

Provider Rate Study for Intensive Outpatient Services

PROVIDER SURVEY INSTRUCTIONS

– distributed by –

BURNS & ASSOCIATES, INC.

Health Policy Consultants

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

– on behalf of –

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TABLE OF CONTENTS

Introduction 1
 Assistance with the Survey 1
 Overview of the Survey 2
 Completing and Submitting the Survey 2
Definitions of Administration, Program Support, and Direct Care 3
Current and Planned Intensive Outpatient Programs 3
Direct Care and Program Support Workers – Qualifications, Wages, and Benefits 4
Direct Care Workweek 4
Caseloads and Other Service Details 5
Administrative Staff - Wage and Benefit Costs 5
Expenses Other Than Staff Salary and Benefits 6

INTRODUCTION

As part of its ongoing effort to ensure a continuum of care for MaineCare services, the Maine Department of Health and Human Services (DHHS) is in the process of studying payments and service delivery models for Intensive Outpatient (IOP) services. Burns & Associates, Inc. (B&A) is assisting DHHS in this effort.

B&A is distributing a survey to collect data regarding providers' service delivery designs and costs for the following IOP programs:

- Substance Use Intensive Outpatient services
- Mental Health and Co-Occurring Intensive Outpatient services
- Developmental Disability and Behavioral Health Intensive Outpatient services
- Dialectical Behavior Therapy Intensive Outpatient services
- Geriatric Intensive Outpatient services
- Eating Disorder Partial Hospitalization Program services

Currently, only the Substance Use Intensive Outpatient service is specifically defined in Section 65 of the MaineCare Benefits Manual and billed under procedure code H0015. DHHS understands that some agencies are operating one or more of the other IOP programs, sometimes billing through Outpatient Therapy (procedure code H0004). Further, DHHS also understands that some agencies are currently in the planning stage to create new IOP programs. The survey therefore seeks information for all of the following:


- Substance Use IOPs operated under the existing MaineCare regulations and billed through H0015
- IOP programs funded through billing of other procedure codes and/or other revenue sources
- IOP programs that agencies are actively planning to establish

The data collected through this survey will be one of the key considerations in the potential development of program requirements and payment rates for these programs. Thus, while the survey is voluntary, all providers are strongly encouraged to participate.

The data collected through this survey only be used for the purposes of this study. Additionally, only aggregated data will be publicly reported; no provider-specific information will be published.

Assistance with the Survey

B&A recognizes that the survey can be complicated, and has developed several resources to assist agencies in completing the survey:

- Guidance for many questions is embedded in the survey itself and is designated with an  icon.
- These instructions supplement the embedded directions, and therefore, do not contain instructions for every form in the survey, or every line within a given form. However, the instructions should be reviewed before completing the survey.
- B&A will record a webinar to provide a detailed walk-through of the survey instrument. The webinar will be posted by Friday, October 23rd and can be accessed through the web page established for this project at <http://www.burnshealthpolicy.com/MaineIOP>. All providers are encouraged to listen to the instructional webinar.
- Questions regarding the survey can be directed to Karl Matzinger with B&A at kmatzinger@healthmanagement.com or (602) 241-8515.

Overview of the Survey

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

- Direct care and program support staff wage and benefit costs
- Service-specific caseloads, service designs, and staffing patterns
- Administrative staff wage and benefit costs
- Non-staff expenses

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

Completing and Submitting the Survey

Providers should report information for their most recently completed fiscal year. If the IOP program is not currently being operated by your agency, report estimated/ planned values.

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.

When saving the survey, add your agency's name to the beginning of the file name; for example, "Provider Name_Intensive Outpatient Provider Survey".

The deadline for submitting completed surveys is November 16, 2020. Submit completed surveys to Karl Matzinger at kmatzinger@healthmanagement.com.

