Guidehouse

Montana Department of Public Health and Human Services

Provider Cost and Wage Survey

February 3, 2022

Survey Due Date: March 4, 2022

Submit completed survey through the Guidehouse
File Transfer system at https://share.guidehouse.com
to MT-DPHHS-Rates@guidehouse.com

Prepared by:

Guidehouse

Contents

Should My Organization Complete the Survey?

Please respond to the Survey if your organization meets the following criteria:

#1: Your organization is a service provider.

The Survey is aimed a collecting information about *provider* costs incurred in delivering services under the programs included in the rate study. Participants, caregivers, and advocates are welcome to communicate information through public comment, but the current survey is aimed exclusively at collecting information on provider costs.

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AND

</div>

#2: Your organization provides services under one or more of the following Montana DPHHS divisions and programs.

a. Senior and Long Term Care
   - ✓ Community First Choice (CFC)
   - ✓ Personal Attendant Services (PAS)
   - ✓ Elderly and Physically Disabled – Big Sky Waiver (EPD-BSW)
   - ✓ Home Health Services (HHS)
   - ✓ Case Management
b. Developmental Services
   - ✓ Developmental Disabilities Program Waiver
   - ✓ Medicaid Autism Treatment Services / Applied Behavioral Analysis (M-ATS)
   - ✓ Targeted Case Management
c. Adult Behavioral Health
   - ✓ Waiver for Adults with Severe Disabling Mental Illness (HCBS-SDMI)
   - ✓ Medicaid Mental Health Services Individuals 18 years of age and older (MMHS)
   - ✓ Non-Medicaid 72 Hour Presumptive Eligibility Program for Crisis Stabilization & Crisis Intervention and Response (NM-CSCI)
   - ✓ Substance Use Disorder Medicaid Provider (SUD-M)
   - ✓ Substance Use Disorder Non-Medicaid Provider (SUD-NM)
   - ✓ Targeted Case Management
d. Children's Mental Health
   - ✓ Mental Health Center Services
   - ✓ Therapeutic Youth Group Home Services
   - ✓ Home Support Services and Therapeutic Foster Care Services
   - ✓ Partial Hospitalization
   - ✓ Psychiatric Residential Treatment Facility (PRTF)
   - ✓ Shelter Care
   - ✓ Targeted Case Management

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BUT NOT

</div>

#3: Your organization only provides services that are billed at cost and are not based on a standardized rate.

The survey does not include specific questions services such as: Personal Emergency Response System, Environmental Modification Services, Community Transition Services, Specialized Medical Supplies, and Health and Wellness Services. Spending caps and allowances for these services will be discussed as part of the Rate Workgroup sessions.

#4: Your organization is a "private practice" provider that only delivers professional services such as psychotherapy, counseling, and related psychiatric services not specific to the programs identified in #2 above.

Private mental health practitioners are reimbursed under a standardized fee schedule used to reimburse all services delivered by practitioners providing "professional services," including physicians, nurses, physical and occupational therapists, and mental health professionals. Reimbursement requirements are highly standardized for these services and are reimbursed under an RBRVS methodology. Guidehouse is reviewing therapy services reimbursed under Montana's RBRVS system as a part of a *separate review* of Montana's professional services fee schedule.

What Should We Do If We Don't Have All the Information Needed to Complete the Survey?

The provider cost and wage survey covers a wide array of provider expenses and requests cost data that providers either may not track or may not organize in a way that is straightforward to break out. Providers account for their costs in a variety of ways, and it is difficult to create a survey instrument that can be tailored equally to the methods of all providers. The rate methodologies under development for the services included in the rate study require specific cost assumptions, and the provider cost and wage survey reflects a compromise in the need both to collect detailed inputs on service-specific cost components, as well as to give providers optimal flexibility in reporting costs based on their own accounting tools and the data they already collect.

While Guidehouse hopes to gather as much information as possible from each provider, we understand not all providers will be able to report on every question asked. *We will accept incomplete surveys* that provide the minimum wage data requested in Worksheet 4.B for each of the services a provider delivers. Since staff wages are typically the most substantial costs incurred by providers and the key cost driver for most service rates, this minimum cost data will be enormously useful and should be available from providers for reporting.

A. Introduction

The Montana Department of Public Health and Human Services (DPHHS) is conducting a rate study to establish new rate-setting methodologies for home- and community-based services (HCBS) delivered in Montana. The data collected from this cost and wage survey ("survey"), along with other data sources, will help inform the rate study. This document contains instructions to assist providers in completing the survey.

A "provider" is defined as a controlling entity, agency, or corporate organization that provides HCBS and generally possesses a Primary National Provider Identification (NPI) number. All providers are strongly encouraged to complete the survey, with the exception of providers who do not designate wage rates as they may not have the financial structure necessary to report costs and wages. These are providers who do not have a business tax identification number or used their social security number as a business tax identification number.

The survey website provides additional copies of the surveys and corresponding instructions along with a list of frequently asked questions.

PLEASE NOTE THAT INDIVIDUALS COMPLETING THIS SURVEY MUST HAVE A WORKING KNOWLEDGE OF PROVIDER OPERATIONS, AND A THOROUGH UNDERSTANDING OF THE ACCOUNTING RECORDS OF THE ORGANIZATION.

Broadly, the survey is designed to collect information in five primary areas:

- Administration and Program Support Staffing

- Total Costs to Provide Services

- Benefits for Direct Service Staff

- Direct Service Staff Hours and Wages

- Direct Service Productivity and Other Factors

All agencies should complete the following forms:

1. Organizational Information

2. Total Costs

3. Program Area

4. Programs & Services

5. Benefits

6. Additional Information

Providers will also fill out all additional worksheets related to the specific services they provide (instructions for these service-specific worksheets are included in Section C).

The cost survey attempts to account for a wide variety of program costs through the service-specific worksheets and may not require providers to complete every row of each worksheet. The survey is responsive, and only relevant service-specific worksheets will be visible corresponding with the services selected on the tab labeled "Programs & Services."

The service-specific worksheets are organized by service categories, which are designed to group together different services with common service delivery characteristics and cost structures. The table under Section C.X at the end of this manual provides a crosswalk of the waiver service category to the corresponding waiver services and service-specific worksheets

Throughout the survey, fields in which users may record data are shaded in light blue. Examples are shaded in light orange. Gray fields are automatically calculated based on other responses.

3. Survey Color Legend	
Color	**Description**
Blue or White Cell	Cell or response box should be populated by provider organization.
Blue - "(Specify)"	Cell or response box should be populated by provider organization with descriptive or alternative responses.
Gray	Cell is autopopulated based on calculations or responses in other cells; cell should not be populated by provider organization.
Orange	Example data for illustrative and clarification purposes.
Green Text	Dates marked in green text specify the time period for the data requested in each Worksheet.

A.1 Accessing the Survey

The survey has been built in Microsoft Excel, in a version compatible with Excel 97 and more current versions. The survey includes macros that must be enabled. Users may get a warning when opening the document and should select "Enable Content." If you are experiencing issues accessing the survey or if you have any additional questions or concerns, please contact Guidehouse at MT-DPHHS-Rates@guidehouse.com.

Click on "Enable Content" before proceeding through the survey.
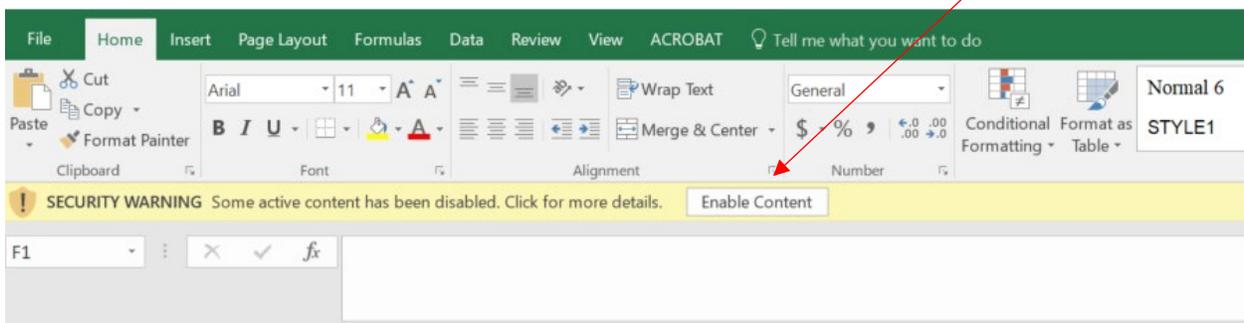
A.2 Reporting Period

Providers should provide information from fiscal year 2019 for aggregate costs and revenues, and from October through December 2021 (Quarter 4 or Q4 of calendar year 2021) for wage and service information. Sheets that request data from Q4 2021 typically ask for point-in-time data rather than aggregate or annual data. Table A.1 lists each worksheet name and the requested time period.

Table A.1 Requested Time Period for Each Worksheet

Worksheet Name	Requested Time Period
1. Organizational Information	Provider's Fiscal Year 2019
2. Total Costs	Provider's Fiscal Year 2019
3. Program Area	Q4 2021 (Oct. 1 – Dec. 31, 2021)
4. Programs & Services	Q4 2021 (Oct. 1 – Dec. 31, 2021)
4a. Service-Specific – Time	Q4 2021 (Oct. 1 – Dec. 31, 2021)
4a. Service-Specific – Pattern	Q4 2021 (Oct. 1 – Dec. 31, 2021)
5. Benefits	Q4 2021 (Oct. 1 – Dec. 31, 2021)
6. Additional Information	-

A.3 Completing and Submitting the Survey

When saving the forms, please add your agency's name to the beginning of the file name; e.g., "ABC Agency HCBS Provider Rate Study". The deadline for submitting the completed survey is March 4, 2022. Please submit completed forms through the Guidehouse File Transfer system at:

https://share.guidehouse.com

If there are any factors you believe should be considered but were not included in the survey, note those issues (and any other comments) in the transmittal email to us at MT-DPHHS-Rates@guidehouse.com when submitting the survey.

If you have any questions, please contact Guidehouse at MT-DPHHS-Rates@guidehouse.com.

Survey Due Date: March 4, 2022

Submit completed survey through the Guidehouse File Transfer system at
https://share.guidehouse.com to **MT-DPHHS-Rates@guidehouse.com.**

Instructions for using the Guidehouse Secure File Transfer System

1. Go to https://share.guidehouse.com.

2. Click "Create Account."
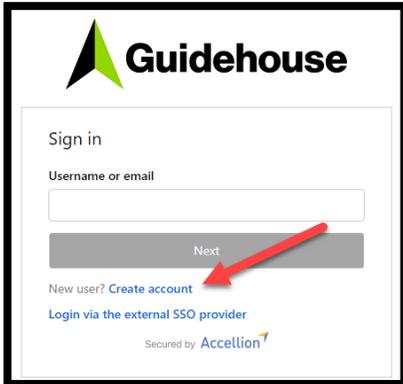
3. Enter your email address and create a password, then click "Next."
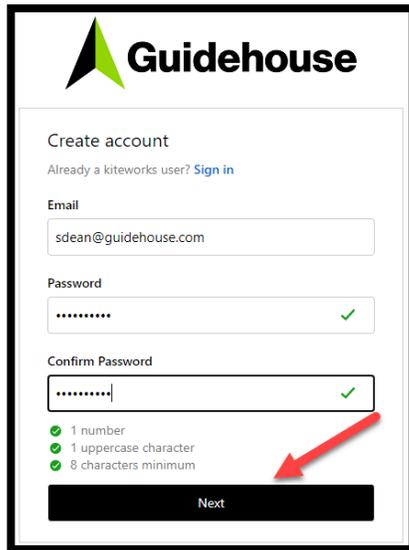
4. Enter the captcha code and click Create account.
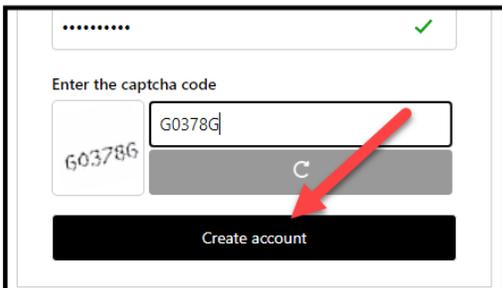
5. When you see this screen, go to your email.

6. Find and open the email from sd-security@guidehouse.com.

7. Click the Sign in button.
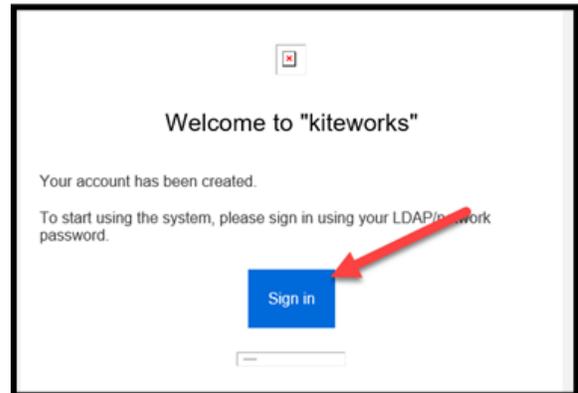
8. Sign in with your email address and click "Next."

9. Enter your password and click "Sign in."

10. Once signed in, use the system just like you would to send an email. Add MT-DPHHS-Rates@guidehouse.com in the To line, add a subject, compose a message, attach your file, click send.

A.4 Confidentiality Concerns

Survey responses will be submitted directly to DPHHS contractor, Guidehouse. Raw data will not be shared with other parties, and specific providers will not be identified in analysis results. Data collected will only be used in support of the rate study.

B. Completing General Survey Worksheets

The following subsections provide a description of the worksheets that should be completed by all providers, regardless of services offered. The Overview tab includes general instructions.

B.1 Worksheet 1: Organizational Information

Use this sheet to record information about your agency under four sections: *Provider Identification, Contact Information, Organizational Details,* and *Organizational Revenues*. Specifically, input the following information in the first two sections:

- The name of your agency and the agency ID number(s) used by your agency to bill for services, and the name of the larger organization or umbrella company which owns your agency if applicable (*lines 1 through 8*).

- The city and county in which your agency is based (*lines 9 and 10*).

- The fiscal year begin date and end date of the agency's most recently completed fiscal year for which audited financial statements or general ledger data is available (*lines 11 and 12*).

- The name of the individual responsible for completing the survey and their title, phone number, and email address (*lines 13 through 16*).

Organizational Details, the third section, asks about your agency's operations. If your organization has multiple provider sites and collects cost data individually for each site, you may choose to submit information for each site using separate surveys; **agencies offering Psychiatric Residential Treatment Facility (PRTF) services should submit a separate survey for each site**. **Additionally, agencies offering other services in addition to PRTF services should submit two separate surveys – one for PRTFs and a second for the other services**. Specifically, input the following information in the third section:

- Information relevant to the number of sites operated by your agency and represented in the survey (*lines 17 through 21*). If your survey is for PRTF services, *lines 19 and 19a* require you to respond whether you are completing the survey for a specific site and, if so, to indicate the site.

- The number of unduplicated active clients at the end of the fiscal year, including clients whose services are covered by the Medicaid State Plan and waivers (*line 22*).

- Your agency's current staffing level divided between full-time staff, part-time staff, and contracted employees. Contracted employees are those considered to be independent contractors. For the purposes of this section, full-time employment is defined as 30 or more hours per week while part-time is fewer than 30 hours. The total number of employees will auto-populate in *line 23* based on your responses for full-time, part-time, and contracted staffing levels (*lines 23a through 23c*).

- Whether your agency's employees are covered by a union contract (*line 24*).

- Whether your organization is a Financial Management Agency (FMA) and whether you provide self-directed services only (*lines 25, 26, and 26a).*

- The general location type (rural, urban, suburban, or all these types) of where you provide most of your services (*line 27*).

- Whether your agency services in Montana's Tribal areas or jurisdictions. Note that this question asks about provision of services within certain geographic areas as defined by the State, not whether you serve clients of Tribal backgrounds. The map below from the Governor's Office of Indian Affairs shades the geographic areas recognized as Tribal areas or jurisdictions in dark yellow (*line 28*).
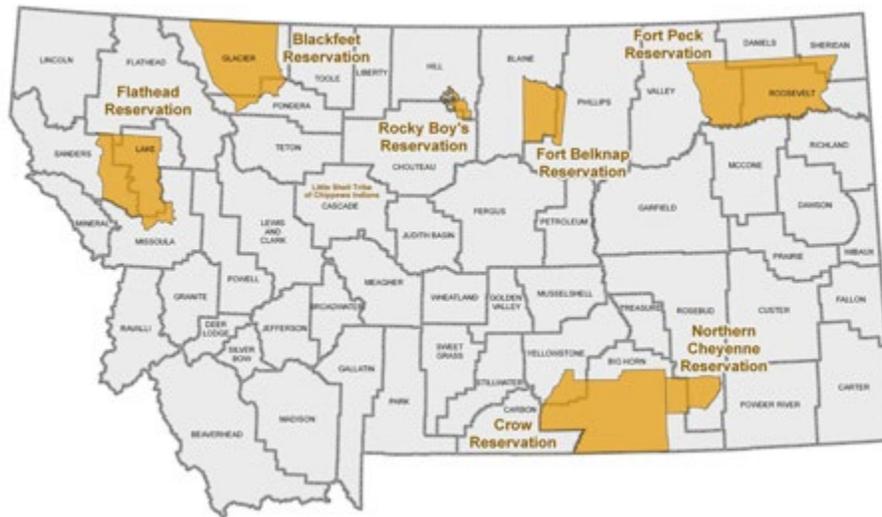
Organizational Revenues, the fourth section, asks about your agency's revenues. Note that you will report your agency's costs on the next tab, Total Costs, which is covered in this manual under B.2 Total Costs. **This section differentiates revenues between fiscal year 2019 and fiscal year 2021**. Specifically, input the following information in the fourth section for *lines 29 and 30*:

- *Waiver Program Revenues* – include any payments received by your agency for providing services covered under waiver program(s) (*line 29a* for fiscal year 2019 and *line 30a* for fiscal year 2021).

