this initiative.

Part of this review includes a provider survey to collect data regarding providers' service delivery designs and costs. The information being collected in this survey will be a factor in the rate setting process. These instructions are intended to assist providers in the completion of the survey.

Training Webinar

B&A is recording a webinar to explain the survey and instructions.

The webinar will be posted at <http://www.burnshealthpolicy.com/MaineHHRates/> by December 19, 2016.

The provider survey can be complicated so all providers are encouraged to review the instructions and view the webinar.

At any time during the survey period, providers may contact Steven Abele with B&A at sabele@burnshealthpolicy.com or (602) 241-8521 for assistance or questions.

Accessing the Survey

The survey is a Microsoft Excel file and is compatible with Excel 97 and newer versions.

Overview of the Survey

The survey is intended to collect data regarding the following Section 40 services:

- Nursing (RN and LPN)
- Social Worker
- Home Health Aide
- Medication Administration
- Occupational Therapists/Assistants
- Physical Therapists/Assistants
- Speech/Language Therapists/Assistants

The survey is designed only to collect information regarding agency-directed services. Data regarding consumer-directed services should not be included.

Broadly, the survey is designed to collect information in six primary areas:

- Wages and Benefits of Administrative Staff
- Other Administrative Costs
- Direct Care Staff's Wages and Training
- Allocation of Direct Care Staff's 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's Work Hours, and Direct Care Staff's Benefits.

All services are included on two Productivity and Other Factors forms. Providers should only complete the portion(s) of the forms for the services that are provided by their agency.

Throughout the survey, fields in which users may record data are shaded in light green. Some fields are restricted to only accept numeric answers. Examples are shaded in grey. Dark green fields are automatically calculated based upon other responses.

Providers should report data from their most recently completed fiscal year.

Data collected through this survey will be used for 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.

Completing and Submitting the Survey

When saving the forms, please add your agency's name to the beginning of the file name; e.g., "ABC Agency DHHS Home Health Rate-Setting Provider Survey".

The deadline for submitting completed surveys is January 9, 2017. Please submit completed surveys to B&A at sabele@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 Steven Abele with B&A at (602) 241-8521 or sabele@burnshealthpolicy.com.

Partially completed surveys will be accepted. If any information requested in the survey is unavailable, leave that field blank. Similarly, if there is any schedule that your agency cannot complete, that form may be left blank. Even if a submitted survey is incomplete, the information that your agency is able to provide will be considered as part of the analysis of survey responses.

The remainder of this document provides instructions for completing each of the forms included in the survey.

AGENCY CONTACT INFORMATION AND ANNUAL AGENCY REVENUES

Use this sheet to record contact information for your agency. Specifically, input the following information:

- The name of your organization
- The provider ID number or numbers used by your organization to bill for home health 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

Additionally, this sheet requests information regarding total revenues from your agency's most recently completed fiscal year using the following categories:

- *Home Health Service (Section 40) Revenues* – Report revenues associated with your agency's Home Health services (Section 40).
- *Other Agency Revenues* – Report all other agency revenues not included on the previous line (e.g. behavioral health services).
- *Total Revenues* – The worksheet will sum the two previous amounts to calculate total agency revenue.

ADMINISTRATIVE COSTS

The survey includes two worksheets relating to your organization's administrative costs. The purpose of these pages is to collect all expenses that are not direct care costs, which are surveyed elsewhere. Administrative costs will be compared to reported revenues on the Contact Info and Revenues worksheet.

There are not always clear distinctions between direct care 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 Staff, and member transportation expenses. 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, financial/accounting, and human resource staff. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered administrative. Also, include activities which are program-specific, but not billable. Examples include staff responsible for training direct care workers, program development, supervision, and quality assurance. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered administration. We are also collecting information here on program materials and supplies (e.g., gloves and masks).

