

Virginia Department of Behavioral Health and
Development Services

**Provider Rate Study
for Services Delivered Through the DD Waivers
Provider Survey Instructions**

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– distributed by –

BURNS & ASSOCIATES

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PURPOSE AND OVERVIEW

Pursuant to a legislative requirement, the Department of Behavioral Health and Developmental Services (DBHDS), in collaboration with the Department of Medical Assistance Services (DMAS), is reviewing payment rates for services provided through the DD Waivers. Burns & Associates (B&A), an operating division within Health Management Associates, has been contracted to assist with this rate study. B&A also assisted with the previous rate study in 2014 that produced the rate models currently in effect.

As part of the rate study, B&A is distributing a survey to collect data regarding providers' costs and operations for the following services:

- Service Coordination (T2023)
- Case Management (T2017 U3)
- Consumer Directed Service Facilitation (H2000, S5109, S5116, 99509, T1028)
- In-Home Support Services (H2014)
- Personal Assistance (T1019)
- Companion Care (S5135)
- Respite Care (T1005)
- Group Home Residential (H2022)
- Supported Living Residential (H0043)
- Sponsored Residential (T2033)
- Group Day Support (97150)
- Community Engagement (T2021)
- Community Coaching (97127)
- Group Supported Employment (H2024)
- Workplace Assistance Services (H2025)
- Skilled Nursing (S9123, S9124)
- Private Duty Nursing (T1002, T1003)
- Therapeutic Consultation
- Benefits Planning (T1023)

The survey is voluntary, but all providers are strongly encouraged to participate as the information collected will be a key consideration in the development of recommendations for potential changes to payment rates.

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

Assistance with the Survey

B&A recognizes that the survey can be complicated so a variety of resources are available for providers seeking assistance:

- Guidance for many questions is embedded in the survey itself designated with an  icon that can be accessed by clicking on it.
- These instructions supplement the embedded directions and should be reviewed before completing the survey.
- B&A will be recording a webinar to provide a detailed walk-through of the survey instrument. The webinar can be accessed through the web page established for this project at <https://www.burnshealthpolicy.com/ddwaiverratestudy/>. All providers are encouraged to listen to the instructional webinar.
- Questions regarding the survey can be directed to Stephen Pawlowski with B&A at spawlowski@healthmanagement.com or (602) 241-8519.

Overview of the Survey

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

- Wages and Benefits of Administration Staff
- Wages and Benefits of Program Support Staff
- Direct Support Staff Wages, Turnover, and Training
- Allocation of Direct Support Staff Work Hours
- Benefits for Direct Support Staff
- Expenses Other Than Staff Wages and Benefits
- Service-Specific Productivity and Other Factors

All providers should complete the forms related to administrative staff, program support staff, direct care staff, and other non-staff expenses. Each individual service covered by the survey has its own form so providers should only complete the forms for the service(s) 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.

Message for Respite, Personal Assistance, and Service Facilitation Providers

Since fee-for-service payment rates for Personal Assistance, Respite, and Service Facilitation services are standardized across Virginia Medicaid programs, these services are included for all populations. When considering costs and operations, you should consider all programs for which your agency delivers these services, and not only the DD Waivers.

Considerations for Covid-19

Recognizing the significant disruption caused by the Covid-19 pandemic, providers are asked to report information for a 12-month period 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 both costs and operations. Information reported on this form should include all expenses and impacts since the onset of the Covid-19 pandemic through March 31, 2021.

Completing and Submitting the Survey

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

The deadline for submitting completed surveys is June 28, 2021. Submit completed surveys to B&A at bsmith@healthmanagement.com.

Partially completed surveys will be accepted. If any requested information is unavailable, leave that field blank. Similarly, if there is any form that your agency cannot complete, that form can 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.

If your agency's costs have increased since the time period covered by the provider survey, a description of the cost increases and any supporting documentation can be submitted with the survey. If there are any other factors that you believe should be considered but that were not included in the survey, describe those issues when you submit the survey with any applicable supporting documentation.

