



# Montana Senior and Long Term Care Rate Workgroup

## Meeting #2: Cost and Wage Survey

January 25, 2022



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# Agenda

1. Welcome
2. Provider Cost and Wage Provider Survey Overview
3. Provider Cost and Wage Provider Survey Details
4. Training and Technical Assistance
5. Timeline and Next Steps
6. Questions and Answers
  - a. Contact Information

# Provider Cost and Wage Survey Overview

# Cost and Wage Survey Goals

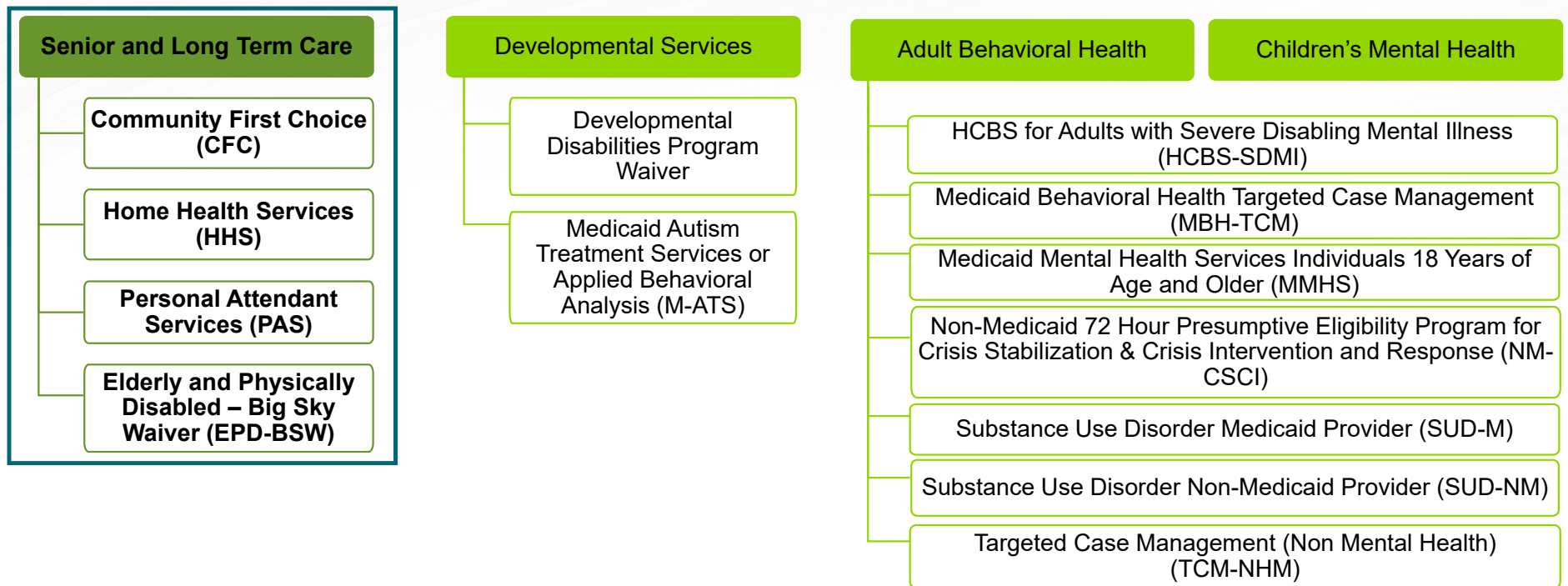
**Guidehouse is working with DPHHS and the Rate Workgroups to develop and administer a Provider Cost and Wage Survey (“Survey”) to collect provider cost data across multiple services and programs that will serve as the basis for the rate studies.**

- Capture provider cost data to provide cost foundation for rate studies
- Receive uniform inputs across all providers to develop standardized rate model components
- Measure inflationary impact on direct care worker wages
- Establish baseline cost assumptions for comparing and standardizing services operating in different divisions and waiver authorities
- Determine cost basis for evaluating rate equity for services
- Gather needed data to understand billable vs. non-billable time per service
- Investigate differences in costs among frontier/rural/suburban areas
- Solicit general feedback from providers to explore service delivery improvements and efficiencies

# Survey Approach and Scope

The Cost and Wage Survey encompasses multiple programs across divisions.

## Montana DPHHS Cost and Wage Survey



# Survey Topics and Structure Overview

Worksheet # - Worksheet Topic(s)	Survey Topics and Metrics	Example Rate Study Data Point(s)
1 – Organizational Information	Provider identification, contact information, organizational details, and organizational revenues	-
2 – Total Organizational Costs	Employee salaries, taxes and benefits; non-payroll administrative costs and program support costs; and facility, vehicle and equipment costs	Administrative and program support cost factors
3 – Program Areas	Geographic areas where programs are operated	Regional-based rates
4 – Services	Services delivered	-
4a – Staff Time and Wages (content varies based on service selected in #4)	Job types, staff types, hourly wages, supplemental pay, bonuses, rate changes, and training time	Baseline wages for rate build-up, primary job types per service
4b – Staffing Patterns and Service Design (content varies based on service selected in #4)	Billable vs. Non-Billable, supervisor and staffing patterns; training requirements, and other service design and delivery specifications	Productivity adjustment, training assumptions, transportation assumptions
5 – Provider Benefits	Benefits that organizations offer full-time and part-time employees who deliver services – health, vision and dental insurance; retirement, unemployment benefits and workers' compensation; holiday, sick time, and paid time off	Benefits package or Employee Related Expenses (ERE)
6 – Additional Information	Clarifying comments in addition to the information covered in other worksheets or sections	-

# Provider Cost and Wage Survey Details

# Worksheet 1: Organizational Information

The *Organizational Information* worksheet captures general identifiers including organizational names, contact information, and organizational revenues.

1. PROVIDER IDENTIFICATION	
1	Provider Corporate Name:
2	Primary Identification Number:
3	Additional Identification:
4	Additional Identification:
5	Additional Identification:
6	Additional Identification:
7	Additional Identification:
8	Are you owned by a larger organization or umbrella company?
8a	If yes, what is the name of that organization?
9	City:
10	County:
11	Provider Fiscal Year (FY) beginning (MM/DD/YYYY):
12	Provider Fiscal Year (FY) ending (MM/DD/YYYY):
2. CONTACT INFORMATION	
13	Contact Name:
14	Title:
15	Phone Number:
16	Email Address:
3. ORGANIZATIONAL DETAILS	
17	Is this survey for all sites operated by your organization?
18	Are you completing this survey for a particular site?
18a	If yes, please indicate the relevant site.
19	How many residential sites does your organization operate?
20	How many day program sites does your organization operate?
21	Number of unduplicated active clients at end of fiscal year:
22	Total number of employees
22a	Number of full-time employees at end of fiscal year: (30 or more hours per week or 130 or more hours per month)
22b	Number of part-time employees at end of fiscal year: (Less than 30 hours/week or 130 hours/month)
22c	Number of contracted employees at end of fiscal year:
23	Are your employees covered by a union contract?
24	Is your organization a Financial Management Agency?
25	Do you provide self-directed services only?

