



Georgia Department of

Behavioral Health and Developmental Disabilities

Developmental Disabilities Rate Setting Project

Provider Resurvey Instructions

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INTRODUCTION

The Georgia Division of Developmental Disabilities is in the process of reviewing and revising the rates paid to providers of home and community based services. Burns & Associates, Inc. (B&A) is providing assistance in this initiative.

The Division and B&A have attempted to involve providers throughout the project in order to take advantage of their experience and knowledge of the costs involved in delivering services. In addition to convening a group of provider representatives to offer input throughout the project, in August 2010 B&A sent a survey to all providers requesting information regarding service design and associated costs. In November 2010, a follow-up survey regarding administrative and program support costs was sent to those providers that completed the first survey.

Using information gathered from the provider surveys as well as from other sources (e.g., wage data from the Bureau of Labor Statistics), draft proposed rate models were released in February 2011. These models were emailed to all providers, who were given 30 days to submit comments. A summary of these comments, as well as the Division's responses to each, were released in May 2011.

Based on providers' comments, the Division identified three areas for which it would like additional input from providers before the proposed rates are finalized:

- Administration and Program Support Costs
- Payment to Host Homes
- Day Program Group Composition

B&A has developed forms in Microsoft Excel to collect this additional data. Following are instructions for completing each of these forms.

Completing the Surveys

Please complete only those forms applicable to your organization; e.g., if your agency does not provide host home services, you do not need to complete the Payment to Host Homes form.

When saving the forms, please add your agency's name to the beginning of the file name; e.g., "ABC Agency DDD Rate Setting – Resurvey – Admin and Program Support Costs".

The deadline for submitting completed forms is July 15, 2011. Please submit completed forms to B&A at bsmith@burnshealthpolicy.com.

If you have any questions, please contact Stephen Pawlowski with B&A at (602) 241-8519 or spawlowski@burnshealthpolicy.com.

ADMINISTRATIVE AND PROGRAM SUPPORT COSTS

This workbook includes three pages relating to your organization's administration and program support costs. The purpose of this survey is to collect all expenses that are not direct care costs, which are explicitly included in the proposed rate models.

There are not always clear distinctions between direct care, program support, and administration costs and definitions of these terms vary. For the purposes of this survey, the following guidelines should be used:

- *Direct care costs.* Direct care costs include the salaries and employee related expenses (including unemployment insurance and workers' compensation) of direct care workers, transportation expenses, the space in which programs are delivered (e.g., the room in which a Prevocational program is operated), and program materials and supplies (e.g., art supplies for a Community Access-Group program). **Direct care costs should not be reported through this worksheet.**
- *Program support costs.* Program support activities are program-specific, but are not billable. Examples include staff responsible for training direct care workers, program development, supervision, and quality assurance. Additionally, other functions such as development of medical or behavioral plans are program support costs inasmuch as they are not billable activities. Examples of common administrative and program support personnel are included in the appendix following this section of the instructions. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered program support.
- *Administrative costs.* Administrative expenses are those associated with the operation of your organization, but which are not program-specific. Employees that are typically considered administrative include general management, financial/accounting staff, and human resource staff. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered administrative.

Following are instructions for the three pages included in the Administrative and Program Support workbook.

Agency Contact Information and Revenues

Use this sheet to record contact information for your agency. In addition to your organization's name and provider ID(s) (the nine-digit number is sufficient; letter suffixes are not necessary), please provide a contact name for any follow-up questions as well as that individual's job title, phone number, and email address.

Additionally, this sheet requests information regarding revenues from your agency's most recently completed fiscal year in order to establish administration and program support rates. Input the revenue received from the Georgia Division of Developmental Disabilities for delivering waiver services as well as the amount of revenues from all other sources. The worksheet then sums the two figures to calculate total agency revenues.

Administrative and Program Support Staff – Salary and Benefit Costs

This sheet is to be used to record information regarding the staff that are responsible for the operations of the agency, **but do not primarily deliver direct care services**. All figures should be for your agency's most recently completed fiscal year.

