



Healthy People. Healthy Communities.

Department of Public Health & Human Services

Montana Department of Public Health and Human Services

Provider Cost and Wage Survey FAQs

February 14, 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:



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Overview of Frequently Asked Questions (FAQs)

This document includes **Frequently Asked Questions (FAQs)** gathered through Guidehouse’s communications with the Montana Department of Public Health and Human Services (DPHHS), the live provider trainings we delivered on February 3 and 4, questions we have received through our survey-dedicated email address, as well as our experience assisting states with issuing similar cost and wage surveys so that we can best assist you in providing comprehensive, accurate information. If this document does not include an answer to your specific question, please feel free to email us directly with questions at MT-DPHHS-Rates@guidehouse.com.

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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 at 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.

AND

#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

BUT NOT

#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.

#5: Your organization only provides pharmacy or Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services.

While medications are an important part of service delivery, drug pricing is based on regulations, reimbursement methodologies and schedules outside the scope of this survey and analysis. Similarly, EPSDT is not within the scope of this survey. The same providers who deliver waiver private duty nursing services also provide these services for EPSDT. Therefore, Guidehouse may consider the need to coordinate or standardize EPSDT private duty nursing rates as part of final recommendations for DPHHS.

#6. Your organization provides services only in Nursing Facilities (NF).

Nursing facilities are specifically excluded from the survey and initial rate study. However, Guidehouse will conduct a **separate review** of Nursing Facility reimbursement through an additional task order, and Nursing Facility costs are already captured through required cost reports.

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

The provider cost and wage survey attempts to capture 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 Worksheets 4a and 4b 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.

General Questions

Q1. Where can I find the Survey template, instructions, or training material?

For survey material, please [click here](#) or review this website: https://clientsurvey.guidehouse.com/jfe/form/SV_enRYuZBkQXxlbsq. This website also includes the PowerPoint presented during the Survey Training Webinars conducted on February 3, 2022 and February 4, 2022. To access the recorded training session, please [click this link](#), or copy and paste the link: <https://attendee.gotowebinar.com/recording/3525840641535519746> on your web browser.

Q2. What protections are in place to assure confidentiality of completed surveys?

Survey responses will be submitted directly to DPHHS's contractor, Guidehouse Inc, through a secure file transfer. Instructions for how to complete the secure file transfer are included on DPHHS's public-facing [survey website](#). 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 for the rate study.

Q3. Please clarify the blue vs. gray boxes and which providers do not need to populate.

Providers should complete the blue boxes (or white boxes with check boxes), which are “unlocked” cells. Most gray boxes will autopopulate and are locked.

Q4. What should I do if I determine that information requested is unavailable or does not represent my organization accurately?

Please reach out to the Guidehouse Montana Rate Study Team at MT-DPHHS-Rates@guidehouse.com if you have concerns. We encourage you to provide as much information as you can. Ultimately, if you don't feel comfortable providing information or if information is not available to your organization, please leave fields blank or input “N/A” as indicated in the instructions.

Q5. What time period should I use for the data requested?

Please refer to the green text at the top of each Worksheet for the time period for data requested. For example, in Worksheet 2 you should report expenses from the entirety of your fiscal year 2019. In Worksheet 3, you should “check” the counties in which your organization operated (or served clients in their homes) at any point between October 1 and December 31, 2021. In Worksheet 4a, you should report wages which were accurate as of the October-December period, and should report total hours from those three months. The table below includes the time period for data requested in 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)
4b. Service-Specific – Pattern	Q4 2021 (Oct. 1 – Dec. 31, 2021)
5. Benefits	Q4 2021 (Oct. 1 – Dec. 31, 2021)
6. Additional Information	-

Q6. What is meant by “Provider’s Fiscal Year 2019”?

We recognize that each organization may operate on varied fiscal year begin dates and end dates. While some organizations may follow the State Fiscal Year cycle starting in July and ending in June of the following year, some organizations may follow a Calendar Year cycle starting in January and ending in December. Alternatively, organizations may also operate on a completely different one-year period. To offer flexibility in reporting data for 2019, organizations are requested to report information in Worksheet 1 and Worksheet 2 to align with their fiscal year 2019. Additionally, Lines 11 and 12 in Worksheet 1, Organizational Information request for the 2019 fiscal year begin date and end date.

Q7. Do I need to enter my ‘Provider Name’ in Excel Row Number 4 in every Worksheet?

