Attachment 2: Provider Survey Instructions

Rhode Island Department of Behavior Healthcare,
Developmental Disabilities and Hospitals

New Rate and Payment Options Study Provider Survey

Provider Survey Instructions

April 22, 2022

– distributed by –

BURNS & ASSOCIATES

A Division of Health Management Associates

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INTRODUCTION

The Rhode Island Department of Behavior Healthcare, Developmental Disabilities and Hospitals (BHDDH) is in the process of reviewing payment rates and policies for services for individuals with intellectual and developmental disabilities. Burns & Associates, a division of Health Management Associates (HMA-Burns), has been contracted to assist with this rate study.

The following services are included in the rate study:

- Support Coordination
- Residential Habilitation
- Non-Congregate Residential Supports
- Shared Living Arrangements
- Community-Based Supports
- Overnight Shared Supports
- Natural Supports Training
- Respite
- Professional Services

- Support Facilitation
- Supports Broker
- Day Program
- Prevocational Training
- Job Assessment and Development
- Job Coaching
- Job Retention
- Transportation

As part of the rate study, HMA-Burns has developed a survey to collect data regarding providers' service delivery designs and costs. These instructions are intended to assist providers to complete the survey.

The survey is voluntary, but all providers are strongly encouraged to participate as the information collected will be a key consideration in the rate study.

Data collected through this survey will be used solely for the purpose of evaluating provider payment rates for the services listed above. Only aggregated data will be reported; no provider-specific information will be published.

Assistance with the Survey

B&A recognizes that the survey can be complicated, and has established several resources to assist agencies in completing the survey:

- Guidance for many questions is embedded in the survey itself. Within the survey, select the "ⓘ" icons to access more detailed instructions.

- These instructions supplement the embedded directions and should be reviewed before completing the survey.

- B&A has recorded a webinar to provide a detailed walk-through of the survey instrument. The webinar can be accessed through the web page established for this project at https://www.burnshealthpolicy.com/rhodeislandrate-pmtoptions/. All providers are encouraged to listen to the instructional webinar.

- Providers may contact Steven Abele with B&A at any time during the survey period at sabele@healthmanagement.com or (602) 466-9841 for assistance or questions.

Overview of the Survey

The survey is a Microsoft Excel file compatible with Excel 2010 and newer versions. Broadly, it is designed to collect information in six primary areas:

- Wages and Benefits of Administration and Program Support Staff

- Direct Support Staff Wages, Turnover, and Training

- Allocation of Direct Support Staff Work Hours

- Benefits for Direct Support Staff

- Non-Staff Operating Costs

- Service-Specific Productivity and Other Factors

All providers should complete the forms related to Administrative and Program Support Staff; Direct Support Staff Wages, Turnover, and Training; Allocation of Direct Support Staff Hours; and Direct Support Staff Benefits; and Non-Staff Operating Costs. Each individual service has its own Productivity and Other Factors form. Agencies should only complete the forms for the services they provided during the fiscal year in which survey information is being reported.

Throughout the survey, fields in which users may report data are shaded in light green. Examples are shaded in grey. Dark green fields are automatically calculated based upon other responses.

Completing and Submitting the Survey

All reported revenue and cost data should reflect providers' most recently completed fiscal year. The staffing pattern sections should reflect current operations.

Recognizing the significant disruption caused by the COVID-19 pandemic, the survey includes a form is to report the impacts that the pandemic has had on operating expenses, services, participants, and other areas. Information reported on this form can include all expenses and impacts since the onset of the COVID-19 pandemic through the fiscal year reported.

When saving the survey, add your agency's name to the beginning of the file name; e.g., "ABC Agency BHDDH Rate Study Provider Survey".

The deadline for submitting completed surveys is May 31, 2022. Submit completed surveys to Barry Smith at bsmith@healthmanagement.com.

Partially completed surveys will be accepted. If any information requested in the survey is unavailable, leave that field blank. Similarly, if there is any schedule that your agency cannot complete, that form may be left blank. Even if a submitted survey is incomplete, the information that your agency is able to provide will be considered as part of the analysis of survey responses.