DEFINITIONS

Geographic Regions

The survey seeks to identify differences in the cost of providing services in Northern Virginia (“NOVA”) and the rest of the state (“ROS”). For the purposes of this survey, Northern Virginia includes:

- Alexandria City
- Clarke County
- Fairfax City
- Falls Church City
- Fredericksburg City
- Manassas City
- Prince William County
- Spotsylvania County
- Warren County
- Arlington County
- Culpeper County
- Fairfax County
- Fauquier County
- Loudoun County
- Manassas Park City
- Rappahannock County
- Stafford County

If your agency delivers services in both regions, data should be reported for both regions.

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:

- | | |
|-----------------|--|
| Direct Care | Includes the wages, payroll taxes, and benefits of direct care workers, which include staff directly employed or contracted by your agency to provide billable services. Direct care workers include professional staff such as nurses, psychologists, and therapists providing waiver services directly to waiver participants as well as service facilitators. Direct support expenses also include participant transportation expenses, the physical space in which programs are delivered (e.g., the room in which a Group Day program is operated), and program materials and supplies. |
| Program Support | Includes expenses that are neither direct care nor administrative. Such activities are program-specific, but cannot be attributed to an individual participant. Examples include the wage and benefit costs for first-line supervisors as well as staff responsible for program curriculum, quality assurance, and training direct care workers. Expenses associated with these staff (for example, their office space) are also considered program support. Non-staff examples include accreditation and professional licensing fees. |
| Administration | Includes expenses associated with the operation of your agency, but which are not program-specific and which cannot be allocated to individual services. Employees that are typically considered administrative include general management, finance/ accounting, information technology, and human resource staff. Expenses associated with these staff (for example, their office space) are also considered administrative. Non-staff examples include business fee and taxes and office equipment and supplies that are not allocable to specific services. |

**ADMINISTRATIVE AND PROGRAM SUPPORT STAFF – WAGE AND BENEFIT COSTS
("ADMIN STAFF" AND "PROGRAM STAFF")**

There are separate forms to report administrative staff and program support staff. Staff should be listed on only one of these forms based on their primary responsibility using the definitions on page 3 of these instructions.

Direct care workers performing activities that are not direct support or billable, but that are related to their caseload (e.g., completing incident reports or attending planning meetings) are not considered administrative or program support so, in general, direct care staff should not be listed on these forms. However, in smaller agencies in particular, staff who deliver direct support may also perform administrative or program support functions and should therefore be listed on one of these forms as well as the Direct Care Staff – Wage and Benefit Costs form. For example, a licensed therapist that owns an agency that employs other therapists may spend most of their time on administrative activities associated with operating their business, but may maintain a small caseload so this individual should be reported on both the Administrative Staff form and Direct Care Staff forms.

All cost figures should reflect a 12-month period ending on or before March 31, 2020.

Title On the Administrative Staff form, list the job titles for all of your agency’s administrative staff since it is expected that administrative staff will support all of your agency’s programs. On the Program Support Staff form, only staff who support DD Waiver programs need to be reported. For example, if your agency also provides behavioral health services and has support staff dedicated to these programs, they do not need to be listed.

If your organization has multiple employees within a given job title (e.g., three Human Resource Specialists), they can be listed on the same row if their time is allocated similarly (e.g., each spends 50 percent of their time on administrative functions for DD Waiver programs and 50 percent of their time on administrative functions for other programs; see the discussion below for the Time Allocations columns).

The job title-level detail is required for two reasons to facilitate quality assurance reviews to confirm that staff are reported on the correct schedule (e.g., to ensure that direct care staff are not listed on these forms except in those limited circumstances when these staff are responsible for agency support and administration). For external reporting purposes, only a total cost for wages and for benefits will be reported (that is, B&A will not report wages by job title) and organization-specific data will not be released.

Actual Wages Report total wages (inclusive of salary, bonuses, and any other cash compensation) actually paid to the individual(s) in each job title in a 12-month period ending on or before March 31, 2020.

Report actual wages paid, rather than salary levels (e.g., if an employee was hired in the middle of the reporting year, report only earned wages and not their annual salary).

Do not include reimbursement of expenses such as mileage.