No, Excel Row Number 4 in every Worksheet is autopopulated based on the ‘Provider Corporate Name’ that is entered on line 1 or Excel Row Number 10 in Worksheet 1, Organizational Information. Please note that the top panel in each Worksheet that includes Excel Row Number 1 through 7 is informational and auto populated, and the survey respondent need not enter any information in these rows.

Worksheet 1: Organizational Information

Q8. My agency provides some services out of scope of the rate study. How should I break out my revenues and costs?

In Worksheet 1, report all revenues from the years requested, even if some of those revenues (and any associated expenses, reported in Worksheet 2), are from programs which are not in scope for the survey. *Lines 29a through 29e* and *lines 30a through 30e* ask you to allocate revenues to Medicaid waiver programs, fundraising, and other sources; if you are unable to get to this level of detail, report total revenues and leave a note in *line 32* explaining that you were unable to break out certain revenue centers.

Q9. My agency operates multiple sites in Montana. Staff at most of these sites are in a union, but some sites are non-union. Should I complete two surveys, one for union staff and one for non-union staff?

You may complete one survey which encompasses all sites. You should answer “Yes” in *line 24*, but use your best judgment (for example, if staff at all but one of your sites were non-union, you might select “No” for this question). This is an opportunity to use the section for notes or clarifying comments at the bottom of this worksheet – let us know the specifics, for example, how many staff are unionized vs non-union in your agency.

Worksheet 2: Total Costs

Q10. My agency provides some services out of scope of the rate study. How should I break out my costs?

In Worksheet 2, report all costs from the year requested, even if some of those expenses (and any associated revenues, reported in Worksheet 1), are from programs which are not in scope for the survey. Understanding that some services use shared staff, space, and materials, we encourage you to allocate costs to separate cost centers as best you can. For example, if your organization pays \$100,000 in salaries to direct care staff and those staff typically split time evenly between Medicaid State Plan programs, Medicaid waiver programs, and non-Medicaid programs, then enter \$100,000 in *line 1* in **Excel column D** to represent total expenses. Then, enter \$33,000 in *line 1* under **Excel column E** and \$33,000 in *line 1* under **Excel column F**; *line 1* in **Excel column K** will auto-populate to \$34,000, reflecting the costs for direct care staff associated with non-Medicaid programs. Similarly, if facility rent is \$20,000 per year and your organization serves 90 percent Medicaid waiver participants and the other 10 percent pay privately, you may enter \$20,000 in *line 41* in **Excel column D**, \$18,000 in *line 41* in **Excel column F**, and *line 41* in **Excel column K** will auto-populate to \$2,000.

Q11. How can we best report cost information if we are unable to split revenues and expenses for a service category due to our billing processes and operations?

In Worksheet 2, you might find it easiest to complete *Total Costs* and report in Worksheet 6, under Additional Information, that the overall expenses and facility information reported in Worksheet 2 covers all services provided by your organization. If you cannot allocate costs amongst different programs in Worksheet 2, you should still be able to report job types and wages under the separate service-specific tabs of Worksheets 4a and 4b exclusive to each service.

Q12. We were not operational until after 2019 and therefore our costs for 2019 will not reflect our actual operating costs. How should we report our costs in this worksheet?

If your organization was not operational in 2019, please leave Worksheet 2, Total Costs blank. However, please report staff time and wage information under service-specific worksheets (Worksheet 4a) which are requested for a recent time period of October 1, 2021 through December 31, 2021. The information you provide in the service-specific worksheets will assist us in the rate setting process.

Q13. If my agency provides PRTF services and non-PRTF services and I complete two separate surveys as instructed, how should I complete Worksheet 2 in each survey?

The survey with PRTF services would include employee salaries, benefits and taxes, non-payroll administrative costs, non-payroll program support costs, and facility, equipment, and vehicle costs for only PRTFs. Similarly, the second survey for non-PRTF services should include only costs that are exclusive to the non-PRTF services provided by your organization. Please use an allocation method to separate PRTF expenses incurred by your organization in one survey from the non-PRTF expenses in the second survey. If you require clarifying information or guidance about your allocation method, please feel free to contact the Guidehouse team at MT-DPHHS-Rates@guidehouse.com.

Q14. What costs should be included in Excel column G – Expenses for Room and Board?

For Medicaid purposes, room and board comprises real estate costs (debt service, maintenance, utilities, and taxes) and raw food. The costs of preparing, serving and cleaning up after meals can be covered as a waiver service.

Q15. Where should client wages and taxes be included?