If there are any factors that you believe should be considered but were not included in the survey, note those issues (and any other comments) in the transmittal email when submitting the survey. You may also submit any other documentation that you would like considered as part of this study.

DEFINITIONS

Direct Care Staff

The survey uses the general term "direct care staff" to refer to any staff person that provides direct services to individuals. This term is meant to encompass all service-providing staff, including both direct support professionals and clinical staff such as psychologists and nurses.

Administration, Program Support, and Direct Care

The survey asks providers to differentiate between direct care, program support, and administrative costs. There are not always clear distinctions between these categories and definitions of these terms vary. For the purposes of this survey, the following guidelines should be used:

Direct Support	Includes the payroll costs of direct care staff, which include staff employed or contracted by the agency to provide direct services. Direct care expenses also include transportation expenses for individuals served, the physical space in which programs are delivered (e.g., the room in which a day program is operated), and program materials and supplies (e.g., art supplies).
Program Support	Includes expenses that are neither direct care nor administrative. Such activities are program-specific, but cannot be attributed to an individual participant. Examples include the payroll costs for staff responsible for training direct care staff, program development, supervision, and quality assurance. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered program support.
Administration	Includes expenses associated with the operation of your organization and which benefit the entire organization. Employees who are typically considered administrative include executive management, finance/accounting, information technology, and human resource staff. Expenses associated with these staff (e.g., their office space, utilities, etc.) are also considered administrative.

'ADMIN STAFF' – ADMINISTRATIVE STAFF – SALARY AND BENEFIT COSTS

This is one of two forms that collect wage and benefit data for agency staff. This form is used to report information regarding the staff responsible for the administrative and program support functions of your organization while the second form collects information related to direct care staff. Direct care staff performing activities that are not direct care or billable, but that are related to their caseload (e.g., completing incident reports or attending planning meetings) are *not* considered administrative or program support so, in general, these staff should not be listed on this form.

For the purposes of the survey, the staff who provide recruitment, monitoring, and training to shared living arrangements are considered direct care staff and should be reported on the Direct Care Wages form.

Job Title	Enter the job title for each administrative or program support employee.
	If your organization has multiple employees within a given job title (e.g., three Human Resource Specialists), you may list them in the same row if their time is allocated similarly (e.g., each spends 100 percent of their time on administrative functions; see the discussion below for the Time Allocation columns).
	Any staff for whom no time/costs are allocated to your organization's I/DD program do not need to be reported.

Actual Wages	Report the wages (inclusive of salary, bonuses, and any other cash compensation) paid to the individual(s) included in each job title during the reported fiscal year.
	Only report actual wages paid, rather than salary levels (e.g., if an employee was hired midyear, report the actual wages they earned and not their annualized salary).
	Do not include reimbursement of expenses such as mileage.
Actual Cost of Payroll Taxes and Benefits	Report the cost to your organization during the reported fiscal year for payroll taxes (Social Security and Medicare, federal and state unemployment insurance, workers' compensation) and benefits such as health, dental, vision, and life insurance; retirement contributions; and other optional benefits for the staff within each job title.
	Only report costs paid by your organization. Exclude employee costs such as their share of health insurance premiums or retirement contributions. Similarly, if a benefit is available but an employee opts not to participate, no cost should be reported.
Time Allocation	For the employee(s) listed on each line, allocate their time using the nine columns provided. The total across the columns should equal 100 percent.

- The first three columns relate to time spent on your agency's I/DD programs, divided between administrative, program support, and direct support functions. Although this sheet is only intended to capture information regarding administrative and program support staff, the direct support column has been included because these staff, particularly in smaller agencies, may provide direct support at times.

- The next three columns relate to time spent on all other programs, also divided between administrative, program support, and direct support functions. These columns are included because some employees support multiple programs and it would be inappropriate to allocate all of their time to the I/DD programs. For example, an executive director may lead an agency that provides both I/DD and behavioral health services so only a portion of their time (and cost) should be allocated to the I/DD program.

