

**Provider Rate Study**  
**MaineCare Sections 18, 20, 21, and 29**  
**PROVIDER SURVEY INSTRUCTIONS**

– distributed by –

**BURNS & ASSOCIATES**

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A Division of Health Management Associates

– on behalf of –

Maine Department of Health and Human Services

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## INTRODUCTION

As part of its ongoing effort to review payments for MaineCare services, the Maine Department of Health and Human Services (DHHS) is in the process of studying payments for services covered by Sections 18, 20, 21, and 29 of the MaineCare Benefits Manual. This study will also inform payment rates for the Office of Aging and Disability Services' proposed Lifespan Waiver for individuals with intellectual and developmental disabilities. Burns & Associates, a division of Health Management Associates (HMA-Burns), has been contracted to assist with this rate study.

The following services are included in the rate study:


- Care Coordination (Sec. 18, 20)
- Supports Broker (Sec. 29)
- Home Support – Quarter Hour (Sec. 18, 20, 21, 29)
- Home Support – Per Diem (Sec. 18)
- Home Support – Level II & III (Sec. 20)
- Home Support – Remote Monitoring (Sec. 18, 20, 21, 29)
- Agency Home Support (Sec. 21)
- Shared Living (Sec. 21, 29)
- Personal Care (Sec. 20)
- Crisis Intervention Services (Sec. 21)
- Community Support (Sec. 21, 29)
- Work Ordered Clubhouse (Sec. 18)
- Career Planning (Sec. 18, 20, 21, 29)
- Work Support – Individ. (Sec. 18, 20, 21, 29)
- Work Support – Group (Sec. 21, 29)
- Employment Specialist Svcs. (Sec. 21, 29)
- Respite Service (Sec. 29)

As part of the rate study, HMA-Burns has developed a survey to collect data regarding providers' service delivery designs and costs. 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. HMA-Burns will not share individual provider surveys with DHHS or any other party and only aggregated data will be reported.

## Assistance with the Survey

HMA-Burns 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/oadsratestudy/>. All providers are encouraged to view the webinar.
- Providers may contact Tina Harper with HMA-Burns at any time during the survey period at [tharper@healthmanagement.com](mailto:tharper@healthmanagement.com) or (480) 680-1508 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 six primary areas:

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

All providers should complete the forms related to Wages and Benefits of Administrative and Program Support Staff; Direct Care Wages, Turnover, and Training; Allocation of Direct Care Staff Hours; Direct Care Staff Benefits; and Operating Expenses. Each individual service has its own Productivity and Other Factors form. Agencies should only complete the forms for the services they provided during the fiscal year in which the survey information is being reported.

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.* For cost-related data providers are asked to allocate expenses across the various programs that they operate. This is done to ensure the consideration of all costs fairly attributed to delivering services through Sections 18, 20, 21, and 29 without over-allocating costs to these programs. For example, if your agency delivers services through these sections as well as behavioral health services, only a portion of the executive director's salary should be allocated to the Sections 18, 20, 21, and 29 services since this position also supports the behavioral health programs. The survey therefore distinguishes between HCBS programs – which include Sections 18, 20, 21, and 29, as well as any other programs that your agency combines with these programs for the purposes of cost allocation – and all other programs operated by your agency.

The staffing pattern sections and questions related to staffing should reflect current operations.

When saving the survey, add your agency's name to the beginning of the file name; e.g., "ABC Agency Sections 18-20-21-29 Rate Study Provider Survey".

The deadline for submitting completed surveys is January 24, 2024. Submit completed surveys to Tina Harper at [tharper@healthmanagement.com](mailto:tharper@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

### Administration, Program Support, and Direct Care

The survey asks providers 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 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. Other non-staff examples include service provider taxes, office equipment and furniture, office supplies, and all general insurance that cannot be allocated to specific services.  |
| 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 a specific participant. Examples include first-line supervisors as well as staff responsible for program design, 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, software and devices for electronic visit verification, and personal protective equipment for staff providing services. |
| Direct Care     | Includes the salaries and benefits of staff providing direct, billable services 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 transportation expenses for persons who receive services, the facility in which programs are delivered (for example, the building in which a Community Support Services program is operated), and program materials and supplies (for example, art supplies).                           |

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

This form collects wage and benefit data for agency staff. This form is used to report information regarding the staff responsible for the administrative functions of your organization while a second form, Direct Care and Program Support Staff, collects information related to staff who provide direct, billable services and staff responsible for program support functions. 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 or program support 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).