"Admin Staff" – Administrative Staff - Salary and Benefit Costs

This sheet is to be used to record information regarding your organization's administrative staff, but not those employees who primarily provide direct care. All figures should be for your agency's most recently completed fiscal year. Following are descriptions of the fields included in this worksheet:

- *Title* – Input the job title for each administrative employee. If your organization has multiple employees within a given job title (e.g., three Human Resource Specialists), you may list them in the same row if their time is allocated similarly (e.g., each spends 100 percent of their time on administrative functions; see the discussion below for the Percent of Time Allocated to personal services column). Do not combine staff with different job titles in a single row except that if there are any employees who work entirely for other programs (that is, they do not provide any support to Home Health services or programs) they may be reported on a single line.
- *Number of Employees* – Record the number of employees in each job title employed by your organization.
- *Wages* – Input the wages (inclusive of salary, bonuses, and any other cash compensation) actually earned in the most recently completed fiscal year by the individual(s) associated with each job title.

Note: Only report actual wages paid, rather than salary levels (e.g., if an employee was hired midyear, report the wages that they earned and not their annual salary).

- *Cost of Optional Benefits* – Input the cost to your organization for optional benefits provided in the most recently completed fiscal year to the individual(s) associated with each job title. Optional benefits include health insurance, dental insurance, retirement, and other benefits that are provided at your organization's discretion.

Notes:

- Do not include mandatory expenses such as Social Security, Medicare, unemployment insurance, and workers' compensation. These costs will be calculated separately.
- 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 Home Health (Section 40)* – The next two columns relate to the amount of each employee's time that is devoted to your organization's Home Health Services under Section 40.

Note: These costs will be compared to Home Health (Section 40) revenues reported on the Contact Info and Revenues worksheet.

- *Direct Care* – Input the percentage of cost attributable to the time that the employee is providing Home Health services.

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 cost attributable to the time that the employee is performing administrative functions in support of the Home Health (Section 40) program.
- *Percent of Cost Allocated to Other Programs* – Input the portion of each employee's cost that is allocated to programs other than those reported in the previous section. This column is included because some employees support multiple programs and it would be inappropriate to allocate their total salary and benefits costs to Home Health services. For example, an executive director may lead an agency that provides both home health and behavioral health services so only a portion of their time (and cost) should be allocated to the Home Health program.

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 administration of Home Health services, 25 percent of that employee's time would be allocated to administration, with the remaining 75 percent input in the Other Programs column. 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 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.

“Admin Other” – Administrative Expenses Other Than Staff Costs

This sheet collects information for all administrative costs other than staff expenses. Costs associated with direct care should not be included in this worksheet.

For each category of expenses, the form requests the total expense for your agency's most recently completed fiscal year. Then, allocate the percentage of costs attributable to your agency's Home Health services and the percentage attributable to other services delivered by your agency. These two columns should total 100 percent; if it does not, an error message will appear to the right of the table.

Note: It is understood that there may be some variance regarding how organizations categorize their expenses. The categories provided on the form are common administrative and program support expenses, but agencies are not required to report an amount for each. For example, an organization's accounting records may group postage costs with office supplies. In this case, the agency can report its total office supplies cost (including postage) on that line rather than trying to break postage out of their records.

Following are descriptions of the fields included in this worksheet:

- *Line 1* – Input your agency's rent/mortgage/depreciation costs for administrative space.
- *Line 2* – Input the number of square feet associated with the facility rent/mortgage/depreciation expense reported in Line 1.
- *Line 3* – As applicable (i.e., for leased space), input the cost per square foot for the space noted on Line 2. (Note that multiplying Lines 2 and 3 should be equal to the total reported on Line 1)
- *Line 4* – Input office maintenance costs that are not part of the costs recorded on Line 1.
- *Line 5* – Report office equipment and furniture costs.
- *Line 6* – Input your agency's depreciation expenses for capital items other than facilities.
- *Line 7* – Include expenses for interest paid, excluding mortgage interest, by your organization.
- *Line 8* – Input utility and similar costs that are not included as part of rental costs already reported.
- *Line 9* – Input property and income taxes paid by your organization, but do not include payroll taxes (Social Security and Medicare).
- *Line 10* – Input your agency's licensing, certification, and/or accreditation fees.
- *Line 11* – Input your agency's hiring expenses, which could include expenses such as background checks, placement agency fees, etc.
- *Line 12* – Input your agency's insurance costs. Do not include employee benefits such as health or dental insurance, workers' compensation costs, or automobile insurance.
- *Line 13* – Record your agency's information technology expenses, such as computers and software, associated with administrative and program support functions and staff.
- *Line 14* – Include general office supply costs, but do not include program supplies such as gloves and masks.
- *Line 15* – Record your agency's postage costs.
- *Line 16* – Input your agency's advertising costs.
- *Line 17* – Input your agency's costs for memberships in business, technical, and/or professional organizations or subscriptions to business, professional, and/or technical periodicals.
- *Line 18* – 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 19* – Input travel related costs (e.g., mileage reimbursement) for administrative functions and staff. Do not 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.
- *Line 20* – Input your agency's 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.