- *State Plan Revenues* – input revenues that are not associated with waiver programs, but are still paid by Medicaid through the State Plan (*line 29b* for fiscal year 2019 and *line 30b* for fiscal year 2021).

- *Fundraising/Grants Revenue* – input any revenues from fundraising activities or grants received by your agency (*line 29c* for fiscal year 2019 and *line 30c* for fiscal year 2021).

- *National School Lunch Revenue* – input any revenues from the National School Lunch Program (NSLP) (*line 29d* for fiscal year 2019 and *line 30d* for fiscal year 2021).

- *Other Revenues* – include any other revenues that were not allocated to the previous categories, including payments from private insurers and other payers (*line 29e* for fiscal year 2019 and *line 30e* for fiscal year 2021).

- *Total* – Total agency revenues will automatically be calculated based on the sum of the four previous amounts. The total agency revenue amount should match your reported total gross revenue from the fiscal year you are reporting.

In *line 31*, indicate the agency type for your agency (for-profit, non-profit, or governmental) with an "X" (*lines 31a through 31c*). Leave the rows which do not describe your agency blank; for example, if your agency is non-profit, mark an "X" in *line 31b*, but leave *line 31a* and *line 31c* blank.

Line 32 allows you to insert any notes or clarifying comments regarding your agency's organizational information which will help us understand your responses or provide more information that the survey does not allow for in the other blue cells.

B.2 Worksheet 2: Total Costs

This form captures your agency's total costs. The financial information provided on this form should correspond to **your agency's fiscal year 2019** (e.g., SFY2019, CY2019). The purpose of this worksheet is to capture the total costs of the agency, and to allocate those costs between programs (across columns), and between cost categories (across rows). We provide instructions for distinguishing between programs and cost categories later in this section, but generally, 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* include time and material costs that are directly billable, including the salaries and employee-related expenses (including unemployment insurance and workers' compensation) of direct care workers and client transportation expenses.

- *Administrative costs* are costs associated with the operation of your agency, but which are not program-specific. Employees that are typically considered administrative include general management, financial/accounting, and human resource staff. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered administrative.

- *Program support costs* are expenses that are neither direct care nor administrative. Such activities are program-specific, but not billable. Examples include staff responsible for food preparation for an adult day program, training time for direct care workers, program development, supervision, and quality assurance, as well as the space in which

programs are delivered (e.g., the room in which a Day Treatment program is operated), and program materials and supplies (e.g., art supplies).

Each line represents a particular type of expenditure. Survey lines are classified into five major categories, listed in bold capital letters in dark blue rows:

1. EMPLOYEE SALARIES

2. EMPLOYEE TAXES AND BENEFITS

3. NON-PAYROLL ADMINISTRATIVE COSTS

4. NON-PAYROLL PROGRAM SUPPORT EXPENSES

5. FACILITY, VEHICLE, AND EQUIPMENT RELATED EXPENSES

6. TOTAL COSTS

To report costs in this form, your agency should allocate costs incurred in fiscal year 2019 between the categories identified. For each line in this form, report the total expenses incurred by your agency in **Excel column D** "*Total Expenses Per General Ledger*." These expenses should match the total expenses from your financial statements or general ledger.

In **Excel column E** "*Expenses Allocated to State Plan Program*," allocate the expenses related to your State Plan only (these would be expenses related to non-waiver funded clients).

In **Excel column F** "*Expenses Allocated to Waiver Program*," allocate the expenses related to your waiver programs only (these would be expenses related to waiver funded clients).

In **Excel column G** "*Expenses for Room and Board*," report expenses related to room and board costs for programs with residential services, e.g., group home and developmental home programs. For example, when reporting the total rent or mortgage costs in *line 41* of the form, report the total rent and mortgage costs for group homes and developmental homes in this column, regardless of whether someone is funded through a waiver program.

> *According to the Centers for Medicare and Medicaid Services (CMS):*[*]
>
> - *The term "room" means shelter type expenses, including all property-related costs such as rental or purchase of real estate and furnishings, maintenance, utilities, and related administrative services.*
>
> - *The term "board" means three meals a day or any other full nutritional regimen.*
>
> **Instructions, Technical Guide and Review Criteria, Application for a 1915(c) Home and Community-Based Waiver, page 52-53, January 2019. Disabled and Elderly Health Programs Group – CMS.*

In **Excel column H** "*Expenses Allocated to Education*" allocate costs related to youth education. This includes materials, supplies and salary expenses for personnel who support the education

of residents. For example, please include salaries of teachers employed or contracted by the provider who provide education and instructional services to students.

In **Excel column I** *"Expenses Allocated to Other Programs"* you will populate cost information relating to any other Medicaid programs not captured in the previous columns.

Expenses related to Medicaid, populated in **Excel columns E through I**, will be automatically calculated in **Excel column J**. Expenses related to any non-Medicaid programs will be automatically calculated in **Excel column K** "*Total Expenses Allocated to Non-Medicaid*" by subtracting the expenses related to the State Plan, waiver programs, room and board costs (except for PRTF), education, and other programs (**Excel columns E through I**) from the total expenses reported in **Excel column D**. Please review the values in **Excel columns J and K** to confirm accurate allocation of expenses within **Excel columns E through I.**

> ### *Cost Allocation Strategies*
>
> *If your organization cannot discretely separate costs incurred providing Medicaid State Plan versus Waiver services, you can use a variety of methods to approximate the proportion of resources that go to each category. A relatively straightforward method for allocating between the two authorities would be to calculate the percentage of Medicaid revenue generated from State Plan services and the percentage generated from Waiver services. If, for example, you have direct care personnel costs that overlap both service types, you can allocate a proportion of these costs based on the State Plan revenue percentage and proportion based on the Waiver percentage.*

1. EMPLOYEE SALARIES:

In *lines 1 through 8*, report total salaries and wages paid and accrued, by employee category. Please report total gross salaries and wages paid and accrued, including bonuses, sick time pay, and overtime pay by employee category. If an employee fits into more than one category (for example, an admin employee that does some direct care), then you would allocate the salary based on the time spent between those two functions.

- *Lines 1-2*: *Direct Care Employee* salaries and wages are defined as costs associated with employees who provide direct "face-to-face" support for clients, in *line 1*. Salaries and wages of employees who manage direct care services but who do not directly work with clients/residents should be entered into the appropriate *Direct Care Supervisor* cost report line, in *line 2*.

- *Line 3*: *Maintenance employee salaries and wages* are defined as costs associated with employees who provide janitorial, housekeeping, repair, and maintenance services.

- *Line 4*: *Administrative employee salaries and wages* are defined as costs associated with employees who do not provide direct "face-to-face" support for clients and do not support program-specific activities. Administrative employees typically include general

management, financial/accounting, and human resource staff.

- *Line 5: Program support employee salaries* are costs that are neither direct care nor administrative. Such activities are program-specific, but not billable. Examples include food preparation workers for adult day services, staff responsible for training direct care workers, program development, service coordination, and quality assurance. Interpreter and sign language staff salaries and wages can be reported here.

- *Lines 6-8*: Report wages paid to contracted direct care, program support, and administrative staff.

- *Total Employee Salaries and Wages*: The form will automatically calculate the sum of *lines 1 through 8* in the gray cells across **Excel row 19**. The resulting number should match the total employee salaries and wages costs from fiscal year 2019.

2. EMPLOYEE TAXES AND BENEFITS

Lines 9 through 12 capture costs incurred by your agency related to employee payroll taxes, insurance, and benefits. Only the portion of the employee benefits and payroll taxes paid and accrued by the agency must be reported on these lines. Do not include costs which are paid and accrued by withholding a portion of the employee's salary or wages (these costs should be included in the appropriate *Employee Salaries* cost report lines).

- *Line 9:* The *Employee Payroll Taxes* cost report lines capture the employer's portion of any Federal Insurance Contributions Act (FICA) including Social Security and Medicare taxes, Federal Unemployment Insurance (FUI), State Unemployment Insurance (SUI), Workers Compensation and other payroll related taxes.

- *Lines 10-11:* The *Employee Insurance* cost report lines capture the employer's portion of any costs related to employee health insurance, dental insurance, life insurance, disability insurance, and client fringe benefits. Please report the employer's portion of Employee Health Insurance costs. *Other Insurance* in *line 11* can include but is not limited to dental, life, and short-term and long-term disability insurance.

- *Line 12:* The *Employee Benefits* cost report lines capture the employer's costs related to workers' compensation insurance, retirement, and any other benefits your agency offers to employees. Enter the employer's portion of any costs related to employee retirement programs including employer contributions to pension plans, employer contributions to 401k plans, or other retirement-related programs.

- *Total Employee Taxes and Benefits*: The form will automatically calculate the sum of *lines 9 through 12* in the gray cells across **Excel row 25**. The resulting number should match the total employee taxes and benefits costs from fiscal year 2019.

3. NON-PAYROLL ADMINISTRATIVE COSTS

Lines 13 through 32 capture non-payroll costs associated with administrative activities. Allocate associated costs into applicable categories.

- *Line 13:* Report costs for office equipment and furniture that are not for direct care services. Equipment costs related to direct care should be reported in *lines 56 and 57*.

- *Line 14*: Report interest expenses incurred by your agency. Do not report interest expenses related to mortgages here; interest costs related to mortgage expenses should be reported in *line 41*.

- *Line 15:* Enter the costs related to non–payroll taxes, such as property tax and other Federal taxes.

- *Line 16:* Enter costs related to licenses, certifications, and accreditation fees.

- *Line 17*: Enter the costs related to hiring staff, including expenses related to recruiting, background checks, drug testing, etc. Onboarding expenses should not be reported here, but rather in *line 18* which is associated with staff training and development.

- *Line 18:* Enter the costs related to staff training and development. These costs should include hiring a trainer, training materials, and fees related to sending staff to training sessions. These costs do not include the salaries of the staff who are being trained; such salaries should be reported in the *Employee Salaries* portion of this worksheet. Training and development costs specifically related to direct care should be reported on *line 36*.

- *Line 19:* Enter the costs related to general liability insurance; directors' and officers' insurance; professional malpractice insurance, buildings, contents, and grounds insurance; and other types of insurance. Do not enter the costs related to vehicle insurance, as they should be reported in *line 50* of this form. Do not include the employer's portion of employee health and benefits insurance, as these should be entered in *lines 10 through 12* as appropriate.

- *Line 20*: Enter the costs related to information technology supplies and software, etc. separate from other supplies. Information technology supplies related to direct care should be directly allocated to the *Non-Payroll Program Support Expenses* and other program supplies should be reported in the *Non-Payroll Program Support Expenses* section of the form.

- *Line 21:* Enter costs related to office supplies.

- *Line 22:* Enter costs related postage.

- *Line 23:* Enter costs related advertising and marketing.

- *Line 24:* Enter costs related to dues and subscriptions.

- *Line 25:* Enter costs related to consulting services such as legal, accounting, or training costs.

- *Line 26:* Enter travel costs incurred for the fiscal year. Do not include client-related transportation costs or direct care vehicle reimbursement costs. These costs should be reported in *line 37*, *Transportation Costs – Client related*.

- *Line 27:* Enter costs related to translating materials.

- *Line 28:* Enter bad debt expenses for the fiscal year. Record only the bad debt expenses recognized during the requested time period. Bad debt expenses are recognized when a receivable or bill is determined to no longer be collectible because a client or payer is unable to fulfill their obligation to pay an outstanding debt.

- *Line 29*: Enter the allocated portion of administrative expenses at a central corporate office outside of the agency's principal place of business applicable to the local level. If any costs are reported as corporate office overhead in this row, describe the methodology for allocating expenses to overhead in line 29a.

- *Lines 30-32:* Enter the costs related to other administrative items if not captured by the cost report lines listed in *lines 13 through 29*. Amounts reported on must be accompanied by a description of the reported costs.

- *Total Non-Payroll Administrative Costs* The form will be automatically calculated as the sum of *lines 13 through 32* in the gray cells across **Excel row 48**. The resulting number should match the total non-payroll administrative costs from fiscal year 2019.

4. NON-PAYROLL PROGRAM SUPPORT EXPENSES

Lines 33 through 40 capture non–payroll expenditures made for the support of agency programs. Allocate associated costs into applicable categories, paying particular attention to allocating costs related to room and board.

- *Line 33:* Enter expenditures for program supplies or materials used in client care or program support services. These may include, but are not limited to, expenses for recreational activities or supplies for activities (for example, art and craft supplies), room and board supplies such as bedding and cleaning, food and food supplies, and additional healthcare services such as non-psychotropic client medications and related lab services.

- *Line 34:* Enter costs related to devices and technologies used for direct care.

- *Line 35*: Enter costs related to direct care staff participating in activities. For example, if your agency pays for the costs of direct care staff participating in activities with the client, report those costs here.

- *Line 36:* Enter the costs related to staff training and development for the provision of direct care services.

- *Line 37*: Enter client service-related transportation expenses including transportation reimbursements made to program staff. This includes the transportation of direct care workers to meet clients. Do not include the costs associated with vehicle insurance or maintenance (these costs should be reported in the appropriate cost report lines under Section 5, *lines 48 through 50*).

- *Lines 38-40*: Enter the costs related to other program support activities if not captured by the cost report lines listed in *lines 33 through 37*. Amounts reported on these lines must be accompanied by a description of the reported costs.

- *Total Non-Payroll Program Support Expenses:* The form will automatically calculate the sum of *lines 33 through 40* in the gray cells across **Excel row 58**. The resulting number should match the total non-payroll program support costs from fiscal year 2019.

5. FACILITY, VEHICLE, AND EQUIPMENT RELATED EXPENSES

Lines 41 through 53 capture non-payroll related facility, vehicle, and equipment expenses. Do not include costs associated with facility or vehicle staff salaries or contractor fees (these costs should be reported in the appropriate salary and contracted cost report lines in Section 1 of this worksheet, Employee Salaries).

- *Line 41*: These cost report lines capture rent, mortgage, and depreciation expenses related to your agency's facilities.

- *Lines 42 and 43*: In **Excel column C** of *line 42*, enter the total square footage for all facilities included in the costs reported for rent, mortgage, and depreciation expenses as written in *line 41*. In **Excel column C** of *line 43*, report the subset of the total square footage which is designated as administrative space.

- *Lines 44 and 45*: These cost report lines capture costs related to utilities such as disposal services, telephones, cellular phones, other communications devices, cable, internet, electrical power, gas, heating, facility water, garbage, sewage, and other utilities. This can include security costs and costs associated with fire or other hazard detectors, alarms, and sprinkler systems. In *line 44*, report the administrative portion of these costs and in *line 45*, report the direct care related costs.

- *Line 46:* These cost report lines capture all non-payroll maintenance and repair expenses related to your agency's facilities. Include any costs associated with renting temporary substitute facilities during repair time.

- *Line 47:* These cost report lines capture any facility janitorial, landscaping, repairs, etc. that are not included as part of a building lease or rental agreement.

- *Line 48*: Report total costs incurred by your agency for acquiring or leasing vehicles for the year.

- *Line 49:* Report total costs related to maintenance and repairs that your agency incurred for the year reported. Include any costs associated with renting substitute vehicles during repair time.

- *Line 50*: Report total costs related to insurance for vehicles.

- *Line 51:* Report vehicle depreciation costs for the year reported. We assume costs related to vehicles acquired in prior years will be reflected here.

- *Line 52*: Report the total costs related to acquiring, repairing, and maintaining equipment that is used in the provision of direct care services.

- *Line 53*: Report non-vehicle equipment depreciation costs for the year reported.

- *Total Facility, Vehicle, and Equipment Related Expenses*: The form will automatically be calculated as the sum of *lines 41 through 53* in the gray cells across **Excel row 73**. The resulting number should match the total facility, vehicle, and equipment related expenses from fiscal year 2019.

6. TOTAL COSTS

- *Line 54*: The form will automatically calculate your agency's total costs for the fiscal year reported. The total costs in *line 54* in **Excel column D** should match the total costs reported in your financial statements or general ledger for the year reported in the survey, or fiscal year 2019.