This level of detail is requested to ensure direct care staff are not reported on this schedule. For external reporting purposes, only a total cost for wages and for benefits will be reported and organization-specific data will not be released.

**Allocation of Staff Time/ Cost** For the employee(s) listed on each line, there are six columns across which employees’ work hours should be allocated based on the area supported (HCBS programs and all other programs) and, within each area, their function (administrative, program support, and direct care). The total across the six columns should equal 100 percent. Although this sheet is only intended to capture information regarding administrative and program support staff, the direct care columns are included because reported staff may have other duties at times.

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 10 of their hours were related administration of Section 18, 20, 21, or 29 programs, 25 percent of that employee’s time would be allocated to administration, as appropriate, with the remaining 75 percent reported in the Other Programs columns. If a time study is not feasible for your organization, contact HMA-Burns to discuss other potential allocation methodologies.

## **DIRECT CARE AND PROGRAM SUPPORT STAFF COSTS**

The survey includes three forms to collect information regarding direct care and program support staff. Do not list contracted Shared Living providers on this form. Total payments to Shared Living providers are listed on the Non-Staff Expenses form and additional detail is collected on the Shared Living Detail form.

### **‘Direct & Program Staff Wages’ - Direct Care Workers and Program Support Staff - Wages, Benefits, Turnover, and Training**

This form collects information regarding the wages paid to your agency’s direct care and program support staff, including staff employed or contracted by your agency to provide direct care and program support. Providers do not need to list direct care and program support staff who do not provide or support Section 18, 20, 21, or 29 services (i.e., staff for whom no time would be allocated to a service covered by this rate study do not need to be reported). The form additionally collects information regarding actual payroll tax and benefit expenses as well as turnover and training hours.

Under the Job Title/ Classification column, providers may report staff individually, grouped by job title (e.g., “Job Coach”), or sub-groups within a job title (e.g., residential DSPs, community support DSPs, etc.). Do not group staff with different employment classifications (i.e., employee or contractor) or supervisory responsibilities (i.e., do not include supervisory and non-supervisory staff on a single line even if the same job title is used for these staff).

### **‘Direct & Program Staff Time’ – Direct Care Workers and Program Support Staff – Allocation of Work Hours**

This form seeks to allocate the work time of the direct care and program support staff reported on the Direct Care and Program Staff Wages form. To complete this form, informed judgement will be necessary to estimate staff time over the course of the reported fiscal year.

The job titles listed on the Direct Care and Program Staff Wages form are automatically transferred to this form. For the staff in each job title, report the percentage of their time spent on the service listed in each column during the reported fiscal year. For the listed services, consider both direct service time and associated activities (e.g., time spent traveling between individuals).

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 the columns C through R should equal 100 percent. If it does not, an error message will appear to the right of the table.

### **‘Direct Care Benefits’ – Direct Care Workers – Fringe Benefits**

This worksheet requests information regarding the benefits available to direct care staff. Consider only direct care staff when completing this worksheet.

There are separate columns for full-time and part-time direct care 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 care expenses.

Expense Categories For each category of expense, report the total expense for your agency’s most recently completed fiscal year. Lines 35 through 39 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 30 (advertising) rather than trying to break out the advertisement expense related to job postings on Line 25.

### **‘STAFFING PATTERN’ SECTIONS**

Many of the service-specific worksheets include a section that requests information regarding the ‘Staffing Pattern’ for a typical week for a direct care staff person providing the service, reflecting the average across the agency’s workforce. These sections should reflect staff’s current experience.

To complete this section, report the total number of hours that a direct care 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 provided on the predefined list. Do not use these lines to report hours associated with training, holidays, or paid time off as, in general, training and paid leave is not assumed to be part of a worker’s typical work week (that is, most staff do not participate in training or take time off every week). Information related to training and paid time off is collected elsewhere in the survey.

