



Developmental Disability Provider Rate Workgroup Meeting #6 Minutes

May 11, 2022

10:00 AM (MST) – 1:00 PM (MST)

Zoom Invite Information:

Join Zoom Meeting

<https://mt-gov.zoom.us/j/83335812701?pwd=VjdNKzJTZVBnSGk3YVV1RlBWSzBGdz09>

Meeting ID: 833 3581 2701

Password: 983995

Password: 983995

Find your local number: [https://mt-gov.zoom.us/u/kcZy58DGxn](https://mt-gov.zoom.us/j/83335812701?pwd=VjdNKzJTZVBnSGk3YVV1RlBWSzBGdz09)

Dial by Telephone

+1 646 558 8656

Meeting ID: 833 3581 2701

Join by SIP

[83335812701@zoomcrc.com](https://mt-gov.zoom.us/j/83335812701?pwd=VjdNKzJTZVBnSGk3YVV1RlBWSzBGdz09)

Join by H.323 (Polycom)

162.255.37.11/##83335812701

Agenda

1. Welcome

Jackie Jandt with DPHHS welcomed attendees to the meeting

Coy Jones with Guidehouse presented the agenda for the meeting and began facilitating

2. Rate Model Inputs

Guidehouse presented on the Rate Model Inputs

- Attendee: Absentee factor. How is that factored in? People not showing up for their service?
 - GH: For specific services GH has included an occupancy factor to account for vacancies.
- Attendee: With community-based services the problem is we do have vacancies with people on vacation but also people that are hospitalized. We can't serve them in hospital it is a different Medicaid service so we can't serve them. We don't see it in any of the community-based services rates but there are vacancies there.
 - GH: Currently we don't have an occupancy style adjustment for all services, you will see this type of adjustment in the residential and

day services. Can you be more specific on the services? We have it for day services but what others?

- Follow-Up: Supported living. An example is serving a person 2/3 times a week and went on vacation for a whole month, we can't bill for the individual. Person goes to hospital and ends up in rehab we can't bill for person even though we're doing a lot of stuff for that person on behalf of them.
- GH: We had a discussion around retainer days and occupancy rates that account for an occupancy, but still looking into that issue
- Attendee: Reiterate comments from before. If person goes to hospital, we still have to provide services to get mail, feed dog, etc. But can't bill. In other services we have a center they can visit and if they don't come, we still have staff and rent and others. Companion services as well.
 - GH: For services based in facility you are paying for capacity and there is an occupancy adjustor. The days facility is open, but not necessarily a paid day. We can look into companion services, but unsure if there was an occupancy adjustment.
- Attendee: Adult companion is hourly piece and doesn't need facility. Services that are not attached to any facility can still have an issue with vacancy. The fact we are still required to staff regardless of services and wages still have to be paid.
 - GH: May need to be more concrete about what vacancy means. Do you mean just service was not delivered because there wasn't a need?
 - Follow-Up: It can be a little of both. We are still coordinating care if they are in hospital.
 - GH: Need to look at this in depth. Need more context, may just need to be a consideration of productivity rather than an adjustor.
- Attendee: When we talk occupancy/vacancy with hourly, and example is when scheduled 20 hours, staffed for 20 hours, but the person is sick for 15 hours, it is still staffed, but if they leave the position, it wouldn't be staffed.
 - GH: Sounds like it's akin to a no-show rate. Staff with a plan for delivering service, but for various reasons they don't make the service, so have to eat the cost of the no-show. It is difficult to the extent they should be covered and predictable. We should go in particular services and look at productivity rate and if it assumes the non-billable time for people not showing up, or if it is a different factor.
- Attendee: Can you define community vs home based services?
 - GH: Home is more of personal supports and 1:1 in your home. All of them are technically community-based. The community-based category within the PPT deck refers to CBPRS. Sometimes we have alternative methods to get to the same thing. For span of control,

we're looking at how many people are being supervised and spreading cost based on hours, but for other services its cumulative hours based on activities. Won't see span of control for a lot of residential models. This is also why you don't see productivity in residential but do see occupancy adjustment.

