

Vermont Department of Disabilities, Aging and
Independent Living
Developmental Disabilities Services Division

**Review of Home and Community Based Services
Payment Methodologies and Rates**

Provider Survey Instructions

October 9, 2023

– distributed by –

BURNS & ASSOCIATES

A Division of Health Management Associates

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INTRODUCTION

The Vermont Department of Disabilities, Aging and Independent Living (DAIL), Developmental Disabilities Services Division (DDSD) is in the process of studying the costs of delivering home and community-based services (HCBS) to individuals with intellectual and developmental disabilities (I/DD) as part of its larger payment reform initiative. Burns & Associates, a division of Health Management Associates (HMA-Burns), has been contracted to assist with this effort.

As part of the 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 the completion of the survey.


A similar survey and payment study was conducted in 2018-2019, but due to the length of time that has passed and external conditions (the Covid-19 pandemic, higher inflation, and ongoing workforce challenges), DAIL believes it is necessary to revisit this work.

Participation in this survey is required of all providers of DDSD home and community-based services as part of an agreement with the Secretary of the Agency of Human Services to work together on payment reform to address challenges with the current payment system. DAIL recognizes that completing this survey will require considerable work on the part of agencies, but feels it is essential to inform the redesign of the payment model. The quality of the results of this study will be dependent upon the quality and accuracy of the information provided by agencies. The Department appreciates agencies' efforts on this project.

Data collected through this survey will be used solely for the purpose of evaluating providers' costs in order to develop a new payment model that takes into consideration the actual costs of providing services. Only aggregated data will be publicly reported; no provider-specific information will be published.

Assistance with the Survey

HMA-Burns recognizes that the survey can be complicated, so several avenues have been designed for agencies seeking assistance:

- Agencies are encouraged to read these instructions.
- Specific directions for many questions are embedded in the survey itself and are designated with an  icon.
- HMA-Burns will be recording a webinar to provide a detailed walk-through of the survey instrument. The webinar will be available by October 16 and can be accessed through the web page established for this project at <https://www.burnshealthpolicy.com/DSPaymentReform/>. All providers are encouraged to listen to the instructional webinar.
- Questions regarding the survey can be directed to Stephen Pawlowski with HMA-Burns at spawlowski@healthmanagement.com or (602) 466-9840.

Overview of the Survey

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

- Administrative Costs, including staff wages and benefits and non-staff expenses
- Program Support Costs, including staff wages and benefits and non-staff expenses
- Direct Care Worker Costs, including wages and benefits
- Service-Specific Productivity and Other Factors

Throughout the survey, fields in which users may record data are shaded in light green. Some fields are restricted to only accept numeric answers. Examples are shaded in grey. Dark green fields are automatically calculated based upon other responses.

All providers should complete the forms related to Administrative, Program Support, and Direct Care Worker costs. Each individual service has its own form. Agencies should only complete the forms for the services they provide.

Completing and Submitting the Survey

All reported revenue and cost data should reflect your agency's most recently completed fiscal year.

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 skipped. Even if a submitted survey is incomplete, the information that your agency can provide will be considered as part of the analysis of survey responses.

When saving the survey, please add your agency's name to the beginning of the file name, for example, "ABC Agency DDSD Review of Payment Methodologies and Rates Provider Survey".

The deadline for submitting completed surveys is November 20, 2023. Submit completed surveys to Tina Harper with HMA-Burns at tharper@burnshealthpolicy.com.

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 additional instruction for completing the forms included in the survey.

DEFINITIONS OF ADMINISTRATION, PROGRAM SUPPORT, AND DIRECT CARE

The survey asks agencies to differentiate between direct care, program support, and administrative costs. Providers should categorize costs in the same manner outlined in the Fiscal Year 2022 Guidelines on Administrative and Program Support Cost Reporting memorandum issued by the Agency of Human Services.