Note: Cells marked in gray are auto-populated based on calculations or responses in other cells

# Provider Identification and Contact Information (1/3)

1. PROVIDER IDENTIFICATION		
1	Provider Corporate Name:	
2	Primary Identification Number:	
3	Additional Identification:	
4	Additional Identification:	
5	Additional Identification:	
6	Additional Identification:	
7	Additional Identification:	
8	Are you owned by a larger organization or umbrella company?	
8a	If yes, what is the name of that organization?	
9	City:	
10	County:	
11	Provider Fiscal Year (FY) beginning (MM/DD/YYYY):	
12	Provider Fiscal Year (FY) ending (MM/DD/YYYY):	
2. CONTACT INFORMATION		
13	Contact Name:	
14	Title:	
15	Phone Number:	
16	Email Address:	

**For Discussion:**  
Reporting Provider  
Identification Number  
(#2)

# Organizational Details (2/3)

3. ORGANIZATIONAL DETAILS		
17	Is this survey for all sites operated by your organization?	
18	Are you completing this survey for a particular site?	
18a	If yes, please indicate the relevant site.	
19	How many residential sites does your organization operate?	
20	How many day program sites does your organization operate?	
21	Number of unduplicated active clients at end of fiscal year:	
22	Total number of employees	
22a	Number of full-time employees at end of fiscal year: <i>(30 or more hours per week or 130 or more hours per month)</i>	
22b	Number of part-time employees at end of fiscal year: <i>(Less than 30 hours/week or 130 hours/month)</i>	
22c	Number of contracted employees at end of fiscal year:	
23	Are your employees covered by a union contract?	
24	Is your organization a Financial Management Agency?	
25	Do you provide self-directed services only?	
25a	If line 25 is 'Yes', please identify the number of individuals that receive self-directed services	
26	Where do you provide most of your services (rural/urban/suburban)?	
27	Do you serve in Montana's Tribal areas/jurisdictions? (Note: Tribal areas are defined as geographic areas; this question is not asking about serving clients of Tribal backgrounds)	

## For Discussion:

- Submitting single survey for all sites or facilities (#17-18)

Note: Cells marked in gray are auto-populated based on calculations or responses in other cells

# Organizational Revenues (3/3)

4. ORGANIZATIONAL REVENUES	
28	Report revenues from your agency's fiscal year 2019.
28a	Waiver program revenues
28b	State Plan revenues
28c	Fundraising/Grants
28d	National School Lunch revenue
28e	Other revenues (private pay / other funding sources)
	Total Revenues in 2019
	\$ -
29	Report revenues from your agency's most recently completed fiscal year.
29a	Waiver program revenues
29b	State Plan revenues
29c	Fundraising/Grants
29d	National School Lunch revenue
29e	Other revenues (private pay / other funding sources)
	Total Revenues
	\$ -
30	Indicate with an "X" the type of entity which best describes your organization.
30a	For-Profit
30b	Non-Profit
30c	Governmental

## For Discussion:

Reporting both historical and current revenue (#28-29)

# Worksheet 2: Total Costs

The *Total Costs* worksheet collects information on a provider organization's total costs, along with how these costs are allocated among different authorities.

DESCRIPTION	Total Expenses Per General Ledger	Expenses Allocated to State Plan Program	Expenses Allocated to Waiver Program	Expenses for Room and Board	Expenses Allocated to Education	Expenses Allocated to Other Programs	Expenses Allocated to Medicaid	Expenses Allocated to Non- Medicaid
<b>1. EMPLOYEE SALARIES</b>								
1 Total Direct Care Employee Salaries and Wages							\$0	\$0
2 Total Direct Care Supervisor Salaries and Wages							\$0	\$0
3 Total Maintenance Employee Salaries and Wages							\$0	\$0
4 Total Administrative Employee Salaries and Wages							\$0	\$0
5 Total Program Support Employee Salaries and Wages							\$0	\$0
6 Total Salaries and Wages for Contracted Direct Care Staff							\$0	\$0
7 Total Salaries and Wages for Contracted Program Support Staff							\$0	\$0
8 Total Salaries and Wages for Contracted Administrative Staff							\$0	\$0
<b>Total Employee Salaries and Wages</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>2. EMPLOYEE TAXES AND BENEFITS</b>								
9 Total Employee Payroll Taxes							\$0	\$0
10 Total Employee Health Insurance							\$0	\$0
11 Total Other Insurance							\$0	\$0
12 Total Employee Benefits							\$0	\$0
<b>Total Employee Taxes and Benefits</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>3. NON-PAYROLL ADMINISTRATIVE COSTS</b>								
13 Office Equipment and Furniture (not for direct care)							\$0	\$0
14 Interest Expense (report mortgage on Line 45)							\$0	\$0
15 Non-payroll Taxes							\$0	\$0
16 Licensing/ Certification/ Accreditation Fees							\$0	\$0
17 Hiring Expenses							\$0	\$0
18 Staff Training and Development (administrative related)							\$0	\$0
19 Insurance (excluding benefits and auto insurance)							\$0	\$0
20 Information Technology Expense (e.g., computers and software)							\$0	\$0
21 Office Supplies							\$0	\$0
22 Postage							\$0	\$0
23 Advertising/Marketing							\$0	\$0
24 Dues and Subscriptions							\$0	\$0

# Total Expense Allocation

Total expenses should be reported under the *General Ledger* and allocated among the five categories included below.

Report costs from your organization's fiscal year 2019.

Total Expenses Per General Ledger	Expenses Allocated to State Plan Program	Expenses Allocated to Waiver Program	Expenses for Room and Board	Expenses Allocated to Education	Expenses Allocated to Other Programs	Expenses Allocated to Medicaid	Expenses Allocated to Non-Medicaid
						\$0	\$0
						\$0	\$0
						\$0	\$0
						\$0	\$0
						\$0	\$0
						\$0	\$0
						\$0	\$0
						\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

## For Discussion:

- Reporting costs for requested time period (e.g., CY2019, SFY 2019)
- Separating allowable and unallowable costs

# Employee Salaries (1/5)

Total gross salaries and wages paid and accrued by employee category including bonuses, sick time pay, and overtime pay.

DESCRIPTION		Total Expenses Per General Ledger	Expenses Allocated to State Plan Program	Expenses Allocated to Waiver Program
<b>1. EMPLOYEE SALARIES</b>				
1	Total Direct Care Employee Salaries and Wages			
2	Total Direct Care Supervisor Salaries and Wages			
3	Total Maintenance Employee Salaries and Wages			
4	Total Administrative Employee Salaries and Wages			
5	Total Program Support Employee Salaries and Wages			
6	Total Salaries and Wages for Contracted Direct Care Staff			
7	Total Salaries and Wages for Contracted Program Support Staff			
8	Total Salaries and Wages for Contracted Administrative Staff			
<b>Total Employee Salaries and Wages</b>		\$0	\$0	\$0

# Employee Tax and Benefits (2/5)

Total costs incurred related to employee payroll taxes, insurance, and benefits.

DESCRIPTION		Total Expenses Per General Ledger	Expenses Allocated to State Plan Program	Expenses Allocated to Waiver Program
<b>2. EMPLOYEE TAXES AND BENEFITS</b>				
9	Total Employee Payroll Taxes			
10	Total Employee Health Insurance			
11	Total Other Insurance			
12	Total Employee Other Benefits			
<b>Total Employee Taxes and Benefits</b>		\$0	\$0	\$0

# Non-Payroll Administrative Costs (3/5)

Non-payroll costs for administrative activities associated with the operation of an organization, but which are not program-specific.

