

**Housing Support Supplemental Services
Rate Study**

**PROVIDER SURVEY
SUPPLEMENTAL INSTRUCTIONS**

– distributed by –

BURNS & ASSOCIATES

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A Division of Health Management Associates

– on behalf of –

Minnesota Department of Human Services

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INTRODUCTION

In accordance with Minnesota state law¹, the Minnesota Department of Human Services (DHS) is in the process of studying the rate methodology and reimbursement levels for Housing Support Supplemental Services (referred to as ‘Supplemental Services’ hereafter). This rate study does not evaluate payment levels or methodologies for the Housing Support payment for room and board. 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 site/ program-specific revenues and costs incurred in the delivery of Supplemental Services. All providers that deliver Supplemental Services are strongly encouraged to participate as the information collected will be a key consideration in the development of recommendations for potential changes to Supplemental Services payments.

Confidentiality

Data collected through this survey will be used solely for the purpose of evaluating provider payment rates for Supplemental Services. HMA-Burns will not share individual provider surveys with DHS or any other party, and only aggregated data will be reported. Submitted surveys will be kept completely confidential.

Assistance with the Survey

HMA-Burns recognizes the survey is detailed and may be complicated, and has established several resources to assist agencies in completing the survey:

- These instructions supplement the embedded directions and should be reviewed in their entirety before completing the survey.
- Guidance for many questions is embedded in the survey itself. Within the survey, click on any cell with an “” icon to access relevant directions.
- Providers may contact HMA-Burns at any time during the survey period at housing-supplemental-services-rates@healthmanagement.com or by calling (517) 993-9229 for assistance.

Overview of the Survey

The survey is a Microsoft Excel file compatible with Excel 2010 and newer versions. Other spreadsheet software (such as Google Sheets or Apple Numbers) may be used to complete the survey, but some features may not be compatible. Broadly, it is designed to collect information in the following areas:

- Direct care and program staff wages and turnover rates, typical service activities performed (by job title), and an allocation of reported direct care and program staff hours by site/ program
- Details about each individual site or program operated by your agency in the most recent 12-month period for which you have reliable data to report, including the type of license(s) held, the number of Supplemental Services and other clients supported, mileage, revenues, and expenses
- Current employee fringe benefits for direct care workers and program support staff offered by your agency

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.

¹ 2023 Session Laws SF 2995, Chapter 70, Article 11, Section 12.

Completing and Submitting the Survey

All reported revenue and cost data should reflect the most recent 12-month period for which you have reliable and complete revenue and expense information to report for your agency. For direct care and program staff time as well as revenue and cost-related data, the survey requires providers to report for each individual site or program it operates to allow for analysis of how costs vary across different types of programs.

Although you should complete all applicable forms and questions within the survey, partially completed surveys will be accepted. 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 any information requested in the survey is unavailable, leave that field blank.

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 the rate study team to consider.

The deadline for submitting completed surveys is **October 31, 2025**. Submit completed surveys to housing-supplemental-services-rates@healthmanagement.com. When saving the survey, add your agency's name to the beginning of the file name (e.g., "ABC Agency Provider Survey").

**‘SITE PROGRAM DETAILS’ – HOUSING SUPPORT SUPPLEMENTAL SERVICES - SERVICE SITE/
PROGRAM DETAILS**

This form requests background details about all sites and programs operated by your organization that support individuals who received Supplemental Services during the 12-month period for which you are reporting revenue and cost data. Each site-based program should be listed separately. For non-site-based programs (such as scattered site/ community programs), a “program” should be defined based on the provider’s operations. For example, a provider may define its scattered site/ community programs regionally (such as separate St. Paul and Rochester programs), based on the characteristics of the individuals served (such as separate programs for older individuals and for persons with substance use disorders), or in some other way.

The worksheet includes columns to report details for up to 20 sites or programs. If your agency supports more than 20 sites, please contact HMA-Burns to request a modified survey to accommodate your reporting. Sites or programs that do not deliver or support individuals who receive Supplemental Services should not be reported. Providers should complete a column for each stand-alone site or program that provides or supports Supplemental Services to individuals. Drop down selections are available to specify the license or type of service delivered by each site, and more than one can be selected per site. For example, a single location may deliver both Supportive Housing (site-based) and Supportive Housing (scattered site/ community). Lines 2a-2f of this form are used to report all license types held by the physical location.

**‘DIRECT CARE AND PROGRAM STAFF’ - DIRECT CARE AND PROGRAM STAFF- WAGES,
TRAINING, AND KEY JOB FUNCTIONS**

This form collects information regarding the salaries/ wages paid to your agency’s direct care workers and program support staff, and the total hours they were paid during the 12-month period for which you are reporting data. The form also collects information regarding actual payroll tax and benefit costs for these workers, turnover rates, and an allocation of each worker’s (or group of workers’) time by their primary job duties/ activities.

