

# Welcome to the HCBS Waiver Rate Setting Cost Tool and Personnel Roster Webinar Training Session

- We will start the webinar shortly at: <https://pcgus.webex.com/join/kryan>
- To call into the session please dial:
  - 1-844-531-9388
  - Access Code: 797 576 065
- Please mute your phone for the training session.
- Thank you in advance for your participation.
- During the webinar, we encourage you to type any questions you may have into the WebEx “Chat” box.

**If you are having any issues calling in, please contact us at  
1-(844)-225-3658 or [NMHCBSRateStudy@pcgus.com](mailto:NMHCBSRateStudy@pcgus.com)**

State of New Mexico  
Department of Health  
Developmental Disabilities Supports  
Division

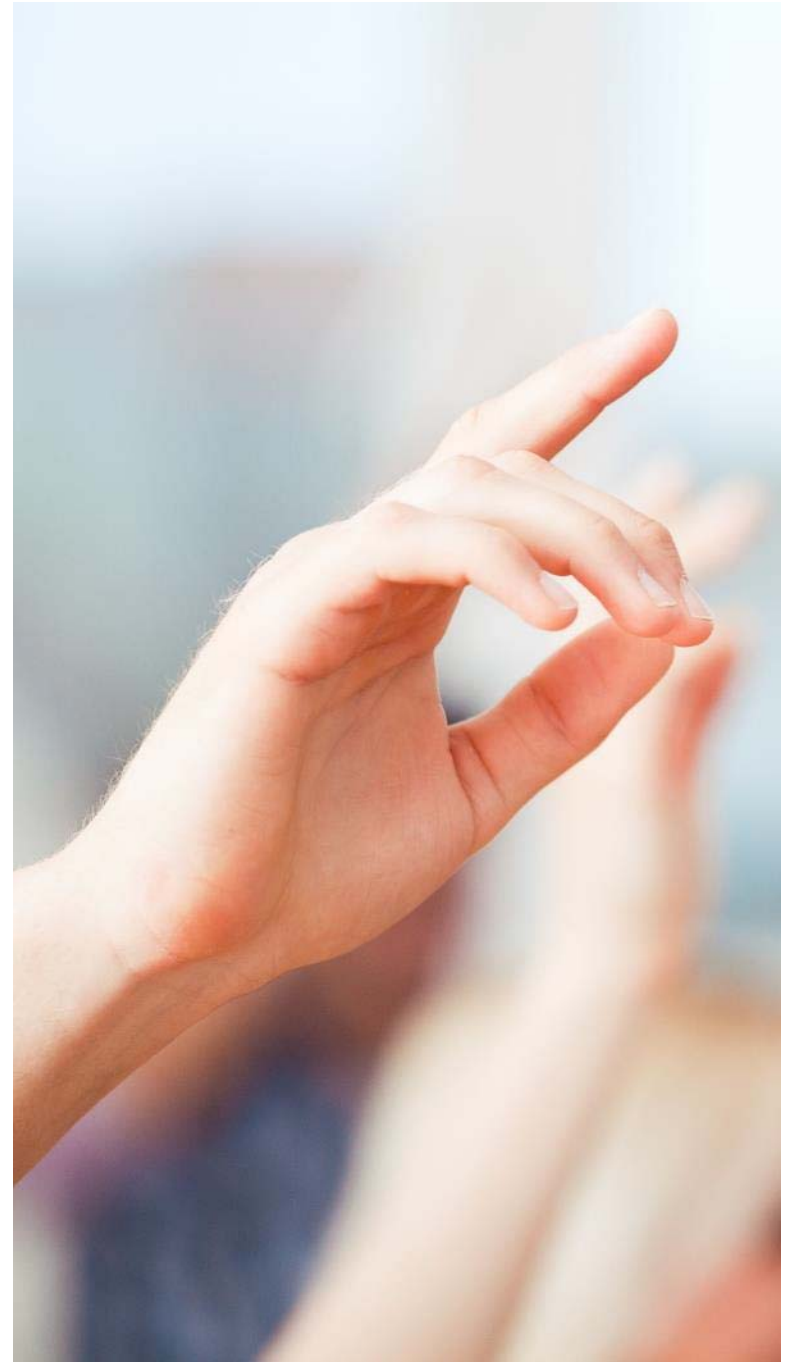
Developmental Disabilities, Medically Fragile, Mi Via  
Home and Community-Based Services (HCBS) Waivers