DESCRIPTION		Total Expenses Per General Ledger	Expenses Allocated to State Plan Program
<b>3. NON-PAYROLL ADMINISTRATIVE COSTS</b>			
13	Office Equipment and Furniture (not for direct care)		
14	Interest Expense (report mortgage on Line 45)		
15	Non-payroll Taxes		
16	Licensing/ Certification/ Accreditation Fees		
17	Hiring Expenses		
18	Staff Training and Development (administrative related)		
19	Insurance (excluding benefits and auto insurance)		
20	Information Technology Expense (e.g., computers and software)		
21	Office Supplies		
22	Postage		
23	Advertising/Marketing		
24	Dues and Subscriptions		
25	Consulting - Training/ Legal/ Accounting/ Etc.		
26	Travel (excluding client transportation and direct care vehicles)		
27	Cost for Translating Materials		
28	Bad Debt		
29	Corporate Office Overhead		
29a	If Overhead is reported, describe allocation methodology (Specify)		
30	Other Administrative Costs (Specify)		
31	Other Administrative Costs (Specify)		
32	Other Administrative Costs (Specify)		
<b>Total Non-Payroll Administrative Costs</b>		<b>\$0</b>	<b>\$0</b>

# Non-Payroll Program Support Expenses (4/5)

Non-payroll expenditures for the support of provider organization's programs.

DESCRIPTION		Total Expenses Per General Ledger	Expenses Allocated to State Plan Program
<b>4. NON-PAYROLL PROGRAM SUPPORT EXPENSES</b>			
33	Program Supplies		
33	Devices/Technology (direct care related)		
34	Activity Costs (for direct care staff)		
35	Staff Training and Development (direct care related)		
36	Transportation Costs - Client related		
37	Other Program Support Costs (Specify)		
38	Other Program Support Costs (Specify)		
39	Other Program Support Costs (Specify)		
<b>Total Non-Payroll Program Support Expenses</b>		<b>\$0</b>	<b>\$0</b>

# Facility, Vehicle, and Equipment Related Expenses (5/5)

Non-payroll related facility, vehicle, and equipment expenses.

DESCRIPTION		Total Expenses Per General Ledger	Expenses Allocated to State Plan Program
<b>5. FACILITY, VEHICLE, AND EQUIPMENT RELATED EXPENSES</b>			
40	Facility Rent/ Mortgage		
41	Total Sq. Ft. of Facility (Specify)		
42	Sq. Ft. of Admin Space (Specify)		
43	Utilities/ Telecommunications/ Etc. (administrative)		
44	Utilities/ Telecommunications/ Etc. (direct care facilities)		
45	Building Maintenance and Repairs		
46	Facility Janitorial/ Landscaping/ Repairs/ Etc. (not part of rent)		
47	Vehicle Licensing/ Acquisition/ Registration/ Lease Costs		
48	Vehicle Maintenance/ Repair Costs		
49	Vehicle Insurance		
50	Vehicle Depreciation		
51	Equipment Costs (non-administrative)		
52	Equipment Depreciation		
<b>Total Facility, Vehicle and Equipment Related Expenses</b>		<b>\$0</b>	<b>\$0</b>

# Worksheets 3: Program Areas

Geographic areas where providers deliver services.

**For Discussion:**  
Capturing county-level vs. other local regional details (e.g., Montana Health Planning Regions)\*

Question	County	Senior and Long Term Care		
		Community First Choice (CFC) Services	Elderly and Physically Disabled - Big Sky Waiver (EPD - BSW)	Personal Assistance Services (PAS)
1	Beaverhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Big Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Blaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Broadwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Carbon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Source: Montana Health Planning Regions Available online: <https://dphhs.mt.gov/qad/licensure/healthcarefacilitylicensure/certificateofneed/healthplanningregions>

# Senior and Long Term Care Services

The Survey captures services provided across four Senior and Long Term Care Service programs under 12 categories of services.

Survey Category	Service
1. Case Management	Case Management (EPD-BSW)
2. Day Services	Adult Day Care (EPD-BSW), Comprehensive Day Treatment (EPD-BSW), Day Habilitation (EPD-BSW), Special Child Care for Children (EPD-BSW)
3. Home-Based Services	Homemaker (EPD-BSW), Homemaker Chores (EPD-BSW), Personal Assistance Services Agency (EPD-BSW), Personal Assistance Services Agency (CFC), Personal Assistance Services Agency (PAS), Personal Assistance Services Self-Directed (EPD-BSW), Personal Assistance Services Self-Directed (CFC), Personal Assistance Services Self-Directed (PAS), Senior Companion (EPD-BSW), Specially Trained Attendants and Medical Escorts (CFC), Community Supports (PAS), Community Supports (CFC), Community Supports (EPD-BSW)
4. Meal Services	Meal Services (Nutrition) (EPD-BSW)
5. Nursing Services	Private Duty Nursing (EPD-BSW), Skilled Nursing (HHS)

# Senior and Long Term Care Services cont.

The Survey captures services provided across four Senior and Long Term Care Service programs under 12 categories of services.

Survey Category	Service
6. Residential Services	Community Residential Rehabilitation (EPD-BSW), Residential Habilitation – Assisted Living Facilities and Adult Foster Homes, Residential Habilitation – Group Home (for Adults with Physical Disabilities), Residential Habilitation – Specialized Assisted Living Facilities (TBI/AR), Supported Living (EPD-BSW)
7. Respite and Caregiver Support	Respite Care (EPD-BSW)
8. Supports for Self-Direction	Financial Manager for Self-Directed (EPD-BSW), Independence Advisor for Self-Directed (EPD-BSW)
9. Supported Employment	Prevocational Services (EPD-BSW), Supported Employment (EPD-BSW)
10. Therapeutic Services	Consultative Clinic and Therapeutic Services (EPD-BSW), Pain and Symptom Management (EPD-BSW), Post Acute Rehabilitation (EPD-BSW), Therapeutic Services (HHS)
11. Training Services	Family Training and Support (EPD-BSW)
12. Transportation	Transportation (EPD-BSW), Transportation (CFC)

# Worksheet 4: Applicable Services

Senior and Long Term Care	
<b>Elderly and Physically Disabled - Big Sky Waiver (EPD-BSW)</b>	
Adult Day Care	<input type="checkbox"/>
Community Residential Rehabilitation	<input type="checkbox"/>
Community Supports Services	<input type="checkbox"/>
Comprehensive Day Treatment	<input type="checkbox"/>
Day Habilitation	<input type="checkbox"/>
Special Child Care for Children	<input type="checkbox"/>
Community Transition Services	<input type="checkbox"/>
Consultative Clinic and Therapeutic Services	<input type="checkbox"/>
Family Training and Support	<input type="checkbox"/>
Financial Manager for Self-Directed	<input type="checkbox"/>
Health and Wellness	<input type="checkbox"/>
Homemaker	<input type="checkbox"/>
Homemaker Chores	<input type="checkbox"/>
Post Acute Rehabilitation	<input type="checkbox"/>
Prevocational Services	<input type="checkbox"/>
Residential Habilitation – Assisted Living Facilities and Adult Foster Homes	<input type="checkbox"/>
Residential Habilitation – Group Home (for Adults with Physical Disabilities)	<input type="checkbox"/>
Residential Habilitation – Specialized Assisted Living Facilities (TBI/AR)	<input type="checkbox"/>
Respite Care	<input type="checkbox"/>
Supported Employment	<input type="checkbox"/>
Independence Advisor for Self-Directed	<input type="checkbox"/>
Meal Services (Nutrition)	<input type="checkbox"/>
Pain and Symptom Management	<input type="checkbox"/>
Personal Assistance Services Agency	<input type="checkbox"/>
Personal Assistance Services Self-Directed	<input type="checkbox"/>
Personal Emergency Response Systems (PERS)	<input type="checkbox"/>
Private Duty Nursing	<input type="checkbox"/>
Senior Companion	<input type="checkbox"/>
Specialized Medical Supplies and Equipment	<input type="checkbox"/>
Supported Living	<input type="checkbox"/>
Case Management	<input type="checkbox"/>
Transportation	<input type="checkbox"/>