- The next three columns relate to time associated with SSI/SSDI revenues (or other room and board related revenues), also divided between administrative, program support, and direct support functions. As above, these columns are included because some employees support multiple programs and it would be inappropriate to allocate all of their time to the I/DD programs.

- The last three columns relate to time associated with Investments/Grants/Fund Raising/Donation revenues, also divided between administrative, program support, and direct support functions. As above, these columns are included because some employees support multiple programs and it would be inappropriate to allocate all of their time to the I/DD programs.

If your agency does not already have a methodology for allocating costs across programs, it is recommended that your organization conduct a one-week time study in which staff maintain logs and record (no less frequently than once per hour) the program on which they are working. After that week, each employee's time would be allocated based on their log. For example, if an employee worked 40 hours and 10 of their hours were related to the I/DD programs, 25 percent of that employee's time would be allocated to direct support, administration, and/ or program support of the I/DD programs, as appropriate, with the remaining 75 percent reported in the All Other Programs column. If a time study is not feasible for your organization, contact HMA-Burns to discuss other potential allocation methodologies.

'OTHER EXPENSES' – GENERAL EXPENSES OTHER THAN STAFF SALARY AND BENEFITS

This sheet collects information for all non-wage and benefit expenses.

Expense Categories	For each category of expense, report the total expense for your agency's most recently completed fiscal year. Lines 21 through 25 are available to report expenses that do not fit well into the provided categories.
	It is understood that there may be some differences regarding how agencies categorize their expenses. Agencies are not required to report an amount for each listed expense and should use the categories that are closest to their own accounting classifications. For example, an agency's accounting system may combine advertisement expenses for job postings with other advertising expenses. In this case, the agency can report its total advertisement expense on Line 16 (advertising) rather than trying to break out the advertisement expense related to job postings on Line 11.

PROGRAM SUPPORT & DIRECT CARE STAFF COSTS

The survey includes three forms to collect information regarding program support and direct care staff.

'Program Support & Direct Care Staff' - Wages, Turnover, and Training

This form collects information regarding the wages paid to your agency's direct care and program support staff, including staff employed or contracted by your agency to provide direct care. Providers do not need to list staff who do not provide or support I/DD program services (e.g., staff who only provide mental health services do not need to be reported).

Under the Job Title column, individuals sharing a job title (e.g., "Caregiver") can be grouped on the same line, but must be reported on separate lines if individuals within a job title have different certification/ licensure or educational requirements (e.g., registered nurses and licensed practical nurses should not be combined as a single "nurse" job title), have different employment classifications (i.e., employee or contractor), or have a mix of supervisory and non-supervisory responsibilities.

'Program Support & Direct Care Staff'– Allocation of Work Hours by Service

This form seeks to allocate the work time of the staff reported on the Program Support & Direct Care Staff form. To complete this form, informed judgement will be necessary to estimate staff time over the course of the reported fiscal year.

The job titles listed on the Program Support & Direct Care Staff form are automatically transferred to this form. For the staff in each job title, report the percentage of their time spent on the service listed in each column during the reported fiscal year. For the listed services, consider both direct service time and

associated activities (e.g., time spent traveling between individuals), and program support. The final column covers all other services and activities, such as other, non-I/DD programs provided by your agency.

Only working hours should be considered when completing this form; do not include paid time off (holidays, vacation, or sick leave). Zeroes do not need to be reported. The total allocation of time across the columns should equal 100 percent. If it does not, an error message will appear to the right of the table.

'Direct Care Benefits' – Fringe Benefits for Direct Care Staff

This worksheet requests information regarding the benefits available to direct care staff. Consider only direct care staff when completing this worksheet.

There are separate columns for full-time and part-time direct care staff. For the purposes of the survey, full-time is defined as 30 hours per week.

'STAFFING PATTERN' SECTIONS

Many of the service-specific worksheets include a section that requests information regarding the 'Staffing Pattern' for a typical week for a direct care staff. These sections should reflect staff's current experience.

To complete this section, report the total number of hours that a direct care staff works in a typical week in the first line of the section. Then, in the remaining lines, report the activities in which they are engaged. The sum of hours for all reported activities must be equal to the total number of work hours reported on the first line of the section.