Cost Tool and Personnel Roster Training

November 2018

# Agenda

- Rate Study Material Logistics
- Cost Report
  - Objective
  - Cost Report Overview
  - Key Takeaways
- Personnel Roster
  - Objective
  - Roster Overview
  - Key Takeaways
- Return Instructions
- Questions



# Rate Study Material Logistics

## Training Dates

- Thursday, November 1<sup>st</sup> 11am-1pm MST
- Friday, November 2<sup>nd</sup> 10:30am-12:30pm MST
- Tuesday, November 6<sup>th</sup> 1pm-3pm MST

## Important Time Study Dates

- Time Study Period 1: November 26<sup>th</sup> – December 9<sup>th</sup>, 2018
- Time Study Period 2: January 7<sup>th</sup> – January 20<sup>th</sup>, 2019
- All Materials Due to PCG: January 22<sup>nd</sup>, 2019

## Rate Study Resources

- Technical Assistance Hotline: 1 (844)-225-3658
- Email: [NMHCBSRateStudy@pcgus.com](mailto:NMHCBSRateStudy@pcgus.com)
- Live and Recorded Webinars
- Cost Tool and Personnel Roster Instructions
- Training PowerPoint

# Cost Report

# Cost Report Objective

The goal of the rate study is 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)

Your provider agency is strongly encouraged to participate in the rate study.

We thank you in advance for your participation!

# Cost Report

New Mexico Developmental Disabilities Supports Division  
 HCBS Medicaid Waiver Programs Expense Tool for Fiscal Year 2017

**12 Month Reporting Period**

12 Month Period Start:

12 Month Period End:

**Provider and Contact Information**

Provider Name:

Provider IRS Tax Status:

Provider Medicaid ID #:

HCBS Program Name (if different):

HCBS Program Address:

City, State, Zip:

County:

Contact Name:

Contact Position:

Contact Email:

Contact Phone:

**Revenue**

	Provider Total \$	Developmental Disabilities Waiver \$	Medically Fragile Waiver \$	MI Via Waiver \$	HCBS Program Total \$	Notes/Comments
Revenue from HSD: Medicaid					\$ -	
Revenue from Other State Agency					\$ -	
Other Revenue					\$ -	
<b>Total Revenue</b>						

**Personnel**

	Provider Hours Per Employee	Developmental Disabilities Waiver Hours Per Employee	Medically Fragile Waiver Hours Per Employee	MI Via Waiver Hours Per Employee	HCBS Program Total Hours Per Employee	Notes/Comments
Holiday Hours					\$ -	
Vacation Hours					\$ -	
Sick Hours					\$ -	
Training Hours					\$ -	
<b>Total Paid Non-Working Hours</b>						

	Provider Total \$	Developmental Disabilities Waiver \$	Medically Fragile Waiver \$	MI Via Waiver \$	HCBS Program Total \$	Notes/Comments
Direct Service Salaries					\$ -	
Administrative Salaries					\$ -	
Personnel Taxes					\$ -	
Workers' Compensation					\$ -	
Healthcare					\$ -	
Retirement					\$ -	
Other Fringe Benefits					\$ -	
<b>Total Personnel Expenses</b>						