Senior and Long Term Care	
<b>Personal Attendant Services (PAS)</b>	
Community Supports	<input type="checkbox"/>
Personal Assistance Services Agency	<input type="checkbox"/>
Personal Assistance Services Self-Directed	<input type="checkbox"/>
Transportation	<input type="checkbox"/>

Senior and Long Term Care	
<b>Community First Choices (CFC)</b>	
Community Supports	<input type="checkbox"/>
Personal Assistance Services Agency	<input type="checkbox"/>
Personal Assistance Services Self-Directed	<input type="checkbox"/>
Personal Emergency Response Systems (PERS)	<input type="checkbox"/>
Specially Trained Attendants and Medical Escorts	<input type="checkbox"/>
Transportation	<input type="checkbox"/>

## For Discussion:

- Are any of the service titles unclear or confusing?

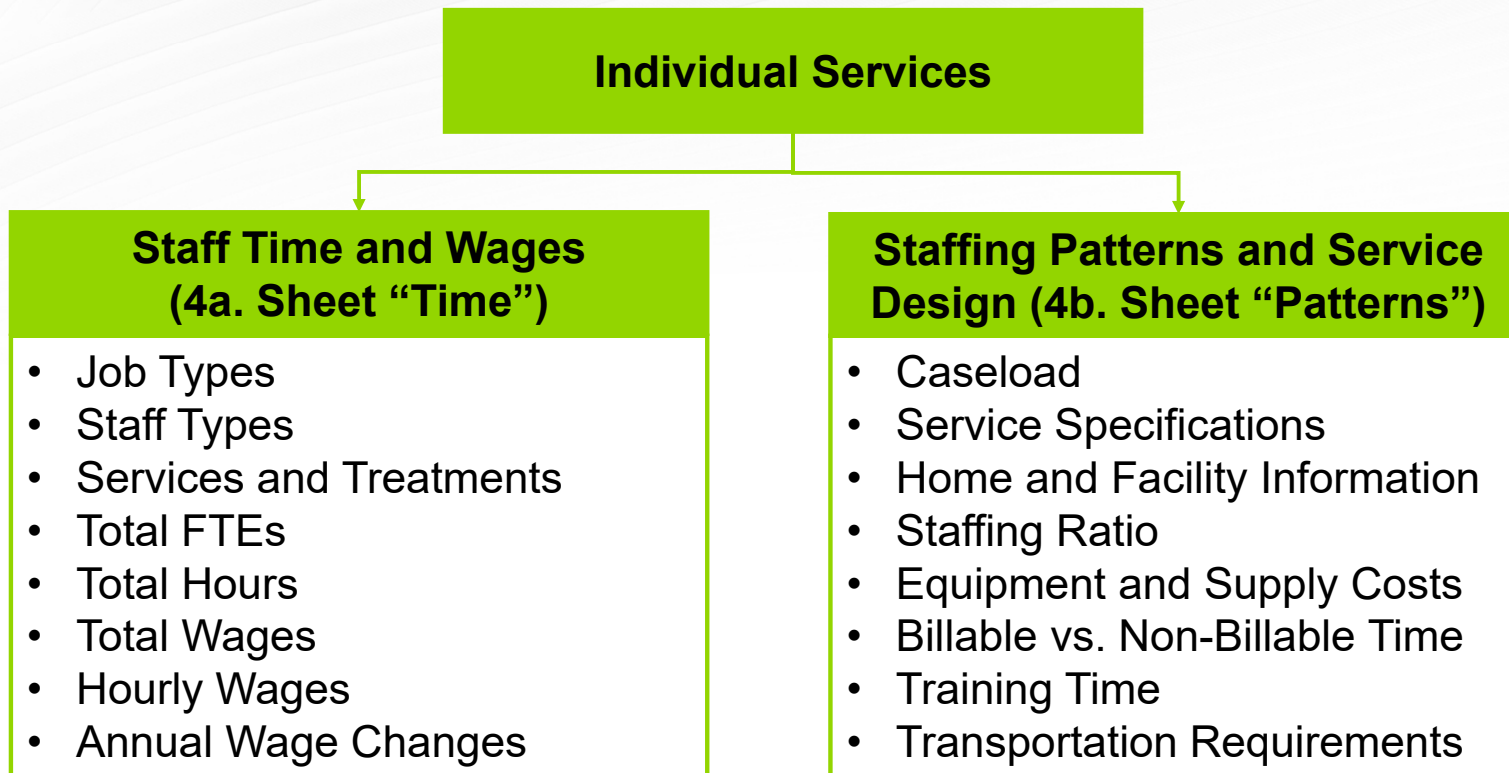
## Worksheets 4: Applicable Services (cont.)

Services offered must be checked and service-specific questions are included in additional worksheets (4a and 4b), as indicated in the example below.

Senior and Long Term Care	
Elderly and Physically Disabled - Big Sky Waiver (EPD-BSW)	
Adult Day Care	<input checked="" type="checkbox"/>
Community Residential Rehabilitation	<input type="checkbox"/>
Community Supports Services	<input type="checkbox"/>
Comprehensive Day Treatment	<input type="checkbox"/>
Day Habilitation	<input type="checkbox"/>
Special Child Care for Children	<input type="checkbox"/>
Community Transition Services	<input type="checkbox"/>
Consultative Clinic and Therapeutic Services	<input type="checkbox"/>
Family Training and Support	<input type="checkbox"/>
Financial Manager for Self-Directed	<input type="checkbox"/>
Health and Wellness	<input type="checkbox"/>
Homemaker	<input type="checkbox"/>
Homemaker Chores	<input type="checkbox"/>
Post Acute Rehabilitation	<input type="checkbox"/>
Prevocational Services	<input type="checkbox"/>
Residential Habilitation – Assisted Living Facilities and Adult Foster Homes	<input type="checkbox"/>
Residential Habilitation – Group Home (for Adults with Physical Disabilities)	<input type="checkbox"/>
Residential Habilitation – Specialized Assisted Living Facilities (TBI/AR)	<input type="checkbox"/>
Respite Care	<input type="checkbox"/>
Supported Employment	<input type="checkbox"/>
Independence Advisor for Self-Directed	<input type="checkbox"/>
... 4. Programs & Services 4a. Day - Time 4b. Day - Patterns 5. Benefits 6. Add	

# Worksheets 4a and 4b: Service-Specific Survey

Service-specific worksheets aim to collect the information captured below.



# Worksheet 4a: Staff Time and Wages

The *Staff Time and Wages* worksheet includes metrics on total time and wages per job type, for all services.

