

Developmental Disabilities Waiver Provider Rate Study

PROVIDER SURVEY INSTRUCTIONS

– distributed by –

BURNS & ASSOCIATES

.....
A Division of Health Management Associates

– on behalf of –

Hawaii Department of Health
Developmental Disabilities Division

February 20, 2024

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INTRODUCTION

As part of its ongoing effort to ensure the adequacy of provider payment rates for Developmental Disabilities Waiver services, the Developmental Disabilities Division (DDD) is in the process of studying the payment rates paid to waiver service providers. The Burns & Associates division of Health Management Associates (HMA-Burns) has been contracted to assist with this rate study.

As part of the rate study, HMA-Burns is distributing a survey to collect data regarding providers' service delivery designs and costs. These instructions are intended to assist providers in the completion of the survey. The following services are included in this survey:


- Residential Habilitation (Licensed and Adult Foster Homes)
- Additional Residential Supports
- Personal Assistance/Habilitation (PAB)
- Community Learning Service (Individual and Group)
- Adult Day Health
- Respite
- Individual Employment Support (Job Development and Job Coaching)
- Discovery and Career Planning
- Benefits Counseling
- Community Navigator
- Private Duty Nursing
- Training and Consultation
- Chore

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 potential recommendations to changes to provider payment rates and policies.

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 DDD or any other party and only aggregated data will be reported.

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:

- Detailed guidance for many questions is embedded in the survey itself. Within the survey, select the “” icons to access more detailed instructions.
- 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 <http://www.burnshealthpolicy.com/hawaiiwaiverrates>. All providers are encouraged to listen to the instructional webinar.

- Providers may contact Alisher Abdullaev with HMA-Burns at any time during the survey period at aabdullaev@healthmanagement.com or (602) 562-2708 for assistance or questions.

Overview of the Survey

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

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

All providers should complete the forms related to Administrative and Program Support Staffing, Direct Care Staff Wages, Turnover, and Training, Allocation of Direct Care Staff Hours, and Direct Care Staff Benefits. Each individual service has its own Productivity and Other Factors form. Agencies should only complete the forms for the services they provide.

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.

Submitting the Survey

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

The deadline for submitting completed surveys is **March 19, 2024**. Submit completed surveys to Alisher Abdullaev at aabdullaev@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.

The remainder of this document provides instructions for completing the survey.

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 often cannot be allocated to individual programs or services. Employees who 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 taxes and general business insurance, office equipment and furniture, office supplies, contracted professional supports (such as legal and accounting), and other costs that generally benefit the overall organization rather than individual programs or services. |
| Program Support | <p>Includes expenses that are neither direct care nor administrative. Such activities are program-specific and can be allocated to an individual programs or service, but are generally not on behalf of a specific participant and are not billable. Examples include first-line supervisors as well as staff responsible for program design, quality assurance, and training direct care workers. For residential services, program support also includes staff responsible for housekeeping, maintenance, food service, and other similar onsite functions related to the operation of the facility. Expenses associated with program support staff (for example, their office space) are also considered program support.</p> <p>Non-staff examples could include accreditation and professional licensing fees, software and devices for electronic visit verification, and personal protective equipment for staff providing services.</p> |
| Direct Care | Includes the salaries and benefits of staff providing billable services directly to service recipients 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 building in which programs are delivered (for example, a residential program or center-based day program), and program materials and supplies (for example, art supplies). |

‘ADMIN & PROGRAM STAFF’ – ADMINISTRATIVE AND PROGRAM SUPPORT STAFF - WAGE AND BENEFIT COSTS

This form collects wage and benefit data for staff responsible for the administrative and program support functions of your organization. A second form, Direct Care Staff, collects information related to staff who provide direct, billable services. 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 (I/DD program 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 to administration of I/DD program, 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 STAFF COSTS

The survey includes three forms to collect information regarding direct care staff. For the purposes of the survey, direct care staff include all staff who provide direct services, including paraprofessionals such as direct support professionals and professionals such as nurses providing Private Duty Nursing. Do not list contracted Adult Foster Home providers on this form. Total payments to Adult Foster Homes are listed on the Non-Staff Expenses form and additional detail is collected on the ResHab-AFH Detail form.