- *Title* – Input 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 Percent of Time Allocated to DD column). Do not combine staff with different job titles in a single row.
- *Number of full-time equivalents (FTE)* – Record the number of full-time equivalent staff in each job title employed by your organization.
- *Salary* – Input the wages earned in the most recently completed fiscal year by the individual(s) associated with each job title.
- *Cost of Optional Benefits* – Input the cost of the optional benefits provided in the most recently completed fiscal year to the individual(s) associated with each job title. Optional benefits include health insurance, dental insurance, retirement, etc.
 - Note:* Do not include mandatory employee related expenses (ERE) such as Social Security, Medicare, unemployment insurance, and workers' compensation. These costs will be factored in based upon averages derived from the original provider survey.
 - Note:* Since 'optional' benefits for Community Service Board (CSB) employees are prescribed by the State (i.e., they are required to pay a fixed contribution rate for health insurance and retirement), CSBs do not need to complete this column. These costs will be automatically factored in for CSBs.
- *Percent of Time Allocated to DD* – The next three columns relate to the amount of each employee's time is devoted to your organization's DD program. The total of the following three columns related to your organization's DD program cannot exceed 100 percent (it may be less than 100 percent if they also perform work related to other programs).
 - *Direct Care* – Input the percentage of time that the employee is providing direct care services (although this sheet is only intended to capture information regarding administrative and program support staff, this column has been included because these staff, particularly in smaller agencies, may provide direct care at times).
 - *Administration* – Input the percentage of time that the employee is performing administrative functions for the DD program.
 - *Program Support* – Input the percentage of time that the employee is performing program support functions for the DD program.
- *Percent of Time Allocated to Non-DD Programs* – Input the portion of each employee's time that is allocated to programs operated by your agency other than developmental disabilities (e.g., behavioral health). This column is included because some employees

support multiple programs so it would be inappropriate to allocate their total salary and benefits costs to the DD program (e.g., an executive director may lead an agency that provides both developmental disabilities and behavioral health programs so only a portion of their time should be allocated to the DD program).

Note: 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 the DD program, 25 percent of that employee's time would be allocated to direct care, administration, and/ or program support of the DD program, as appropriate, with the remaining 75 percent input in the Non-DD Programs column. If a time study is not feasible for your organization, please contact B&A to discuss other potential allocation methodologies.

Note: The total of the time allocated across DD programs (direct care time, administration, and program support) and other programs should equal 100 percent. If it does not, an error message will appear to the right of the table.

- *Program Support Caseload* – For program support staff that have consumer-related responsibilities (e.g., a nurse that develops medical plans for individuals), record the number of individuals for whom they are responsible. If this column is not applicable, leave it blank.

Administrative and Program Support Expenses Other Than Staff Salary and Benefits

This sheet collects information for all administrative and program support costs other than staff expenses. For each category of expenses, the sheet requests the total expense during your agency's most recently completed fiscal year as well as the percent of the total that should be allocated to the administration and program support of your agency's developmental disabilities programs as well as the portion that should be allocated to your organization's non-DD programs (see the discussion in the previous section regarding allocations).

- *Facility Rent/ Depreciation* – Input your agency's rent/ depreciation costs for administration and program support space. This should include all space that is not used for service delivery (e.g., do not include 'classroom' space). Examples of space that should be included are the offices of administrative and program support staff, lobbies, conference rooms (not used for service delivery), etc.
 - *Square Feet of Administration and Program Support Staff* – Input the number of square feet associated with the facility rent/ depreciation expense reported in the row above.
 - *Cost per Square Foot* – As applicable (i.e., for leased space), input the cost per square foot for the space include in the facility rent/ depreciation response.
- *Facility Janitorial/ Landscaping/ Repairs/ Etc.* – Input any facility maintenance costs that are not part of the rental costs recorded in the previous category.