Line	1 Job Titles	2 Employee/ Contractor? (Employee, Contractor, N/A)	3 Direct Care, Supervisor, or Administrative/Other Staff? (Direct Care, Supervisor, Administrative/Other)	4 Medicaid/Non- Medicaid? (Medicaid, Non- Medicaid, Both)	5 Total Number of FTE Positions	6 Total Regular Hours Paid	7 Total Overtime Hours Paid	8 Total Supplemental Pay Hours (e.g., premium, shift differentials, nonproduction bonuses)	9 Total Hours Paid	10 Total Regular Wages Paid (does not include bonuses)	11 Total Overtime Wages Paid	12 Total Supplemental Pay (premium, shift differentials, and nonproduction bonuses)	13 Bonus Amount
Example	Direct Service Professional - Daytime	Employee	Direct Care	Both	10	1,500	200	500	2,200	\$30,000	\$4,000	\$6,000	\$1,500
1	Addiction Counselor								0				
2	Audiologist								0				
3	Behavioral Specialist/Technician								0				
4	Board Certified Assistant Behavior Analysts								0				
5	Board Certified Behavior Analyst								0				
6	Case Manager								0				
7	Dietician								0				
8	Direct Service Professional - Daytime								0				
9	Direct Service Professional - Overnight Workers Allowed to Sle								0				
10	Direct Service Professional - Swing Shift/Overnight								0				
11	Driver (Note: Driver's primary responsibility should be driving.)								0				
12	Employment Specialist/Job Coach								0				
13	Internal Service Coordinators								0				
14	Licensed Nurse Practitioner (NP)								0				
15	Licensed Practical Nurse (LPN)								0				
16	Life Skills/Personal Support Coach								0				
17	Medical Assistant								0				
18	Midwife								0				
19	Occupational Therapist								0				
20	Occupational Therapist Assistant								0				
21	Physical Therapist								0				
22	Physical Therapist Assistant								0				
23	Professional Counselor								0				
24	Psychologist								0				
25	Psychiatrist								0				
26	Registered Nurse (RN)								0				
27	Shift and Unit Supervisor (if primarily delivering services)								0				
28	Social Worker								0				
29	Speech Therapist								0				
30	Speech Therapist Assistant								0				
31	Teacher								0				
32	Transportation Aide								0				
33	Client Benefits Manager								0				
34	Direct Support Supervisor								0				
35	Residential Director								0				
36	Shift and Unit Supervisor								0				

# Job Types (1/5)

Types of staff that deliver or supervise services.

## For Discussion:

- Are there other staff who deliver/monitor services?

- Are there any job titles that should be removed?

Line	Job Titles
1	Addiction Counselor
2	Audiologist
3	Behavioral Specialist/Technician
4	Board Certified Assistant Behavior Analysts
5	Board Certified Behavior Analyst
6	Case Manager
7	Dietician
8	Direct Service Professional - Daytime
9	Direct Service Professional - Overnight Workers Allowed to Sleep
10	Direct Service Professional - Swing Shift/Overnight
11	Driver (Driver's primary responsibility should be driving)
12	Employment Specialist/Job Coach
13	Internal Service Coordinators
14	Licensed Nurse Practitioner (NP)
15	Licensed Practical Nurse (LPN)
16	Life Skills/Personal Support Coach
17	Medical Assistant
18	Midwife
19	Occupational Therapist
20	Occupational Therapist Assistant
21	Physical Therapist
22	Physical Therapist Assistant

Line	Job Titles
23	Professional Counselor
24	Psychologist
25	Psychiatrist
26	Registered Nurse (RN)
27	Shift and Unit Supervisor (if primarily delivering services)
28	Social Worker
29	Speech Therapist
30	Speech Therapist Assistant
31	Teacher
32	Transportation Aide
33	Client Benefits Manager
34	Direct Support Supervisor
35	Residential Director
36	Shift and Unit Supervisor
37	Executive Director/Assistant Director
38	Clinical Director
39	Professional Administrative Staff
40	Occupancy and Maintenance Staff
41	Food Service Staff
42	Other Administrative Staff (clerical, IT, central office)
43	Other Staff 1 (Specify)
44	Other Staff 2 (Specify)
45	Other Staff 3 (Specify)

# Staff Types and Total Hours (2/5)

Metrics on number of employees, regular hours paid, overtime hours paid, and supplemental time for each job type.


	1	2	3	4	5	6	7	8
Line	Job Titles	Employee/ Contractor? (Employee, Contractor, N/A)	Direct Care or Supervisor? (Direct Care, Supervisor)	Medicaid/Non- Medicaid? (Medicaid, Non- Medicaid, Both)	Total Number of FTE Positions	Total Regular Hours Paid	Total Overtime Hours Paid	Total Supplemental Pay Hours (e.g., premium, shift differentials, nonproduction bonuses)
<b>Example</b>	<b>Direct Service Professional - Daytime</b>	<b>Employee</b>	<b>Direct Care</b>	<b>Both</b>	<b>10</b>	<b>1,500</b>	<b>200</b>	<b>500</b>
1	Addiction Counselor							
2	Audiologist							

## For Discussion:

- Time period for data requested

# Total Wages Paid and Hourly Wages (3/5)

Metrics on total and hourly wages for each job type.



	1	10	11	12	13	14	15	16
Line	Job Titles	Total Regular Wages Paid (does not include bonuses)	Total Overtime Wages Paid	Total Supplemental Pay (premium, shift differentials, and nonproduction bonuses)	Bonus Amount	Hourly Wage		
						Average	Lowest	Highest
Example	Direct Service Professional - Daytime	\$30,000	\$4,000	\$6,000	\$1,500	\$14.00	\$12.00	\$16.50
1	Addiction Counselor							
2	Audiologist							
3	Behavioral Specialist/Technician							

## For Discussion:

- Time period for reporting wages

# Annual Wage Changes and Training Time (4/5)

Metrics on annual changes in wages over the past three years and annual average training time.

	1	17	18	19	20
Line	Job Titles	Annual Average Percent Change in Wages			Average Annual Paid Training Hours per Staff
		2018 to 2019	2019 to 2020	2020 to 2021	
Example	Direct Service Professional - Daytime	1.00%	1.00%	1.50%	
1	Addiction Counselor				
2	Audiologist				

# Services Delivered (5/5)

Types of services delivered and monitored by direct care staff and supervisors.

## For Discussion:

-Nomenclature or  
acronyms used  
for program titles

	1	21	22	26	27
Line	Job Titles	Services (select applicable services)			
		Adult Day Care (EPD-BSW)	Adult Day Care (HCBS-SDMI)	Comprehensive Day Treatment (EPD-BSW)	Day Habilitation (EPD-BSW)
<b>Example</b>	<b>Direct Service Professional - Daytime</b>			x	
1	Addiction Counselor				
2	Audiologist				
3	Behavioral Specialist/Technician				

# Worksheet 4b: Service Pattern and Service Design

The *Staffing Pattern and Service Design* worksheet captures service delivery and cost information.