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

DEFINITIONS OF ADMINISTRATION, PROGRAM SUPPORT, AND DIRECT CARE

The survey asks agencies to differentiate between direct care, program support, and administrative costs. There are not always clear distinctions between these categories and definitions of these terms vary. For the purposes of this survey, the following guidelines should be used:

- Administration** Includes expenses associated with the operation of your agency, but which are not program specific. Employees who are typically considered administrative include general management, finance/accounting, information technology, and human resources staff. Expenses associated with these staff (for example, their office space) are also considered administrative. Non-staff expense examples include business insurance, taxes, and office equipment and supplies.

- Program Support** Includes expenses that are neither direct care nor administrative. Such activities are program-specific and can be allocated to an individual service but are not on behalf of an individual participant. Examples include first-line supervisors as well as staff responsible for program curriculum, quality assurance, and training expenses for direct care workers. Expenses associated with these staff (for example, their office space) are also considered program support. Non-staff expense examples include accreditation and professional licensing fees.

- Direct Care** Includes the salaries and benefits of staff providing direct services (including clinicians), as well as activities specifically related to direct care. For example, time spent traveling between service visits and writing progress notes after a billable service should be categorized as direct care even though that time may not be directly billable. Direct care also includes program materials and supplies.

CURRENT AND PLANNED INTENSIVE OUTPATIENT PROGRAMS

This form collects information regarding the IOP programs your agency currently operates or is actively planning to establish. Current programs include those supported through MaineCare billing or any other sources. Planned programs are those for which the agency has formulated a program design to an extent that the agency will be able to reasonably report the expected staffing plan, program costs, etc.

- Program Reference Number** A program reference (Program 1 through 6) is assigned when a program is reported in the IOP Type column. The program reference number is used when reporting information in the Direct Care & Program Support Workers – Wages and Benefits form and the Caseload Detail form.

- IOP Type** For each current or planned program, select the program type from the drop-down menu.

- Current or Planned Program** Use the drop-down menu to select whether the IOP service is currently being delivered or planned if the service does not exist but you plan to provide the service in the future.

- Age Group** Use the drop-down menu to select whether the program is designed to be delivered to children, adults, or both children and adults in the same group.

DIRECT CARE AND PROGRAM SUPPORT WORKERS – QUALIFICATIONS, WAGES, AND BENEFITS

This form collects information about the positions responsible for performing direct care and support functions for each current and planned IOP program. Since there is a separate section for each current or planned IOP program, the IOP Programs form must be completed first.

This form differs from the similar form for administrative staff in two ways. First, agencies only need to report direct care and program support staff that provide IOP services (whereas the administrative staff page covers *all* administrative employees in the organization). Second, this form requires that each individual staff person be separately listed to support an in-depth understanding of program staffing.

For current programs, all cost figures should reflect the most recently completed fiscal year. For planned programs, report estimated annual figures for the planned staff position.

Employee Name/Number List the name or other unique identifier for each employee who provides (or is planned to provide) direct care or program support for the listed IOP program.

Agencies **do not** need to include direct care or program support staff who do not support the listed IOP program. For example, clinicians who are dedicated to a Functional Family Therapy program do not need to be listed.

If an employee supports multiple IOP programs, they should be listed in each applicable section with their work hours allocated appropriately.

If an employee performs both administrative and direct care/program support functions, they will be listed on both this form and the Administrative Staff form.

DIRECT CARE WORKWEEK

This form collects information regarding the distribution of time for a typical workweek for each staff person reported on the Direct Care and Program Support Workers – Qualifications, Wages, and Benefits form. The form will automatically populate a new column for each employee reported on the previous form.

Staffing Pattern For each employee, enter the total number of hours they work in an average week on Line 1, then distribute the hours to the activities listed on Lines 2 through 21. Lines 22 through 24 are designed for ‘Other activities’ where agencies can describe responsibilities not covered on Lines 2 through 21.

The sum of hours for Lines 2 through 24 must equal the total number of work hours reported on Line 1. If it does not equal, Line 25 will indicate “No” until the hours are corrected.