- *Depreciation other than Facility* – Report your agency’s depreciation expenses for capital items other than facilities.
- *Interest Expense (Excluding Mortgage)* – Include expenses for interest paid, excluding mortgage interest, by your organization.
- *Utilities/ Telecommunications/ Etc.* – Input utility and similar costs that are not included as part of rental costs already reported.
- *Taxes*
- *Licensing/ Certification/ Accreditation Fees*
- *Insurance* – Input your agency’s insurance costs. Do not include workers’ compensation costs.
- *Computer Expense*
- *Office Supplies* – Include general office supply costs, but do not include program supplies (e.g., art supplies purchased for a Community Access-Group program should not be included because these costs are already included in the proposed rate models).
- *Postage*
- *Advertising*
- *Dues and Subscriptions* – Input your agency’s costs for memberships in business, technical, and/or professional organizations or subscriptions to business, professional, and/or technical periodicals.
- *Consulting - Training/ Legal/ Accounting/ Etc.* – Input the costs of professional and consultant services related to your agency’s operation.

The worksheet also includes additional rows in which you can input any other administrative or program support cost that does not fit into the provided categories. Please label any categories that you add and report the associated expense.

ADMINISTRATIVE AND PROGRAM SUPPORT COSTS APPENDIX – JOB TITLE EXAMPLES

This appendix includes examples of positions that are common program support functions related to services for individuals with developmental disabilities. In some cases, some employees in these positions may perform some (billable) direct care activities, but spend the majority of their time on program support. This listing is intended only as a sample of potential positions and tasks. It is not intended to be exhaustive and your organization may not employ staff in all of these positions, may use different job titles, etc.; your organization should complete the form using actual job titles and staff.

- *Behavioral Specialist* – Designs behavioral plans, trains staff, assesses individuals, assesses and charts data, may attend ISP and/ or SIS meetings
- *Behavioral Technician* – Monitors behavioral plan implementation, works with individuals, reinforces plan and procedures with direct support staff, may attend ISP and/ or SIS meetings
- *Clinical social worker* – Provides counseling, liaison with psychiatrist and/ or behavioral staff
- *Licensed Practical Nurse* – Performs medical case management supervised by an RN, conducts HFR and DBHDD compliance, may do medication administration, may attend ISP and / or SIS meetings
- *Medical Director* – Oversees and coordinates medical support services, supervises nurses
- *Music Therapist* – Designs, coordinates, and implements musical therapy supports
- *Occupational Therapist* – Consults with and trains staff, provides occupational therapy services in excess of what may be funded (state plan or waiver) to assure maintenance and development of skills, assesses and manages adaptive equipment, works with speech therapist on feeding programs as needed
- *Physical Therapist* – Consults with and trains staff, provides physical therapy services in excess of what may be funded (state plan or waiver) to assure maintenance and development of skills, assesses and manages adaptive equipment
- *Program Manager* – Designs, implements, and oversees a program, works with families and individuals, performs functional assessments
- *Psychologist* – Provides counseling, liaison with psychiatrist and/ or behavioral staff
- *Quality Assurance Specialist* – Assures each program component is compliant, assesses quality of services, responsible for annual QA plan and implementation, tracks achievement
- *Records Clerk* – Assures all record and documentation is recorded and filed based on DDD standards
- *Recreation therapist* – Designs, coordinates, and implements recreational and leisure interests and pursuits with individuals

- *Regional/ Area Director* – Oversees operations and service delivery within a given geographic area; monitors SIS, HRST, ISPs, and service design, implementation, and compliance; liaison with family
- *Registered Nurse* – Oversees medical care of individuals; may provide hands-on nursing care; liaison with physicians, pharmacists, and specialists; trains staff; proxy caregiver implementation – HFR and DBHDD compliance; may do medication administration or shots; may attend ISP and / or SIS meetings, signs off on HRST
- *Risk Management* – Assesses risk with respect to individual services, tracks trends, assigns corrective action
- *Scheduler* – Assures deployment of personnel to meet care needs in all service locations
- *Speech Therapist* – Assesses individuals, provides physical therapy services in excess of what may be funded (state plan or waiver) to assure maintenance and development of skills, trains staff on assistive technology use, works with occupational therapist on feeding programs
- *Staff Development/ Training Specialist* – Trains all levels and types of staff in DDD requirements as well as HFR and Delmarva, best practices, etc.

PAYMENTS TO HOST HOMES

This workbook includes two pages: one for your agency's contact information and one on which to record the monthly payment made to each host home with which your organization contracts.