**Other Expenses**

	Provider Total \$	Developmental Disabilities Waiver \$	Medically Fragile Waiver \$	MI Via Waiver \$	HCBS Program Total \$	Notes/Comments
Mileage					\$ -	
Occupancy/Facility					\$ -	
Supplies					\$ -	
Equipment					\$ -	
Liability Insurance					\$ -	
Translation/Interpretation/Accommodation Services					\$ -	
HCBS Subcontractor					\$ -	
Training					\$ -	
Transportation					\$ -	
Travel					\$ -	
Gross Receipts Tax					\$ -	
Other Operating Expenses					\$ -	
Indirect (from Parent Organization)					\$ -	
<b>Total Other Expenses</b>						
<b>Total Expenses</b>						

**Attestation**

By entering my name, staff title and electronically signing my name below, I attest that the information contained in this worksheet and any of its accompanying financial statements/files are both accurate and complete to the best of my knowledge, and I am authorized to attest and submit this information on behalf of my provider agency.

Authorized Attestation Name:

Attestation Staff Title:

Electronic Signature (Retype Name):

Date of Attestation:

# Cost Report Overview

## Six Sections of the Cost Report:

### Provider and Contact Information

- Captures your agency's basic contact information

### Revenue

- Summarizes all revenue supported by the program

### Personnel

- Captures the expense and service information of employees

### Other Expenses

- Summarizes all expenses incurred by the program

### Other Expenses Detail

- Captures specific service and revenue information relating to certain expenses

### Attestation

- Completed by an authorized employee at your agency

The Cost Report should include information for FY17 (choose the 12 months your provider agency uses- calendar or fiscal)

New Mexico Developmental Disabilities Supports Division  
HCBS Medicaid Waiver Programs Expense Tool for Fiscal Year 2017

12 Month Reporting Period

12 Month Period Start	<input type="text"/>
12 Month Period End	<input type="text"/>



# Backup Documentation

- PCG needs to validate the information submitted in this cost report using your provider agency's backup documentation.
- Please submit all source documentation that was utilized for the cost report

## Examples include:

- Audited financial statements that tie directly to the cost report
- General ledger extracts
- Reports from payroll and/or finance departments
- Other program-specific reports or comparable documentation



# Provider and Contact Information

This section captures important agency information. It also provides PCG with a main contact person to communicate with throughout the engagement.

<b>Provider Name</b>	Please enter the agency name you use for all correspondence with DDS.
<b>Provider IRS Tax Status</b>	Use the dropdown to choose the appropriate tax status.
<b>Provider Medicaid ID</b>	Please enter your organization's nine-digit Medicaid ID.
<b>Contact Name</b>	The contact person can be employee authorized by the agency to answer questions about the cost report.

## Provider and Contact Information

Provider Name		
Provider IRS Tax Status		
Provider Medicaid ID #		
HCBS Program Name (if different)		
HCBS Program Address		
City, State, Zip		
County		
Contact Name		
Contact Position		
Contact Email		
Contact Phone		

# Provider Total \$ vs DD, MF, Mi Via \$

- The **Provider Total \$** column captures all revenue received by your program
- The **HCBS waiver columns** capture the portion of the total revenue that was received specifically by the individual waiver programs

Revenue						Notes/Comments
Provider Total \$	Developmental Disabilities Waiver \$	Medically Fragile Waiver \$	Mi Via Waiver \$	HCBS Program Total \$		
Revenue from HSD: Medicaid				\$ -		
Revenue from Other State Agency				\$ -		
Other Revenue				\$ -		
<b>Total Revenue</b>						

*Personnel*

## Simplified Allocation Method

If major functions benefit from indirect costs to approximately the same degree, indirect costs may be divided by an equitable distribution base.

## Multiple Allocation Base Method

If indirect costs benefit an organization's functions to varying degrees, indirect costs must be accumulated into separate cost groups and allocated by a base which best measures the relative benefits to each function

(i.e., FTE Supported, Salary supported, etc.)

# Revenue

Please remember to only include information pertaining to the indicated 12-month reporting period (either fiscal or calendar year)

<b>Revenue from HSD: Medicaid</b>	All revenue received specifically from NM HSD Medicaid
<b>Revenue from Other State Agency</b>	All revenue received from other agencies or entities such as commercial insurance.
<b>Other Revenue</b>	Other revenue not listed above. In the Notes/Comments box please list the name(s) of the other revenue source(s).
<b>Total Revenue</b>	This will automatically calculate based on your inputs for the above categories.