Cost of Payroll Taxes and Benefits Report the cost to your organization during the reporting year for payroll taxes (Social Security and Medicare, federal and state unemployment insurance, workers' compensation) and benefits such as health, dental, vision, and life insurance; retirement contributions; and all other optional benefits for the staff within each job title.

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.

Time
Allocation

Use the six columns to allocate the proportion of time that staff in each job title spend on the listed functions. The total across the six columns should equal 100 percent.

The first three columns relate to time spent on the DD Waivers, divided between administrative, program support, and direct support functions. Although these sheets are only intended to capture information regarding administrative and program support staff, the direct care column has been included because these staff, particularly in smaller agencies, may provide direct support at times.

The next three columns relate to time spent on all other programs, also divided between administrative, program support, and direct care functions. These columns are included because administrative and program support staff often support multiple programs and it would be inappropriate to allocate their total costs to the DD Waiver programs if they are also supporting other programs. For example, an executive director may lead an agency that provides both DD Waiver and behavioral health services so only a portion of their time (and cost) should be allocated to the waiver program.

Note for Personal Assistance, Respite, and Service Facilitation Providers: Since the rates for these services are common across programs, all programs can be considered in total and reported in the DD Waiver sections.

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 during 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 DD waiver programs, 25 percent of that employee's time would be allocated to direct care, administration, and/ or program support of the waiver programs, as appropriate, with the remaining 75 percent input allocated across other programs columns. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

DIRECT CARE STAFF – WAGE AND BENEFIT COSTS (“DIRECT STAFF”)

Use this form to report information regarding the staff responsible for direct care for DD Waiver services provided by your agency. Contracted sponsored residential providers should not be reported on these forms.

All cost figures should reflect a 12-month period ending on or before March 31, 2020.

Job Titles	<p>List the job titles of staff who provide direct care for waiver 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 supervise other employees should not be combined with staff who do not have such responsibilities. Or, if your agency uses a single job title for all direct care workers, but always pays staff providing certain services a higher wage, these staff should be reported separately.</p> <p>Agencies do not need to include direct care staff who do not provide DD waiver services included in the provider survey. For example, direct care workers who provide behavioral health services do not need to be listed.</p>
Cost of Payroll Taxes and Benefits	<p>Report the cost to your organization during the reported fiscal year for payroll taxes (Social Security and Medicare, federal and state unemployment insurance, workers' compensation) and benefits such as health, dental, vision, and life insurance; retirement contributions; and all other optional benefits for the staff within each job title.</p> <p>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.</p>

DIRECT CARE STAFF – ALLOCATION OF WORK HOURS (“DIRECT STAFF TIME”)

Use this form to allocate the work time of staff reported on the Direct Care Staff – Wage and Benefit form.

Allocation Columns	<p>The job titles listed on the Direct Care Staff – Wage and Benefit Costs form are automatically transferred to this form. For the staff in each job title, report the percentage of their time spent on the service or function listed in each column during the reported year.</p> <p>For the listed services, consider both direct service time and associated ancillary activities (e.g., time traveling between individuals, collateral contacts, documentation).</p> <p>There are columns for time spent performing program support and administrative functions for DD Waiver services. It is expected that these columns will not apply to most direct care workers, but direct care staff in some organizations (often smaller ones) may have administrative and support responsibilities. The final column covers all other services and activities not covered in the previous columns (e.g., providing services in other programs).</p> <p>Note for Personal Assistance, Respite, and Service Facilitation Providers: Since the rates for these services are common across programs, all programs can be considered in total and reported in the appropriate service columns (that is, you may consider all personal assistance, respite, or service facilitation services provided by the listed staff and not only the services provided to individuals enrolled in the DD Waivers).</p> <p>Only working hours should be considered when completing this form; do not include paid time off (holidays, vacation, or sick leave). Zeroes do not need to be entered. The total allocation of time across the columns should equal 100 percent. If the row turns red, review and revise the appropriate hours so that the total equals 100 percent.</p> <p>It is understood that how a staff person spends their time may vary from week-to-week. To complete this form, informed judgement will be necessary to consider these variations and estimate staff time over the course of a year.</p>
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EXPENSES OTHER THAN STAFF SALARY AND BENEFITS (“NON STAFF EXPENSES”)

Use this form to report information for expenses other than staff wage and benefit costs, which are captured on the Admin Staff, Program Staff, and Direct Care staff forms.