The survey does not include a discrete field for reporting client wages and taxes. To report these costs, please use lines 38-40. In the “(Specify)” field, identify these costs as “Client Wages and Taxes,” and if possible, note specific programs which incur these costs.

Q16. I can’t add rows for “Other Administrative Costs” or “Other Program Support Costs” but I have more than three categories to report. How should I do this so that the total nonpayroll administrative or program support costs are accurate?

Consider combining these into one line item for Other Costs in *lines 30 through 32* or *lines 38 through 40* and breaking them out in Worksheet 6 which offers a space for Additional Information.

Q17. My survey is for multiple locations. Which location should I report total square footage for?

Total square footage in *line 42* and square foot of administrative space in *line 43* should be summed across all locations.

Worksheet 3: Program Area

Q18. We serve clients from across the state – how should we reflect this in this worksheet?

This worksheet only asks where your agency delivers services, not where your clients live. If your agency operates in Lewis and Clark County but your clients travel in from surrounding counties like Teton County and Cascade County, you should only complete the line for Lewis and Clark County. However, if direct service professionals employed by your agency travel to clients' homes in Teton County and Cascade County to deliver home-based services, you should complete the lines for all three rows.

Worksheet 4: Programs & Services

Q19. I don't see where I can select that my organization provides Environmental Modifications or similar services. Where should I report information relating to these services?

Expenses relating to services such as Environmental Modifications, which are paid at cost or up to a cap, will be included in your total costs in Worksheet 2, but you will not need to complete service-specific worksheets, or Worksheets 4a and 4b, for these services. Similar services may include Specialized Medical Equipment and Supplies, Personal Emergency Response Systems, Health and Wellness-related services, and others.

Worksheet 4a: Service-Specific Time

Q20. Should maintenance, billing, reception, or administrative staff be included under "Other Staff"?

No, only staff involved with direct service provision should be included under "Other Staff". Costs for administrative and other support staff are accounted for in Worksheet 2, Total Costs and they will fall under administrative and program support allocations in the rate development.

Q21. I don't see a job type for several employees at my agency. How should I report those wages?

The blue cells in **Excel column C** which say "(Specify)" will be especially useful in these cases – you can select "Other Staff" and report the job title in the blue cell in the same line.

Q22. My agency employs staff which have the same job title but provide different services, and earn different wages to reflect the intensity of needs of participants in those services. So if I report average, lowest, and highest wages, these won't reflect how wages really look. What should I do here?

You can duplicate job titles in separate lines. For example, if you employ direct service professionals or caregivers, some of whom deliver one service and earn \$12.00 an hour on average and some of whom deliver another services and earn \$15.00 an hour on average, you can enter "Direct Service Professional – Daytime" in both *lines 1 and 2* and separate the job categories accordingly.

Worksheet 4b: Service-Specific Patterns

Q23. How should I report the number of individuals receiving each service if some clients receive multiple services?

The number of individuals will not necessarily be "unduplicated" across this row, meaning that if one individual receives multiple services within one service-specific category, they may be counted twice – and that is okay, because we need to understand how many individuals receive each specific service, since you already reported the total number of "unduplicated" active clients in Worksheet 1, *line 22*.

Q24. Does the total cost of capital equipment purchased to perform services only include costs from October 1 through December 31, 2021?

Yes, the total cost of capital equipment purchased to perform services should include only costs for Q4 Calendar Year 2021 or October 1, 2021 through December 31, 2021.

Worksheet 5: Benefits

Q25. Generally, employee benefits such as PTO will vary based on position and tenure. How should this be addressed in the survey?

Benefits reported in Worksheet 5 will be an average across the organization. If the provider believes that averages are not reflective of policies, they can provide clarifying information in the Additional Information section in Worksheet 6.

Q26. How does the Benefits section account for organizations that participate in the Health Care for Health Care Workers Program?

To understand the benefits and costs for organizations that participate in the Health Care for Health Care Workers program, the Benefits section includes Question 21 that requests survey respondents to identify whether their organization participates in the Health Care for Health Care Workers program. Once we receive survey responses, we will analyze costs reported by

all organizations that participate in this program and review the results with DPHHS and the Rate Workgroup to determine how to use the findings.

Worksheet 6: Additional Information

Q27. I do not have any additional information to report. Do I need to complete this worksheet?

No, you may leave this section blank.

Q28. How can I most effectively use the space for additional information to help with the rate study?

When you review your responses throughout the survey, if you see any area that you want to provide further details about, please feel free to use this space as much as possible. All information is helpful in understanding your expenses, wages, service patterns, and other areas.