Agency Contact Information

Use this section to record contact information for your agency. In addition to your organization's name and provider ID(s) (the nine-digit number is sufficient; letter suffixes are not necessary), please provide a contact name for any follow-up questions as well as that individual's job title, phone number, and email address.

Host Home Payment Information

This section is used to report information regarding the payments that your organization makes to host home providers. Information is requested for every individual served by a host home through your agency, contact information for those host home providers, and the monthly payment amounts made to those host homes. This information is similar to that required to be reported in DBHDD contract Annex A. B&A may contact individual host home providers to gather additional data to inform the rate-setting process for this service.

- *Consumer ID* – Input the Medicaid identification number for **each** consumer served by a host home through your agency. Complete a separate row for each individual even if a single host home serves two persons. Do not include consumer names, social security numbers, or other identifiable information.
- *Host Home Provider* – Input the name of the host home provider that delivers care to the individual listed in the first column.
- *Contact Number* – Input the contact phone number for the host home provider.
- *Contact Email* – Input the contact email address for the host home provider.
- *Special Requirements of Host Home Provider* – List any special requirements for the host home based upon the individual's needs (e.g., due to an individual's medical needs, your agency would only place that individual with a host home provider who is a nurse).
- *Years in Home* – Input the number of years that the individual has been living with this specific host home provider.
- *Daily Payment* – Input the daily payment made to the host home provider to support the individual listed in the first column. **This amount should not include room and board funding taken from an individual's SSI/ SSDI payments.**
- *Maximum Payment Days* – Input the maximum number of days for which your organization will make payments to host home providers (e.g., if your agency pays host homes for no more than 324 days per year, input "324").
- *Representative Payee* – Answering "Yes" or "No", indicate whether the host home provider is the individual's representative payee for SSI/ SSDI payments.

DAY PROGRAM GROUP COMPOSITION

This workbook includes two pages: one for your agency's contact information and one in which to input information regarding staffing and participant information for day activities.

Agency Contact Information

Use this worksheet to record contact information for your agency. In addition to your organization's name and provider ID(s) (the nine-digit number is sufficient; letter suffixes are not necessary), please provide a contact name for any follow-up questions as well as that individual's job title, phone number, and email address.

Day Program Details

This worksheet is used to provide information regarding the groups that your organization operates. B&A recognizes that the composition of groups may vary across days (e.g., groups may be combined for community outings) and requests that your organization complete the form for a 'typical' week. Space has been provided for up to 40 groups; if additional space is needed, please copy and paste from the form as necessary.

The top section of each group page collects data regarding staffing hours. For each direct care worker serving the group, divide their hours across the following services and activities:

- *Community Access-Group (Facility)* – the number of hours per week that the direct care worker is providing CAG services in a facility
- *Community Access-Group (Outings)* – the number of hours per week that the direct care worker is providing CAG services during community outings
- *Community Access-Individual*
- *Prevocational*
- *Supported Employment-Group*
- *Supported Employment-Individual*
- *Transporting Clients* – the number of hours per week that the direct care worker is transporting clients to or from their day activities
- *Non-Direct Activities* – the number of hours per week performing non-direct, but program-related activities (e.g., preparation or clean-up)
- *Total* – the form automatically sums the total number of hours worked by each staff

The worksheet includes space for up to five staff for a single group. If necessary, insert additional rows if a group has more than five staff.

The bottom section of each group page collects data regarding consumer activities:

- *Consumer ID* – in the left-most column, input the consumer’s ID number (do not include consumer names, social security numbers, or other identifiable information).
- *Funding* – in the second column use the drop-down to record the source of funding for the consumers’ services: waiver funding or grant-in-aid dollars.

In the next columns, input the number of hours per week that each consumer receives the following services:

- *Community Access-Group (Facility)*
- *Community Access-Group (Outings)*
- *Community Access-Individual*
- *Prevocational*
- *Supported Employment-Group*
- *Supported Employment-Individual*
- *Total* – the right-most column automatically sums the total number of hours per week that each consumer is receiving day services.

The sheet allows for groups of up to 30 (which would need to have at least three assigned staff); if additional space is needed, please insert additional rows.