As necessary, there are 'Other activities' lines that can be used for responsibilities not provided on the predefined list. Do not use these lines to report hours associated with training, holidays, or paid time off as this information is collected elsewhere in the survey.

It is understood that the number of hours that a direct care staff works and how they spend their time may vary from week-to-week. To complete this section, informed judgement will be necessary to consider these variations and determine what constitutes a 'typical' week. This could be done for example, by considering how much time a direct care staff spends on each of these activities over the course of a year and then dividing that total by 52. For example, most direct care staff probably do not participate in an Individual Support Plan (ISP) meeting during a typical week. Rather, they may attend a handful of ISP meetings over the course of a year. Thus, if a direct support staff spends an average of 10 hours per year in ISP meetings, your agency would report 0.19 hours per week (10 divided by 52).

RESIDENTIAL HABILITATION – GROUP HOME SETTINGS; HOME DETAILS

NON-CONGREGATE RESIDENTIAL HABILITATION; HOME DETAILS

These worksheets request information related to the individuals residing in each residence as well as the staffing schedule and vehicles assigned to each residence. The survey includes room for eight locations. If your organization operates more than eight homes, make additional copies of the worksheet by right clicking on the tab named, for example, "ResSup-GH-Detail," selecting "Move or Copy" from the menu, then checking the box for "Create a copy" as seen in the screen capture to the right.
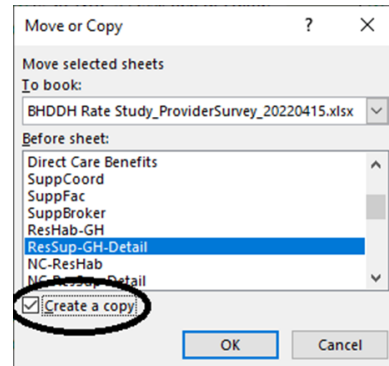
Line 3	The occupancy rate represents the percentage of days in the year all beds were assigned and occupied. The example below describes how occupancy rate should be calculated using a 4-bed home, where each bed was available for occupancy every day of the year.

	Days with Placement*	Days Available
Bed #1	365	365
Bed #2	365	365
Bed #3 [New placement during year]	93	365
Bed #4 [Individual left during the year]	311	365
Totals	**1,134**	**1,460**
Occupancy Rate (days with placement divided by days available)	**77.7%**	

* Includes days in which placed residents were absent (e.g., due to hospitalizations or out-of-home family visitations)

Lines 6a-6g	Record the number of scheduled staffing hours for each day of the week. As an example, consider the following schedule for a Monday:

> 12:00 AM – 6:00 AM one overnight staff (1 staff * 6 hours = **6 hours**)
>
> 6:00 AM – 8:00 AM two staff to fix breakfast, prepare residents for their day activities, etc. (2 staff * 2 hours = **4 hours**)
>
> 8:00 AM – 3:00 PM no staffing as residents are participating in day activities
>
> 3:00 PM – 5:00 PM one staff as residents are returning home (1 staff * 2 hours = **2 hours**)
>
> 5:00 PM – 10:00 PM two staff to fix dinner, assist with chores, etc. (2 staff * 5 hours = **10 hours**)
>
> 10:00 PM – 12:00 AM one overnight staff (1 staff * 2 hours = **2 hours**)

In this example, **24 total hours** would be reported for Monday.

SHARED LIVING ARRANGEMENT; HOME AND PARTICIPANT DETAILS

OVERNIGHT SHARED SUPPORTS; PRODUCTIVITY AND OTHER FACTORS

DAY PROGRAM; PRODUCTIVITY AND OTHER FACTORS

HOME-BASED DAY PROGRAM; PRODUCTIVITY AND OTHER FACTORS

PREVOCATIONAL TRAINING; PRODUCTIVITY AND OTHER FACTORS

These sheets collect information related to individual sites/programs offered by your organization. As with the instructions provided with the Home Details above, copies of these tabs may be made and inserted into the survey allowing data for additional site/programs to be reported.