

New Mexico HCBS Rate Study Personnel Roster Instructions

The State of New Mexico Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) has contracted with Public Consulting Group, Inc. (PCG) to perform a rate study to identify the time, effort, and costs associated with providing HCBS waiver services to recommend reimbursement rates for the following waiver services:

- Developmental Disabilities
- Medically Fragile
- Mi Via (In-home Living Supports and Consultant services only)

PCG will use HCBS waiver-specific expenses from the cost reports and this personnel roster to propose rate recommendations to DDSD that reflect the costs associated with the HCBS waivers. PCG is available to the three waiver service providers throughout this engagement via the following toll-free help line and email:

- **Toll Free Help Line: 1-(844)-225-3658**
- **Email Account: NMHCBSRateStudy@pcgus.com**

The above help line and email account are available to all agency staff for any questions related to the personnel roster or cost report. The help line and email account are both actively monitored during normal business hours (9 a.m. to 5 p.m. Eastern Time). If a PCG employee does not answer the help line, please leave a voicemail and we will return your call as soon as possible. PCG will respond to all calls and emails within one business day. The email account will also serve as the repository for all cost report, and personnel roster submissions.

Personnel Roster Overview

The goal of the personnel roster is to gather personnel costs associated with providing HCBS waiver services to propose rate recommendations to DDSD. All **currently active employees** and **subcontractors** that deliver services under the Developmental Disabilities, Medically Fragile, and Mi Via waivers should be included in the personnel roster. We encourage you to include all **direct service staff** and **administrative staff** on the roster so that we have the most accurate personnel costs. There are two different tabs to separate direct service staff from administrative staff.

The personnel roster form is based in a Microsoft Excel workbook (.xlsx) that is compatible with Microsoft Excel 2003, 2007, 2010, 2013, and 2016.

One workbook for each provider agency should be submitted to PCG electronically. If your agency provides services under multiple waivers, your agency only needs to submit one roster and columns H-J will capture the amount of time each employee is allocated to each waiver.

Section 1: Important agency information

1. Select your **Provider Name** from the dropdown menu
 - a. If your provider is not listed, please contact PCG

2. Select the **HCBS Program Name** (if different)
3. Select your Provider IRS Tax Status from the dropdown menu
 - a. For-Profit
 - b. Government
 - c. Nonprofit

New Mexico Developmental Disabilities Supports Division
HCBS Medicaid Waiver Programs
Active Personnel Roster

Provider Name
HCBS Program Name (if different)

Provider IRS Tax Status

Section 2: Names and titles of personnel

- **Full Name or Employee ID:** Enter provider’s full name or ID if the provider wishes to de-identify.
- **Employee or Subcontractor:** Use the dropdown menu to indicate whether the personnel are an employee if employed by the agency or subcontractor if hired through a contact with an outside organization
- **Primary Title by Profession:** Use the dropdown menu to indicate the appropriate title for the personnel based on their primary function for HCBS services. These are differentiated by waiver so please choose the one that is applicable to the right waiver. The waver name will be abbreviated after each title.
 - a. For example, it will say “Audiologist DD” to indicate the Developmental Disabilities waiver

Developmental Disabilities	Medically Fragile	Mi Via
Audiologist	Behavioral Support Consultant	Consultant
Behavioral Support Consultant	Certified Nursing Assistant	In-Home Living Support Provider
Case Manager	Certified Occupational Therapy Assistant	Other
Cognitive Rehab Therapist	Home Health Aide	
Community Inclusion Aide	Licensed Dietitian	
Dental Assistant	Licensed Nutritionist	
Dentist	Licensed Practical Nurse	
Dietitian (RD/LD)/Nutritionist	Nurse Case Manager	
Direct Support Staff-Community	Occupational Therapist	
Direct Support Staff-Employment	Office Administrator	
Direct Support Staff-Residential	Physical therapist	
Driver (Transportation)	Physical therapist Assistant	
Home Health Aide/Certified Medication Aid	Program Manager	
Homemaker/In-Home Living Support	Registered Dietician	
Interpreter	Registered Nurse	
Job Aide	Service Coordinator	
Job Coach	Specialized Foster Care Home	
Job Developer	Speech Therapist	
Nurse (LPN)	Supervisor	

Nurse (RN)	Other	
Occupational Therapist		
Occupational Therapy Assistant		
Physical Therapist		
Physical Therapy Assistant		
Physician /Primary Care Provider		
Program Manager		
Psychologist		
Respite Provider		
Risk Evaluator		
Service Coordinator		
Social Worker		
Speech Therapist/Speech-Language Pathologist		
Supervisor		
Other		

On the **Admin tab**, the title options are as follows:

- CEO/Executive director
- Vice President/Director
- Management Administrative Staff
- Finance Staff
- Fundraising and Development Staff
- Information Technology Staff
- Other Administrative Staff

- Secondary Title by Profession: If your job title entails more than one profession, select a secondary title.
- Actual Title: type the job title of the personnel used in your agency.

Please include ALL active employees AND subcontractors that may deliver HCBS waiver services.

Full Name or Employee ID	Employee or Subcontractor?	Primary Title by Profession (Select Other Professional if Not Listed)	Secondary Title by Profession (Select Other Professional if Not Listed)	Actual Title

Section 3: Hours worked, time allocated to waiver services, salaries and benefits

- # Hours Worked Annually: Indicate the number of hours the personnel work annually. This should include all hours paid, including Paid Time Off (PTO).
- % Time Allocated to DD, MF, and MV Waiver Services. Type the percentage of the personnel’s time dedicated to DD, Medically Fragile, and Mi Via Waiver services.
- % of Time Allocated to HCBS Waiver Services: You do not need to enter anything into this field. It will populate based on these previous 3 columns and it should not exceed 100%.
- Total Annual Salary or Amount Paid: Type the total salary or amount paid to the personnel.

- **Total Annual Fringe:** Type the total annual fringe benefits the personnel receives that your company pays for. This should include worker’s compensation, healthcare, retirement, and/or other fringe benefits.

# Hours Worked Annually (or Paid if Exempt)	% Time Allocated to DD Waiver Services	% Time Allocated to MF Waiver Services	% Time Allocated to MV Waiver Services

- **Total Annual Personnel:** You do not need to enter anything into this field. Total annual personnel expenses will automatically populate by summing the values from the “Total Salary” and “Total Fringe Benefits” columns.
- **Total Annual HCBS Personnel Expenses:** You do not need to enter anything into this field. This will automatically populate by multiplying “Total Annual Personnel” by the “% Time Allocated to HCBS Waiver Services” fields.

Total Annual Personnel Expenses	Total Annual HCBS Personnel Expenses
\$ -	\$ -

Returning the Personnel Roster to PCG

- Ensure that the rate study materials are filled out completely.
- Please submit the completed personnel roster in Microsoft Excel format (not as a PDF) via email to NMHCBSRateStudy@pcgus.com on or before January 28th, 2019.