Data Entry Form - Administration and Program Support Costs

Agency Contact Information

Agency			
Provider ID(s)			
Contact Name			
Title			
Phone			
Email			

Annual Agency Revenue

Report revenues from your agency's most recently completed fiscal year

DDD Waiver Revenues	
All Other Revenues	
Total	\$0.00

Administrative and Program Support Staff - Salary and Benefit Costs

*Include only those staff that support your agency's DD program, but are not primarily engaged in service delivery
Report costs from your agency's most recently completed fiscal year*

Title	# of FTE	Salary	Cost of Optional Benefits	% of Time Allocated to DD			% of Time Allocated to Non-DD Programs	Prog. Support Caseload (as applicable)
				Direct Care	Administration	Prog. Support		

Title	# of FTE	Salary	Cost of Optional Benefits	% of Time Allocated to DD			% of Time Allocated to Non-DD Programs	Prog. Support Caseload (as applicable)
				Direct Care	Administration	Prog. Support		

Administrative and Program Support Expenses Other Than Staff Salary and Benefits

Do not include costs directly associated with service delivery (e.g., do not include costs associated with 'classroom' space)

Report costs from your agency's most recently completed fiscal year

Expense	Total Expense	% of Total Allocated to DD		% of Total Allocated to Other Programs
		Administration	Program Support	
Facility Rent/ Depreciation				
Sq Ft of Admin Space				
Cost per Square Foot				
Facility Janitorial/ Landscaping/ Repairs/ Etc. (not part of rent)				
Depreciation other than Facility				
Interest Expense (excluding mortgage)				
Utilities/ Telecommunications/ Etc.				
Taxes				
Licensing/ Certification/ Accreditation Fees				
Insurance				
Computer Expense				
Office Supplies				
Postage				
Advertising				
Dues and Subscriptions				
Consulting - Training/ Legal/ Accounting/ Etc.				
Other 1	(Input Description)			
Other 2	(Input Description)			
Other 3	(Input Description)			
Other 4	(Input Description)			
Other 5	(Input Description)			
Other 6	(Input Description)			
Other 7	(Input Description)			
Other 8	(Input Description)			
Total	\$0			

Data Entry Form - Group Composition

Agency Contact Information

Agency			
Provider ID(s)			
Contact Name			
Title			
Phone			
Email			

Group Composition Information

Complete a page for each group operated by your agency

Comm. Access- Group (Facility)	Comm. Access- Group (Outings)	Comm. Access- Indiv.	Prevoc.	Supp. Employ.- Group	Supp. Employ.- Indiv.	Transport Clients	Non-Direct (ex. Prep., Charting, etc.)	Total
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GROUP 1: STAFFING HOURS (Allocate staff hours across services and other activities in a typical week)

Staff 1									
Staff 2									
Staff 3									
Staff 4									
Staff 5									

GROUP 1: CONSUMER ACTIVITIES (Allocate consumer hours across services received in a typical week)

Consumer ID	Funding								

Comm. Access-Group (Facility)
 Comm. Access-Group (Outings)
 Comm. Access-Indiv.
Prevoc.
Supp. Employ.-Group
Supp. Employ.-Indiv.
Transport Clients
Non-Direct (ex. Prep., Charting, etc.)
Total

GROUP 2: STAFFING *(Allocate staff time across services and other activities in a typical week)*

Staff 1											
Staff 2											
Staff 3											
Staff 4											
Staff 5											

GROUP 2: CONSUMER ACTIVITIES *(Allocate consumer time across services received in a typical week)*

Consumer ID	Funding										

Data Entry Form - Host Home Payments

Agency Contact Information

Agency			
Provider ID(s)			
Contact Name			
Title			
Phone			
Email			

Host Home Payments

Complete a row for each consumer receiving host home services through your agency

Consumer ID	Host Home Provider	Contact Number	Contact Email	Special Requirements of Host Home Provider	Yrs. in Home	Daily Payment	Max. Payment Days	Rep. Payee?

Consumer ID	Host Home Provider	Contact Number	Contact Email	Special Requirements of Host Home Provider	Yrs. in Home	Daily Payment	Max. Payment Days	Rep. Payee?