Direct care staff include employees and contractors who work directly with Supplemental Services recipients to provide case management, supportive services (assistance with basic living skills, assistance with transportation, etc.), health supervision (such as assistance with medication administration, taking vital signs, and similar health-related activities), employment supports, professional counseling/ therapeutic interventions, and other supports provided directly to a Supplemental Services recipient. Program support staff include employees or contractors who support Supplemental Services through activities like supervising direct care staff, providing overall program management (such as a site manager or director), preparing meals on behalf of Supplemental Services recipients, maintaining residential facilities where recipients reside, providing for building security and front desk operations, and similar services. Do not report indirect/ administrative staff (such as an agency’s executive director, human resources staff, paid board members, etc.) who did not also provide direct care or program support to Supplemental Services recipients during the reported 12-month period, as their costs are captured later in the survey.

Under the Job Titles column, providers may report staff individually or group them under shared job titles (e.g., “Personal care assistants” or “kitchen meal preparation staff”). Use the drop-down menu to select the job classification that most closely matches the staff you report on each line. Do not group staff with different employment classifications (i.e., employees or contractors) and do not group employees who have supervisory responsibilities with those who do not. If a given employee (or group of employees) have job titles that do not fit those provided, use the final selection in the drop-down menu (“All other positions”) and provide a description of the job title in the adjacent cell.

This form also requests that you allocate the work time of the staff reported on each line of the form to a series of key job functions (such as “Health Supervision,” “Employment Supports,” “Kitchen/ Meal Preparation” and a series of other common direct care and program support job functions). Informed judgement will be necessary to estimate how much staff time should be allocated to each type of activity. For each line for which you report staff details, report the percentage of their time spent on each Supplemental Service support type during the reported 12-month period. 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).

Ensure the total allocation for each reported line totals 100%. If the allocation does not equal 100%, the allocation fields will be shaded in orange and an error message will appear to the right of each line until the allocation totals 100%.

‘SITES_ STAFF TIME ALLOCATION’ - DIRECT CARE AND PROGRAM STAFF- WAGES, TRAINING, AND KEY JOB FUNCTIONS

Job titles and reported hours reported on the “Direct Care and Program Staff” form will be automatically transferred under the Job Title and Total Reported Hours columns, respectively. Allocate the work hours by each site/ program for which data was reported on the “Site_ Program Details” form for each worker or group of workers that appear on the sheet. In each of the ‘Site/ Program’ columns, report the percentage of time attributable to each site/ program during the reported fiscal year. The total across each row must total 100%.

‘STAFF BENEFITS’ – DIRECT CARE AND PROGRAM STAFF – FRINGE BENEFITS

This worksheet requests information regarding the benefits that are currently available to direct care and program support staff who serve individuals receiving Supplemental Services. Do not report benefit information for administrative staff, or other staff employed by your agency who do not have responsibilities related to Supplemental Services. There are separate columns for full-time and part-time direct care staff. For the purposes of the survey, full-time work is defined as 30 hours per week, and part-time is less than 30 hours per week.

‘SITES_ FINANCIAL DETAILS’ – SERVICE SITE/ PROGRAM REVENUE AND COST REPORTING AND ALLOCATIONS

This worksheet collects detailed revenue and expense information for each site or program that delivers (or directly supports) individuals receiving Supplemental Services. Report all revenue and expense data for the most recent 12-month period for which you have complete and reliable data to report for each site/ program (as first specified on the “Site_ Program Details” form). The form accommodates reporting for up to 20 sites, and a final column where revenues and expenses for all other sites may be reported.

Report the end date for the 12-month period on Line 1, then report revenues for each site/ program on Lines 2 through 13 and all expense information on Line 15 through 50. Line 15 (allocation of direct care and program support staff payroll costs) will automatically populate based on the information reported on the “Direct Care and Program Staff” and “Sites_ Staff Time Allocation” forms. Administrative/ indirect staff payroll costs are reported on Line 42, and all other indirect (non-staff) expenses (such as other allocations of an agency’s overhead costs) are reported on Line 43.

‘CHANGES FROM ACTUALS’ – REVENUE AND COST CHANGES AFTER THE REPORTED YEAR

This form allows for reporting of significant changes to revenues and costs compared to the 12-month period for which you reported financial data in this survey. When reporting changes, calculate the percentage increase or decrease compared to the actual costs reported on the reference form. Then describe what is driving the change (for example, "Granted an across-the-board pay increase for direct

care workers or program support staff" or "Travel-related costs have increased due to changes in the price of fuel", etc).