B.3 Worksheet 3: Program Area

This form includes check boxes for each county where waiver services are provided for each program offered. **Excel column B** lists all 56 counties in Montana, while **Excel row 10** lists each Medicaid program which may furnish services subject to the rate study.

In **Excel column C**, select the county or counties where your agency provides any service. For example, if your agency provides services only in Lewis and Clark County, Jefferson County, and Powell County, select the checkboxes in **Excel column C** for *lines 22, 25,* and *38*.

In addition to completing **Excel column C**, select each county where your agency provides services under the specific programs listed. For example, if your agency provides Medicaid Behavioral Targeted Case Management *and* Targeted Case Management (Non Mental Health) in each of the three counties used in the previous example, select the checkboxes in **Excel columns G and S** for *lines 22, 25, and 38*. If your agency provides Medicaid Behavioral Targeted Case Management in each of the three counties but Non Mental Health Targeted Case Management in only Jefferson and Powell Counties, select the checkboxes in **Excel**

column G for *lines 22, 25, and 38*, and the checkboxes in **Excel column S** for *lines 22 and 38* (in addition to the checkboxes in **Excel column C** for *lines 22, 25, and 38*).

B.4 Worksheet 4: Programs & Services

This form includes check boxes for each service covered under each Medicaid program in scope. For each program, select the service(s) provided by your organization. When a check box has been selected, the corresponding Time and Patterns worksheets (if applicable) for that service will be 'unlocked' for completion, and will populate to the right of Worksheet 4. If the two worksheets do not populate, ensure that you have selected "Enable Content" at the top of the Excel window. More information on how to complete the service-specific worksheets is available in Section C of this manual.

Select each service your organization provides by marking the checkbox. For example, if your organization provides Adult Day Care under the HCBS-SDMI program, select the first service on the left-hand column. This will open up the two "Day" worksheets, *4a. Day – Time* and *4b. Day – Pattern*, instructions for which are provided in Section C.3 of this manual.

Several programs offer similar services, so review Worksheet 4 and the corresponding service-specific tabs to ensure you are selecting the accurate service. Each service-specific tab will ask for staffing time and patterns relating to the services you provide, so be sure to select the correct service from the correct program.

For example, Medication Assisted Treatment is a service provided under both SUD-M and SUD-NM, and selecting either or both of these services (in **Excel rows 53 and 67** in **Excel column A**) will open the **Amb. Behavioral** tabs. If you only provide Medication Assisted Treatment as a Medicaid provider, be sure that in *4a. Amb. Behavioral – Time* and *4b. Amb. Behavioral – Pattern* that you are only providing information under the version of the service which ends with "(SUD-M)" so that we know that staffing time and patterns are reported correctly.

A listing of program abbreviations is available in Table B.1:

Table B.1 Program Names and Abbreviations

Abbreviation	Program Name
HCBS-SDMI	HCBS for Adults with Severe Disabling Mental Illness
MBH-TCM	Medicaid Behavioral Health Targeted Case Management
MMHS	Medicaid Mental Health Services Individuals 18 years of age and older

Abbreviation	Program Name
NM-CSCI	Non-Medicaid 72 Hour Presumptive Eligibility Program for Crisis Stabilization & Crisis Intervention and Response Individuals 18 years of age and older
SUD-M	Substance Use Disorder Medicaid Provider
SUD-NM	Substance Use Disorder Non-Medicaid Provider
TCM-Other	Other Targeted Case Management
CMH	Children's Mental Health
CFC/PAS	Community First Choices / Personal Attendant Services (Senior and Long Term Care)
EPD-BSW	Elderly and Physically Disabled - Big Sky Waiver (Senior and Long Term Care)
DD *or* DDP	Developmental Disabilities Program
M-ATS	Medicaid Autism Treatment Services or Applied Behavioral Analysis Services
TCM-DD	Targeted Case Management

B.5 Worksheet 5: Benefits

This worksheet requests information regarding benefits and other employee-related expenses associated with direct service staff. Consider only direct service staff when completing this worksheet; do not include administrative and program support staff as these costs are captured on the Total Costs schedule. This worksheet asks for **point-in-time information from Q4 2021**, although some questions ask for annual information over **the most recently completed fiscal year**.

There are separate columns for full-time direct service staff (in **Excel column D**) and part-time direct service staff (in **Excel column E**). If your agency has a definition of full- and part-time – particularly a definition used to determine eligibility for benefits – use that definition to determine who is full- and part-time. Otherwise, use 30 hours or more per week as the definition for full-time, and less than 30 hours as the definition for part-time.

Following are descriptions of the fields included in this worksheet.

1. STAFFING AND HEALTH, VISION, & DENTAL INSURANCE

- *Line 1:* Input the number of full-time and part-time direct service staff currently employed by your agency. If your agency has a definition of full- and part-time – particularly a definition used to determine eligibility for benefits – use that definition to determine who is full- and part-time. Otherwise, use 30 hours or more per week as the definition for full-time, and less than 30 hours as the definition for part-time.

- *Line 2:* Indicate whether direct service staff are eligible to receive health insurance through your organization. For example, if you offer insurance to full-time staff but not part-time staff, mark "Yes" for *line 2* in **Excel column D** and "No" in **Excel column E**.

- *Line 3:* Report the number of full-time and part-time direct service staff who are currently eligible for health insurance from your organization. This number should be no more than the figure reported on *line 1*.

- *Line 4:* Indicate if your organization contributes to health insurance premiums.

- *Line 5:* Record the number of full-time and part-time direct service staff who are enrolled for the health insurance program with **individual or single coverage**. This number should be no more than the figure reported on *line 3*.

- *Line 6:* Input the average amount a typical employee with single coverage will contribute toward health insurance premiums.

- *Line 7:* Input on average how much your organization contributes toward the monthly plan premium of one typical employee with single 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 premiums, Administrative Services only (ASO) fees).

- *Line 8*: Input on average how much the total monthly premium is for a typical employee with single coverage (this number should equal the sum of *lines 6 and 7*).

- *Line 9*: Input the average annual deductible for the health insurance offered for individual coverage.

- *Line 10*: Record the number of full-time and part-time direct service staff who are enrolled for the health insurance program with **family coverage**. This number should be no more than the figure reported on *line 3*.

- *Line 11*: Input the average amount a typical employee with family coverage will contribute toward health insurance premiums.

- *Line 12*: Input on average how much your organization contributes toward 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 premiums, ASO fees).

- *Line 13*: Input on average how much the total monthly premium is for a typical employee with single coverage (this number should equal the sum of *lines 11 and 12*).

- *Line 14*: Input the average annual deductible for the health insurance offered for family coverage.

- *Line 15*: Indicate whether direct service staff are eligible to receive vision insurance from your agency.

- *Line 16*: Record the number of direct service staff who are enrolled in the vision insurance program. This number should be no more than the figure reported on *line 1*.

- *Line 17*: Input your agency's total spending on vision insurance premiums for direct care staff in **the most recently completed fiscal year**. Do not include costs for administrative or program support staff. Do not include employee contributions.

- *Lines 18*: Indicate whether direct service staff are eligible to receive dental insurance from your agency.

- *Line 19*: Record the number of direct service staff who are enrolled in the dental insurance program. This number should be no more than the figure reported on *line 1*.

- *Line 20*: Input your agency's total spending on dental insurance premiums for direct care staff in **the most recently completed fiscal year**. Do not include costs for administrative or program support staff. Do not include employee contributions.

- *Line 21*: Indicate if your organization participates in the Health Care for Health Care Workers Program.

2. RETIREMENT

- *Line 22:* Indicate whether your agency contributes to a 401k, 403b, or other retirement plan for direct care staff.

- *Line 23*: Record the number of direct service staff who are currently receiving retirement contributions from your agency.

- *Line 24*: Input your agency's average retirement contribution (as a percent of wages) for those direct service staff that participate in the retirement offering. Do not include any employee contributions.

3. OTHER BENEFITS

- *Line 25*: Indicate whether your agency provides other benefits. If "Yes," use the light blue cell in **Excel column C** to list the other benefits provided.

- *Line 26*: Record the number of direct service staff who are participating in the applicable benefit.

- *Line 27*: Input total spending by the organization on these benefits for direct care staff in **the most recently completed fiscal year**. Do not include costs for administrative or program support staff.

4. UNEMPLOYMENT INSURANCE AND WORKERS' COMPENSATION

- *Line 28*: Many agencies make quarterly payments to the Montana state unemployment insurance based on an employer-specific tax rate. If your agency makes payments based on a tax rate, report its state unemployment insurance tax rate for **the most recently completed fiscal year**. Do not include federal unemployment insurance tax.

- *Line 29*: Input your workers' compensation cost for direct service staff under your most recently completed policy period as a rate for each $100 in wages paid. If your agency has multiple policies, provide a weighted average of the policies associated with direct care staff in your agency's waiver programs.

5. HOLIDAYS, VACATION, SICK TIME, AND PERSONAL DAYS

- *Line 30:* Using the drop-down list, indicate whether full-time and part-time direct service staff are eligible for holiday pay.

- *Line 31:* Record the number of holidays that direct service staff receive. If "No" to *line 30*, record "0" in **Excel columns D and E**.

- *Line 32:* Indicate if direct care staff are eligible for other paid time off in addition to holidays.

- *Line 33*: Indicate the average number of paid time off or vacation days that direct care staff are eligible to receive. If "No" to *line 32*, record "0" in **Excel columns D and E**.

- *Line 34*: Indicate the average number of sick days that direct care staff are eligible to receive.

- *Line 35*: Indicate the average number of personal days that direct care staff are eligible to receive.

B.6 Worksheet 6: Additional Information

Use the light blue text box in this tab to provide any additional information which may be useful to understanding how you deliver services. If there is no additional information, mark the box with "N/A."

C. Completing Service-Specific "4a" and "4b" Worksheets

The following subsections each align with a group of two tabs covering the staffing time and staffing patterns associated with providing a certain service. These tabs will populate after you select one or more services in **Worksheet 4 – Programs & Services**, described in Section B.4 above. For example, if you select the checkbox for Adult Day Care (the first service listed on Worksheet 4), two tabs titled *4a. Day – Time* and *4b. Day – Patterns* should populate after Worksheet 4 on the bottom ribbon of your Excel window. If these do not populate, make sure that you selected "Enable Content" in the light yellow ribbon on the top of your Excel window.

The table under **Section C.X** lists which service-specific worksheet (e.g., Day in *4a. Day – Time* and *4b. Day – Patterns* for Adult Day Care) corresponds to which service.

Note that many of the service-specific worksheets are very similar. Some may ask more, less, or different questions than others, but generally the instructions provided under each sub-section of Section C are very similar (with the exception of Transportation).

Each subsection of Section C also includes the list of services which are covered under the instructions for that subsection; for example, Section C.1 for Respite Services includes instructions for completing the Respite worksheets regardless of which respite services your organization provides. **If your organization provides more than one service under a specific service-specific worksheet or subsection, you only need to complete that worksheet once – the last several columns of each worksheet allow you to select which services are provided within that grouping.**

There are several service-specific worksheets, listed in the left-hand column on Table C.1. Instructions for each worksheet are provided under an individual subsection in this manual; for example, instructions for completing Respite & Support tabs are included under Section C.1, instructions for completing Case Management tabs are included under Section C.2, and so on. Note that instructions for completing the first worksheet of each grouping, *4a. Time*, is included under Table C.1.

Table C.1: Service Categories and Corresponding Services and Worksheets

Worksheet Group	Section	Service Category	Description of Services
Respite & Support	C.1	Respite & Caregiver Support	Assistance to individuals who provide ongoing support to the person with a disability when assisting the support person is the primary purpose of the service.
Case Management	C.2	Case Management	The development of a comprehensive, written individualized support plan.

Worksheet Group	Section	Service Category	Description of Services
Day	C.3	Day Services	Services typically provided in a facility or community outside the person's home during the working day (excluding supported employment).
Home-Based	C.4	Home-Based Services	Services that support a person in their home or apartment, when the provider does not have round-the-clock responsibility for the person's health and welfare.
Meals	C.5	Meal Services	Prepared meals sent to a person's home, which may not comprise a full nutritional regimen.
Nursing	C.6	Nursing Services	Services within the scope of the state's nurse practices act provided by a licensed nurse.
Training	C.7	Training Services	Training provided to family / participants when training the family / participant is the primary purpose of the service.
Therapy	C.8	Therapeutic Services	Therapies and treatments that support people in improving or maintaining health or functional capacity.
Amb. Behavioral	C.9	Ambulatory Behavioral Health	Services that support people in improving or maintaining mental or behavioral health.
Hosp. & Intensive	C.10	Hospitalization Services and Intensive Interventions	Services that require an acute, critical or hospital level of care.

Worksheet Group	Section	Service Category	Description of Services
Residential	C.11	Residential Services	Services by a provider that has round-the-clock responsibility for the health and welfare of residents, except during the time that other services are furnished (e.g., day program services).
PRTF	C.12	Psychiatric Residential Treatment Facility	Services provided by any non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to participants.
Self-Directed Supp.	C.13	Supports for Self-Direction	Services that assist a person and/or their representative in managing participant-directed services.
Supported Employment	C.14	Supported Employment	Assistance to help a person obtain or maintain paid employment or self-employment (e.g., supported employment, career exploration, prevocational, etc.).
Transportation	C.15	Transportation Services	Non-emergency medical transportation services for clients, whether bundled with other services or unbundled and provided as a standalone client transportation service.

Services paid at cost or up to a cap (for example, services relating to health & wellness, community transition, personal emergency response services, or specialized medical supplies and equipment), as well as certain self-directed services, are not included in this survey. *If there is more information you would like to provide about these services, please use the space in* **Worksheet 6 – Additional Information***.*

4a. Service-Specific Worksheets – Time

Lines 1 through 50 in this worksheet include drop-down menus with different job titles which may represent staff at your agency. **This tab should reflect wages and information as of Q4 2021, and total payments should reflect the total for Q4 of calendar year 2021, from October 1 through December 31, 2021.** Columns to the right of **Excel column V** will populate

with the programs' services you selected in **Worksheet 4**. If a column populates for a service you do not provide, this may be because you provide another service relevant to this service-specific worksheet from the same program, and you may leave the column blank.

For each job type you employ *who provides services included in this service category,* you will complete each Excel column, including right-hand columns which ask you to select with an "X" each applicable service for each listed job type.

Table C.2 on the following page includes a list of all job types you might select. You may also select the same job type more than once if pertinent wage and time information differs between services, for example if direct service professionals who provide day program services earn different wages than professionals who provide home-based services.

Guidehouse

Table C.2: Job Types to Populate Worksheet 4a. Time

Job Types			
Addiction Counselor	Employment Specialist/Job Coach	Physical Therapist Assistant	Direct Support Supervisor
Audiologist	Housekeeper	Professional Counselor	Residential Director
Behavioral Specialist/Technician	Internal Service Coordinators	Psychologist	Shift and Unit Supervisor
Board Certified Assistant Behavior Analysts	Licensed Clinical Professional Counselor (LCPC)	Psychiatrist	Executive Director/Assistant Director
Board Certified Behavior Analyst	Licensed Nurse Practitioner (NP)	Recreational Therapists	Clinical Director
Case Manager	Licensed Practical Nurse (LPN)	Registered Nurse (RN)	Professional Administrative Staff
Certified Nursing Assistant	Licensed Clinical Social Worker (LCSW)	Shift and Unit Supervisor (if primarily delivering services)	Occupancy and Maintenance staff
Certified Peer Support Specialist	Life Skills/Personal Support Coach	Social Worker	Food Service Staff
Dietician	Medical Assistant	Speech Therapist	Other Administrative Staff (clerical, IT, central office)
Direct Service Professional – Daytime	Midwife	Speech Therapist Assistant	Other Staff
Direct Service Professional – Overnight Workers Allowed to Sleep (if different)	Occupational Therapist	Teacher	-
Direct Service Professional – Swing Shift/Overnight	Occupational Therapist Assistant	Transportation Aide	-
Driver (Note: Driver's primary responsibility should be driving.)	Physical Therapist	Client Benefits Manager	-

- **Excel Column D***: Employee/Contractor?* In this column, for each job type you employ who provides relevant services, select whether the job type is employed by your agency or is a contracted employee. If neither, select N/A.

- **Excel Column E: Direct Care or Supervisor?** In this column, select whether the job type provides direct care ("Direct Care") or supervises direct care.

- **Excel Column F***: Medicaid/Non-Medicaid?* In this column, select whether the services provided by each job type are Medicaid, non-Medicaid, or both.

- **Excel Column G:** *Total Number of FTE Positions*: Record the number of full-time equivalent (FTE) staff in each job title employed by your agency. For example, if you employ eight (8) full-time direct service professionals and four (4) half-time direct service professionals, enter "10" in the line for which you selected "direct service professional" under this column.

- **Excel Column H***: Total Regular Hours Paid*: Input the total number of non-overtime hours paid to an individual associated with each job title.

- **Excel Column I***: Total Overtime Hours Paid*: Input the total number of overtime hours paid to an individual associated with each job title.