Line	Factor	Example	Adult Day Care (EPD.BSW)	Adult Day Care (HCBS.SDMI)	Comprehensive Day Treatment (EPD.BSW)	Day Habilitation (EPD.BSW)
<b>1. SERVICE CHARACTERISTICS</b>						
1	Number of individuals receiving day services from your organization	20				
2	Are services offered in individual and/or group settings?	Group				
3	Site for delivering day services (Facility, Community, Both)	Facility				
4	Average number of zero occupancy days per year	3.75				
<b>2. EQUIPMENT &amp; SUPPLIES (INPUT THE COST OF ITEMS ACQUIRED TO DELIVER THE SERVICE)</b>						
5	Total cost of capital equipment purchased to perform services	\$500.00				
6	Average life (in years) of equipment purchased	2.00				
7	If costs are listed in Line 5, summarize the equipment included in the total here		(Specify)	(Specify)	(Specify)	(Specify)
8	Total cost of supplies purchased and used to perform services (excludes Goods and Services)	\$250.00				
9	If costs are listed in Line 8, summarize the supplies included in the total here		(Specify)	(Specify)	(Specify)	(Specify)
<b>3. PRODUCTIVITY (STAFFING PATTERN FOR A "TYPICAL WEEK" FOR A DIRECT SERVICE STAFF PERSON). INPUT THE NUMBER OF HOURS PER WEEK FOR THE FOLLOWING:</b>						
10	Client-facing service delivery	30.00				
11	Recordkeeping and documentation for services	4.00				
12	Recordkeeping and documentation for activities outside of services (e.g., travel planning, time keeping, etc.)	5.00				
13	Participating in scheduled care planning meetings with other professionals, interdisciplinary team members, or collaterals	1.00				
14	Travel time to/from and between client residences/locations	0.00				
15	Employer administrative or training activities (e.g., staff meetings, program coordination/development, etc.)	0.00				
16	Other activities	0.00				
17	Total hours worked for in a week	40.00				
18	Autopopulated: Has all time been allocated? (Total in Line 17 should equal sum of Lines 10-17)	Yes				
<b>4. SUPERVISOR SPAN OF CONTROL (STAFF TO SUPERVISOR RATIO)</b>						
19	How many staff or practitioners on average are typically supervised by one supervisor?	5				
<b>5. STAFFING PATTERNS (STAFF TO CLIENT RATIO)</b>						
20	How many individuals on average are typically served by one staff or practitioner?	10				
<b>6. STAFF TRAINING - INPUT THE NUMBER OF HOURS OF TRAINING RECEIVED BY DIRECT SERVICE STAFF</b>						
21	Number of training hours received by staff in their first year of employment	40				
22	Number of training hours received annually by staff after their first year of employment	15				
<b>7. NON-MEDICAL TRANSPORTATION</b>						
23	Is client non-medical transportation required for this service?	Yes				
23a	Is client transportation bundled into the service? [Respond if Line 23 is marked as "Yes"]	Yes				
24	Is staff non-medical transportation required for this service?	Yes				
24a	Is staff client transportation bundled into the service? [Respond if Line 24 is marked as "Yes"]	Yes				

# Service Information for Day, Supported Employment and Home-Based Services (1/6)

The following questions are included for day, supported employment, and home-based services.

1. CASELOAD AND SERVICE CHARACTERISTICS		Example	Adult Day Care (EPD-BSW)
1	Number of individuals receiving day services from your organization	20	
2	Are services offered in individual and/or group settings?	Group	
3	Site for delivering day services (Facility, Community, Both)	Facility	
4	Average number of zero occupancy days per year	3.75	

## For Discussion:

Are there other service specifications that distinguish or differentiate the services provided by your organization?

## Applicable Services

**Day:** Adult Day Care (EPD-BSW), Comprehensive Day Treatment (EPD-BSW), Day Habilitation (EPD-BSW), Special Child Care for Children (EPD-BSW)

**Supported Employment:** Prevocational Services (EPD-BSW), Supported Employment (EPD-BSW)

**Home-Based:** Homemaker (EPD-BSW), Homemaker Chores (EPD-BSW), Personal Assistance Services Agency (EPD-BSW), Personal Assistance Services Agency (CFC), Personal Assistance Services Agency (PAS), Personal Assistance Services Self-Directed (EPD-BSW), Personal Assistance Services Self-Directed (CFC), Personal Assistance Services Self-Directed (PAS), Senior Companion (EPD-BSW), Specially Trained Attendants and Medical Escorts (CFC), Community Supports (PAS), Community Supports (CFC), Community Supports (EPD-BSW)

Note: This slide includes an example of caseload and service characteristics questions that apply to Day, Supported Employment, and Home-Based services. The Survey includes similar service-specific questions for other services as well.

# Equipment and Supplies (2/6)

Capital equipment and program supply types and costs.

2. EQUIPMENT & SUPPLIES (INPUT THE COST OF ITEMS ACQUIRED TO DELIVER THE SERVICE)		Example	Adult Day Care (EPD-BSW)	Adult Day Care (HCBS-SDMI)	Comprehensive Day Treatment (EPD-BSW)	Day Habilitation (EPD-BSW)
5	Total cost of capital equipment purchased to perform services	\$500.00				
6	Average life (in years) of equipment purchased	2.00				
7	If costs are listed in Line 5, summarize the equipment included in the total here		(Specify)	(Specify)	(Specify)	(Specify)
8	Total cost of supplies purchased and used to perform services	\$250.00				
9	If costs are listed in Line 8, summarize the supplies included in the total here		(Specify)	(Specify)	(Specify)	(Specify)

# Productivity – Billable vs. Non-Billable Time (3/6)

Productivity refers to the amount of “billable” time spent during an 8-hour workday or, 40-hour work week in which services were provided directly to an individual.

3. PRODUCTIVITY (STAFFING PATTERN FOR A "TYPICAL WEEK" FOR A DIRECT SERVICE STAFF PERSON). INPUT THE NUMBER OF HOURS PER WEEK FOR THE FOLLOWING:		Example	Adult Day Care (EPD-BSW)	Adult Day Care (HCBS-SDMI)	Comprehensive Day Treatment (EPD-BSW)	Day Habilitation (EPD-BSW)
10	Client-facing service delivery	30.00				
11	Recordkeeping and documentation for services	4.00				
12	Recordkeeping and documentation for activities outside of services (e.g., travel planning, time keeping, etc.)	5.00				
13	Participating in scheduled care planning meetings with other professionals, interdisciplinary team members, or collaterals	1.00				
14	Travel time to/from and between client residences/locations	0.00				
15	Employer administrative or training activities (e.g., staff meetings, program coordination/development, etc.)	0.00				
16	Other activities	0.00				
17	Total hours worked for in a week	40.00				
18	Autopopulated: Has all time been allocated? (Total in Line 17 should equal sum of Lines 10-16)	Yes				

## For Discussion:

- Nomenclature used for service activities
- Reporting on activities for all waiver services, with the exception of residential services (e.g., group homes, foster care)

# Staffing Patterns (4/6)

Staffing needs of each service typically vary and require examination to assign the appropriate staff wage rate assumptions.

4. SUPERVISOR SPAN OF CONTROL (STAFF TO SUPERVISOR RATIO)		Example	Adult Day Care (EPD-BSW)	Adult Day Care (HCBS-SDMI)	Comprehensive Day Treatment (EPD-BSW)	Day Habilitation (EPD-BSW)
19	How many staff or practitioners on average are typically supervised by one supervisor?	5				
5. STAFFING PATTERNS (STAFF TO CLIENT RATIO)						
20	How many individuals on average are typically served by one staff or practitioner?	10				

# Staff Training Time (5/6)

Training providers receive in the first year of employment and in subsequent years.