It is understood the number of hours that a direct care worker works and how they spend their time may vary from week-to-week. Completing this form will therefore require informed judgement to consider these variations and determine what constitutes an average week. This could be done by considering how much time a direct care worker spends on each of these activities over the course of a year and then dividing that total by 52. For example, a direct care worker may not participate in the development of an Individual Treatment Plan every week. Rather, they may attend one or two Individual Treatment Plan meetings a month. Thus, if a direct care worker spends an average of 40 hours per year in plan development meetings, your agency would report 0.77 hours per week (40 hours per year divided by 52 weeks).

CASELOADS AND OTHER SERVICE DETAILS

This form collects information regarding each IOP program's operations as well as staff training and turnover. The form will automatically populate a new column for each IOP program reported on the Current and Planned Intensive Outpatient Programs form.

Staff Turnover (Lines 13-14) Report the annual turnover for clinical and paraprofessional/ support staff by dividing the number of staff within the reported job title who left the position within the reported fiscal 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 the agency's most recently completed fiscal year.

ADMINISTRATIVE STAFF - WAGE AND BENEFIT COSTS

Use this form to report information regarding the staff responsible for the administrative functions of your organization. All cost figures should reflect the most recently completed fiscal year.

Title List the job title for *all* of your agency's administrative employees. If your agency has multiple employees within a job title (e.g., three Human Resource Specialists), they can be either grouped together on a single line or individually listed with one employee per line. This level of detail is required to evaluate administrative rates across the agency in total as well as for behavioral health services in particular. Although this sheet is only intended to capture information regarding administrative staff, some staff may have both administrative and non-administrative duties. That is, some staff may have administrative and direct care or program support responsibilities, particularly in smaller agencies. In these instances, the staff will be listed both on this form and on the Direct Care and Program Support Workers – Qualifications, Wages, and Benefits form, with their time allocated appropriately on both forms.

Actual Wages and Costs of Benefits Report total wage (salary, bonuses, and any other cash compensation) and benefit costs for the individual(s) in each job title in the most recently completed fiscal year. Report actual wage and benefit costs, rather than annualized amounts (e.g., if an employee was hired in mid-year, report only earned wages and not their annual salary).

Time Allocation For the employee(s) listed on each line, allocate their time using the six allocation columns provided, considering how much time they spend supporting behavioral health services and all other programs operated by your agency. and then, within each broad category/ line of business, how much time they spend on administration, program support, and direct care. The total of the time allocated across these six columns should equal 100 percent. If it does not, or if a cost has been entered for wages or benefits but not allocated, an error message will appear to the right of the table until the costs have been fully allocated.

If your agency does not have a methodology for allocating costs across programs, it is recommended that your agency conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the program and 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 related to the administration of behavioral health services, 25 percent of that employee's time would be allocated to behavioral health services administration. If a time study is not feasible for your agency, contact B&A to discuss other potential allocation methodologies.

EXPENSES OTHER THAN STAFF SALARY AND BENEFITS

Use this form to report expenses other than staffing. All wage- and salary-related costs should be reported on the 'Admin Staff Wages and Benefits' and 'Direct Care and Program Support Workers - Wages and Benefits' forms.

Expense Categories For each category of expenses, the form requests the total cost for your agency's most recently completed fiscal year. It is understood that there may be some differences regarding how agencies categorize their expenses. The categories provided on the form are common business 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, agency's accounting records may group utilities as a part of rental expense. In this case, the agency can report its total rental cost (including utilities) on Line 1 rather than trying to report utilities separately on Line 3.

Additionally, Lines 26 through 29 are available to report expenses that do not fit well into the provided categories. Provide a brief description of each 'other' expense reported on Lines 26 through 29.

Expense Allocation For each expense, allocate the total expense across the nine columns on the form, which are described below:

- The first two columns relate to administrative expenses, divided between your agency's behavioral health programs (considering *all* behavioral health services, not only IOP programs) and all other programs operated by your agency.
- The next six columns relate to program support and direct care expenses for individual IOP programs, with separate columns for each of the six IOP services covered by the survey and a seventh column for expenses associated with program support and direct care for all other behavioral health services.

The total allocation across the ten columns should equal 100 percent. If it does not, an error message will appear to the right of the table until the allocation is complete.