- **Excel Column J***: Total Supplemental Pay Hours*: Input the total number of hours paid to an individual associated with each job title *beyond overtime*, for example including premiums, shift differentials, nonproduction bonuses, etc.

- **Excel Column K** will automatically sum the totals from **Excel columns H through J**, giving the total hours paid for the average individual of each applicable job type.

- **Excel Column L:** *Total Regular Wages Paid:* Input the **total wages earned in Q4 2021** by the individual(s) associated with each job title. *Note*: Only report actual wages paid, rather than salary levels (e.g., if an employee was hired midyear, report the wages that they earned and not their annual salary level).

- **Excel Column M:** *Total Overtime Wages Paid:* Input the **total overtime wages paid in Q4 2021** to the individual(s) associated with each job title.

- **Excel Column N***: Total Supplemental Pay:* Input the **total supplemental pay paid in Q4 2021** to the individual(s) associated with each job title.

- **Excel Column O***: Bonus Amount:* Input the **total bonuses paid in Q4 2021** to the individual(s) associated with each job title.

- **Excel Column P***: Hourly Wage, Average*: Input the average hourly wage for an individual associated with each job title.

- **Excel Column Q***: Hourly Wage, Lowest*: Input the lowest hourly wage for an individual associated with each job title.

- **Excel Column R***: Hourly Wage, Highest*: Input the highest hourly wage for an individual associated with each job title.

- **Excel Column S***: Annual Average Percent Change in Wages, 2018 to 2019*: Input the average percentage change in wages between 2018 and 2019 for an individual associated with each job title. For example, if on average, wages increased for direct service professionals from $16.50 per hour in 2018 to $16.70 in 2019, input "1.01%" in the line for which you selected "direct service professional" under this column.

- **Excel Column T***: Annual Average Percent Change in Wages, 2019 to 2020*: Input the average percentage change in wages between 2019 and 2020 for an individual associated with each job title.

- **Excel Column U***: Annual Average Percent Change in Wages, 2020 to 2021*: Input the average percentage change in wages between 2020 and 2021 for an individual associated with each job title.

- **Excel Column V***: Average Annual Paid Training Hours per Staff*: Input the average number of paid hours per year for training for an individual associated with each job title. For example, if a direct service professional is paid for 10 training hours per year, enter "10" in the line for which you selected "direct service professional" under this column.

- **Excel Columns W and forward**: Mark with an "X" each applicable service provided by each job type in this grouping. Services will automatically populate based on the programs you select in **Worksheet 4**. For example, if the information you input for a direct service professional applies to all services you provide relevant to the service category, mark an "X" in each of these columns for the line for which you selected "direct service professional." Other job types may only be applicable to one or a subset of services you provide relevant to the service category.

C.1 Respite & Support

Two sheets will populate *4a. Respite & Support – Time* and *4b. Respite & Support – Pattern* if your organization provides any of the following services (the abbreviation in parentheses reference the program under which the service is delivered; see Section B.4 for a listing of program abbreviations):

- Non Medicaid Respite Care – Youth (CMH)
- Respite (DD)
- Respite Care (EPD-BSW)
- Respite Care (HCBS-SDMI)
- Respite Care – Assisted Living (HCBS-SDMI)
- Respite Care – Assisted Living and Adult Foster Care (EPD-BSW)
- Respite Care – Hospital (EPD-BSW)
- Respite Care – Nursing Facility (EPD-BSW)
- Respite Care – Nursing Facility (HCBS-SDMI)

4a. Respite & Support – Time

See instructions in Section C under *4a. Service-Specific Worksheets – Time* for completing **Worksheet 4a** for the Respite & Support services listed above.

4b. Respite & Support – Pattern

Sections 1 through 7 in this worksheet ask questions relating to staffing patterns for this group of services. For each of the services listed above that you selected in the corresponding *4a. Time* worksheet, you will complete *lines 1 through 23a* under each service your organization provides.

Section 1. Agency Caseload and Service Specifications

- *Line 1:* Record the number of individuals receiving each applicable service from your agency.

- *Line 2:* Input the average number of client visits that a direct service professional conducts per week.

- *Line 3:* Input the average number of hours spent on a client visit with the client.

Section 2. Equipment & Supplies

- *Line 4:* If applicable, input the total cost of capital equipment directly related to service provision.

- *Line 5*: If applicable, input the average life in years of purchased equipment.

- *Line 6*: If equipment costs are noted in *line 4*, list the types of equipment included in the expense.

- *Line 7*: Input the total cost of program supplies directly related to service provision.

- *Line 8*: If program supply costs are noted in *line 7*, list the types of supplies included in the expense.

Section 3. Productivity

- *Line 9:* Input the number of hours per week that a direct service professional is engaged in client-facing service delivery. This should equal the product of multiplying the answers in *lines 2 and 3*. For example, if a staff member has 10 client visits on average per week and each visit lasts three (3) hours on average, input 30 in *line 9* for the appropriate service.

- *Line 10:* Input the number of hours per week that a direct service professional spends on recordkeeping activities related to service delivery, for example, completion of formal assessments.

- *Line 11:* Input the number of hours per week that a direct service professional spends on recordkeeping activities, other than documentation that occurs during service provision. Do not include documentation associated with the completion of formal assessments.

- *Line 12:* Input the number of hours per week that a direct service professional completes

or participates in scheduled care planning meetings, including time that a direct care staff person is participating in Plan of Care (POC) meetings.

- *Line 13:* Input the number of hours per week that a direct service professional is traveling between individual visits with clients.

- *Line 14:* Input the number of hours per week that a direct service professional is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.

- *Line 15:* Input the number of hours per week that a direct service professional is engaged in other activities that are part of a staff professional's typical week, but not listed on the survey.

- *Line 16:* Input the total number of hours worked and paid for in a week. The number in *line 16* should equal the sum of the values in *lines 9 through 15*, and *line 17* will auto-populate with "Yes" if the values are equal. If *line 17* says "No," review the values in this section to confirm that weekly hours for each activity sum to the total hours paid in a week.

Section 4. Supervisor Span of Control

- *Line 18*: Report how many direct care workers are supervised by one supervisor, on average.

Section 5. Staffing Patterns

- *Line 19*: Report how many individual clients are typically served by one staff person, on average. This is your average staff to client ratio.

Section 6. Staff Training

- *Line 20*: Input the number of training hours that direct service staff receive during their first year with your agency.

- *Line 21*: Input the average number of training hours that direct service staff annually receive after their first year of employment.

Section 7. Non-Medical Transportation

- *Line 22*: Record whether non-medical transportation is required for the client for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 22a*: If transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is

bundled, mark "Yes;" if transportation is required as a separate service, mark "No."

- *Line 23*: Record whether transportation is required for the staff for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 23a*: If staff transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is provided for staff as a separate service, mark "No."

C.2 Case Management

Two sheets will populate *4a. Case Management – Time* and *4b. Case Management – Patterns* if your organization provides any of the following services (the abbreviation in parentheses reference the program under which the service is delivered; see Section B.4 for a listing of program abbreviations):

- Care Coordination (NM-CSCI)
- Case Management (HCBS-SDMI)
- Case Management (EPD-BSW)
- Case Management plus Supported Living Coordination (EPD-BSW)
- Targeted Case Management for Children and Youth with Special Health Care Needs (TCM-Other)
- Targeted Case Management for High Risk Pregnant Women – Services provided by the Nurse (TCM-Other)
- Targeted Case Management for High Risk Pregnant Women – Services provided by the Nutritionist (TCM-Other)
- Targeted Case Management for High Risk Pregnant Women – Services provided by the Social Worker (TCM-Other)
- Targeted Case Management – Adult (MBH-TCM)
- Targeted Case Management – Substance Use Disorders (MBH-TCM)
- Targeted Case Management – Youth (MBH-TCM)
- Targeted Case Management – Youth Frontier Differential (MBH-TCM)
- Targeted Case Management – SED (CMH)
- Targeted Case Management (TCM – DD)

4a. Case Management – Time

See instructions in Section C under *4a. Service-Specific Worksheets – Time* for completing **Worksheet 4a** for the Case Management services listed above.

4b. Case Management – Pattern

Sections 1 through 7 in this worksheet ask questions relating to staffing patterns for this group of services. For each of the services listed above that you selected in the corresponding *4a. Time* worksheet, you will complete *lines 1 through 23a* under each service your organization provides.

Section 1. Agency Caseload and Service Specifications

- *Line 1:* Record the number of individuals receiving each applicable service from your agency.

- *Line 2:* Input the average caseload of a case manager for each applicable service.

- *Line 3:* Input the average number of hours spent on a client visit with the client.

Section 2. Equipment & Supplies

- *Line 4:* If applicable, input the total cost of capital equipment directly related to service provision.

- *Line 5*: If applicable, input the average life in years of purchased equipment.

- *Line 6*: If equipment costs are noted in *line 4*, list the types of equipment included in the expense.

- *Line 7*: Input the total cost of program supplies directly related to service provision.

- *Line 8*: If program supply costs are noted in *line 7*, list the types of supplies included in the expense.

Section 3. Productivity

- *Line 9:* Input the number of hours per week that case manager is engaged in client-facing service delivery.

- *Line 10:* Input the number of hours per week that a case manager spends on recordkeeping activities related to service delivery, for example, completion of formal assessments.

- *Line 11:* Input the number of hours per week that a case manager spends on recordkeeping activities, other than documentation that occurs during service provision. Do not include documentation associated with the completion of formal assessments.

- *Line 12:* Input the number of hours per week that a case manager completes or participates in scheduled care planning meetings, including time that a case manager is participating in Plan of Care (POC) meetings.

- *Line 13:* Input the number of hours per week that a case manager is traveling between individual visits with clients.

- *Line 14:* Input the number of hours per week that a case manager is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.

- *Line 15:* Input the number of hours per week that a case manager is engaged in other activities that are part of a staff professional's typical week, but not listed on the survey.

- *Line 16:* Input the total number of hours worked and paid for in a week. The number in *line 16* should equal the sum of the values in *lines 9 through 15*, and *line 17* will auto-populate with "Yes" if the values are equal. If *line 17* says "No," review the values in this section to confirm that weekly hours for each activity sum to the total hours paid in a week.

Section 4. Supervisor Span of Control

- *Line 18*: Report how many case managers or practitioners are supervised by one supervisor, on average.

Section 5. Staffing Patterns

- *Line 19*: Report how many individual clients are typically served by one case manager, on average. This is your average staff to client ratio.

Section 6. Staff Training

- *Line 20*: Input the number of training hours that case managers receive during their first year with your agency.

- *Line 21*: Input the average number of training hours that case managers annually receive after their first year of employment.

Section 7. Non-Medical Transportation

- *Line 22*: Record whether non-medical transportation is required for the client for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 22a*: If transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is

bundled, mark "Yes;" if transportation is required as a separate service, mark "No."

- *Line 23*: Record whether transportation is required for the staff for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 23a*: If staff transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes"; if transportation is provided for staff as a separate service, mark "No."

C.3 Day

Two sheets will populate *4a. Day – Time* and *4b. Day – Pattern* if your organization provides any of the following services (the abbreviation in parentheses reference the program under which the service is delivered; see Section B.4 for a listing of program abbreviations):

- Adult Day Care (EPD-BSW)
- Adult Day Care (HCBS-SDMI)
- Day Habilitation (EPD-BSW)
- Day Supports and Activities (DD)
- Day Treatment – Adult Half Day (MMHS)
- Retirement Services (DD)
- School Based Services (SUD-NM)
- Special Child Care for Children (EPD-BSW)

4a. Day – Time

See instructions in Section C under *4a. Service-Specific Worksheets – Time* for completing **Worksheet 4a** for the Day Services listed above.

4b. Day – Pattern

Sections 1 through 7 in this worksheet ask questions relating to staffing patterns for this group of services. For each of the services listed above that you selected in the corresponding *4a. Time* worksheet, you will complete *lines 1 through 24a* under each service your organization provides.

Section 1. Service Characteristics

- *Line 1:* Record the number of individuals receiving each applicable service from your agency.

- *Line 2:* Respond whether services are offered in individual settings, group settings, or both. Different services may offer different setting types.

- *Line 3:* Respond with the site for delivering each type of service, whether the site is a facility, in the community, or both. Different services may be delivered in different sites.

- *Line 4:* Record the average number of zero occupancy days per year. The number of zero occupancy days will help determine an occupancy rate for day services. An occupancy rate is used to adjust the cost assumptions behind the rate and cover a provider's projected cost. If provider costs are allocated across all billable units, the rate must account for the fact that not all time which is hypothetically billable when determining the rate can actually be billed by providers. This is due to a variety of reasons including, but not limited to, short vacancies in a home before a new resident replaces a former resident, or an absence from a day program due to a client sick at home.

Section 2. Equipment & Supplies

- *Line 5:* If applicable, input the total cost of capital equipment directly related to service provision.

- *Line 6*: If applicable, input the average life in years of purchased equipment.

- *Line 7*: If equipment costs are noted in *line 5*, list the types of equipment included in the expense.

- *Line 8*: Input the total cost of program supplies directly related to service provision.

- *Line 9*: If program supply costs are noted in *line 8*, list the types of supplies included in the expense.

Section 3. Productivity

- *Line 10:* Input the number of hours per week that a direct service professional is engaged in client-facing service delivery.

- *Line 11:* Input the number of hours per week that a direct service professional spends on recordkeeping activities related to service delivery, for example, completion of formal assessments.

- *Line 12:* Input the number of hours per week that a direct service professional spends on recordkeeping activities, other than documentation that occurs during service provision. Do not include documentation associated with the completion of formal assessments.

- *Line 13:* Input the number of hours per week that a direct service professional completes or participates in scheduled care planning meetings, including time that a direct care staff person is participating in Plan of Care (POC) meetings.

- *Line 14:* Input the number of hours per week that a direct service professional is traveling between individual visits with clients.

- *Line 15:* Input the number of hours per week that a direct service professional is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.

- *Line 16:* Input the number of hours per week that a direct service professional is engaged in other activities that are part of a staff professional's typical week, but not listed on the survey.

- *Line 17:* Input the total number of hours worked and paid for in a week. The number in *line 17* should equal the sum of the values in *lines 10 through 16*, and *line 18* will auto-populate with "Yes" if the values are equal. If *line 18* says "No," review the values in this section to confirm that weekly hours for each activity sum to the total hours paid in a week.

Section 4. Supervisor Span of Control

- *Line 19*: Report how many direct care workers or practitioners are supervised by one supervisor, on average.

Section 5. Staffing Patterns

- *Line 20*: Report how many individual clients are typically served by one staff person, on average. This is your average staff to client ratio.

Section 6. Staff Training

- *Line 21*: Input the number of training hours that direct service staff receive during their first year with your agency.

- *Line 22*: Input the average number of training hours that direct service staff annually receive after their first year of employment.

Section 7. Non-Medical Transportation

- *Line 23*: Record whether non-medical transportation is required for the client for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 23a*: If transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is required as a separate service, mark "No."

- *Line 24*: Record whether transportation is required for the staff for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 24a*: If staff transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is provided for staff as a separate service, mark "No."

C.4 Home-Based

Two sheets will populate *4a. Home-Based – Time* and *4b. Home-Based – Pattern* if your organization provides any of the following services (the abbreviation in parentheses reference the program under which the service is delivered; see Section B.4 for a listing of program abbreviations):

- Companion (DD)
- Community Supports Services (CFC/PAS)
- Community Supports Services (EPD-BSW)
- Homemaker (DD)
- Homemaker (EPD-BSW)
- Homemaker Chores (HCBS-SDMI)
- Homemaker Other (DD)
- Home Health Aide (HHS)
- Medical Escort (CFC/PAS)
- Personal Assistance Attendant (HCBS-SDMI)
- Personal Assistance Attendant – Agency-Based (EPD-BSW)
- Personal Assistance Attendant – Per Day (EPD-BSW)
- Personal Assistance Attendant – Self-Directed (HCBS-SDMI)
- Personal Assistance Attendant – Self-Directed (EPD-BSW)
- Personal Assistance Nurse Supervision – Agency-Based (EPD-BSW)
- Personal Assistance Oversight – Self-Directed (EPD-BSW)
- Personal Assistance Oversight – Self-Directed (HCBS-SDMI)
- Personal Assistance Services (CFC/PAS)
- Personal Care (DD)
- Personal Supports - Self-Directed (DD)
- Self-Directed Personal Assistance Services (CFC/PAS)
- Senior Companion (EPD-BSW)
- Specially Trained Attendant (CFC/PAS)
- Specially Trained Attendant (EPD-BSW)

4a. Home-Based – Time

See instructions in Section C under *4a. Service-Specific Worksheets – Time* for completing **Worksheet 4a** for the Home-based services listed above.

4b. Home-Based – Pattern

Sections 1 through 7 in this worksheet ask questions relating to staffing patterns for this group of services. For each of the services listed above that you selected in the corresponding *4a. Time* worksheet, you will complete *lines 1 through 24a* under each service your organization provides.

Section 1. Agency Caseload and Service Specifications

- *Line 1:* Record the number of individuals receiving each applicable service from your agency.