If any questions regarding the designation of costs for the purposes of this survey, the following guidelines should be used:

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|-----------------|---|
| 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 travel reimbursement) are also considered administrative. |
| 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 an individual participant. Examples include staff responsible for training providers, office space for program operations staff, accreditation and professional licensing fees, program development, supervision, and quality assurance. |
| Direct Care | Includes the salaries and benefits (including unemployment insurance and workers' compensation) of staff providing direct, billable services, transportation expenses for persons who receive services, the facility in which programs are delivered (for example, the building in which a Community Supports – Group Support program is operated), and program materials and supplies (for example, art supplies). Direct care costs should not be reported in the two "Admin" worksheets described below. |

ADMINISTRATIVE COSTS

The survey includes two forms to collect information regarding administrative costs. The first – Admin Staff – covers payroll and fringe benefit costs for all administrative staff. The second – Admin Other – covers all non-staff costs. Consistent with current cost reporting, the survey will be used to calculate an overall organizational administrative rate so all administrative staff and costs should be reported, not just those supporting DDS programs.

‘Admin Staff’: Administrative Staff – Salary and Benefit Costs

Use this form to report information regarding the staff responsible for the administrative functions of your organization. All cost figures should reflect your agency’s most recently completed fiscal year.

Title	List the job title for each administrative employee. Lines 1 through 15 have been prepopulated with the job titles listed in the FY 2022 Guidelines on Administrative and Program Support Cost Reporting memorandum. Additional job titles may be added below Line 15 as needed. If your agency has multiple employees within a given job title (e.g., three Human Resource Specialists), you may list them on the same row. This level of detail is requested to ensure program support and 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.
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 the reported fiscal year. Record actual wages paid, rather than salary levels (e.g., if an employee was hired in the middle of the fiscal year, report only earned wages and not their annual salary).
Time Allocation	There are four columns across which employees’ work hours should be allocated: administrative functions, program support, and direct care associated with I/DD programs and services, as well as all time associated with other programs. The total across the four columns should equal 100 percent. Although this sheet is only intended to capture information regarding administrative staff, the non-administrative columns are included because reported staff may have other duties at times.

‘Admin Other’: Administrative Expenses Other Than Staff Salary and Benefits

Use this form to report information for administrative expenses other than staffing. All wage- and salary-related costs should be reported on the ‘Admin Staff’ worksheet.

Expense Categories	For each category of administrative expenses, report the total expense for your agency’s most recently completed fiscal year. The worksheet has been prepopulated with the expense categories listed in the FY 2022 Guidelines on Administrative and Program Support Cost Reporting memorandum. Lines 22 through 26 are available to report expenses that do not fit 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 and should use the categories that are closest to their own accounting classifications. For example, an agency’s accounting records may not separately delineate copying costs. In this case, the agency can report its total office supply cost (including copying) on Line 18 rather than trying to break out copy costs on Line 13.
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PROGRAM SUPPORT COSTS

The survey includes two forms to collect information regarding program support costs. The first – Prog Supp Staff – covers payroll and fringe benefit costs for all administrative staff. The second – Prog Supp Other – covers all non-staff costs.

‘Prog Supp Staff’: Program Support Staff – Salary and Benefit Costs

Use this form to record information regarding the staff responsible for the program support functions of your organization. All cost figures should reflect your agency’s most recently completed fiscal year.

Title List the job title for each program support employee. Lines 1 through 3 have been prepopulated with the job titles listed in the FY 2022 Guidelines on Administrative and Program Support Cost Reporting memorandum. Additional job titles may be added below Line 3 as needed. If your agency has multiple employees within a given job title (e.g., two Training Specialists), you may list them in the same row.

This level of detail is requested to allow for a review to ensure that administrative and 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.

Actual Wages Report the total wages (inclusive of salary, bonuses, and any other cash compensation) actually earned in your agency’s most recently completed fiscal year by the individual(s) included in each job title.

Only report actual wages paid, rather than salary levels (e.g., if an employee was hired in the middle of the fiscal year, report the wages that they were actually paid and not their annual salary).

‘Prog Support Other’: Program Support Expenses Other Than Staff Salary and Benefits

Use this form to report information for administrative expenses other than staffing. All wage- and salary-related costs should be reported on the ‘Prog Supp Staff’ worksheet.

Expense Categories For each category of program support expenses, report the total expense for your agency’s most recently completed fiscal year. The worksheet has been prepopulated with the expense categories listed in the Fiscal Year 2022 Guidelines on Administrative and Program Support Cost Reporting memorandum. Additionally, Lines 12 through 16 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 and should use the categories that are closest to their own accounting classifications.

DIRECT CARE WORKER COSTS

The survey includes three forms to collect information regarding direct care worker costs. The first – Direct Care Staff – covers hours, payroll and benefit costs for all direct care staff. The second – Direct Care Time – seeks to allocate the work time of the staff reported on the Direct Care Staff form. The third – Direct Care Benefits – covers information related to fringe benefits offered to direct care staff.