- *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 22-24* – Input any other administrative 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 data related to Direct Care Staff: wages, allocation of their work time and benefits.

Note: For the purpose of the survey, the term Direct Care Staff includes all staff that provide direct care, including nurses and therapists.

Direct Care Staff Wages

This form collects information regarding the wages paid to staff providing Home Health services. Following are descriptions of the fields included in this worksheet:

- *Job Titles* – List the job titles of staff that provide direct services. Staff do not need to be listed individually; they can be grouped by job title, but do not group employees together when there are meaningful differences. For example, staff that supervisor other employees should not be combined with staff who do not have such responsibilities.

In the case of a single staff person who is paid different wages for different work, please report those functions on separate lines. For example a worker is paid one wage for Home Health services and a different wage for behavioral health services, their hours and wages paid should be reported on separate lines – one for Home Health and one for behavioral health. However, if the person provides both services and is paid the same wage regardless of work performed, the position can be reported on a single line. (Pay differentials for nights/evenings, training or driving wages should all be reported in Total Wages Paid, not on separate lines.)
- *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.
- *Employee/Contractor* – Using the drop-down menu, select whether the staff in each job category are agency employees or contractors. If a given job title includes both employees and contractors, complete one row for employees and another for contractors.
- *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 staff that one supervisor oversees.
- *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.
- *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.
- *Average Hourly Wage* – This field will be calculated automatically by dividing total wages paid by total hours paid.
- *Staff Development Hours (1st Year – per staff avg)* – 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 Development Hours (Following Years – per staff avg)* – 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 service that is part of this study. There are also columns for “Other Direct Services” and “Indirect Services/Administrative Time”. Other Direct Services include services that are not part of this survey. Indirect Services/Administrative Time relates to hours that a person works, but is not providing face-to-face services. For the purposes of this survey consider any activity that is not face-to-face as Indirect Services/Administrative Time.

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/activity. Zeroes do not need to be input. The total allocation of time across 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 benefits and other employee related expenses associated with Direct Care Staff. Consider only Direct Care Staff when completing this worksheet; do not include administrative staff as these costs are captured on the Admin Staff form.

There are separate columns for full-time and part-time staff. For the purposes of completing this survey, full-time is defined as at least 30 hours per week. Per Affordable Care Act (ACA) guidelines, variable hour workers (“per diem” workers), should have average hours worked calculated over the past calendar year. Those who average 30 hours per week should be counted at full-time.

Following are descriptions of the fields included in this worksheet.

Staffing

- *Line 1* – Input the number of Direct Care Staff currently employed by your agency.

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 (DCS) Wages form.

- *Lines 2 and 7* – Using the Yes/No drop down list, indicate whether DCS 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 DCS become eligible for the applicable benefit.
- *Lines 4 and 9* – Input the minimum number of hours per week that DCS must work in order to receive the applicable benefit.

- *Lines 5 and 10* – Record the number of DCS 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 DCS receive.