<i>Revenue</i>						Notes/Comments
Provider Total \$	Developmental Disabilities Waiver \$	Medically Fragile Waiver \$	Mi Via Waiver \$	HCBS Program Total \$		
Revenue from HSD: Medicaid				\$ -		
Revenue from Other State Agency				\$ -		
Other Revenue				\$ -		
<b>Total Revenue</b>						
<i>Personnel</i>						

# Personnel

This section captures all expenses related to personnel.

The **top section** captures holidays, vacation days, sick days, and training days.

- Please calculate the average hours per employee at your organization.
  - If your organization has 10 employees, 5 of which receive 80 vacation hours and 5 of which receive 100 vacation days, you would enter 90 vacation hours.

The **second section** captures salaries, taxes, and benefit expenses.

- Please calculate the sum of each category across your organization.

## Personnel

	Provider Hours Per Employee	Developmental Disabilities Waiver Hours Per Employee	Medically Fragile Waiver Hours Per Employee	Mi Via Waiver Hours Per Employee	HCBS Program Total Hours Per Employee	Notes/Comments
Holiday Hours					\$ -	
Vacation Hours					\$ -	
Sick Hours					\$ -	
Training Hours					\$ -	
Total Paid Non-Working Hours						

	Provider Total \$	Developmental Disabilities Waiver \$	Medically Fragile Waiver \$	Mi Via Waiver \$	HCBS Program Total \$	Notes/Comments
Direct Service Salaries					\$ -	
Administrative Salaries					\$ -	
Personnel Taxes					\$ -	
Workers' Compensation					\$ -	
Healthcare					\$ -	
Retirement					\$ -	
Other Fringe Benefits					\$ -	
Total Personnel Expenses						

# Personnel Descriptions

<b>Holiday Hours</b>	Average number of paid holiday hours allocated to personnel.
<b>Vacation Hours</b>	Average number of paid vacation hours allocated to personnel.
<b>Sick Hours</b>	Average number of paid sick days allocated to personnel.
<b>Training Hours</b>	Average number of paid training hours for required trainings and professional development opportunities.
<b>Direct Service Salaries</b>	Total salaries paid to personnel associated with the direct service.
<b>Administrative Salaries</b>	Total salaries paid to personnel not associated with the direct service.
<b>Personnel Taxes</b>	Total taxes paid for all personnel at your agency.
<b>Worker's Compensation</b>	Total amount of workers' compensation paid for all personnel.
<b>Healthcare</b>	Total amount of healthcare benefits paid for all personnel.
<b>Retirement</b>	Total amount of retirement benefits paid for all personnel.
<b>Other Fringe Benefits</b>	Total amount of other benefits paid to all personnel that are not included in the above categories.

# Other Expenses

This section captures all other expenses incurred by your agency

Other Expenses						
	Provider Total \$	Developmental Disabilities Waiver \$	Medically Fragile Waiver \$	Mi Via Waiver \$	HCBS Program Total \$	Notes/Comments
Mileage					\$ -	
Occupancy/Facility					\$ -	
Supplies					\$ -	
Equipment					\$ -	
Liability Insurance					\$ -	
Translation/Interpretation/Accommodation Services					\$ -	
HCBS Subcontractor					\$ -	
Training					\$ -	
Transportation					\$ -	
Travel					\$ -	
Gross Receipts Tax					\$ -	
Other Operating Expenses					\$ -	
Indirect (from Parent Organization)					\$ -	
<b>Total Other Expenses</b>					\$ -	
<b>Total Expenses</b>						

<b>Total Other Expenses</b>	This will automatically calculate based on your inputs for the above categories.
<b>Total Expenses</b>	This will automatically calculate based on your inputs for the above categories.