- *Line 2:* Respond whether services are offered in individual settings, group settings, or both. Different services may offer different setting types.

- *Line 3:* Input the average number of client visits that a staff or practitioner conducts per week.

- *Line 4:* Input the average number of hours spent on a client visit with the client.

Section 2. Equipment & Supplies

- *Line 5:* If applicable, input the total cost of capital equipment directly related to service provision.

- *Line 6*: If applicable, input the average life in years of purchased equipment.

- *Line 7*: If equipment costs are noted in *line 5*, list the types of equipment included in the expense.

- *Line 8*: Input the total cost of program supplies directly related to service provision.

- *Line 9*: If program supply costs are noted in *line 8*, list the types of supplies included in the expense.

Section 3. Productivity

- *Line 10:* Input the number of hours per week that a staff or practitioner is engaged in client-facing service delivery. This should equal the product of multiplying the answers in *lines 3 and 4*. For example, if a staff member has 10 client visits on average per week and each visit lasts three (3) hours on average, input 30 in *line 10* for the appropriate service.

- *Line 11:* Input the number of hours per week that a staff or practitioner spends on recordkeeping activities related to service delivery, for example, completion of formal assessments.

- *Line 12:* Input the number of hours per week that a staff or practitioner spends on recordkeeping activities, other than documentation that occurs during service provision.

Do not include documentation associated with the completion of formal assessments.

- *Line 13:* Input the number of hours per week that a staff or practitioner completes or participates in scheduled care planning meetings, including time that a direct care staff person is participating in Plan of Care (POC) meetings.

- *Line 14:* Input the number of hours per week that a staff or practitioner is traveling between individual visits with clients.

- *Line 15:* Input the number of hours per week that a staff or practitioner is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.

- *Line 16:* Input the number of hours per week that a staff or practitioner is engaged in other activities that are part of a typical week, but not listed on the survey.

- *Line 17:* Input the total number of hours worked and paid for in a week. The number in *line 17* should equal the sum of the values in *lines 10 through 16*, and *line 18* will auto-populate with "Yes" if the values are equal. If *line 18* says "No," review the values in this section to confirm that weekly hours for each activity sum to the total hours paid in a week.

Section 4. Supervisor Span of Control

- *Line 19*: Report how many direct care workers or practitioners are supervised by one supervisor, on average.

Section 5. Staffing Patterns

- *Line 20*: Report how many individual clients are typically served by one staff person, on average. This is your average staff to client ratio.

Section 6. Staff Training

- *Line 21*: Input the number of training hours that direct service staff receive during their first year with your agency.

- *Line 22*: Input the average number of training hours that direct service staff annually receive after their first year of employment.

Section 7. Non-Medical Transportation

- *Line 23*: Record whether non-medical transportation is required for the client for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 23a*: If transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is required as a separate service, mark "No."

- *Line 24*: Record whether transportation is required for the staff for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 24a*: If staff transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is provided for staff as a separate service, mark "No."

C.5 Meals

Two sheets will populate *4a. Meals – Time* and *4b. Meals – Pattern* if your organization provides any of the following services (the abbreviation in parentheses reference the program under which the service is delivered; see Section B.4 for a listing of program abbreviations):

- Meal Services (DD)
- Nutrition – Meals (EPD-BSW)
- Nutrition – Meals (HCBS-SDMI)

4a. Meals – Time

See instructions in Section C under *4a. Service-Specific Worksheets – Time* for completing **Worksheet 4a** for the Meals Services listed above.

4b. Meals – Pattern

Sections 1 through 4 in this worksheet ask questions relating to staffing patterns for this group of services. For each of the services listed above that you selected in the corresponding *4a. Time* worksheet, you will complete *lines 1 through 37* under each service your organization provides.

Section 1. Agency Caseload and Service Specifications

- *Lines 1 through 3:* The first line will sum *lines 2 and 3* for the total number of active clients receiving each meals service provided by your organization. In *line 2*, indicate the number of *non-Medicaid* clients who receive each meals service. In *line 3*, indicate the number of *Medicaid* clients who receive each meals service.

- *Line 4:* Record the number of kitchens operated by your organization.

- *Line 5:* Record the number of meals prepared *per kitchen* per day, on average. This should be the number per kitchen on average rather than the total number of meals; for example, if you operate one larger kitchen which prepares 25 meals per day and one smaller kitchen which prepares 15 meals per day, input "20" in *line 5*.

- *Line 6:* Record the average cost to prepare each meal.

- *Line 7:* Record the number of cooks per kitchen, on average; for example, if you operate one larger kitchen which employs four (4) cooks and one smaller kitchen which employs two (2) cooks, input "3" in *line 7*.

- *Line 8:* Record the total square feet per kitchen, on average; for example, if you operate one larger kitchen which is 800 square feet and one smaller kitchen which is 200 square feet, input "500" in *line 8*.

Section 2. Total Costs for Meal Services

- *Lines 9 through 12:* The ninth line will sum *lines 10, 11, and 12* for the total salaries of personnel who contribute to meals preparation. In *line 10*, record the total salaries from October 1 through December 31, 2021, of directly-employed project management personnel. In *line 11*, record the total salaries from October 1 through December 31, 2021, of directly-employed meals preparation personnel, including cooks. In *line 12*, record the total salaries from October 1 through December 31, 2021, of administrative personnel.

- *Line 13*: Record the total cost of fringe benefits for meals-related staff between October 1 and December 31, 2021.

- *Line 14*: Record the total cost of bulk meal transport between October 1 and December 31, 2021.

- *Line 15*: Record the total cost of transportation of meals to clients' homes between October 1 and December 31, 2021.

- *Line 16*: Record the total cost of packaging meals between October 1 and December 31, 2021.

- *Line 17*: Record the total cost of supplies (specific to meals preparation) between October 1 and December 31, 2021. This may include kitchen supplies but does not include ingredients or raw food, which are captured in *line 23*.

- *Line 18*: Record the total cost of utilities (specific to meals preparation) between October 1 and December 31, 2021. This may include expenses for electricity, gas, and water allocated to energy use from the kitchen over the requested time period.

- *Line 19*: Record the total cost of communications (specific to meals preparation) between October 1 and December 31, 2021.

- *Line 20*: Record total building costs (specific to meals preparation) between October 1 and December 31, 2021.

- *Line 21*: Record the square footage of building space designated for meals preparation and packaging.

- *Line 22*: Record the total cost of professional services (specific to meals preparation) between October 1 and December 31, 2021.

- *Line 23*: Record the total cost of raw food and ingredients between October 1 and December 31, 2021.

- *Line 24 and 24a*: Record the total cost of sub-contracted catering between October 1 and December 31, 2021. If catering costs listed in *line 24* include delivery, indicate "Yes" in *line 24a*. If you recorded "0" in *line 24,* you may leave *line 24a* blank.

- *Line 25*: Record the total cost of equipment (specific to meals preparation) between October 1 and December 31, 2021. This may include kitchen appliances.

- *Line 26*: Record the total cost of insurance (specific to meals preparation) between October 1 and December 31, 2021.

- *Line 27*: Record the mileage reimbursement for transportation of meals for the period between October 1 and December 31, 2021.

- *Line 28*: Record the total cost of recognizing volunteers for the period between October 1 and December 31, 2021. This should only include volunteer recognition sponsored by the agency.

- *Line 29 and 29a*: Record any other costs in *line 29*, and specify the source of those costs in *line 29a*.

- *Line 30* sums all costs listed in this section including salaries.

Section 3. Donated Services and Volunteer Hours

- *Line 31*: Record the total number of volunteer miles driven to deliver meals, if tracked, between October 1 and December 31, 2021.

- *Line 32*: Record the amount of a single volunteer recognition. Note that this is not a total across the October-December period but rather a one-time award.

- *Line 33*: Record the total number of volunteer hours logged between October 1 and December 31, 2021.

- *Line 34*: Record the total square footage of the building or facility in which your agency prepares, packages, or delivers meals. This may be different than the value recorded in *line 21* which was specific to the area used for meals preparation, packaging, and delivery, but should not be smaller than the value recorded in *line 21*.

- *Line 35*: Specify any donations in kind received. These do not include volunteer hours or revenues from donations.

Section 4. Staff Training

- *Line 36*: Input the number of training hours that direct service staff receive during their first year with your agency.

- *Line 37*: Input the average number of training hours that direct service staff annually receive after their first year of employment.

C.6 Nursing

Two sheets will populate *4a. Nursing – Time* and *4b. Nursing– Pattern* if your organization provides any of the following services (the abbreviation in parentheses reference the program under which the service is delivered; see Section B.4 for a listing of program abbreviations):

- Private Duty Nursing (EPD-BSW)
- Private Duty Nursing – LPN (EPD-BSW)
- Private Duty Nursing – LPN (HCBS-SDMI)
- Private Duty Nursing – RN (EPD-BSW)
- Private Duty Nursing – RN (HCBS-SDMI)
- Private Duty Nursing (Medicaid State Plan) – LPN (DD)
- Private Duty Nursing (Medicaid State Plan) – RN (DD)
- Registered Nurse Supervision (EPD-BSW)
- Skilled Nursing (HHS)
- Specialized Nursing Services (EPD-BSW)
- Specialized Nursing Services (HCBS-SDMI)
- Specially Trained Attendant – LPN (EPD-BSW)
- Specially Trained Attendant – RN (EPD-BSW)

4a. Nursing – Time

See instructions in Section C under *4a. Service-Specific Worksheets – Time* for completing **Worksheet 4a** for the Nursing services listed above.

4b. Nursing – Pattern

Sections 1 through 7 in this worksheet ask questions relating to staffing patterns for this group of services. For each of the services listed above that you selected in the corresponding *4a. Time* worksheet, you will complete *lines 1 through 23a* under each service your organization provides.

Section 1. Caseload and Service Specifications

- *Line 1:* Record the number of individuals receiving each applicable service from your agency.

- *Line 2:* Input the average number of client visits that a staff or practitioner, nurse, or other staff conducts per week.

- *Line 3:* Input the average number of hours spent on a client visit with the client.

Section 2. Equipment & Supplies

- *Line 4:* If applicable, input the total cost of capital equipment directly related to service provision.

- *Line 5*: If applicable, input the average life in years of purchased equipment.

- *Line 6*: If equipment costs are noted in *line 4*, list the types of equipment included in the expense.

- *Line 7*: Input the total cost of program supplies directly related to service provision.

- *Line 8*: If program supply costs are noted in *line 7*, list the types of supplies included in the expense.

Section 3. Productivity

- *Line 9:* Input the number of hours per week that a direct service professional, nurse, or other staff is engaged in client-facing service delivery. This should equal the product of multiplying the answers in *lines 2 and 3*. For example, if a staff member has 10 client visits on average per week and each visit lasts three (3) hours on average, input 30 in *line 9* for the appropriate service.

- *Line 10:* Input the number of hours per week that a direct service professional, nurse, or other staff spends on recordkeeping activities related to service delivery, for example, completion of formal assessments.

- *Line 11:* Input the number of hours per week that a direct service professional, nurse, or other staff spends on recordkeeping activities, other than documentation that occurs during service provision. Do not include documentation associated with the completion of formal assessments.

- *Line 12:* Input the number of hours per week that a direct service professional, nurse, or other staff completes or participates in scheduled care planning meetings, including time that a direct care staff person is participating in Plan of Care (POC) meetings.

- *Line 13:* Input the number of hours per week that a direct service professional, nurse, or other staff is traveling between individual visits with clients.

- *Line 14:* Input the number of hours per week that a direct service professional, nurse, or other staff is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.

- *Line 15:* Input the number of hours per week that a direct service professional, nurse, or

other staff is engaged in other activities that are part of a typical week, but not listed on the survey.

- *Line 16:* Input the total number of hours worked and paid for in a week. The number in *line 16* should equal the sum of the values in *lines 9 through 15*, and *line 17* will auto-populate with "Yes" if the values are equal. If *line 17* says "No," review the values in this section to confirm that weekly hours for each activity sum to the total hours paid in a week.

Section 4. Supervisor Span of Control

- *Line 18*: Report how many staff or practitioners are supervised by one supervisor, on average.

Section 5. Staffing Patterns

- *Line 19*: Report how many individual clients are typically served by one staff person, on average. This is your average staff to client ratio.

Section 6. Staff Training

- *Line 20*: Input the number of training hours that direct service staff receive during their first year with your agency.

- *Line 21*: Input the average number of training hours that direct service staff annually receive after their first year of employment.

Section 7. Non-Medical Transportation

- *Line 22*: Record whether non-medical transportation is required for the client for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 22a*: If transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is required as a separate service, mark "No."

- *Line 23*: Record whether transportation is required for the staff for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 23a*: If staff transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is provided for staff as a separate service, mark "No."

C.7 Training

Two sheets will populate *4a. Training – Time* and *4b. Training – Pattern* if your organization provides any of the following services (the abbreviation in parentheses reference the program under which the service is delivered; see Section B.4 for a listing of program abbreviations):

- Family Training and Support (EPD-BSW)
- Group Parent/Guardian Training by BCBA or BcaBA with or without members present (M-ATS)
- Parent/Guardian Training by BCBA or BcaBA with or without Member Present (M-ATS)
- Caregiver Training and Support (DD)

4a. Training – Time

See instructions in Section C under *4a. Service-Specific Worksheets – Time* for completing **Worksheet 4a** for the Training services listed above.

4b. Training – Pattern

Sections 1 through 7 in this worksheet ask questions relating to staffing patterns for this group of services. For each of the services listed above that you selected in the corresponding *4a. Time* worksheet, you will complete *lines 1 through 23a* under the service your organization provides.

Section 1. Agency Caseload and Service Specifications

- *Line 1:* Record the number of individuals receiving each applicable service from your agency.

- *Line 2:* Input the average number of client visits that a staff or practitioner conducts per week.

- *Line 3:* Input the average number of hours spent on a client visit with the client.

Section 2. Equipment & Supplies

- *Line 4:* If applicable, input the total cost of capital equipment directly related to service provision.

- *Line 5*: If applicable, input the average life in years of purchased equipment.

- *Line 6*: If equipment costs are noted in *line 4*, list the types of equipment included in the expense.

- *Line 7*: Input the total cost of program supplies directly related to service provision.

- *Line 8*: If program supply costs are noted in *line 7*, list the types of supplies included in the expense.

Section 3. Productivity

- *Line 9:* Input the number of hours per week that a staff or practitioner is engaged in client-facing service delivery. This should equal the product of multiplying the answers in *lines 2 and 3*. For example, if a staff member has 10 client visits on average per week and each visit lasts three (3) hours on average, input 30 in *line 9* for the appropriate service.

- *Line 10:* Input the number of hours per week that a staff or practitioner spends on recordkeeping activities related to service delivery, for example, completion of formal assessments.

- *Line 11:* Input the number of hours per week that a staff or practitioner spends on recordkeeping activities, other than documentation that occurs during service provision. Do not include documentation associated with the completion of formal assessments.

- *Line 12:* Input the number of hours per week that a staff or practitioner completes or participates in scheduled care planning meetings, including time that a direct care staff person is participating in Plan of Care (POC) meetings.

- *Line 13:* Input the number of hours per week that a staff or practitioner is traveling between individual visits with clients.

- *Line 14:* Input the number of hours per week that a staff or practitioner is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.

- *Line 15:* Input the number of hours per week that a staff or practitioner is engaged in other activities that are part of a typical week, but not listed on the survey.

- *Line 16:* Input the total number of hours worked and paid for in a week. The number in *line 16* should equal the sum of the values in *lines 9 through 15*, and *line 17* will auto-populate with "Yes" if the values are equal. If *line 17* says "No," review the values in this section to confirm that weekly hours for each activity sum to the total hours paid in a week.

Section 4. Supervisor Span of Control

- *Line 18*: Report how many direct care workers are supervised by one supervisor, on average.

Section 5. Staffing Patterns

- *Line 19*: Report how many individual clients are typically served by one staff person, on average. This is your average staff to client ratio.

Section 6. Staff Training

- *Line 20*: Input the number of training hours that direct service staff receive during their

first year with your agency.

- *Line 21*: Input the average number of training hours that direct service staff annually receive after their first year of employment.

Section 7. Non-Medical Transportation

- *Line 22*: Record whether non-medical transportation is required for the client for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 22a*: If transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is required as a separate service, mark "No."

- *Line 23*: Record whether transportation is required for the staff for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 23a*: If staff transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is provided for staff as a separate service, mark "No."