Health Insurance

- *Line 12* – Using the Yes/No drop down list, indicate whether Direct Care Staff are eligible for health insurance. 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 Staff become eligible for health insurance.
- *Line 14* – Input the minimum number of hours per week that a Direct Care Staff must work in order to receive health insurance.
- *Line 15* – Record the number of Direct Care Staff that are currently eligible for health insurance (the number should be no more than the figure reported on Line 1).
- *Line 16* – Record the number of Direct Care Staff that currently receive health insurance.
- *Line 17* – Input your organization’s total spending on health insurance premiums for Direct Care Staff in the most recently completed fiscal year. Do not include costs for administrative 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, tuition reimbursement, etc.). 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 Staff. If the response is “No”, the remaining questions (Lines 19 through 24) do not need to be completed. For the purposes of the survey, mileage reimbursement and paid training are not considered benefits.
- *Line 19* – Input the other benefits that are provided.
- *Line 20* – Using the drop down list, choose the timeframe that is closest to the waiting period before Direct Care Staff become eligible for the applicable benefits. If your agency provides multiple other benefits with different timeframes, complete this question based on the benefit with the greatest cost.
- *Line 21* – Input the minimum number of hours per week that Direct Care Staff must work in order to receive the applicable benefits. If your agency provides multiple other benefits with different minimum hour requirements, complete this question based on the benefit with the greatest cost.
- *Line 22* – Record the number of Direct Care Staff that are currently eligible for the applicable benefits (the number should be no more than the figure reported on Line 1). If your agency provides multiple other benefits, complete this question based on the benefit with the greatest cost.
- *Line 23* – Record the number of Direct Care Staff that currently receive the applicable benefit. If your agency provides multiple other benefits, complete this question based on the benefit with the greatest cost.

- *Line 24* – Input total spending on these benefits for Direct Care Staff in the most recently completed fiscal year. Do not include costs for administrative staff; these expenses should be recorded on the Admin Staff worksheet.

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 2016. 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. Other organizations may operate a self-funded unemployment insurance fund. If either scenario applies to your organization, report the total cost in 2015.(or 2016 if available) 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 Staff under your 2016 policy period as a rate for each \$100 in wages paid. If your organization has multiple policies, provide a weighted average of the policies associated with Direct Care Staff in your agency's personal care programs.

HOME HEALTH SERVICES – PRODUCTIVITY AND OTHER FACTORS

This form applies to Home Health services performed by Nurses (RN and LPN), Social Workers, Home Health Aides and Staff performing Medication Administration. Information related to services and duties for staff performing Home Health Therapy services can be found on the *Home Health Therapy Services – Productivity and Other Factors* section.

Agency Caseload and Service Design

- *Line 1* – Record the number of individuals receiving Home Health services, excluding therapies, from your organization.
- *Line 2* – Input the average number of Home Health visits, excluding therapies, a *member* receives each week. If a member receives services during two distinct time periods during a day (for example, if they receive services during the morning and then in the evening), that would count as two visits.
- *Line 3* – Input the average number of Home Health visits that a *Home Health worker* conducts per week. If a Home Health worker sees the same member multiple times in a week (or day), count each visit separately.
- *Line 4* – Input the cost of program supplies such as gloves and masks for Home Health services during your agency’s most recently completed fiscal year.
- *Line 5* – Using the Yes/No drop-down list, indicate whether your organization pay certification fees for Home Health workers.
- *Line 6* – If your organization covers the cost of certification fees for Home Health workers in their *first year* of employment, input the average cost per worker in that first year. Do not include wages paid to the employee while in training.
- *Line 7* – If your organization covers certification fees for Home Health workers in their *subsequent years* of employment, input the average annual cost per worker in following years. Do not include wages paid to the employee while in training.
- *Line 8* – Input the percent of weekly visits for which Home Health staff are paid a wage differential (such as for those services delivered on nights and weekends).
- *Line 9* – Input the percent of weekly visits delivered to multiple individuals at one residence. Service may be delivered in the same visit or in back-to-back visits in which the Home Health staff delivers service in the same home with no travel between service delivery. For example, a husband and wife both receive services in the same home – either at the same time, or one spouse receives service right after the other spouse’s service.
- *Line 10* – Input the percent of weekly visits which require two Direct Care Staff to deliver service to one member for any reason (e.g. obesity, behavioral needs, etc.).

Visit Duration

- *Lines 11-14* – Input the percent of visits in a week that are less than 1 hour, 1 hour to 4 hours, 4 to 8 hours, and more than 8 hours. A visit should be continuous hours of personal care service. A “split shift” in which a member has service, the Direct Care staff leaves, and then later in the same day the Direct Care staff returns, would count as two visits.
- *Line 15* – A formula will verify that 100 percent of the visits are reported (the percentages provided should equal 100 percent). If Line 17 is “No”, please correct the input for Lines 11 through 14 to sum to 100 percent.

