

Rate Study for Crisis Resolution and Crisis Residential (MaineCare Section 65)

PROVIDER SURVEY INSTRUCTIONS

– distributed by –

BURNS & ASSOCIATES

A Division of Health Management Associates

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

– on behalf of –

Maine Department of Health and Human Services

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INTRODUCTION

The Maine Department of Health and Human Services' (DHHS) is in the process of studying the reimbursement rates paid for Crisis Resolution and Crisis Residential services covered by Section 65 of the MaineCare Benefits Manual. Burns & Associates, a division of Health Management Associates (HMA-Burns), has been contracted to assist with this rate study.


As part of the rate study, HMA-Burns has developed a survey to collect data regarding providers' service delivery designs and costs. These instructions are intended to assist providers in completing the survey.

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.

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, and has established several resources to assist agencies in completing the survey:

- Guidance for many questions is embedded in the survey itself. Within the survey, select the “” icons to access this guidance.
- These instructions supplement the embedded directions and should be reviewed before completing the survey.
- HMA-Burns has recorded 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/MaineCareBH/>. All providers are encouraged to view the webinar.
- Providers may contact Karl Matzinger with HMA-Burns at any time during the survey period at kmatzinger@healthmanagement.com or (480) 210-5679 for assistance or questions.

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 five primary areas and providers should complete all six forms:

- Wages and Benefits of Administrative Staff
- Direct Support and Program Support Staff Wages, Turnover, and Training
- Benefits for Direct Support Staff
- Non-Staff Operating Expenses
- Service-Specific Productivity and Other Factors

Throughout the survey, fields in which users may report 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

All reported revenue and cost data should reflect providers most recently completed fiscal year. The staffing sections should reflect current operations.

When saving the survey, add your agency's name to the beginning of the file name; e.g., "ABC Agency Crisis Services Rate Study Provider Survey".

The deadline for submitting completed surveys is Thursday, October 20, 2022. Submit completed surveys to Karl Matzinger at kmatzinger@healthmanagement.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.

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.

DEFINITIONS

Direct Support Staff

The survey uses the general term “direct support staff” to refer to any staff person that provides direct, billable services to members. This term is meant to encompass all service-providing staff, including clinical staff such as psychiatrists, psychologists, and social workers, as well as certified/ credentialed staff such as mental health rehabilitation technicians (MHRTs).

Administration, Program Support, and Direct Support

The survey asks providers to differentiate between direct support, 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 Support	Includes the payroll costs of direct support staff, which include staff directly employed or contracted by the provider to provide support directly to service recipients. Direct support expenses also include participant transportation expenses, the physical space in which programs are delivered, and residents’ personal care items (e.g., personal hygiene supplies).
Program Support	Includes expenses that are neither direct support nor administrative. Such activities are program-specific, but cannot be attributed to an individual participant. Examples include the payroll costs for staff responsible for providing program oversight (such as clinical staff) and training direct support staff, program development, supervision, and quality assurance. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered program support.
Administration	Includes expenses associated with the operation of your organization and which benefit the entire organization. Employees who are typically considered administrative include executive management, finance/accounting, and human resource staff. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered administrative.

‘ADMIN STAFF’ – ADMINISTRATIVE STAFF - WAGE AND BENEFIT COSTS

This is one of two forms that collect wage and benefit data for agency staff. This form is used to report information regarding the staff responsible for the administrative support functions of your organization while the second form collects information related to direct support and program support staff. **Staff should be listed on only one of the two forms based on their primary function.**

Job Title	Enter 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 Allocation of Staff Time/ Cost columns). Any administrative staff for whom no time/costs are allocated to your organization’s Crisis Services programs do not need to be reported.
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Allocation of Staff Time/
Cost For the employee(s) listed on each line, allocate their time to either Crisis Services in column L or All Other program (anything services/ programs provided by your agency other than Crisis Services) in column M. The total of the two columns should equal 100 percent.

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 30 of their hours were related to Crisis Services, 75 percent of that employee's time would be allocated to administration of Crisis Services with the remaining 25 percent reported in the All Other Programs column. If a time study is not feasible for your organization, contact HMA-Burns to discuss other potential allocation methodologies.

DIRECT SUPPORT AND PROGRAM SUPPORT STAFF COSTS

The survey includes two forms to collect information regarding direct support staff.

'Direct Care & Prog Wages' - Direct Support and Program Support Workers - Wages and Benefits

This form collects information regarding the wages paid to your agency's direct care and program support staff and contractors providing direct support or program support within your agency's Crisis Services programs. Providers do not need to list direct support or program support staff who do not provide Crisis Resolution or Crisis Residential services or supports.

Under the Job Title/ Classification column, individuals sharing a job title (e.g., "Mental Health Rehabilitation Technician/Community or MHRT/C") can be grouped on the same line, but must be reported on separate lines if individuals within a job title have different employment classifications (i.e., employee or contractor) or have a mix of supervisory and non-supervisory positions.

To complete this form, informed judgement will be necessary to estimate staff time over the course of the reported fiscal year. For the staff in each job title, report the percentage of their time during the reported year. Columns J and K should be used allocate the work time for Crisis Resolution direct support and program support staff, Columns L and M allocate the work time for Crisis Residential, and N is for all other programs (non-crisis).

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 reported. The total allocation of time across columns J, K, L, M, and N should equal 100 percent. If it does not, an error message will appear to the right of the table.

'Direct Care Benefits' – Fringe Benefits for Direct Support Staff

This worksheet requests information regarding the benefits available to direct support staff. Consider only direct support staff providing Crisis Services when completing this worksheet.

There are separate columns for full-time and part-time direct service staff. For the purposes of the survey, full-time is defined as 30 hours per week.

‘NON-STAFF EXPENSES’

This sheet collects information for all non-wage and benefit expenses including administrative, program support costs, and direct support expenses.

Expense Categories For each category of expense, report the total expense for your agency’s most recently completed fiscal year. Lines 27 through 30 are available to report expenses that do not fit well into the provided categories.

It is understood that there may be some differences regarding how agencies categorize their expenses. Agencies are not required to report an amount for each listed expense and should use the categories that are closest to their own accounting classifications. For example, an agency’s accounting system may combine advertisement expenses for job postings with other advertising expenses. In this case, the agency can report its total advertisement expense on Line 18 (advertising) rather than trying to break out the advertisement expense related to job postings on Line 13.

‘CRISIS RESOLUTION’

The Crisis Resolution form requests information regarding the ‘Staffing Pattern’ for a typical week for an MHRT providing Crisis Services. This form should reflect staff’s current experience.

To complete this section, report the total number of hours that an MHRT works in a typical week on line 7. Then, in the remaining lines (8 to 20), 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 line 7.

As necessary, there are ‘Other activities’ lines that can be used for responsibilities not provided 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 an MHRT works and how they spend their time may vary from week-to-week. To complete this section, informed judgement will be necessary to consider these variations and determine what constitutes a ‘typical’ week. This could be done for example, by considering how much time an MHRT spends on each of these activities over the course of a year and then dividing that total by 52. For example, most MHRTs probably do not participate in a treatment planning meeting during a typical week. Rather, they may attend a handful of planning meetings over the course of a year. Thus, if a direct support staff spends an average of 65 hours per year in planning meetings, your agency would report 1.25 hours per week (65 divided by 52).