Expense Categories For each category of expenses, the form requests the total expense for a 12-month period ending on or before 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 vendors are not required to report an amount for each and should use the categories that are closest to their own accounting classifications. For example, a vendor’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 that line rather than trying to break utilities out of their records.

Additionally, Lines 26 through 30 are available to report expenses that do not fit well into the listed categories.

Expense Allocation For each category of expenses, allocate the total expense across DD Waiver programs (administration, program support, and direct care) and other programs (administration, program support, and direct care). The total allocation should equal 100 percent. If it does not, an error message will appear to the right of the table.

Note for Personal Assistance, Respite, and Service Facilitation Providers: Since the rates for these services are common across programs, these services do not need to be allocated across the different programs and all allocations can be reported in the DD Waiver columns.

STAFFING PATTERN SECTIONS (IN THE SERVICE-SPECIFIC SCHEDULES)

Most of the service-specific worksheets include a section that collects information regarding the ‘typical’ week for a direct care staff providing the applicable service.

To complete this section, report the total number of hours that a direct support staff works in a typical week in the first line of the section. Then, in the remaining lines, report the activities in which they are engaged. The sum of hours for all reported activities must be equal to the total number of work hours reported on the first line of the section.

As necessary, there are ‘Other activities’ lines that can be used for responsibilities not included on the predefined list. Do not use these lines to report hours associated with training, holidays, or paid time off as this information is collected elsewhere in the survey.

It is understood that the number of hours that a direct care worker 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 direct care worker spends on each of these activities over the course of a year and then dividing that total by 52. For example, most direct care workers probably do not participate in an ISP/Plan of Care meeting during a typical week. Rather, they may attend a handful of ISP meetings over the course of a year. Thus, if a direct care worker spends an average of 10 hours per year in ISP meetings, your agency would report 0.19 hours per week (10 divided by 52).

Providing other billable services

Each Staffing Pattern section asks the number of hours per week that the staff person is providing billable services other than the service covered by the specific form.

For example, if staff providing In-Home Support Services also provide some billable Respite services, the time spent providing Respite would be reported as ‘other billable’ time on the In-Home Support Services worksheet (and the reverse would be reported on the Respite form).

RESIDENTIAL INDIVIDUALS AND STAFFING DETAIL
(“SUPPORTED LIVING (H0043) DETAIL” AND “GROUP HOME (H2022) DETAIL”)

The survey includes forms to collect information regarding the individual Supported Living programs and Group Homes operated by your agency. The survey includes room for seven locations. If your organization operates more than that, make additional copies of the worksheet by right clicking on the tab, selecting “Move or Copy” from the menu, then checking the box for “Create a copy”.

Lines 5a-5h/
Lines 4a-4h For each location, report the SIS-based level for each individual currently residing in the home (at the site). Report all residents; if there are individuals who are not enrolled in Medicaid, list them as ‘non-Medicaid’ or something similar.

Lines 6a-6g/
Lines 5a-5g For each location, record the number of scheduled awake and sleep staffing hours for each day of the week. As an example, consider the following schedule for a Monday:

12:00 AM – 6:00 AM	one overnight staff who sleeps (1 staff * 6 hours = 6 hours)
6:00 AM – 8:00 AM	two staff to fix breakfast, prepare residents for their day activities, etc. (2 staff * 2 hours = 4 hours)
8:00 AM – 3:00 PM	no staffing as residents are participating in day activities
3:00 PM – 5:00 PM	one staff as residents are returning home (1 staff * 2 hours = 2 hours)
5:00 PM – 10:00 PM	two staff to fix dinner, assist with chores, etc. (2 staff * 5 hours = 10 hours)
10:00 PM – 12:00 AM	one overnight staff who sleeps (1 staff * 2 hours = 2 hours)

In this example, 16 awake hours and 8 asleep hours would be reported for Monday.