Staffing Pattern

This section requests information regarding the ‘typical’ week for a Home Health worker providing direct services. There are separate columns for the Home Health services included in the survey. Responses within a column should apply to those Direct Care staff performing the service and/or meeting the proper qualification(s) to perform the service. Responses included below should not encompass the delivery of Home Health Therapy services.

- *Line 16* – Input the number of hours per week that a Home Health worker typically works (i.e., paid hours).
- *Line 17* – The typical number of hours per week that a Home Health worker is engaged in direct service delivery.
- *Line 18* – Input the number of hours per week that a Home Health worker is providing other direct (face-to-face) services (for example, if they also provide Behavioral Health services).
- *Line 19* – Input the number of hours per week that a Home Health worker spends performing ‘collateral contacts’. For example, contacting a physician regarding the care for a member.
- *Line 20* – Input the number of hours per week that a Home Health worker is spends providing non-billable member assessments. Routine medical assessments performed as part of the Home Health services should not be included.
- *Line 21* – Input the number of hours per week that a Home Health worker receives direct supervision from a licensed Registered Nurse (RN). Hours indicated here should reflect time spent performing Home Health services in the presence of the supervising RN.
- *Line 22* – Input the number of hours per week that a Home Health worker is traveling between member visits. Please average the typical hours per week spent in travel for all seasons. If travel takes longer in winter than summer, report the average travel time here. For example, if during half the year travel takes 4 hours per week, but the other half of the year it takes 2 hours per week, the average would be 3 hours per week spent in travel.
- *Line 22* – Input the number of hours per week that a Home Health worker loses due to missed appointments. Include “show-up time” when a worker is paid for showing up to the appointment but the member is not available to receive services, but do not include time for cancelled appointments for which the Home Health worker is not paid. Also, do not include time that is redirected to another activity accounted for within this schedule. For example if a member cancels a one-hour appointment but the Home Health worker is able to spend 45 minutes catching up on their records, only 15 minutes should be reported on this line.
- *Line 24* – Input the number of hours per week that a Home Health worker spends on recordkeeping activities, other than documentation that occurs during the course of service provision.
- *Line 25* – Input the number of hours per week that a Home Health 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 26-28* – If there are activities that are part of a Home Health worker’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a Home Health worker typically spends on that activity.

- *Line 29* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Line 17 through 28 should be equal to the total number of hours worked noted in Line 16. If “No” appears in this line, review and revise the appropriate hours.
- *Line 29* – Input the number of miles per week that a Home Health worker travels between member visits.
- *Line 30* – Input the number of miles per week that a Home Health worker travels while transporting members.

HOME HEALTH THERAPY SERVICES – PRODUCTIVITY AND OTHER FACTORS

This form applies to Home Health Therapy services performed by Occupational, Physical or Speech/Language Therapists or Therapy Assistants. Information related to services and duties for staff performing Home Health services (nursing, etc.) can be found on the *Home Health Services – Productivity and Other Factors* section.

Agency Caseload and Service Design

- *Line 1* – Record the number of individuals receiving Home Health Therapy services from your organization.
- *Line 2* – Input the average number of Therapy visits a *member* receives each week. If a member receives services during two distinct time periods during a day (for example, if they receive services during the morning and then in the evening), that would count as two visits.
- *Line 3* – Input the average number of Therapy visits that a *Direct Care worker* conducts per week. If a Direct Care worker sees the same member multiple times in a week (or day), count each visit separately.
- *Line 4* – Input the cost of program supplies such as gloves and masks for Therapy services during your agency’s most recently completed fiscal year.
- *Line 5* – Using the Yes/No drop-down list, indicate whether your organization pay certification fees or continuing education fees for Therapy workers.
- *Line 6* – If your organization covers the cost of certification fees or continuing education fees for Therapy workers in their *first year* of employment, input the average cost per worker in that first year. Do not include wages paid to the employee while in training.
- *Line 7* – If your organization covers certification fees or continuing education fees for Therapy workers in their *subsequent years* of employment, input the average annual cost per worker in following years. Do not include wages paid to the employee while in training.
- *Line 8* – Input the percent of weekly visits for which Therapy staff are paid a wage differential (such as for those services delivered on nights and weekends).
- *Line 9* – Input the percent of weekly visits delivered to multiple individuals at one residence. Service may be delivered in the same visit or in back-to-back visits in which the Home Health staff delivers service in the same home with no travel between service delivery. For example, a husband and wife both receive services in the same home – either at the same time, or one spouse receives service right after the other spouse’s service.
- *Line 10* – Input the percent of weekly visits which require two Direct Care Staff to deliver service to one member for any reason (e.g. obesity, behavioral needs, etc.).