6. STAFF TRAINING - INPUT THE NUMBER OF HOURS OF TRAINING RECEIVED BY DIRECT SERVICE STAFF		Example	Adult Day Care (EPD-BSW)	Adult Day Care (HCBS-SDMI)	Comprehensive Day Treatment (EPD-BSW)	Day Habilitation (EPD-BSW)
21	Number of training hours received by staff in their first year of employment	40				
22	Number of training hours received annually by staff after their first year of employment	15				

# Transportation Bundled into Services (6/6)

## Client transportation bundled into service reimbursement.

- Providers may transport clients for non-emergency reasons and bill the Non-Medical Transportation service separately under some programs (“unbundled”). In other cases, transportation may also be bundled with certain services and not billed on its own (“bundled”).
- The following questions aim to get a better understanding of whether transportation costs are bundled into each service.

7. NON-MEDICAL TRANSPORTATION (NOT A DISTINCT SERVICE)		Example
23	Is client non-medical transportation required for this service?	Yes
23a	Is client transportation bundled into the service? [Respond if Line 23 is marked as 'Yes]	Yes
24	Is staff non-medical transportation required for this service?	Yes
24a	Is staff client transportation bundled into the service? [Respond if Line 24 is marked as 'Yes]	Yes

**For Discussion:**  
- Is transportation bundled or unbundled for specific services?

# Transportation as a Service

## Client transportation unbundled from other services.

- The *Transportation Time & Wage* tab aims to capture information relating to who is driving or assisting clients during transportation and for which services a provider is operating an unbundled transportation program.
- The screenshot below extends through each Non-Medical Transportation service offered in scope of the rate study.

Line	Job Titles		Employee/ Contractor? (Employee, Contractor, N/A)	Direct Care, Supervisor, or Administrative/Ot her Staff? (Direct Care, Supervisor, Administrative/Ot her)	Medicaid/Non- Medicaid? (Medicaid, Non- Medicaid, Both)	Total Number of FTE Positions	Hourly Wage			Non-Emergency Transportation - Mile (CFC)	Transportation OTHER - taxi, bus pass, misc - (DD)	Transportation - Mile (DD)	Transportation - Self- Directed - Mile (DD)
							Average	Lowest	Highest				
Example	Driver (Note: Driver's primary responsibility should be driving.)		Employee	Direct Care	Both	10	\$1,500.00	\$200.00	\$500.00	x			
1	Direct Service Professional - Daytime												
2	Direct Service Professional - Overnight Workers Allowed to Sleep (if different)												
3	Direct Service Professional - Swing Shift/Overnight												
4	Driver (Note: Driver's primary responsibility should be driving.)												
5	Internal Service Coordinators												
6	Shift and Unit Supervisor (if primarily delivering services)												
7	Transportation Aide												
8	Client Benefits Manager												
9	Direct Support Supervisor												
10	Residential Director												
11	Shift and Unit Supervisor												
12	Other Staff 1	(Specify)											
13	Other Staff 2	(Specify)											
14	Other Staff 3	(Specify)											

# Worksheet 5: Benefits

Expenses for full-time and part-time direct-service employees in addition to salaries and wages; health, dental and vision insurance; retirement; unemployment; workers' compensation; holidays; and paid time off.

I. STAFFING AND HEALTH, VISION, & DENTAL INSURANCE		FULL-TIME	PART-TIME
1	How many employees who provide direct services to clients does your organization currently employ?		
2	Are direct service staff eligible to receive health insurance through your organization?		
3	How many direct service staff are currently eligible for health insurance from your organization?		
4	Does your organization contribute towards health insurance premiums?		
5	How many direct service staff currently receive individual coverage health insurance from your organization?		
6	On average, how much does a typical employee with individual coverage contribute towards his/her own monthly premium?		
7	On average, how much does your organization (the employer) contribute towards the monthly plan premium of one typical employee with individual coverage? If your organization self-insures any portion of the health insurance, report the premium equivalent of self-insured costs plus any other premiums paid (e.g. stop-loss)		
8	On average, how much is the total monthly premium for a typical employee with individual coverage? (Note: this number should equal the sum of the responses to		
9	What is the average annual deductible for the health insurance offered for individual coverage?		
10	How many direct service staff currently receive family coverage health insurance from your organization?		
11	On average, how much does a typical employee with family coverage contribute towards his/her own monthly premium?		
12	On average, how much does your organization (the employer) contribute towards the monthly plan premium of one typical employee with family coverage? If your organization self-insures any portion of the health insurance, report the premium equivalent of self-insured costs plus any other premiums paid (e.g. stop-loss)		
13	On average, how much is the total monthly premium for a typical employee with family coverage? (Note: this number should equal the sum of the responses to Questions 11 and 12)		
14	What is the average annual deductible for the health insurance offered for family coverage?		
15	Are direct service staff eligible to receive vision insurance through your organization?		
16	How many direct service staff currently receive vision insurance from your organization?		
17	What was your organization's total contribution to vision insurance costs for direct service staff last year?		
18	Are direct service staff eligible to receive dental insurance through your organization?		
19	How many direct service staff currently receive dental insurance from your organization?		
20	What was your organization's total contribution to dental insurance costs for direct service staff last year?		
21	Does your organization participate in the Healthcare for Healthcare Workers program?		

## For Discussion:

- Full-time employees work 30 or more hours a week and part-time employees work less than 30 hours a week.

-Do provider organizations have a different definition for full-time work and how it applies to employees' eligibility for benefits? For example, changes in benefit eligibility in response to evolving labor market.

## Worksheet 5: Benefits (cont.)

II. RETIREMENT		FULL-TIME	PART-TIME
22	Does your organization contribute to a 401k, 403b or other retirement plan for your direct service staff?		
23	How many direct service staff currently receive retirement contributions from your organization?		
24	What is your organization's average retirement contribution for participating direct service staff as a percent of wages?		
III. OTHER BENEFITS		FULL-TIME	PART-TIME
25	Does your organization contribute to any other benefits for staff? <i>(please specify)</i> <i>(Specify)</i>		
26	How many direct service staff currently receive these benefits from your organization?		
27	What was your organization's cost for providing these benefits?		
IV. UNEMPLOYMENT INSURANCE AND WORKERS' COMPENSATION		FULL-TIME	PART-TIME
28	If your organization makes unemployment insurance payments based on a percentage of wages, what is your organization's state unemployment insurance tax		
29	What is your average workers' compensation cost for direct service staff (per \$100 in wages paid)?		
V. HOLIDAYS, VACATION, SICK TIME, AND PERSONAL DAYS		FULL-TIME	PART-TIME
30	Are direct service staff eligible for holiday pay?		
31	How many paid holidays are direct care service staff eligible to receive per year?		
32	Are direct service staff eligible to receive paid time off (vacation), in addition to holidays?		
33	How many paid time off (vacation) days are direct care service staff eligible to receive per year?		
34	How many sick days are direct care service staff eligible to receive per year?		
35	How many personal days are direct care service staff eligible to receive per year?		

## Other Discussion Items

- **Telehealth or Remote Support:** Did providers use telehealth or remote support before and during the COVID-19 Public Health Emergency (PHE)?
- **Self-Directed Service Delivery:** Guidehouse is working with DPHHS to identify a process to receive feedback from Independent Providers / Representatives.
- **Survey Reporting:** Are there any specific areas that may be challenging for reporting?

# Training and Technical Assistance

# Technical Assistance

Guidehouse will work with DPHHS to provide technical assistance to providers during the survey response period.

## Initial Provider Training

- **Live Webinar:** Training will be held on February 3<sup>rd</sup> and 4<sup>th</sup>. A calendar invite will be sent to all providers in advance, and a link to the recorded training will be sent shortly after the webinar ends.
- **Instruction Manual:** Guidehouse will provide a detailed instruction manual for the survey.
- **FAQ Document:** Guidehouse will circulate responses to FAQs from stakeholders within a week following the training.