C.8 Therapy

Two sheets will populate *4a. Therapy – Time* and *4b. Therapy – Pattern* if your organization provides any of the following services (the abbreviation in parentheses reference the program under which the service is delivered; see Section B.4 for a listing of program abbreviations):

- Acupuncture (EPD-BSW)
- Acupuncture (HCBS-SDMI)
- Adaptive Recreational Therapy (EPD-BSW)
- Adaptive Recreational Therapy (HCBS-SDMI)
- Chiropractic (EPD-BSW)
- Chiropractic (HCBS-SDMI)
- Comprehensive Day Treatment (EPD-BSW)
- Consultative Clinic and Therapeutic Services (EPD-BSW)
- CranioSacral Therapy (EPD-BSW)
- CranioSacral Therapy (HCBS-SDMI)
- Dialectical Behavior Therapy – Skill Development – Group (MMHS)
- Dialectical Behavior Therapy – Skill Development – Individual (MMHS)
- Hippotherapy (EPD-BSW)
- Hippotherapy (HCBS-SDMI)

- Hyperbaric Oxygen Therapy (EPD-BSW)
- Hyperbaric Oxygen Therapy (HCBS-SDMI)
- Illness Management and Recovery – Group (MMHS)
- Illness Management and Recovery – Individual (MMHS)
- Massage Therapy (EPD-BSW)
- Massage Therapy (HCBS-SDMI)
- Mind-Body Therapies (HCBS-SDMI)
- Mind-Body Therapies (EPD-BSW)
- Occupational Therapy (HHS)
- Pain and Symptom Management (HCBS-SDMI)
- Pain and Symptom Management – Negotiated with Upper Limit (EPD-BSW)
- Pain Mitigation Counseling/Coaching (EPD-BSW)
- Pain Mitigation Counseling/Coaching (HCBS-SDMI)
- Physical Therapy (HHS)
- Reflexology (EPD-BSW)
- Reflexology (HCBS-SDMI)
- Speech Therapy (HHS)
- Nutritionist Services - Medicaid State Plan (DD)
- Nutrition Classes, Nutritionist (EPD-BSW)
- Nutritional Counseling, Dietician (EPD-BSW)

4a. Therapy – Time

See instructions in Section C under *4a. Service-Specific Worksheets – Time* for completing **Worksheet 4a** for the Therapy services listed above.

4b. Therapy – Pattern

Sections 1 through 7 in this worksheet ask questions relating to staffing patterns for this group of services. For each of the services listed above that you selected in the corresponding *4a. Time* worksheet, you will complete *lines 1 through 28a* under each service your organization provides.

Section 1. Agency Caseload and Service Specifications

- *Line 1:* Record the number of individuals receiving each applicable service from your agency.

- *Line 2:* Respond whether services are offered in individual settings, group settings, or both. Different services may offer different setting types.

- *Line 3:* Input the average number of clients or groups, as applicable, that a staff or practitioner sees per week.

- *Line 4:* Input the average number of sessions or classes, as applicable, that a staff or practitioner holds per week.

- *Line 5:* Record the average length of a session or class, in hours.

- *Line 6:* Record the average square footage of *program space* per staff; this is the square footage of space used for client-facing service delivery.

- *Line 7:* Record the operating cost per square foot of program space.

- *Line 8:* Record the average length of time it takes for a staff member to complete an evaluation, in hours. This may be different from the average length of sessions or classes recorded in *line 5*.

Section 2. Equipment & Supplies

- *Line 9:* If applicable, input the total cost of capital equipment directly related to service provision.

- *Line 10*: If applicable, input the average life in years of purchased equipment.

- *Line 11*: If equipment costs are noted in *line 9*, list the types of equipment included in the expense.

- *Line 12*: Input the total cost of program supplies directly related to service provision.

- *Line 13*: If program supply costs are noted in *line 12*, list the types of supplies included in the expense.

Section 3. Productivity

- *Line 14:* Input the number of hours per week that a staff or practitioner is engaged in client-facing service delivery.

- *Line 15:* Input the number of hours per week that a staff or practitioner spends on recordkeeping activities related to service delivery, for example, completion of formal assessments.

- *Line 16:* Input the number of hours per week that a staff or practitioner spends on recordkeeping activities, other than documentation that occurs during service provision. Do not include documentation associated with the completion of formal assessments.

- *Line 17:* Input the number of hours per week that a staff or practitioner completes or participates in scheduled care planning meetings, including time that a direct care staff person is participating in Plan of Care (POC) meetings.

- *Line 18:* Input the number of hours per week that a staff or practitioner is traveling between individual visits with clients.

- *Line 19:* Input the number of hours per week that a staff or practitioner is engaged in

'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.

- *Line 20:* Input the number of hours per week that a staff or practitioner is engaged in other activities that are part of a typical week, but not listed on the survey.

- *Line 21:* Input the total number of hours worked and paid for in a week. The number in *line 21* should equal the sum of the values in *lines 14 through 20*, and *line 22* will auto-populate with "Yes" if the values are equal. If *line 22* says "No," review the values in this section to confirm that weekly hours for each activity sum to the total hours paid in a week.

Section 4. Supervisor Span of Control

- *Line 23*: Report how many therapists or practitioners are supervised by one supervisor, on average.

Section 5. Staffing Patterns

- *Line 24*: Report how many individual clients are typically served by one staff person, therapist, or practitioner on average. This is your average staff to client ratio.

Section 6. Staff Training

- *Line 25*: Input the number of training hours that direct service staff receive during their first year with your agency.

- *Line 26*: Input the average number of training hours that direct service staff annually receive after their first year of employment.

Section 7. Non-Medical Transportation

- *Line 27*: Record whether non-medical transportation is required for the client for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 27a*: If transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is required as a separate service, mark "No."

- *Line 28*: Record whether transportation is required for the staff for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 28a*: If staff transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If

transportation is bundled, mark "Yes;" if transportation is provided for staff as a separate service, mark "No."

C.9 Ambulatory Behavioral Health

Two sheets will populate *4a. Amb. Behavioral – Time* and *4b. Amb. Behavioral – Pattern* if your organization provides any of the following services (the abbreviation in parentheses reference the program under which the service is delivered; see Section B.4 for a listing of program abbreviations):

- Adaptive Behavior Treatment by Technician under Direction of BCBA or BcaBA (M-ATS)
- Adaptive Behavioral Treatment with Protocol Modification by BCBA or BcaBA (M-ATS)
- Behavioral Intervention Assistant by BCBA or BcaBA (CMH)
- Behavior Identification Supporting Assessment, One Technician (M-ATS)
- Behavioral Intervention Assistant (HCBS-SDMI)
- Behavioral Support Services (DD)
- Community-Based Psychiatric Rehabilitation and Support – Group (MMHS)
- Community-Based Psychiatric Rehabilitation and Support – Group (CMH)
- Community-Based Psychiatric Rehabilitation and Support – Individual (MMHS)
- Community-Based Psychiatric Rehabilitation and Support – Individual (NM-CSCI)
- Community-Based Psychiatric Rehabilitation and Support – Individual (CMH)
- Comprehensive School and Community Treatment (CMH)
- CSCT Intervention, Assessment and Referral (CMH)
- Home Support Services (CMH)
- Home Support Services Frontier Differential (CMH)
- Intensive Individual DBT Psychotherapy Services (MMHS)
- Medication-Assisted Therapy (SUD-M)
- Medication-Assisted Therapy (SUD-NM)
- Medication-Assisted Therapy – Intake (SUD-M)
- Medication-Assisted Therapy – Intake (SUD-NM)
- Montana Assertive Community Treatment – MACT (MMHS)
- Out of State Therapeutic Home Visit (CMH)
- Peer Support (Certified) Co-Occurring – Individual (SUD-M)
- Peer Support (Certified) – Group (SUD-NM)
- Peer Support (Certified) – Individual (MMHS)
- Peer Support (Certified) – Individual (SUD-M)
- Peer Support (Certified) – Individual (SUD-NM)
- Peer Support (Certified) Co Occurring – Individual (MMHS)
- Peer Support (Certified) Co Occurring – Individual (SUD-NM)
- Psychological Services (DD)
- Psychosocial Rehabilitation (SUD-NM)

- Youth Day Treatment (CMH)
- Group Intensive Treatment by BCBA or BcaBA (M-ATS)
- Group Intensive Treatment by Technician under Direction of BCBA or BcaBA (M-ATS)

4a. Amb. Behavioral – Time

See instructions in Section C under *4a. Service-Specific Worksheets – Time* for completing **Worksheet 4a** for the Ambulatory Behavioral Interventions services listed above.

4b. Amb. Behavioral – Pattern

Sections 1 through 7 in this worksheet ask questions relating to staffing patterns for this group of services. For each of the services listed above that you selected in the corresponding *4a. Time* worksheet, you will complete *lines 1 through 24a* under each service your organization provides.

Section 1. Agency Caseload and Service Characteristics

- *Line 1:* Record the number of individuals receiving each applicable service from your agency.

- *Line 2:* Respond whether services are offered in individual settings, group settings, or both. Different services may offer different setting types.

- *Line 3:* Input the average number of client visits that a staff or practitioner conducts per week.

- *Line 4:* Input the average number of hours spent on a client visit with the client.

Section 2. Equipment & Supplies

- *Line 5:* If applicable, input the total cost of capital equipment directly related to service provision.

- *Line 6*: If applicable, input the average life in years of purchased equipment.

- *Line 7*: If equipment costs are noted in *line 5*, list the types of equipment included in the expense.

- *Line 8*: Input the total cost of program supplies directly related to service provision.

- *Line 9*: If program supply costs are noted in *line 8*, list the types of supplies included in the expense.

Section 3. Productivity

- *Line 10:* Input the number of hours per week that a staff or practitioner is engaged in client-facing service delivery. Input the number of hours per week that a staff or practitioner is engaged in client-facing service delivery. This should equal the product of multiplying the answers in *lines 3 and 4*. For example, if a staff member has 10 client

visits on average per week and each visit lasts three (3) hours on average, input 30 in *line 10* for the appropriate service.

- *Line 11:* Input the number of hours per week that a staff or practitioner spends on recordkeeping activities related to service delivery, for example, completion of formal assessments.

- *Line 12:* Input the number of hours per week that a staff or practitioner spends on recordkeeping activities, other than documentation that occurs during service provision. Do not include documentation associated with the completion of formal assessments.

- *Line 13:* Input the number of hours per week that a staff or practitioner completes or participates in scheduled care planning meetings, including time that a direct care staff person is participating in Plan of Care (POC) meetings.

- *Line 14:* Input the number of hours per week that a staff or practitioner is traveling between individual visits with clients.

- *Line 15:* Input the number of hours per week that a staff or practitioner is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.

- *Line 16:* Input the number of hours per week that a staff or practitioner is engaged in other activities that are part of a typical week, but not listed on the survey.

- *Line 17:* Input the total number of hours worked and paid for in a week. The number in line 17 should equal the sum of the values in *lines 10 through 16*, and *line 18* will auto-populate with "Yes" if the values are equal. If *line 18* says "No," review the values in this section to confirm that weekly hours for each activity sum to the total hours paid in a week.

Section 4. Supervisor Span of Control

- *Line 19*: Report how many direct care workers or practitioners are supervised by one supervisor, on average.

Section 5. Staffing Patterns

- *Line 20*: Report how many individual clients are typically served by one staff person, on average. This is your average staff to client ratio.

Section 6. Staff Training

- *Line 21*: Input the number of training hours that direct service staff receive during their first year with your agency.

- *Line 22*: Input the average number of training hours that direct service staff annually

receive after their first year of employment.

Section 7. Non-Medical Transportation

- *Line 23*: Record whether non-medical transportation is required for the client for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 23a*: If transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is required as a separate service, mark "No."

- *Line 24*: Record whether transportation is required for the staff for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 24a*: If staff transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is provided for staff as a separate service, mark "No."

C.10 Hospitalization & Intensive Interventions

Two sheets will populate *4a. Hosp. & Intensive – Time* and *4b. Hosp. & Intensive – Pattern* if your organization provides any of the following services (the abbreviation in parentheses reference the program under which the service is delivered; see Section B.4 for a listing of program abbreviations):

- Acute Partial Hospitalization – Full Day (CMH)
- Acute Partial Hospitalization – Half Day (CMH)
- Acute Partial Hospitalization – Full Day (MMHS)
- Acute Partial Hospitalization – Half Day (MMHS)
- Adolescent SUD Intensive Outpatient (SUD-NM)
- Adolescent SUD Intensive Outpatient (SUD-M)
- Adult Low Tier SUD Intensive Outpatient (SUD-M)
- Adult High Tier SUD Intensive Outpatient (SUD-M)
- Adult Low Tier SUD Intensive Outpatient (SUD-NM)
- Adult High Tier SUD Intensive Outpatient (SUD-NM)
- Crisis Management Inpatient Hospital – Day One (NM-CSCI)
- Crisis Management Inpatient Hospital – Day Two (NM-CSCI)
- Crisis Management Inpatient Hospital – Day Three (NM-CSCI)
- Crisis Management Mental Health Center – Day One (NM-CSCI)
- Crisis Management Mental Health Center – Day Two (NM-CSCI)

- Crisis Management Mental Health Center – Day Three (NM-CSCI)
- Crisis Stabilization Program (MMHS)
- Sub-acute Partial Hospitalization – Full Day (CMH)
- Sub-acute Partial Hospitalization – Half Day (CMH)
- SUD Clinically Managed High-Intensity (Adult)/Medium-Intensity (Adolescent) Residential (SUD-M)
- SUD Clinically Managed High-Intensity (Adult)/Medium-Intensity (Adolescent) Residential (SUD-NM)
- SUD Clinically Managed Low Intensity – Room & Board (SUD-NM)
- SUD Clinically Managed Low Intensity – Women/Children Room & Board (SUD-NM)
- SUD Medically Monitored Intensive Inpatient (SUD-M)
- SUD Medically Monitored Intensive Inpatient (SUD-NM)
- SUD Partial Hospitalization (SUD-M)
- SUD Partial Hospitalization (SUD-NM)
- 59mpact (MMHS)
- PACT (MMHS)
- PACT Community Maintenance Program (MMHS)

4a. Hosp. & Intensive – Time

See instructions in Section C under *4a. Service-Specific Worksheets – Time* for completing **Worksheet 4a** for the Hospitalization Services and Intensive Interventions listed above.

4b. Hosp. & Intensive – Pattern

Sections 1 through 7 in this worksheet ask questions relating to staffing patterns for this group of services. For each of the services listed above that you selected in the corresponding *4a. Time* worksheet, you will complete *lines 1 through 26a* under each service your organization provides.

Section 1. Agency Caseload and Service Characteristics

- *Line 1:* Record the number of individuals receiving each applicable service from your agency.

- *Line 2:* Respond whether services are offered in individual settings, group settings, or both. Different services may offer different setting types.

- *Line 3:* Input the average number of client visits that a practitioner conducts per week.

- *Line 4:* Input the average number of hours spent on a client visit with the client.

Section 2. Equipment & Supplies

- *Line 5:* If applicable, input the total cost of capital equipment directly related to service provision.

- *Line 6*: If applicable, input the average life in years of purchased equipment.

- *Line 7*: If equipment costs are noted in *line 5*, list the types of equipment included in the expense.

- *Line 8*: Input the total cost of program supplies directly related to service provision.

- *Line 9*: If program supply costs are noted in *line 8*, list the types of supplies included in the expense.

Section 3. Productivity

- *Line 10:* Input the number of hours per week that a practitioner is engaged in client-facing service delivery. Input the number of hours per week that a practitioner is engaged in client-facing service delivery. This should equal the product of multiplying the answers in *lines 3 and 4*. For example, if a staff member has 10 client visits on average per week and each visit lasts three (3) hours on average, input 30 in *line 9* for the appropriate service.

- *Line 11:* Input the number of hours per week that a practitioner spends on recordkeeping activities related to service delivery, for example, completion of formal assessments.

- *Line 12:* Input the number of hours per week that a direct service professional spends on recordkeeping activities, other than documentation that occurs during service provision. Do not include documentation associated with the completion of formal assessments.

- *Line 13:* Input the number of hours per week that a direct service professional completes or participates in scheduled care planning meetings, including time that a direct care staff person is participating in Plan of Care (POC) meetings.

- *Line 14:* Input the number of hours per week that a direct service professional is traveling between individual visits with clients.

- *Line 15:* Input the number of hours per week that a direct service professional is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.

- *Line 16:* Input the number of hours per week that a direct service professional is engaged in other activities that are part of a staff professional's typical week, but not listed on the survey.

- *Line 17:* Input the total number of hours worked and paid for in a week. The number in *line 17* should equal the sum of the values in *lines 10 through 16*, and *line 18* will auto-populate with "Yes" if the values are equal. If *line 18* says "No," review the values in this section to confirm that weekly hours for each activity sum to the total hours paid in a week.

Section 4. Supervisor Span of Control

- *Line 19*: Report how many direct care workers or practitioners are supervised by one supervisor, on average.

Section 5. Staffing Patterns

- *Line 20*: Report how many individual clients are typically served by one staff person, on average. This is your average staff to client ratio.

- *Line 21*: Report how many individual clients are served *at most* by one staff person in your organization. For example, if the staff person with the highest caseload serves 12 clients (even if the average is 10), input 12 on *line 21*.

- *Line 22*: Report how many individual clients are served *at least* by one staff person in your organization. For example, if the staff person with the lowest caseload serves four (4) clients (even if the average is 10), input 4 on *line 22*.

Section 6. Staff Training

- *Line 23*: Input the number of training hours that direct service staff receive during their first year with your agency.