# Other Expenses Descriptions

<b>Mileage</b>	This amount should be for mileage reimbursement only, and not vehicle purchases, maintenance, or depreciation (which should be included in Other Operating Expenses)
<b>Occupancy/Facility</b>	Costs related to the physical facility where your agency operates. This could include rent, property tax, mortgage payments, maintenance, etc
<b>Supplies</b>	Costs related to supplies including office supplies or other resource materials that your agency incurred
<b>Equipment</b>	Costs related to equipment that your agency incurred. This could include computers, mobile devices, printers, desks, chairs, etc
<b>Liability Insurance</b>	Costs related to liability insurance
<b>Interpretation/Accommodation Services</b>	Costs related to translation or interpretation services or accommodation costs
<b>HCBS Subcontractor</b>	Total amount related to hiring of subcontractors related to HCBS services
<b>Training</b>	Costs related to training. This could include the cost of running internal training and the cost of hiring outside contractors for training purposes
<b>Transportation</b>	Total amount spent for providing transportation services
<b>Travel</b>	This amount should be for employee travel reimbursement
<b>Gross Receipts Tax</b>	Costs related to gross receipts, gross excise, or any other revenue taxes
<b>Other Operating Expenses</b>	Costs that were incurred that are not included in the above categories
<b>Indirect (from Parent Organization)</b>	Additional indirect costs that are charged to the by your parent or umbrella agency



# Attestation

This section provides PCG and DDSD with a level of assurance that an individual authorized by your agency has reviewed and approved the contents of the cost report.

## *Attestation*

By entering my name, staff title and electronically signing my name below, I attest that the information contained in this worksheet and any of its accompanying financial statements/files are both accurate and complete to the best of my knowledge, and I am authorized to attest and submit this information on behalf of my provider agency.

Authorized Attestation Name:	<input type="text"/>
Attestation Staff Title:	<input type="text"/>
Electronic Signature (Retype Name):	<input type="text"/>
Date of Attestation:	<input type="text"/>

Please remember to include an  
**electronic signature**

# Key Takeaways: Cost Report

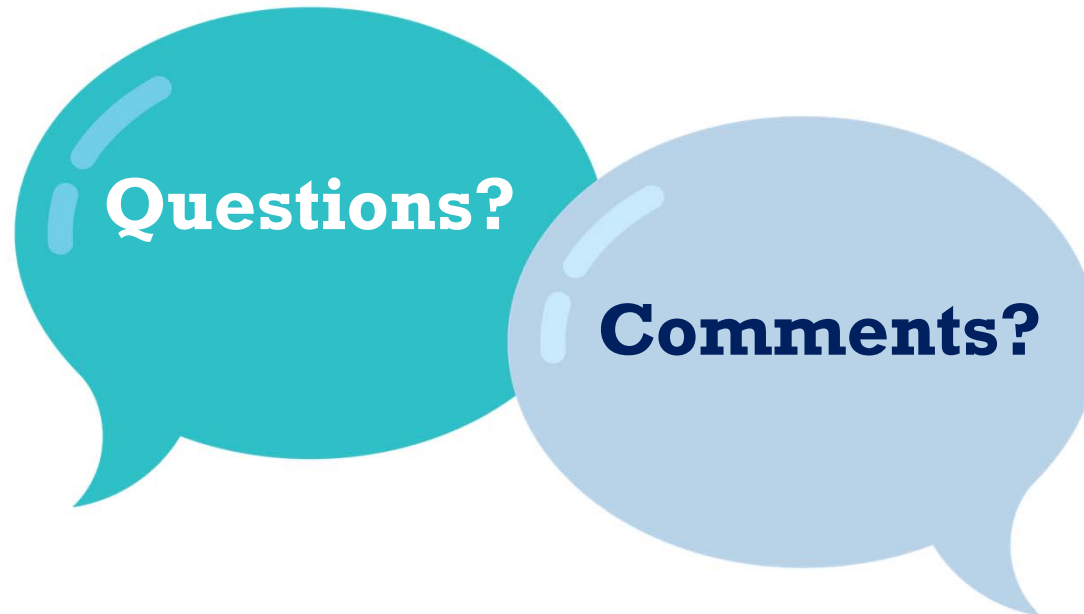
- ✓ Please choose the FY17 **12-month period** for which you have financial statements and only include information pertaining to those 12 months
- ✓ Please provide backup documentation
- ✓ Be sure to provide agency wide and DD, MF, Mi Via specific breakdowns where indicated
- ✓ Include an electronic signature in the attestation section