For the purpose of the survey, the term direct care worker encompasses all staff who provide any covered HCBS as defined in Section 4 of the Medicaid Manual for Developmental Disabilities Services Division, including service coordinators, clinicians, therapists, nurses, and other professionals.

Agencies do not need to include direct care workers who do not provide HCBS included in the provider survey. For example, direct care workers who provide behavioral health services do not need to be listed.

‘Direct Care Staff’: Direct Care Workers – Wages and Training

This form collects information regarding the wages paid to your agency’s direct care workers. Do not include Shared Living providers reimbursed through “Difficulty of Care” foster care payments, Shared Living contractors, staff employed by Shared Living contractors, or staff employed by the individual through a self-direction model.

Job Titles List the job titles of staff who provide direct care. 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 amongst the staff in the position. 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 Employment Supports a higher wage, these staff should be reported separately.

‘Direct Care Time’: Direct Care Workers – Allocation of Work Hours

This form seeks to allocate the work time of the staff reported on the Direct Care Wages and Training form. The job titles listed on the Direct Care Wages form are automatically transferred to this form.

Allocation Columns Each column is labeled with the services covered by the survey as well as categories for Administration associated with I/DD programs, Program Support associated with I/DD programs, and responsibilities associated with Other Non-DDSD Programs. Only working hours should be considered when completing this form; do not include paid time off (holidays, vacation, or sick leave).

For each job title, input a percentage into each column corresponding to the portion of the staff’s time that is spent on that service/activity. Zeroes do not need to be entered. The total allocation of time across the columns should equal 100 percent. If an error message appears at the right of the table, review and revise the appropriate hours so that the total equals 100 percent.

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.

‘STAFFING PATTERN’ SECTIONS

Most of the service-specific worksheets include a section that requests information regarding the ‘typical’ week for a direct care worker. When completing these sections, consider only agency employees and contractors whose work the agency directs; do not consider workers employed through a self-direction model or by a Shared Living provider, or independent contractors.

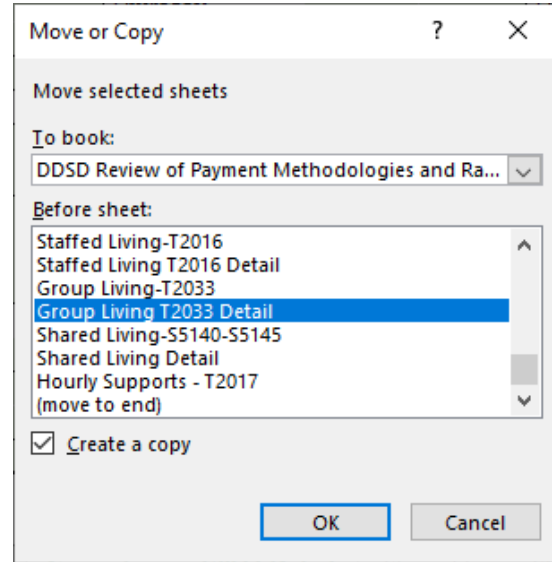
To complete this section, report the total number of hours that a direct care worker works in a typical week in the first line of the section. Then, in the remaining lines, report the activities in which they are engaged. As necessary, there are ‘Other activities’ lines that can be used for responsibilities not provided on the predefined list. 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.

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 Individual Support Agreement (ISA) meeting during a typical week. Rather, they may attend a handful of ISA meetings over the course of a year. Thus, if a direct care worker spends an average of 10 hours per year in ISA meetings, your agency would report 0.19 hours per week (10 divided by 52).

‘STAFFED LIVING (T2016)/ GROUP LIVING (T2033) DETAIL’: INDIVIDUALS AND STAFFING DETAIL

The survey includes forms to collect information regarding the individual Staffed Living and Group Living homes 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, “Group Living T2033 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.



Lines 5a-5f For each residence, list the individuals currently residing there by their Medicaid ID number. 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. Report all home residents; if there are individuals who are not enrolled in Medicaid, list them as ‘non-Medicaid’ or something similar.

Lines 6a-6g For each home, 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 (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 (1 staff * 2 hours = 2 hours)

In this example, **24 total** hours would be reported for Monday