- *Line 24*: Input the average number of training hours that direct service staff annually receive after their first year of employment.

Section 7. Non-Medical Transportation

- *Line 25*: Record whether non-medical transportation is required for the client for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 25a*: If transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is required as a separate service, mark "No."

- *Line 26*: Record whether transportation is required for the staff for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 26a*: If staff transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is provided for staff as a separate service, mark "No."

C.11 Residential

Two sheets will populate *4a. Residential – Time* and *4b. Residential – Pattern* if your organization provides any of the following services (the abbreviation in parentheses reference the program under which the service is delivered; see Section B.4 for a listing of program abbreviations):

- Adult Foster Care (MMHS)
- Adult Foster Care – Therapeutic Leave (MMHS)
- Adult Foster Support – Low Supervision (DD)
- Adult Foster Support – Moderate Supervision (DD)
- Adult Foster Support – Enhanced Supervision (DD)
- Adult Foster Support – Intensive Supervision (DD)
- Assisted Living – Moderate (DD)
- Assisted Living – Enhanced (DD)
- Assisted Living – Other (DD)
- Behavioral Health Group Home (MMHS)
- Community Residential Rehabilitation (EPD-BWS)
- Congregate Living – Children's (DD)
- Congregate Living – Hourly (DD)
- Congregate Living – Medical (DD)
- Congregate Living – Other (DD)
- Permanency Therapeutic Foster Care (CMH)
- Remote Monitoring (DD)
- Res. Hab. – Adult Group Home (HCBS-SDMI)
- Res. Hab. – Assisted Living Facilities and Adult Foster Homes (EPD-BWS)
- Res. Hab. – Assisted Living Facilities and Adult Foster Homes (HCBS-SDMI)
- Res. Hab. – Child Foster Care (EPD-BSW)
- Res. Hab. – Group Home (EPD-BSW)
- Res. Hab. – Intensive Mental Health Group Home (HCBS-SDMI)
- Res. Hab. – Mental Health Group Home (HCBS-SDMI)
- Res. Hab. Supported Living – Base (DD)
- Res. Hab. Supported Living – Flex (DD)
- Res. Hab. Supported Living (Small agency) – Medium Geo. Factor (DD)
- Res. Hab. Supported Living (Small agency) – High Geo. Factor (DD)
- Res. Hab. Supported Living (Small agency) – No Geo. Factor (DD)
- Res. Hab. Supported Living – Medium Geo. Factor (DD)
- Res. Hab. Supported Living – High Geo. Factor (DD)
- Res. Hab. Supported Living – Rural Remote (DD)
- Res. Hab. Supported Living – No Geo. Factor (DD)

- Residential Habilitation – TBI-AR (EPD-BSW)
- Residential Training Support – Medium Geo. Factor (DD)
- Residential Training Support – High Geo. Factor (DD)
- Residential Training Support – No Geo. Factor (DD)
- Residential Training Support (Small Agency) – Medium Geo. Factor (DD)
- Residential Training Support (Small Agency) – High Geo. Factor (DD)
- Residential Training Support (Small Agency) – No Geo. Factor (DD)
- Shelter Care (CMH)
- Supported Living (EPD-BSW)
- Therapeutic Foster Care (CMH)
- Therapeutic Youth Group Home (CMH)
- Therapeutic Youth Group Home – Therapeutic Home Leave (CMH)
- Extraordinary Needs Aide Services (CMH)

4a. Residential – Time

See instructions in Section C under *4a. Service-Specific Worksheets – Time* for completing **Worksheet 4a** for the Residential Services listed above.

4b. Residential – Pattern

Sections 1 through 7 in this worksheet ask questions relating to staffing patterns for this group of services. For each of the services listed above that you selected in the corresponding *4a. Time* worksheet, you will complete *lines 1 through 21a* under each service your organization provides.

Section 1. Home and Service Characteristics

- *Line 1:* Record the number of residences or homes operated by your organization under each service.

- *Line 2:* Record the number of residential coordinators employed by your organization. If coordinators work across services, split the number of coordinators across services based on the proportion of time spent on each service. For example, if your organization employs 35 residential coordinators, and they largely split time between Adult Foster Care, Residential Habilitation, and Supported Living, you may input "12", "12", and "11" in the Excel columns dedicated to those services.

- *Line 3:* Record the number of homes, on average, a coordinator is responsible for. This should equal the value in *line 2* divided by the value in *line 1*.

- *Line 4:* Input the average number of clients per home operated by your organization under each service.

- *Line 5:* Record the average number of *absence days* per consumer per month; these may be due to hospitalization, vacation, or other reasons. These are days the consumer does not spend in the home each month.

- *Line 6:* Record the number of zero occupancy days, per home, per year. For example, if you operate 5 homes under a service and each home has 16 zero occupancy days per year, input 16 for the applicable service (*do not input the product of 5 and 16, in this example*).

- *Line 7:* Write the types of residences or homes where services are delivered. These may include, but are not limited to: group home, foster home, family home, participant's home.

- *Lines 8 and 8a*: Indicate in *line 8* whether services and service rates vary based on an identified characteristic such as geography, level of intensity, provider type, client income, or other characteristics. If you select "Yes" in *line 8*, use *line 8a* to specify the relevant characteristic which affects services and service rates.

Section 2. Equipment & Supplies

- *Line 9:* If applicable, input the total cost of capital equipment directly related to service provision.

- *Line 10*: If applicable, input the average life in years of purchased equipment.

- *Line 11*: If equipment costs are noted in *line 9*, list the types of equipment included in the expense.

- *Line 12*: Input the total cost of program supplies directly related to service provision.

- *Line 13*: If program supply costs are noted in *line 12*, list the types of supplies included in the expense.

Section 3. Supervisor Span of Control

- *Line 14*: Report how many direct care workers or practitioners are supervised by one supervisor, on average.

Section 4. Staffing Patterns

- *Line 15*: Report how many individual clients are typically served by one staff person, on average. This is your average staff to client ratio.

- *Line 16*: Report how many individual clients are served *at most* by one staff person in your organization. For example, if the staff person with the highest caseload serves 15 clients (even if the average is 10), input 15 on *line 16*.

- *Line 17*: Report how many individual clients are served *at least* by one staff person in your organization. For example, if the staff person with the lowest caseload serves five

(5) clients (even if the average is 10), input 5 on *line 17*.

Section 5. Staff Training

- *Line 18*: Input the number of training hours that direct service staff receive during their first year with your agency.

- *Line 19*: Input the average number of training hours that direct service staff annually receive after their first year of employment.

Section 6. Transportation

- *Line 20*: Record whether non-medical transportation is required for the client for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 20a*: If transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is required as a separate service, mark "No."

- *Line 21*: Record whether transportation is required for the staff for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 21a*: If staff transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is provided for staff as a separate service, mark "No."

C.12 PRTF

Two sheets will populate *4a. PRTF – Time* and *4b. PRTF – Pattern* if your organization provides any of the following services (the abbreviation in parentheses reference the program under which the service is delivered; see Section B.4 for a listing of program abbreviations):

- In-State PRTF (CMH)
- In-State PRTF Therapeutic Home Visit (CMH)
- In-State PRTF Assessment Services (CMH)

4a. PRTF – Time

See instructions in Section C under *4a. Service-Specific Worksheets – Time* for completing **Worksheet 4a** for the PRTF services listed above.

4b. PRTF – Pattern

Sections 1 through 8 in this worksheet ask questions relating to staffing patterns for this group of services. For each of the services listed above that you selected in the corresponding *4a.*

Time worksheet, you will complete *lines 1 through 29a* under each service your organization provides.

Section 1. Facility Details

- *Line 1:* Record the total number of licensed facility beds your organization operates.

- *Line 2:* Of the total number of beds recorded in *line 1*, record the maximum number of facility beds utilized during the reported fiscal year. This should include all residential facility beds utilized, including PRTF, RTC, crisis shelter beds, etc. The number of beds reported may be less than or equal to the number of beds the facility is licensed to provide. For example, if the facility utilized 80 PRTF beds and 20 crisis shelter beds during the reported fiscal year, the best answer here would be 100 beds.

- *Line 3:* Of the total number of beds recorded in *line 1*, record the maximum number of PRTF beds utilized during the reported fiscal year. The number of beds reported may be less than or equal to the number of beds the facility is licensed to provide. For example, if the facility is licensed for 120 PRTF beds, but only utilized 80 PRTF beds during the reported FY, the best answer here would be 80 beds.

- *Line 4*: Record the total number of days your facility was open and operational during the reported fiscal year. If the provider offered services every day of the year, the number of operational days would be 365. Nonoperational days are those days when the facility is considered closed, and no staff or students are present.

- *Line 5:* Record the total PRTF facility resident days over the reported fiscal year. If a facility provided PRTF services for one child for 100 days and a second child for 250 days, the total number of resident days is 350 days.

- *Line 6:* Record the total number of PRTF admissions (including readmissions) over the requested time period. The total number of admissions reported should reflect the number of newly admitted children during the reported fiscal year as well as the number of children admitted during the previous fiscal year but still residing in the facility.

- *Line 7:* Input the unduplicated number of PRTF residents your facility served over requested time period. The total number of unduplicated residents should reflect the unduplicated number of newly admitted children during the reported fiscal year (including the number of children admitted during the previous fiscal year but still residing in the facility). Facilities that readmitted a child during the same fiscal year should only count that child once.

Section 2. Types of Specialized Treatments Offered

- *Line 8:* This line and the fifteen proceeding lines, *line 8a* through *line 8o*, ask for the types of specialized treatments included in your PRTFs. For each treatment specified in *line 8a* through *line 8o*, mark "Yes" if your facility offers that treatment. The number, out

of 15 (including an opportunity for you to specify "Other" treatments in *line 8o*), will populate *line 8* under each applicable service.

Section 3. Equipment & Supplies

- *Line 9:* If applicable, input the total cost of capital equipment directly related to service provision.

- *Line 10*: If applicable, input the average life in years of purchased equipment.

- *Line 11*: If equipment costs are noted in *line 9*, list the types of equipment included in the expense.

- *Line 12*: Input the total cost of program supplies directly related to service provision.

- *Line 13*: If program supply costs are noted in *line 7*, list the types of supplies included in the expense.

Section 4. Productivity

- *Line 14:* Input the number of hours per week that a direct care professional is engaged in client-facing service delivery.

- *Line 15:* Input the number of hours per week that a direct care professional spends on recordkeeping activities related to service delivery, for example, completion of formal assessments.

- *Line 16:* Input the number of hours per week that a direct care professional spends on recordkeeping activities, other than documentation that occurs during service provision. Do not include documentation associated with the completion of formal assessments.

- *Line 17:* Input the number of hours per week that a direct care professional completes or participates in scheduled care planning meetings, including time that a direct care staff person is participating in Plan of Care (POC) meetings.

- *Line 18:* Input the number of hours per week that a direct care professional is traveling between individual visits with clients.

- *Line 19:* Input the number of hours per week that a direct care professional is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.

- *Line 20:* Input the number of hours per week that a direct care professional is engaged in other activities that are part of a staff professional's typical week, but not listed on the survey.

- *Line 21:* Input the total number of hours worked and paid for in a week. The number in *line 21* should equal the sum of the values in *lines 14* through *20*, and *line 22* will auto-populate with "Yes" if the values are equal. If *line 22* says "No," review the values in this section to confirm that weekly hours for each activity sum to the total hours paid in a week.

Section 5. Supervisor Span of Control

- *Line 23*: Report how many direct care professional staff or practitioners are supervised by one supervisor, on average.

Section 6. Staffing Patterns

- *Line 24*: Report how many individual clients are typically served by one staff member, on average. This is your average staff to client ratio.

Section 7. Staff Training

- *Line 25*: Input the number of training hours that staff receive during their first year with your agency.

- *Line 26*: Input the average number of training hours that staff annually receive after their first year of employment.

Section 8. Non-Medical Transportation

- *Line 27*: Record whether non-medical transportation is required for the client for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 27a*: If transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is required as a separate service, mark "No."

- *Line 28*: Record whether transportation is required for the staff for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 28a*: If staff transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is provided for staff as a separate service, mark "No."

C.13 Self-Directed Supp.

Two sheets will populate *4a. Self-Directed Supp. – Time* and *4b. Self-Directed Supp. – Pattern* if your organization provides any of the following services (the abbreviation in parentheses reference the program under which the service is delivered; see Section B.4 for a listing of program abbreviations):

- Financial Manager (EPD-BSW)
- Fiscal Agent Admin Fee (DD)
- Independence Advisor (EPD-BSW)
- Supports Broker – Self-Direction (DD)

4a. Self-Directed Supp. – Time

See instructions in Section C under *4a. Service-Specific Worksheets – Time* for completing **Worksheet 4a** for the Supports for Self-Directed Services listed above.

4b. Self-Directed Supp. – Pattern

Sections 1 through 6 in this worksheet ask questions relating to staffing patterns for this group of services. For each of the services listed above that you selected in the corresponding *4a. Time* worksheet, you will complete *lines 1 through 15a* under each service your organization provides.

Section 1. Agency Caseload and Service Characteristics

- *Line 1:* Record the number of individuals receiving each applicable service from your agency.

- *Line 2:* Input the average number of client visits that a direct service professional conducts per week.

- *Line 3:* Input the average number of hours spent on a client visit with the client.

Section 2. Transition, Equipment & Supply Costs

- *Line 4:* Input the total cost per member per month to deliver supports for self-direction.

- *Line 5:* If applicable, input the total cost of capital equipment directly related to service provision.

- *Line 6*: If applicable, input the average life in years of purchased equipment.

- *Line 7*: If equipment costs are noted in *line 5*, list the types of equipment included in the expense.

- *Line 8*: Input the total cost of program supplies directly related to service provision.

- *Line 9*: If program supply costs are noted in *line 8*, list the types of supplies included in the expense.

Section 3. Supervisor Span of Control

- *Line 10*: Report how many staff or practitioners are supervised by one supervisor, on average.

Section 4. Staffing Patterns

- *Line 11*: Report how many individual clients are typically served by one staff person, on average. This is your average staff to client ratio.

Section 5. Staff Training

- *Line 12*: Input the number of training hours that direct service staff receive during their first year with your agency.

- *Line 13*: Input the average number of training hours that direct service staff annually receive after their first year of employment.

Section 6. Transportation

- *Line 14*: Record whether non-medical transportation is required for the client for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 14a*: If transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is required as a separate service, mark "No."

- *Line 15*: Record whether transportation is required for the staff for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 15a*: If staff transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is provided for staff as a separate service, mark "No."

C.14 Supported Employment

Two sheets will populate *4a. Supported Employment – Time* and *4b. Supported Employ. – Pattern* if your organization provides any of the following services (the abbreviation in parentheses reference the program under which the service is delivered; see Section B.4 for a listing of program abbreviations):

- Life Coach (HCBS-SDMI)
- Prevocational Services (EPD-BSW)
- Supported Employment (EPD-BSW)

- Supported Employment (HCBS-SDMI)
- Supported Employment – Co Worker Support (DD)
- Supported Employment – Co Worker Support – Self-Direction (DD)
- Supported Employment – Individual Employment Support (DD)
- Supported Employment – Individual Employment Support – Self-Direction (DD)
- Supported Employment Follow Along (DD)
- Supported Employment Follow Along – Self-Direction (DD)
- Supported Employment Small Group Hourly (DD)
- Supported Employment Small Group (DD)

4a. Supported Employment – Time

See instructions in Section C under *4a. Service-Specific Worksheets – Time* for completing **Worksheet 4a** for the Supported Employment services listed above.

4b. Supported Employ. – Pattern

Sections 1 through 7 in this worksheet ask questions relating to staffing patterns for this group of services. For each of the services listed above that you selected in the corresponding *4a. Time* worksheet, you will complete *lines 1 through 25a* under each service your organization provides.

Section 1. Agency Caseload and Service Specifications

- *Line 1:* Record the number of individuals receiving each applicable service from your agency.

- *Line 2:* Respond whether services are offered in individual settings, group settings, or both. Different services may offer different setting types.

- *Line 3:* Input the average number of client visits that a direct service professional conducts per week.

- *Line 4:* Input the average number of hours spent on a client visit with the client.

Section 2. Equipment & Supplies

- *Line 5:* If applicable, input the total cost of capital equipment directly related to service provision.

- *Line 6*: If applicable, input the average life in years of purchased equipment.

- *Line 7*: If equipment costs are noted in *line 5*, list the types of equipment included in the expense.

- *Line 8*: Input the total cost of program supplies directly related to service provision.

- *Line 9*: If program supply costs are noted in *line 8*, list the types of supplies included in the expense.

Section 3. Productivity

- *Line 10:* Input the number of hours per week that a direct service professional is engaged in client-facing service delivery. This should equal the product of multiplying the answers in *lines 3 and 4*. For example, if a staff member has 10 client visits on average per week and each visit lasts three (3) hours on average, input "30" in *line 9* for the appropriate service.

- *Line 11:* Input the number of hours per week that a direct service professional spends on recordkeeping activities related to service delivery, for example, completion of formal assessments.

