

# **Provider Rate Study for Substance Use Disorder Treatment Facility Services**

## **PROVIDER SURVEY INSTRUCTIONS**

– distributed by –

### **BURNS & ASSOCIATES**

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– on behalf of –

Maine Department of Health and Human Services

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## **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 Substance Use Disorder (SUD) Treatment Facility services covered by Appendix B of Section 97 of the MaineCare Benefits Manual. Burns & Associates (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 SUD Treatment Facility programs:


- Detoxification (Non-Hospital based) services
- Halfway House services
- Extended Care services
- Residential Type I services
- Residential Type II services
- Adolescent Residential Rehabilitation Services

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

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 December 18, 2020 and can be accessed through the web page established for this project at <https://www.burnshealthpolicy.com/mainesud/>. All providers are encouraged to watch the webinar.
- Questions regarding the survey can be directed to Karl Matzinger with B&A at [kmatzinger@healthmanagement.com](mailto: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 ending prior to March 31, 2020*

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\_SUD Residential Treatment Facility Provider Survey".

***The deadline for submitting completed surveys is January 22, 2021.*** Submit completed surveys to Karl Matzinger at [kmatzinger@healthmanagement.com](mailto: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.

## **Considerations for COVID-19**

Recognizing the significant disruption caused by the COVID-19 pandemic, providers are asked to report information for their most recent fiscal year ending on or before March 31, 2020. This will avoid reporting that includes a combination of operations during 'normal' and pandemic months. An additional form is included in the survey where providers are asked to report the impacts that the pandemic has had on operating expenses, services, participants, and other areas. Information reported on this form can include all expenses and impacts since the onset of the COVID-19 pandemic through December 31, 2020.

**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.   |

**EMPLOYEE DIRECT CARE AND PROGRAM SUPPORT WORKERS – WAGES AND BENEFITS**

This form collects the wage, benefit, training, and turnover information about the position classifications responsible for performing direct care and program support functions for the SUD Treatment Facility program.

***Only employees of your agency should be included on the is form.*** If your agency has contractors, their cost should be input on the Contractor Direct Care and Program Support Cost form.

All cost figures should reflect your agency's most recently completed fiscal year ending prior to March 31, 2020.

**Job Titles**            The list of twelve job titles listed in Appendix B of Section 97 are prepopulated on the form. If your agency has other classifications delivering the SUD Treatment Facility service, use lines 13 to 22 and type in the position classification.

**Staff Turnover**    Report the annual turnover for clinical and paraprofessional/ support staff by dividing the number of staff within the reported SUD Treatment Facility program 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 SUD Treatment Facility job title over the course of the agency's most recently completed fiscal year.

The job titles on this form will be carried over to Direct Care Staff Productivity and the Substance Use Disorder Treatment Facility Service Detail forms.

**DIRECT CARE STAFF PRODUCTIVITY**

This form collects information regarding the distribution of time for a typical workweek for each of the position classifications reported on the Direct Care and Program Support Workers – Wages and Benefits form. **Only report information for agency employees, do not include contractor time.**

**Staffing Pattern** For each classification, report the total number of hours a staff person works in an average week on Line 1 and then distribute the hours to the activities listed on Lines 2 through 19. Lines 20 through 22 are designed for ‘Other activities’ where agencies can describe responsibilities not covered on Lines 2 through 19.

The sum of hours for Lines 2 through 22 must equal the total number of work hours reported on Line 1. If it does not equal, Line 23 will indicate “No” until the hours are corrected.

It is understood the number of hours that a staff person 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 worker spends on each of these activities over the course of a year and then dividing that total by 52. For example, a 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 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).

**SUBSTANCE USE DISORDER TREATMENT FACILITY SERVICE DETAIL**

This form collects information regarding each SUD Treatment Facility program’s operations including type of SUD Treatment Facility service, staffing details, and operating costs.

**Service Information** For line 1, use the dropdown menu to select which of the six SUD Treatment Facility program the service information is being reported.

For line 4, the occupancy rate represents the percentage of days in the year all beds were assigned and occupied. It includes days in which placed residents were absent (e.g., due to hospitalizations or out-of-home family visitation).

**Staffing Pattern** For each job title, report the typical number of scheduled direct care hours per week. Titles will be carried over from the Employee and Contractor Direct Care and Program Support Staff forms. If a classification is not used, leave it blank.

**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 prior to the beginning of the Covid 19 pandemic in March 2020.

**Job 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 – 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 each job title 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. 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 ‘Administrative Staff Wages and Benefits’ and ‘Employee 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 prior to March 31, 2020. 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 five columns on the form. Non-staff expenses related to direct care should be included on Substance Use Disorder Treatment Facility Service Detail form. The expenses reported in the Program Support for SUD Residential Treatment Svcs column should only be for program support cost and not direct care expense (e.g. not residential facility expenses for clients).

The total allocation across the five 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.