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Department of Public Health & Human Services

Montana Department of Public Health and Human Services

Provider Cost and Wage Survey Provider Reporting Guide for Assisted Living Facilities (ALFs)

February 25, 2022

Survey Due Date: March 4, 2022

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

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Which Sections Should Assisted Living Facility (ALF) Providers Complete in the Provider Cost and Wage Survey?

The Montana Department of Public Health and Human Services (DPHHS) Provider Cost and Wage Survey (“Survey”) includes five worksheets that request overall organizational information. In addition, there are two service-specific worksheets that request additional information about residential services only. The survey is accompanied by the DPHHS Provider Cost and Wage Survey Instruction Manual (“Instruction Manual”) that provides detailed instructions on how to respond to the questions in each worksheet. This additional guidance intends to assist ALF providers with responding to the survey, as all ALF providers are encouraged to complete the following five worksheets and two additional service-specific worksheets (Worksheets 4a and 4b) for residential services to provide relevant information that can assist in developing rate components for residential rate models.

1. **Worksheet 1, Organizational Information:** This worksheet is intended to record information about your organization under four sections: *Provider Identification, Contact Information, Organizational Details, and Organizational Revenues*. Pages 10-12 in the instruction manual provide guidance on how to respond to each question in this worksheet.
2. **Worksheet 2, Total Costs:** This worksheet captures your organization’s total expenses under five major categories: *Employee Salaries, Employee Benefits and Taxes, Non-Payroll Administrative Costs, Non-Payroll Program Support Costs, and Facility, Vehicle, and Equipment Related Expenses*. Additionally, the total expenses must be allocated under *General Ledger (total expenses), State Plans, Waiver Programs, Room and Board (unallowable expense), Education Expenses, and Other Expenses*. For example, the costs reported in this worksheet will assist in developing rate component assumptions including administrative cost factors, program support cost factors, and other cost assumptions for rate modeling.

If providers are unable to break out and allocate costs under the individual columns, namely State Plan, waiver programs, room and board, education, and other costs, then providers should consider reporting total expenses under general ledger, as that would still be helpful. Pages 12-19 in the instruction manual provide detailed instructions on each line in this worksheet.

3. **Worksheet 3, Program Areas:** This worksheet allows organizations to identify the counties where services are provided in the State across programs offered by multiple divisions. *Excel Column E, HCBS for Adults with Severe Disabling Mental Illness*

(SDMI), *Excel Column W*, *Developmental Disabilities Program (DDP) Waiver*, and/or *Excel Column AE*, *Elderly and Physically Disabled - Big Sky Waiver (EPD - BSW)* may be applicable to residential service providers including ALFs. Pages 19-20 in the instruction manual provide additional instructions.

4. **Worksheet 4, Programs & Services:** This worksheet includes check boxes for services covered under each program in scope. For each applicable program, organizations must select the applicable residential services.

Residential Habilitation services under *HCBS for Adults with Severe Disabling Mental Illness (HCBS-SDMI)*, *Elderly and Physically Disabled - Big Sky Waiver (EPD-BSW)* and/or *Developmental Disabilities Program (DD)* may be applicable to ALFs. Pages 3-4 in this document capture additional information. Pages 20-21 in the instruction manual also provide targeted guidance.

The survey intends to capture data relating to four Assistive Living Facility services across three programs. Worksheet 4, Programs & Services includes these services, as listed below.

Under the Elderly and Physically Disabled - Big Sky Waiver (EPD-BSW):

- Residential Habilitation – Assisted Living Facilities and Adult Foster Homes
- Residential Habilitation – Specialized Assisted Living Facilities (TBI/AR)

Under the HCBS for Adults with Severe Disabling Mental Illness (HCBS-SDMI) program:

- Residential Habilitation – Assisted Living Facilities and Adult Foster Homes

Under the Developmental Disability Program Waiver (DD):

- Assisted Living

ALF providers should select whichever of these four services are applicable and also denote any other services offered by your organization. Once you select the applicable services, Worksheets 4a and 4b for 'Residential' services will open. ALF providers are encouraged to populate both Worksheets 4a and 4b, since the worksheets include questions specific to residential services.

Figure 1 below includes an example of a screenshot of the survey with all residential services under the Big Sky Waiver and the corresponding residential services worksheets (orange tabs) that appear upon selecting the *Residential Habilitation – Assisted Living Facilities and Adult Foster Homes* service.

Figure 1. Screenshot of Residential Services Under the Big Sky Waiver

Senior and Long Term Care				
Residential Habilitation – Assisted Living Facilities and Adult Foster Homes	<input checked="" type="checkbox"/>			
Residential Habilitation – Group Home (for Adults with Physical Disabilities)	<input type="checkbox"/>			
Residential Habilitation – Specialized Assisted Living Facilities (TBI/AR)	<input type="checkbox"/>			
Respite Care	<input type="checkbox"/>			
Supported Employment (<i>all SE services and Prevocational</i>)	<input type="checkbox"/>			
Independence Advisor for Self-Directed	<input type="checkbox"/>			
Meal Services (Nutrition)	<input type="checkbox"/>			
Pain and Symptom Management	<input type="checkbox"/>			
Personal Assistance Services Agency	<input type="checkbox"/>			
Personal Assistance Services Self-Directed	<input type="checkbox"/>			
Private Duty Nursing	<input type="checkbox"/>			
Registered Nurse Supervision	<input type="checkbox"/>			
Specialized Nursing Services	<input type="checkbox"/>			
Specially Trained Attendant - LPN/RN	<input type="checkbox"/>			
Senior Companion	<input type="checkbox"/>			
Supported Living	<input type="checkbox"/>			
Case Management	<input type="checkbox"/>			
Transportation	<input type="checkbox"/>			
Developmental Services				
Developmental Disabilities Program (DD)				
Adult Foster Support	<input type="checkbox"/>			
Assisted Living	<input type="checkbox"/>			
Behavioral Support Services	<input type="checkbox"/>			
sts	3. Program Area	4. Programs & Services	4a. Residential - Time	4b. Residential - Patterns