Visit Duration

- *Lines 11-14* – Input the percent of visits in a week that are less than 1 hour, 1 hour to 4 hours, 4 to 8 hours, and more than 8 hours. A visit should be continuous hours of personal care service. A “split shift” in which a member has service, the Direct Care staff leaves, and then later in the same day the Direct Care staff returns, would count as two visits.
- *Line 15* – A formula will verify that 100 percent of the visits are reported (the percentages provided should equal 100 percent). If Line 17 is “No”, please correct the input for Lines 11 through 14 to sum to 100 percent.

Staffing Pattern

This section requests information regarding the ‘typical’ week for a Home Health Therapy worker providing direct services. There are separate columns for the each Therapy service included in the survey. Responses within a column should apply to those Direct Care staff performing the service and/or meeting the proper qualification(s) to perform the service. Responses included below should not encompass the delivery of Home Health services (e.g., nursing).

- *Line 16* – Input the number of hours per week that a Home Health Therapy worker typically works (i.e., paid hours).
- *Line 17* – The typical number of hours per week that a Therapy worker is engaged in direct service delivery.
- *Line 18* – Input the number of hours per week that a Therapy worker is providing other direct (face-to-face) services (for example, if they also provide Behavioral Health services).
- *Line 19* – Input the number of hours per week that a Therapy worker spends performing ‘collateral contacts’. For example, contacting a physician regarding the care for a member.
- *Line 20* – Input the number of hours per week that a Therapy worker is spends providing non-billable member assessments. Routine assessments performed as part of the Home Health Therapy services should not be included.
- *Line 21* – Input the number of hours per week that a Home Health Therapy Assistant receives direct supervision from a Therapist. Hours indicated here should reflect time spent performing Home Health Therapy services in the presence of the supervising Therapist.
- *Line 22* – Input the number of hours per week that a Therapy worker is traveling between member visits. Please average the typical hours per week spent in travel for all seasons. If travel takes longer in winter than summer, report the average travel time here. For example, if during half the year travel takes 4 hours per week, but the other half of the year it takes 2 hours per week, the average would be 3 hours per week spent in travel.
- *Line 22* – Input the number of hours per week that a Therapy worker loses due to missed appointments. Include “show-up time” when a worker is paid for showing up to the appointment but the member is not available to receive services, but do not include time for cancelled appointments for which the Therapy worker is not paid. Also, do not include time that is redirected to another activity accounted for within this schedule. For example if a member cancels a one-hour appointment but the Therapy worker is able to spend 45 minutes catching up on their records, only 15 minutes should be reported on this line.
- *Line 24* – Input the number of hours per week that a Therapy worker spends on recordkeeping activities, other than documentation that occurs during the course of service provision.
- *Line 25* – Input the number of hours per week that a Therapy 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 26-28* – If there are activities that are part of a Therapy worker’s typical week, but not listed on the survey, type in a description and indicate the number of hours per week that a Home Health worker typically spends on that activity.
- *Line 29* – This line calculates whether all staff hours have been allocated; the sum of the activities listed in Line 17 through 28 should be equal to the total number of hours worked noted in Line 16. If “No” appears in this line, review and revise the appropriate hours.

- *Line 29* – Input the number of miles per week that a Therapy worker travels between member visits.
- *Line 30* – Input the number of miles per week that a Therapy worker travels while transporting members.