- *Line 12:* Input the number of hours per week that a direct service professional spends on recordkeeping activities, other than documentation that occurs during service provision. Do not include documentation associated with the completion of formal assessments.

- *Line 13:* Input the number of hours per week that a direct service professional completes or participates in scheduled care planning meetings, including time that a direct care staff person is participating in Plan of Care (POC) meetings.

- *Line 14:* Input the number of hours per week that a direct service professional is traveling between individual visits with clients.

- *Line 15:* Input the number of hours per week that a direct service professional is engaged in 'employer time' and not performing direct service duties. Examples include staff meetings, filing employer required paperwork (not related to service delivery), and receiving counseling from a supervisor. Do not include time spent on training programs.

- *Line 16:* Input the number of hours per week that a direct service professional is engaged in other activities that are part of a staff professional's typical week, but not listed on the survey.

- *Line 17:* Input the total number of hours worked and paid for in a week. The number in *line 17* should equal the sum of the values in *lines 10 through 16*, and *line 18* will auto-populate with "Yes" if the values are equal. If *line 18* says "No," review the values in this section to confirm that weekly hours for each activity sum to the total hours paid in a week.

Section 4. Supervisor Span of Control

- *Line 19*: Report how many direct care workers or practitioners are supervised by one supervisor, on average.

Section 5. Staffing Patterns

- *Line 20*: Report how many individual clients are typically served by one staff person, on average. This is your average staff to client ratio.

Section 6. Staff Training

- *Line 21*: Input the number of training hours that direct service staff receive during their first year with your agency.

- *Line 22*: Input the average number of training hours that direct service staff annually receive after their first year of employment.

- *Line 23:* Input the average number of training hours that direct service staff receive at client work sites *without the client present* per year.

Section 7. Non-Medical Transportation

- *Line 24*: Record whether non-medical transportation is required for the client for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 24a*: If transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is required as a separate service, mark "No."

- *Line 25*: Record whether transportation is required for the staff for each service. This may mean that transportation is provided as a separate service (or "unbundled"), or that transportation is included in the service (or is "bundled" within a service title).

- *Line 25a*: If staff transportation is required for a service (if the response for the line above is "Yes"), record whether transportation is "bundled" into the service. If transportation is bundled, mark "Yes;" if transportation is provided for staff as a separate service, mark "No."

C.15 Transportation

This grouping of sheets is different than for other service categories. Two sheets will populate *4a. Transportation Time & Wage* and *4b. Transp. Costs & Vehicles* if your organization provides any of the following services (the abbreviation in parentheses reference the program under which the service is delivered; see Section B.4 for a listing of program abbreviations):

- Non-Emergency Transportation – Mile (CFC/PAS)
- Transportation OTHER – taxi, bus pass, misc - (DD)
- Transportation – Mile (DD)
- Transportation – Self-Directed – Mile (DD)
- Transportation – Commute Individual – Month (DD)

- Transportation – Commute Individual Wheelchair Van – Month (DD)
- Transportation – Commute Shared – Month (DD)
- Transportation – Commute Shared Wheelchair Van – Month (DD)
- Transportation – Work/Day Integration (12 max/yr) – Ride or Trip (DD)
- Transportation – Work/Day Integration Wheelchair Van (regular unit rate times 20%) 12 max/yr – Ride or Trip (DD)
- Transportation – Residential Integration – (DD)
- Transportation – Residential Integration Wheelchair Van - (DD)
- Transportation – Mile (EPD-BSW)
- Transportation – Trip (EPD-BSW)
- Transportation – Mile (HCBS-SDMI)
- Transportation – Trip (HCBS-SDMI)

4a. Transportation Time & Wage

See instructions in Section C under *4a. Service-Specific Worksheets – Time* for completing **Worksheet 4a** for the Transportation services listed above.

4a. Transp. Cost & Vehicles

This worksheet collects information about the transportation services provided by your organization and the costs associated with provision of those services in three sections: Organizational Transportation Details, Cost Information, and Vehicle Types.

C. Organizational Transportation Details

- *Lines 1 through 4*: Report the number of one-way passenger trips your organization **provided as an unbundled service, or as one of the standalone services listed in Excel columns O through AH of the previous tab**: provided directly during the requested time period in *line 1*, paid a third party *personal provider* (such as a family member) to provide during the requested time period in *line 2*, paid a third party *commercial provider* to provide during the requested time period in *line 3,* and outsourced to public transit during the requested time period in *line 4*.

- *Lines 5 through 8*: Report the number of one-way passenger trips your organization **provided as part of a bundled service, or as part of another day program, residential, or other service which included transportation but was not solely transportation**: provided directly during the requested time period in *line 5*, paid a third party *personal provider* (such as a family member) to provide during the requested time period in *line 6*, paid a third party *commercial provider* to provide during the requested time period in *line 7,* and outsourced to public transit during the requested time period in *line 8*.

2. Cost Information

- **Excel row 22, Transportation-Related Salaries and Wages** will automatically calculate the sum of *line 9* through *line 16*.

- *Lines 9 through 16:* Report dollar amounts for the annual salaries and wages for drivers, transportation aides, vehicle maintenance workers, transportation supervisors or coordinators, and administrative employees as related to transportation. These should be reported in aggregate; for example, if you have four drivers on staff each making $45,000 annually, you should report $180,000 in *line 9*.

- *Line 14*: Report the aggregate dollar amount spent to reimburse volunteer drivers.

- *Line 15*: If your organization pays other salaries and wages related to the provision of transportation services, describe those here and report the aggregate "Other" salaries and wages in the appropriate column.

- *Line 16*: Report the aggregate dollar amount spent on purchased transportation during the indicated provider fiscal year. Purchased transportation includes costs for public transit, but should not include contracted transportation services. Contracted services should be reported on *line 31* through *line 33.* **Excel row 30, Purchased Transportation Services** will automatically equal the amount in *line 16*.

- **Excel row 32, Facility and Equipment-Related Expenses** will automatically calculate the sum of *line 17* through *line 30*.

- *Lines 17 through 25*: Allocate dollar amounts spent on operator training and licensure, automobile insurance, registration, materials and supplies (including fuel and lubricants, tires, etc), utilities relating to transportation, technology and communication related to transportation, passenger revenue vehicles, service vehicles, and general administration related to transportation in the appropriate lines.

- *Lines 26 through 29:* Report the expenses realized during the requested time period on vehicle depreciation, property depreciation (related to transportation), capital leases amortization, and land improvements amortization.

- *Line 30*: Report the aggregate dollar amount spent on lease payments during the requested time period.

- **Excel row 47, Contracted Services** will automatically calculate the sum of *lines 31, 32, and 33*.

- *Lines 31 through 33*: Report the aggregate dollar amounts spent on contracted transportation services, contracted maintenance services, and other contracted services, respectively, during the requested time period.

- **Excel row 51, Total Transportation-Related Expenses** will automatically calculate the total sum of all transportation costs from this section.

- *Line 34*: Select "Yes" once you have **confirmed** that the expenses and costs reported in this section were also reported in **Worksheet 2. Total Costs.**

3. Vehicle Types

- *Line 35*: The total number of **vehicles owned** will automatically calculate in *line 35* based on the numbers of vehicles owned you report for each vehicle type. Record the number of sedans or station wagons owned in *line 35a*, the number of minivans owned in *line 35b*, the number of small buses or vans owned in *line 35c*, the number of medium buses (which can hold 11-20 passengers) owned in *line 35d*, and the number of large buses (which can hold more than 20 passengers) owned in *line 35e.*

- *Line 36*: The total number of **vehicles leased** will automatically calculate in *line 36* based on the numbers of vehicles leased you report for each vehicle type. Record the number of sedans or station wagons leased in *line 36a*, the number of minivans leased in *line 36b*, the number of small buses or vans leased in *line 36c*, the number of medium buses (which can hold 11-20 passengers) leased in *line 36d*, and the number of large buses (which can hold more than 20 passengers) leased in *line 36e.*

- *Line 37*: Record the average number of trips each vehicle in your organization makes per day. For example, if you lease or own four (4) vehicles which make 24 one-way trips per day *total*, report "6" in this line.

- *Line 38*: Record the average number of minutes each vehicle in your organization is in use per day. For example, if you lease or own four (4) vehicles which spend 12 total hours in use a day on average, you would report "180" in this line, since each vehicle is in use for 3 hours per day on average.

- *Line 39*: Report the average number of minutes per day each vehicle in your organization is in use *with a passenger*, or loaded. The sum of *line 39* and *line 40* should equal the value in *line 38*.

- *Line 40*: Report the average number of minutes per day each vehicle in your organization is in use *without a passenger*, or empty. The sum of *line 39* and *line 40* should equal the value in *line 38*.

- *Line 41*: Report the average number of miles per day each vehicle in your organization travels *with a passenger*, or loaded.

- *Line 42*: Report the average number of miles per day each vehicle in your organization travels *without a passenger*, or empty.

C.X Service and Service-Specific Worksheet Crosswalk

Program	Service	Service-Specific Worksheet
Adult Behavioral Health		
HCBS for Adults with Severe Disabling Mental Illness (HCBS-SDMI)	Adult Day Care	Day
	Behavioral Intervention Assistant	Amb. Behavioral
	Case Management	Case Management
	Consultative Clinical and Therapeutic Services	Therapy
	Homemaker Chores	Home-Based
	Life Coach	Supported Employment
	Meal Services (Nutrition)	Meals
	Pain and Symptom Management	Therapy
	Personal Assistance Attendant Agency	Home-Based
	Personal Assistance Attendant/Oversight Self-directed	Home-Based
	Private Duty Nursing	Nursing
	Residential Habilitation – Adult Group Home	Residential
	Residential Habilitation – Mental Health Group Home	Residential
	Residential Habilitation – Intensive Mental Health Group Home	Residential
	Residential Habilitation – Assisted Living Facilities and Adult Foster Homes	Residential

Program	Service	Service-Specific Worksheet
	Respite Care	Respite & Support
	Specialized Nursing Services	Nursing
	Supported Employment	Supported Employment
	Transportation	Transportation
Medicaid Behavioral Health Targeted Case Management (MBH-TCM)	Targeted Case Management	Case Management
Medicaid Mental Health Services Individuals 18 years of age and older (MMHS)	Adult Foster Care	Residential
	Behavioral Group Home	Residential
	Community-based Psychiatric Rehabilitation & Support	Amb. Behavioral
	Crisis Stabilization	Amb. Behavioral
	Day Treatment	Day
	Dialectical Behavior Therapy	Therapy
	Illness Management	Therapy
	Intensive Psychotherapy Services	Amb. Behavioral
	MACT	Amb. Behavioral
	InPACT	Hosp. & Intensive
	PACT	Hosp. & Intensive
	PACT Community Maintenance Program	Hosp. & Intensive
	Partial Hospitalization	Hosp. & Intensive
	Peer Supports	Amb. Behavioral

Program	Service	Service-Specific Worksheet
Non-Medicaid 72 Hour Presumptive Eligibility Program for Crisis Stabilization & Crisis Intervention and Response Individuals 18 years of age and older (NM-CSCI)	Care Coordination	Case Management
	Crisis Management	Amb. Behavioral
	Community-based Psychiatric Rehabilitation & Support	Amb. Behavioral
Substance Use Disorder Medicaid Provider (SUD-M)	Medication-Assisted Treatment	Amb. Behavioral
	Intensive Outpatient	Hosp. & Intensive
	Partial Hospitalization (ASAM 2.5)	Hosp. & Intensive
	Clinically Managed High-Intensity Adult/ Medium-Intensity Adolescent (ASAM 3.5)	Hosp. & Intensive
	Medically Monitored Intensive Inpatient (ASAM 3.7)	Hosp. & Intensive
	Peer Support	Amb. Behavioral
Substance Use Disorder Non-Medicaid Provider (SUD-NM)	Case Consultation	Amb. Behavioral
	Clinically Managed High-Intensity Adult/ Medium-Intensity Adolescent (ASAM 3.5)	Hosp. & Intensive
	Clinically Managed Low Intensity Room and Board (ASAM 3.1)	Hosp. & Intensive
	Clinically Managed Low Intensity Women/Children Room and Board (ASAM 3.1)	Hosp. & Intensive
	Medically Monitored Intensive Inpatient (ASAM 3.7)	Hosp. & Intensive
	Partial Hospitalization (ASAM 2.5)	Hosp. & Intensive

Program	Service	Service-Specific Worksheet
	Medication Assisted Therapy / Treatment	Amb. Behavioral
	Intensive Outpatient	Hosp. & Intensive
	Peer Support	Amb. Behavioral
	Psychosocial Rehabilitation	Amb. Behavioral
	School Based Services	Day
Other Targeted Case Management (TCM-OTHER)	Case Management for High Risk Pregnant Women	Case Management
	Case Management for Children and Youth with Special Health Needs	Case Management
Children's Mental Health		
Children's Mental Health (CMH)	Community-based Psychiatric Rehabilitation & Support (CBPRS)	Amb. Behavioral
	Comprehensive School and Community Treatment (CSCT)	Amb. Behavioral
	Extraordinary Needs Aide Services	Residential
	Home Support Services	Home-Based
	Partial Hospitalization	Hosp. & Intensive
	Permanency Therapeutic Foster Care	Therapy
	Psychiatric Residential Treatment Facility (PRTF)	PRTF
	Respite Care	Respite & Support
	Shelter Care	Residential

Program	Service	Service-Specific Worksheet
	Therapeutic Foster Care	Residential
	Therapeutic Group Home	Residential
	Targeted Case Management – SED	Case Management
	Youth Day Treatment	Amb. Behavioral
Senior and Long Term Care		
Community First Choices / Personal Attendant Services (CFC/PAS)	Community Supports	Home-Based
	Personal Assistance Services Agency	Home-Based
	Personal Assistance Services Self-Directed	Home-Based
	Medical Escorts	Home-Based
	Specially Trained Attendant	Home-Based
	Transportation	Transportation
Home Health Services (HHS)	Physical Therapy	Therapy
	Occupational Therapy	Therapy
	Speech Therapy	Therapy
	Skilled Nursing	Nursing
	Home Health Aide	Home-Based
Elderly and Physically Disabled – Big Sky Waiver (EPD-BSW)	Adult Day Care	Day
	Community Residential Rehabilitation	Residential
	Community Supports Services	Home-Based
	Comprehensive Day Treatment	Therapy

Program	Service	Service-Specific Worksheet
	Day Habilitation	Day
	Special Child Care for Children	Day
	Consultative Clinical and Therapeutic Services	Therapy
	Family Training and Support	Training
	Financial Manager for Self-Directed	Self-Directed Supp.
	Homemaker	Home-Based
	Homemaker Chores	Home-Based
	Nutrition Classes (Nutritionalist)	Therapy
	Nutritional Counseling (Dietician)	Therapy
	Prevocational Services	Supported Employment
	Residential Habilitation – Assisted Living Facilities and Adult Foster Homes	Residential
	Residential Habilitation – Group Home (for Adults with Physical Disabilities)	Residential
	Residential Habilitation – Specialized Assisted Living Facilities (TBI/AR)	Residential
	Respite Care	Respite & Support
	Supported Employment	Supported Employment
	Independence Advisor for Self-Directed	Self-Directed Supp.
	Meal Services (Nutrition)	Meals

Program	Service	Service-Specific Worksheet
	Pain and Symptom Management	Therapy
	Personal Assistance Services Agency	Home-Based
	Personal Assistance Services Self-Directed	Home-Based
	Private Duty Nursing	Nursing
	Registered Nurse Supervision	Nursing
	Specialized Nursing Services	Nursing
	Specially Trained Attendant - LPN/RN	Nursing
	Senior Companion	Home-Based
	Supported Living	Residential
	Case Management	Case Management
	Transportation	Transportation
Developmental Disabilities (DD)		
Developmental Disabilities Program (DDP)	Adult Foster Support	Residential
	Assisted Living	Residential
	Behavioral Support Services	Amb. Behavioral
	Caregiver Training and Support	Training
	Companion	Home-Based
	Congregate Living	Residential
	Day Supports	Day
	Fiscal Agent Admin for Self-	Self-Directed Supp.

Program	Service	Service-Specific Worksheet
	Directed	
	Homemaker	Home-Based
	Meal Services (Home Delivered Meals)	Meals
	Nutritionist Services	Therapy
	Personal Care	Home-Based
	Private Duty Nursing	Nursing
	Psychological Services	Amb. Behavioral
	Supported Living	Residential
	Remote Monitoring	Residential
	Residential Training Support	Residential
	Respite Care	Respite & Support
	Retirement Services	Day
	Supported Employment	Supported Employment
	Supports Broker for Self-Directed	Self-Directed Supp.
	Transportation	Transportation
Medicaid Autism Treatment Services or Applied Behavioral Analysis Services (M-ATS)	Adaptive Behavior Treatment	Amb. Behavioral
	Behavior Identification Assessment / Supporting Assessment	Amb. Behavioral
	Group Intensive Treatment	Amb. Behavioral
	Parent / Guardian Training	Training
Targeted Case Management (TCM-DD)	Targeted Case Management	Case Management