- a. **Worksheet 4a, Residential – Time:** This worksheet allows ALF providers to identify job types for employees and contractors relevant to delivering specified services, as well as direct care workers and their supervisors. Additionally, Excel Columns G through U include questions about the total full-time employees (FTEs), total hours paid, total supplemental hours paid, total bonus hours paid, hourly wages, and annual average percent change in wages for each applicable job type. Since staff wages are typically the most substantial costs incurred by providers and the key cost driver for service rates, this cost information will be useful reporting from providers. Pages 25-31 and 62-63 in the instruction manual provide instructions for each column in this worksheet.
- b. **Worksheet 4b, Residential - Patterns:** Sections 1 through 6 in this worksheet request information related to service delivery and staffing for residential services. Specifically, ALFs can identify the home and service characteristics, the cost of equipment and supplies to deliver services, staffing patterns, staff training hours, and non-medical transportation requirements for each service delivered. Pages 63-65 in the instruction manual provide instructions for each line in this worksheet.

5. **Worksheet 5, Benefits:** This Worksheet requests information regarding benefits and other employee-related expenses associated with direct service staff (most commonly certified nurse aides, attendants and other staff who spend the majority of their time directly aiding and attending to residents). Consider only direct service staff when completing this worksheet; do not include administrative and program support staff. Other provider incentives and payments should not be reported in this worksheet, they should be captured under Worksheet 4a. Pages 21-24 in the instruction manual include instructions for each question in this Worksheet.

If your organization has any additional input, please use **Worksheet 6, Additional Information** to share clarifying comments.

This document also includes **Frequently Asked Questions (FAQs)** gathered through Guidehouse's communications with the Montana DPHHS and staff from ALFs. 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.

General Questions

Q1. 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. The rate study team understands that providers account for their costs in a variety of ways. We have attempted to create a survey tool that can be navigated by a wide array of providers, acknowledging the effort required to respond.

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.

Q2. My agency provides assisted living services in addition to services like independent living and skilled nursing. Should we only report costs related to the assisted living program, or all services?

Please report information for your entire operation. Questions in Worksheets 1, 2, 3, and 5 ask for operational and expense information for the organization, with opportunities to allocate costs between different programs. In Worksheets 4, 4a, and 4b, you will provide information related to specific services (ALF specifically).

Worksheet 1: Organizational Information

Q3. Reporting the number of unduplicated active clients in *line 22* is not the same as reporting census numbers, but I don't see a line item in the survey for collecting census or care days. Where do we report the number of care days provided for the requested period?

Providers do not need to report census or care days within the survey because Guidehouse will access that information from Medicaid claims and ALF licensure data. We will then “link” census days through claims and licensure data with the information in the cost and wage survey. If a provider would like to report the number of care days provided in FY 2019 through the survey as well, you may do so in the space for Additional Information in Worksheet 6.

Worksheet 2: Total Costs

Q4. There are several types of expenses which are related but my facility cannot break those costs out (for example, relating to insurance, interest, or utilities). Which line should I use to report those costs?

If a respondent has issues separating costs between different cost categories or line items, use the “rule of thumb” to report costs based on your best judgment. For example, *lines 19 and 50* both ask for insurance costs, although for different types of insurance; if you cannot separate vehicle insurance (requested in *line 50*) from non-payroll administrative insurance (requested in *line 19*) you may opt to report total non-benefits insurance costs where first requested in *line 19*. We account for all of these cost categories when analyzing our data. Questions of where to “break out” costs may arise for the following categories, and you may enter total costs for these categories in either line *if* you are unable to break out costs as requested:

- Insurance, between *line 19* and *line 50*.
- Interest, between *line 14* and *line 41*.
- Information technology, between *line 20* and *line 34*.
- Utilities and telecommunications, between *line 44* and *line 45*.
- Depreciation, among *line 41 (facility)*, *line 51 (vehicle)*, and *line 53 (equipment)*.

Q5. Where do we report amortization expenses?

Consider using *line 41 Facility Rent / Mortgage* and *line 53 Equipment Depreciation* to report amortization expenses realized during FY 2019. These two line-items may include amortization expenses and depreciation expenses relating to the overall facility, building, and/or equipment.

Q6. My survey is for multiple facilities. 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

Q7. We serve clients from across the state – how should we reflect this in this worksheet?

This worksheet only asks where your facility operates, not where your clients live. For example, if your facility is 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.

If your organization provides services other than assisted living which may be delivered in sites other than the ALF (for example, in a participant's home), then you would indicate other counties as applicable. For example, if direct service professionals employed by your agency travel to clients' homes located in Teton County and Cascade County to deliver home-based services, you should complete the lines for all three rows.

Worksheet 4b: Service-Specific Patterns

Q8. Does the total cost of capital equipment purchased to perform services only include costs from October 1 through December 31, 2021? How will the rate study capture the costs of operating a facility?

Yes, the total cost of capital equipment purchased to perform services should include only costs for Q4 of Calendar Year 2021 or October 1, 2021 to December 31, 2021. *Section 5, Facility, Vehicle, and Equipment Related Costs* under **Worksheet 2 Total Costs** captures facility costs that may be utilized for the purpose of the rate study.

Worksheet 5: Benefits

Q9. 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 *line 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

Q10. 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.