

**Provider Rate Study for  
Children's Residential Treatment  
Private Non-Medical Institution Services**

**PROVIDER SURVEY INSTRUCTIONS**

– distributed by –

**BURNS & ASSOCIATES, INC.**

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– on behalf of –

Maine Department of Health and Human Services

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## **INTRODUCTION**

As part of its efforts to ensure compliance with the requirements of the federal Family First Prevention Services Act (FFPSA), the Maine Department of Health and Human Services (DHHS) is in the process of studying payments and service delivery models for Children's Residential Treatment Private Non-Medical Institution (CRT PNMI) services covered by Appendix D 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 Children's Residential Treatment PNMI programs:

- Child Mental Health Levels 1 & 2 (now renamed to Intensive Temporary Residential Treatment)
- Intellectual Disabilities and Autism Spectrum Disorder Levels 1 & 2
- State funded room and board in support of the Intensive Temporary Residential Treatment and Intellectual Disabilities and Autism Spectrum Disorder 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.

This survey has been streamlined to focus mainly on the programmatic and service design aspects of the CRT PNMI service. **In lieu of requesting the financial information as part of the provider survey we will be utilizing the information contained in your fiscal year 2019 cost reports.** As detailed later in the instructions, providers have several options to identify changes that have occurred since the 2019 cost report including a form to identify costs incurred related to becoming a Qualified Residential Treatment Program (QRTP), a form for reporting the impacts of Covid-19, and including information in your transmittal email when submitting your survey.

### **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, January 8, 2021 and can be accessed through the web page established for this project at [www.burnshealthpolicy.com/MaineChildrensPNMI](http://www.burnshealthpolicy.com/MaineChildrensPNMI). 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](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 five areas:

- Direct care staff productivity
- Direct care staff benefits
- Home operations and staffing patterns
- Additional costs incurred to become Qualified Residential Treatment Program
- Covid-19 impacts on CRT PNMI services

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 staff productivity, benefits, and service information for the same period as its fiscal year 2019 cost report.***

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\_Children's Residential Treatment PNMI Provider Survey".

***The deadline for submitting completed surveys is January 29, 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.

## **Costs Incurred to Become Qualified Residential Treatment Program Certified**

Understanding that agencies are required to be a QRTP by October 1, 2021, a form has been included in the survey to allow agencies to report the projected expenses they will incur. Do not include expenses for requirements with which your agency was already in compliance in fiscal year 2019. For example, licensing and accreditation by CAO, CARF, or JCAHO is required; however, if your agency was already accredited in 2019, you would not report an expense as these costs are already incorporated in your cost reports.

## **Considerations for COVID-19**

Since B&A will be using cost information from fiscal year 2019 cost reports, the impacts of the Covid-19 pandemic will not be reflected. Recognizing the significant disruption caused by the pandemic, a 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 pandemic through December 31, 2020.

**DIRECT CARE STAFF PRODUCTIVITY**

This form collects information regarding the distribution of time for a typical workweek for all staff who provide direct services to individuals including doctors, clinicians, and paraprofessionals. ***Only report information for agency employees, do not include contractor time.***

**Job Titles**            The list of sixteen job titles listed in Appendix D of Section 97 are prepopulated on the form in columns D through S. If your agency has other classifications that provide direct services in CRT PNMI, add these positions to columns T through AA.

**Staffing Pattern**        For each classification, report the total number of hours an individual staff person work in an average week on Line 1, then distribute the hours to the activities listed on Lines 2 through 15. Lines 16 through 18 are designed for 'Other activities' where agencies can describe responsibilities not covered on Lines 2 through 15.

The sum of hours for Lines 2 through 18 must equal the total number of work hours reported on Line 1. If it does not equal, Line 19 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).

**Staff Turnover**        On line 22, report the fiscal year 2019 turnover for each position type by dividing the number of staff within the reported position title who left the position within the year (through a transfer or promotion, separation, etc.) and for whom a replacement was needed, by the number of employees within the position title over the course of the year.

**FRINGE BENEFITS FOR DIRECT CARE STAFF**

This form collects information fringe benefits available to direct care workers. For the purposes of the survey, “full-time” is defined as working an average of 30 or more hours per week.

Holidays and Paid Time Off For Lines 2 and 5 – 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 will grey out and do not need to be completed.

Lines 3 and 6 – 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).

Line 4 – Record the number of holidays (not hours) that direct care workers receive.

Line 7 – Record the number of PTO hours (not days) that direct care workers receive.

Health Insurance and Other Benefits For Lines 8 and 11 – 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 will grey out and do not need to be completed.

Lines 9 and 13 – Record the number of direct care workers who were eligible for the benefit as of the last day of fiscal year 2019 regardless of whether they chose to participate (for example, a 401(k) benefit may be offered, but an employee may choose not to participate because of matching requirements). For other benefits (Line 13), consider the benefit with the greatest cost to your agency.

Lines 10 and 14 – Record the number of direct care workers who received the benefit as of the last day of fiscal year 2019. Do not include employees who are eligible, but choose not to participate. For other benefits (Line 14), consider the benefit with the greatest cost to your agency.

Line 12 – List the other benefits that are offered.