REVENUES

1. Why does the Total Revenue field (Line 19) turn red when multiple revenue amounts are reported?

This is an unintended formatting issue that should be ignored. The formula correctly sums all reported revenues.

ADMINISTRATIVE STAFF – WAGE AND BENEFIT COSTS

2. The instructions state that* paid *wages should be reported. Does this exclude accrued wages (for example, for hours worked at the end year but paid in the next year)?

Report the wages actually paid during the reporting period, not including accruals.

NON STAFF EXPENSES

3. Where should non-staff expenses associated with Home Support, Quarter-Hour and Community Support services be reported? Should they be reported separately?

The form itself includes several Lines for program-specific expenses. For example, program supplies for Home Support, Quarter-Hour and Community Supports can be reported on Lines 21 and 22, and participation fees can be reported on Lines 24 and 25. Additionally, Lines 45-49 allow for reporting of expenses that do not fit within the defined categories.

HOME SUPPORT RESIDENTIAL – INDIVIDUAL AND STAFFING DETAIL

4. Should private non-medical institutions (PNMIs) operated under Section 97 of the MaineCare Benefits Manual be reported?

No. PNMIs are not covered by the rate study.

5. This form requests current residency and staffing. However, much of the survey requests data for the most recently completed fiscal year. Should providers report residence and staffing data for the last fiscal year to align with financial data?

No. As noted in the instructions, financial data should reflect an agency's most recently completed fiscal year while the operating forms generally request data that reflects current operations. In general, the analysis of surveys results is independently conducted on each form as they are used to inform separate aspects of reimbursement models.

6. Line 2 asks for a home's licensed capacity. Some providers support individuals in one- and two-bed Section 21 homes that are not currently subject to licensure. Should these homes be reported?

Yes, providers are asked to report these unlicensed homes. On Line 2, report the number of individuals (one or two) that a provider is willing and able to support in the home.

7. ***On Line 5a-5g, providers are asked to report a home's scheduled staffing. Should this reflect authorized hours, the scheduled hours based on available staffing (which may be less than authorized due to staffing challenges), or the actual scheduled hours achieved (which may be less than scheduled hours due to staff absences)?***

   Providers should report the home's actual staffing schedule, which would reflect available staff.

SHARED LIVING – INDIVIDUAL DETAIL

8. ***How does the survey distinguish two-person Shared Living arrangements given that the payment to the home provider will generally be less because of the lower payment rate received by the agency?***

   The survey does not include the ability to notate two-person arrangements, but it is acknowledged that this is important information to collect. Providers are therefore asked to include with their submitted survey a supplemental document noting which individuals listed on the Shared Living – Individual Detail from are in a two-person placement. To ensure accuracy in the analysis, HMA-Burns will follow-up with any provider that does not include the supplemental document.

9. ***Should providers report data related to representative payee services on this form?***

   The survey only asks whether the provider agency is the representative payee for an individual's federal benefits and, if so, the amount that it pays to the individual's Shared Living home provider for room and board costs.

   The rate study does not cover representative payee services so the survey does not request any other information related to these services.

10. ***If a provider agency is not the representative payee for an individual, but does receive funding from the representative payee that the agency in turn pays to the home provider, should that payment be reported?***

    In this scenario, the room and board payment will not be reported. If your agency is not the representative payee, select "No" in the Agency is Rep Payee field (column F), and no cost needs to be reported in the Monthly Room & Board Payment to Shared Living Home field (column G). Do not include the room and board payment in the amount reported in the Payment Amount to Shared Living Home field (column E).

    The room and board information is included in the survey only to ensure that these payments are not combined with the payment to the home provider for the Shared Living service. Room and board payments are not part of the rate study and HMA-Burns will not be conducting analysis on these payments.

COMMUNITY SUPPORT AND COMMUNITY MEMBERSHIP

11. The survey has separate sections for Center-Based Community Support (Lines 1-7) and Individual and Group Community Membership (Lines 8-14). What supports should be reported in each section?

Consistent with program regulations (see, for example Section 21.05-5 of the MaineCare Benefits Manual), the Center-Based section covers services provided within or from a facility/center while the Community Membership section covers Community-Only services provided on a one-to-one or group basis.

12. How should providers report staffing ratios on Lines 2 through 6 and 9 through 13 given the fluidity in staffing and participants moving across activities during the day?

Providers are asked to consider actual staffing ratios across their billed hours of service. For example, if an individual received five hours of center-based support in a day, with two hours provided on a one-to-two basis, one hour provided on a one-to-three basis, and two hours provided on a one-to-four basis, the provider would report 40 percent on Line 5 (two hours divided by five total), 20 percent on Line 4, and 40 percent on Line 3. It is acknowledged that providers may not be tracking ratios at this level of detail so informed estimates will be required. If a provider cannot make reasonable estimates, the section should be skipped.

WORK SUPPORT, INDIVIDUAL

13. For a delivery model in which a single direct care worker supports a single individual throughout the week, how should Line 3 (average number of face-to-face Work Support service encounters) be completed?

This question seeks the number of individual service encounters performed by a direct care worker during a week, rather than the number of individuals served. So, if a worker supports an individual five days per week, "5" should be reported on Line 3.

14. Does Line 16 cover the miles traveled by workers to get to and from work?

This question (Average miles driven per week per direct care worker to travel to and from service encounters) covers only "on the clock" travel that occurs during direct care workers' paid time such as travel between two service recipients. Commuting time (that is, travel before and after paid hours) should not be reported.

GENERAL

15. Is the survey mandatory or required?

As noted in the instructions, the survey is voluntary, but the Office of Aging and Disability Services strongly encourages providers to complete and submit the survey. The information gathered in the survey will be a key consideration in the evaluation of payment rates for existing services as well as the proposed Lifespan Waiver.

16. How should a cover letter be included?

Providers are welcome to submit a cover/ transmittal letter and any other documentation that they believe should be considered as part of the rate study when submitting their survey. These materials should be submitted with the survey as separate attachments.