‘Direct Care Staff’ - Direct Care Staff - Wages, Turnover, and Training

This form collects information regarding the wages paid to your agency’s direct care staff, including staff employed or contracted by your agency to provide direct care. Providers do not need to list direct care staff who do not provide or support I/DD program (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 turnover rates 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 stationed on different islands, with different employment classifications (i.e., do not include employees and contractors on a single line), or with 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 Care Time’ – Direct Care Staff – Allocation of Work Hours

This form seeks to allocate the work time of the direct care staff reported on the Direct Care 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 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 S 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 Care Staff

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 working an average of at least 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. The final five rows of the form (Lines 39 through 43) are available to report expenses that do not fit into the provided categories.

After reporting the total expense, there are six columns across which the cost should be allocated based on the area supported (I/DD program 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.

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 include this expense on the Advertising line rather than trying to break out the job posting expense and reporting it on the Hiring Expense line.

‘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).

RESIDENTIAL HABILITATION (RESHAB)

The survey differentiates between Residential Habilitation models that are provided in a family home (a home that is owned or leased by the caregiver and delivered through a subcontracted model), and those that are provided in a licensed home (a home that is usually, but not always, owned or leased by the provider agency and staffed by agency employees). There are separate forms for these two models.

“ResHab-LicHomeDetail” – Residential Habilitation, Licensed Homes Detail

This worksheet requests information related to the individuals residing in each residence as well as the staffing schedule and vehicles assigned to each residence. The survey includes room for seven residences. If your organization operates more than seven homes, make additional copies of the worksheet by holding the “Ctrl” key on your keyboard, left-clicking the tab named “ResHab-LicHomeDetail” and dragging the tab to the right. Or, right click on the worksheet and select Move or Copy, select the Create a copy checkbox, under Before sheet, select where you want to place the copy, and select OK.

Line 5 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.

	Days with Placement*	Days Available
Bed #1	365	365
Bed #2	365	365
Bed #3	288	365
Bed #4	311	365
Totals	1,329	1,460
Occupancy Rate (days with placement divided by days available)	91.0%	

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

Lines 6a-6j List the Medicaid ID numbers for each participant residing in the home as of the last day of the fiscal year. Do not report individuals who resided in the home during the year but were no longer living in the home as of the last day of the fiscal year. Alternatively, report some other ID used by your agency to track participants and HMA-Burns will follow-up with a phone call for additional information that can be used to match participants to claims data.

Report all home residents, including those who are not enrolled on the waiver. For residents who are not enrolled in the waiver, list their ID as “Not on DD Waiver”.

For residents supported through the Developmental Disabilities Waiver, indicate their current rate tier as well as whether or not they are currently receiving Additional Residential Supports.

Lines 8a-8g For each home, record the number of scheduled awake and sleep staffing hours worked by shift staff for each day of the week. ‘Asleep’ time refers to hours when staff are asleep. Do not include the hours worked by any live-in caregiver in this section.

As an example, consider the following schedule for a Monday:

12:00 AM – 6:00 AM	one overnight staff (1 staff * 6 hours = 6 hours) who sleeps
6:00 AM – 9:00 AM	two staff to fix breakfast, prepare residents for their day activities, etc. (2 staff * 3 hours = 6 hours)
9:00 AM – 3:00 PM	one staff as most residents are participating in day activities (1 staff * 6 hours = 6 hours)
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 (1 staff * 2 hours = 2 hours) who sleeps

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

“ADH_CLS-GRP_DETAIL” – ADULT DAY HEALTH/ COMMUNITY LEARNING SERVICE-GROUP

This worksheet requests information for each individual site or service group for which your agency is currently providing Adult Day Health (ADH) and/or Community Learning Service-Group (CLS-G) services. For CLS-G-only programs without a physical building, a unique group generally consists of groups of participants that commonly share the same staff and resources and operate out of the same local vicinity.

The survey includes room for seven sites or unique groups. If your organization operates more than seven sites or unique CLS-G-only groups, make additional copies of the worksheet by holding the “Ctrl” key on your keyboard, left-clicking the tab named “ADH_CLS-Grp_Detail,” and dragging the tab to the right. Or, right click on the worksheet and select Move or Copy, select the Create a copy checkbox, under Before sheet, select where you want to place the copy, and select OK.

Lines 18-67 Report the Medicaid ID number of each participant receiving ADH or CLS-G services. For each participant, report the average number of scheduled hours of support. Report these hours separately for ADH within the “ADH-Scheduled Hours *per week*” column and CLS-G within the “CLS-G Scheduled Hours *per Week*” column.