- Attendee: What about client service mileage. Is that looked at separate or included in?
 - GH: Looked at separately, included as part of program support percentage add on depending on the service.
- Attendee: Separate billing mileage is difficult for service providers track and look at. Are you recommending to bundle in?
 - GH: There are some hazy points on what is separately billed versus included in the service. Where you are seeing 3% support cost it is usually included but still a question is the trip being separately billed or included in service. There is a transportation service that is separate service to be billed distinctly.
 - Follow-Up: If that could be teased out and included into the rate that would be great. Such a burden for providers to track and bill separately so bundling would be great.

3. Rate Models

Guidehouse presented on the Rate Models

- Attendee: Our current rate is more like \$137.38 per month
 - GH: Yes, we flipped them in the slide. It will be edited. Percentage change is accurate.
- Attendee: Can you explain the clinical director role?
 - GH: There are some rates that have more of a team function to them, so we included clinical director across the board, but isn't clear if that is the level of service needed for this.
- Attendee: It would be interesting to hear from our contacts at case management services as the supervisors typically see more than 4 so that ratio may be a bit off.
 - Follow-Up: Yes. For DD-TCM, the supervisor span of control was 1:16 on the AWARE survey.
 - GH: This area of case management there is a wide range of supervisor span of control so any feedback would be great.
- Attendee: These services can be provided in various settings. Day supports can be provided at home since it is in our Appendix K. Are there facility costs that we should capture?
 - Montana Staff: Yes. Typically, in a facility outside of the PHE. Retainer days were also approved 30 days that will be paid for an absence.

- GH: That will impact occupancy or vacancy rate. Don't want to adjust the rate upward so we will make adjustments. Facility/building not included in program support so needs to be looked at.
- Attendee: Home based services rate looks like it is in the \$42.75 why is there a difference between personal care and supported living? Supported living includes training component and health and safety requirement so it would require a higher level of personnel.
 - GH: Good point and we will take another look especially if there are additional requirements for supported living
- Attendee: What is the vacancy/occupancy adjustment for the residential services?
 - GH: Depends on the service. Any service on DDP waiver there isn't an occupancy adjustment because there are retainer days, which there was a discussion on whether the retainer covers all reasons a person wouldn't be there. DDP and Big Sky have retainer days/bed hold so already payment for absences, so no need for occupancy adjustor. We still need to discuss whether the retainer policy would cover all, or is there a need for additional occupancy adjustment needed?
- Attendee: There are relationships to consider. An example is foster care in foster homes being similar to supported living except they live in foster home.

4. Cost Reporting

Guidehouse presented an update on Cost Reporting

- Attendee: One of the components is it is audited information?
 - GH: We have to review with the state. It is an option
 - Follow-up: Providers have audits at different times and are completed by outside party so not a lot of control on timeline, which may delay it being available for this fiscal year to report. Because it is broken down differently, we would be pulling certain data from different areas so there could be discrepancies on the report versus the audit. Bottom line won't vary but categories could be different.
 - GH: Timeline is important to bring to discussion Monday on the design template and program and what it would look like in the future. When collecting and setting timeline we will need to take that into account. Would impact what goes into a plan but not the plan itself. Since template may be different than reported, we can modify the template a little bit, and if there is variability, we could discuss room for commentary or submitting audited financials with cost report.
 - Follow-Up: Agree with audit piece. Still waiting for audit from 2020. Finally got taxes put in but there is a big delay when it comes to

audits. I don't see this cost reporting process as simpler than survey, but distributions are a little more clear.

- Attendee: We're a small agency and for someone doing companion and supported living we're not keeping track of hours on specific service just pay for the day.
 - GH: On the template we ask for total cost not necessarily hours per service.

5. Mental Health Professional Services

Guidehouse presented on Mental Health Professional Services

6. Public Comment

There was no additional public comment

7. Adjournment @ 1:00 PM (MST)

Meeting Contact: Jackie Jandt, Medicaid Reform Initiative Specialist,
Email: jjandt@mt.gov
Phone: (406) 444-9656