## On-Demand Provider Support

- **Rate Study Inbox:** Guidehouse will provide ongoing technical assistance to providers who have questions about completing the survey.

A dedicated inbox ([MT-DPHHS-Rates@guidehouse.com](mailto:MT-DPHHS-Rates@guidehouse.com)) will be monitored for provider questions. Responses to inquiries will be sent within one business day of receipt of your question.

Survey templates, FAQs and other materials will be available on DPHHS's public website:

<https://dphhs.mt.gov/providerratestudy/index>

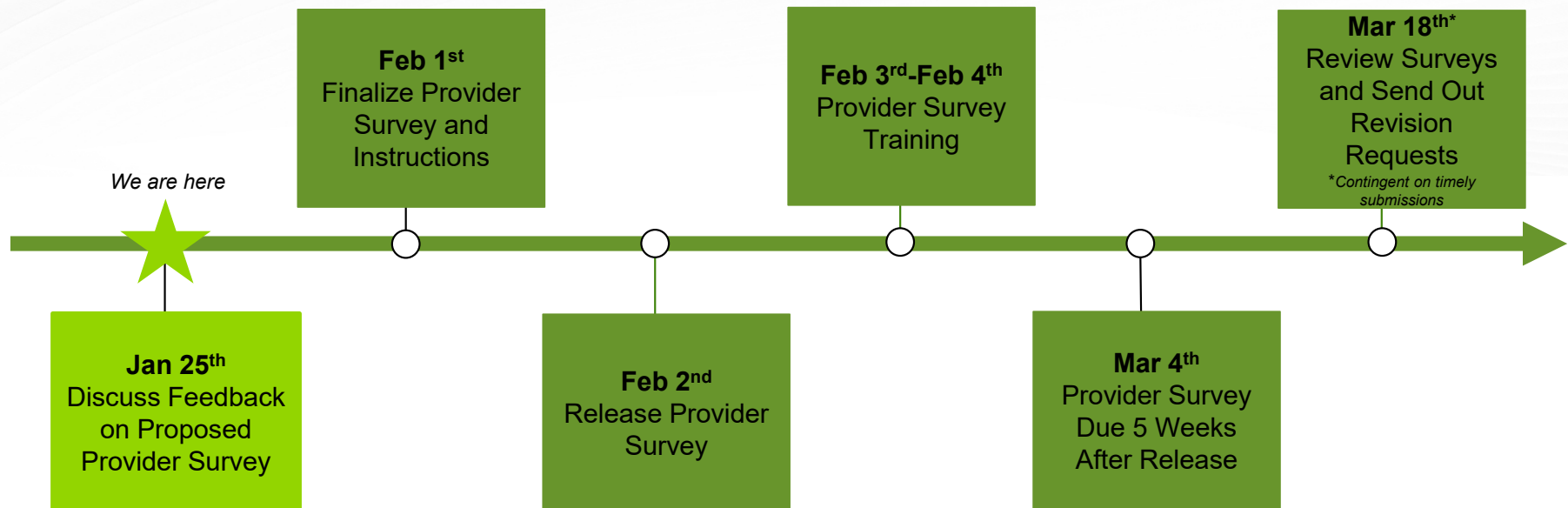
# Training Objectives

- During the Initial Provider Training, DPHHS and Guidehouse will introduce the Survey and highlight the purpose of the Survey for service providers and survey respondents.
- We will provide an overview of survey tools and review each of six general worksheets, as well as the service-specific worksheets providers will complete as applicable.
- The training aims to assist providers with responding to the Survey and completing it as accurately and comprehensively as possible.
- The training will also introduce resources for further technical assistance in helping providers and survey respondents while completing the Survey, including a regularly-monitored email inbox where providers can send questions throughout the Survey process.

# Timeline and Next Steps

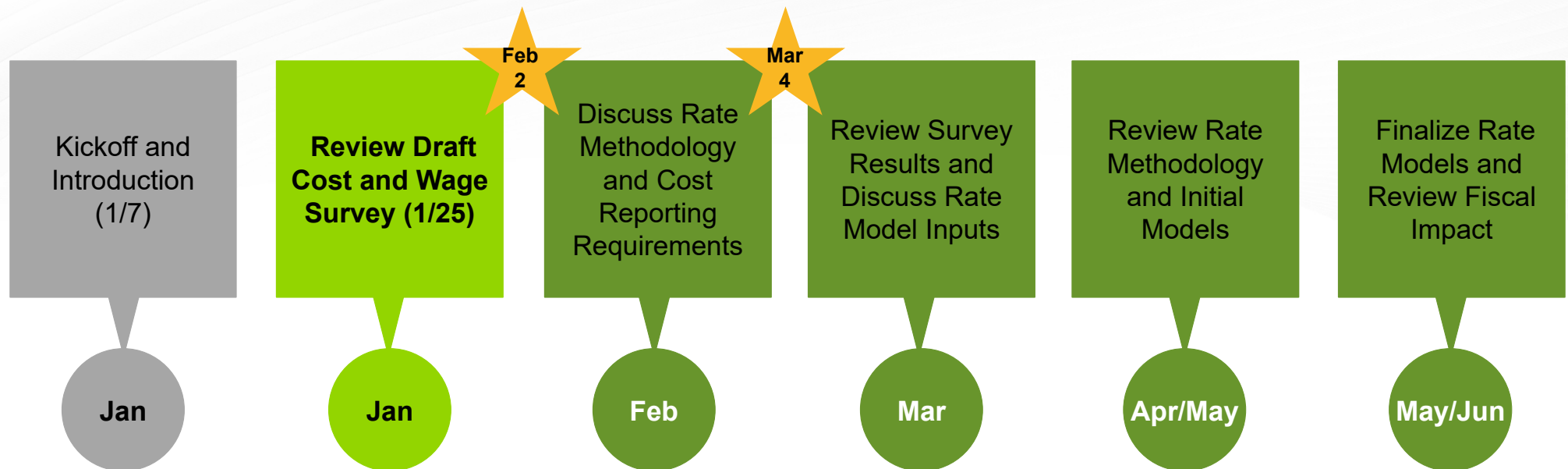
# Survey Timeline

- The Survey timeline including review, release, administration and completion spans over two (2) months.
- Survey respondents have five (5) weeks after release to respond to the survey.



# Next Steps

The Rate Workgroup and Guidehouse will meet once a month to discuss topics related to survey development and implementation; service review, rate methodology modeling requirements, and results.\*



\*Guidehouse and DPHHS teams will determine onsite location and update the Rate Methodology Workgroup ahead of the meetings.

# Next Steps Continued

## Rate Workgroup

- Provide feedback to Guidehouse and DPHHS on Draft Cost and Wage Survey
- Work with providers to attend Survey training in February

## Guidehouse

- Finalize and release Cost and Wage Survey on Wednesday, February 2
- Conduct Provider Survey training and provide continued survey support for Rate Workgroup, providers, and survey respondents

# Questions and Answers

# Provider Survey Technical Assistance Information

For questions and technical assistance:  
**[MT-DPHHS-Rates@guidehouse.com](mailto:MT-DPHHS-Rates@guidehouse.com)**

# Rate Study Inquiry Contact Information

For any questions on project initiatives, please contact:

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