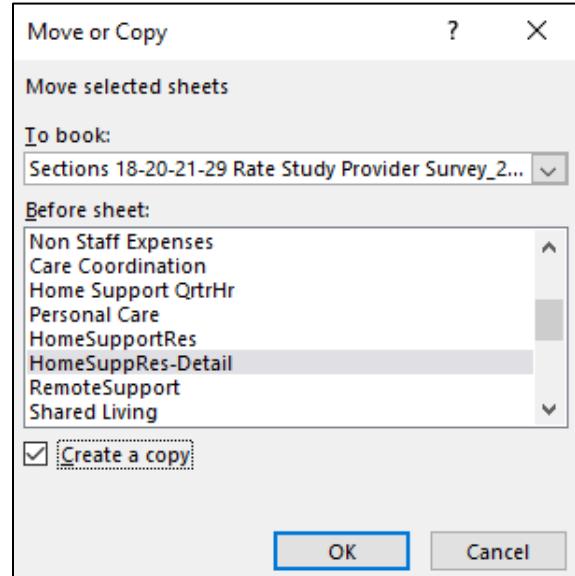
It is understood that the number of hours that a direct care staff works and how they spend their time may vary from week-to-week. To complete this section, informed judgement will be necessary to consider these variations and determine what constitutes a ‘typical’ week. This could be done for example, by considering how much time a direct care staff spends on each of these activities over the course of a year and then dividing that total by 52. For example, direct care staff may spend 65 hours per year participating in ISP meetings so your agency would report 1.25 hours per week (65 divided by 52).



**HOME SUPPORT PER DIEM/ LEVEL II/ LEVEL III; AGENCY HOME SUPPORT: INDIVIDUALS AND STAFFING DETAIL**

The survey includes forms to collect information regarding the each individually licensed Home Support Per Diem/ Level II/ Level III, and Agency Home Support home operated by your agency. The survey includes room for seven residences. If your organization operates more than that, make additional copies of the worksheet.

To make additional copies of the worksheet, right click on the tab named, for example, “HomeSuppRes-Detail,” selecting “Move or Copy” from the menu, then checking the box for “Create a copy” as seen in the screen capture to the right.



Line 3 The occupancy rate represents the percentage of days in the year all beds were assigned and occupied. The example below describes how occupancy rate should be calculated using a 4-bed home, where each bed was available for occupancy every day of the year.

	<b>Days with Placement*</b>	<b>Days Available</b>
Bed #1	365	365
Bed #2	365	365
Bed #3 [New placement during year]	93	365
Bed #4 [Individual left during the year]	<u>311</u>	<u>365</u>
<b>Totals</b>	<b>1,134</b>	<b>1,460</b>

**Occupancy Rate**  
 (days with placement divided by days available) **77.7%**

\* Includes days in which placed residents were absent (e.g., due to hospitalizations or out-of-home family visitations)

Lines 4a-4h For each residence, list each individual currently residing there by their Medicaid ID number and select the service they are receiving from the dropdown list of Section 20, Section 18-Level II, Section 18-Level III, Section 21 Agency Home Support, and Other (for individuals not receiving supports through one of the listed services). Alternatively, report some other ID used by your agency to track individuals and HMA-Burns will follow-up with a phone call for additional information that can be used to match individuals to claims data.

Lines 5a-5g For each home, record the number of scheduled awake and sleep staffing hours for each day of the week. ‘Asleep’ time refers to hours when staff are asleep. As an example, consider the following schedule for a Monday:

12:00 AM – 6:00 AM	one overnight staff (1 staff * 6 hours = <b>6 hours</b> ) who sleeps
6:00 AM – 9:00 AM	two staff to fix breakfast, prepare residents for their day activities, etc. (2 staff * 3 hours = <b>6 hours</b> )
9:00 AM – 3:00 PM	one staff as most residents are participating in day activities (1 staff * 6 hours = <b>6 hours</b> )
3:00 PM – 5:00 PM	one staff as residents are returning home (1 staff * 2 hours = <b>2 hours</b> )
5:00 PM – 10:00 PM	two staff to fix dinner, assist with chores, etc. (2 staff * 5 hours = <b>10 hours</b> )
10:00 PM – 12:00 AM	one overnight staff (1 staff * 2 hours = <b>2 hours</b> ) who sleeps

In this example, 24 total awake hours and 8 asleep hours would be reported for Monday.