# Returning the Rate Study Materials



- ✓ Ensure that the rate study materials are filled out completely and signed
- ✓ Please submit the completed cost report (including all other supporting documentation) via email to [NMHCBSRateStudy@pcgus.com](mailto:NMHCBSRateStudy@pcgus.com) by January 22<sup>nd</sup>, 2019

# What Should I Do If I Have Questions?



If you have any questions or comments please contact PCG at:

**1-(844)-225-3658**

or

[NMHCBSRateStudy@pcgus.com](mailto:NMHCBSRateStudy@pcgus.com)

# Cost Report Questions



# Personnel Roster

# Personnel Roster Objective

## Staff Included in the Personnel Roster

- All employees and subcontractors that are **actively employed or contracted** with the HCBS waiver programs should be included in the personnel roster. This includes both **direct services** staff and **administrative staff** on separate tabs.

## Personnel Roster Form

- 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.

## Please Note

- The goal of the personnel roster is to **understand personnel costs associated with providing HCBS waiver services.**
- The roster should include currently active employees and subcontractors
- We encourage both direct services and administrative staff to be included on the roster on the appropriate tabs

# Personnel Roster

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

Provider Name \_\_\_\_\_  
 HCBS Program Name (if different) \_\_\_\_\_

Provider IRS Tax Status \_\_\_\_\_  
 Provider Medicaid ID # \_\_\_\_\_

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

Full Name or Employee ID	Employee or Subcontractor?	Provides Direct HCBS Service Yes/No	Primary Title by Profession (Select Other Professional if Not Listed)	Secondary Title by Profession (Select Other Professional if Not Listed)	Actual Title	# 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	% of Time Allocated to HCBS Waiver Services	Total Annual Salary or Amount Paid	Total Annual Fringe Benefits Paid	Total Annual Personnel Expenses	Total Annual HCBS Personnel Expenses	Participating in Time Study?	Reason (if Not Participating)
										0%			\$ -	\$ -		



# Position Titles

## Developmental Disabilities Waiver

- Acupuncturist
- Audiologist
- Behavioral Support Consultant
- Biofeedback Therapist
- Case Manager
- Chiropractor
- Cognitive Rehab Therapist
- Community Inclusion Aide
- Dentist
- Dietitian (RD/LD)/Nutritionist
- Driver (Transportation)
- Family Living Provider
- Hippotherapist
- Home Health Aide/Certified Medication Aid
- Interpreter
- Job Aide
- Job Coach
- Job Developer
- Licensed Practical Nurse
- Massage Therapist
- Naprapathist
- Native American Healer
- Naturopathist
- Occupational Therapist
- Occupational Therapy Assistant
- Other Professional
- Physical Therapist
- Physical Therapy Assistant
- Physician /Primary Care Provider
- Play Therapist
- Psychologist
- Registered Nurse
- Respite Provider
- Risk Evaluator
- Social Worker
- Speech Therapist/Speech-Language Pathologist
- Supported Living Direct Support Professional

## Medically Fragile Waiver

- Behavioral Support Consultant
- Certified Nursing Assistant
- Certified Occupational Therapy Assistant
- Home Health Aide
- Licensed Dietitian
- Licensed Nutritionist
- Licensed Practical Nurse
- Nurse Case Manager
- Occupational Therapist
- Office Administrator
- Physical therapist
- Physical therapist Assistant
- Registered Dietician
- Registered Nurse
- Specialized Foster Care Home
- Speech Therapist

## Mi Via Waiver

- Consultant
- In-Home Living Support Provider

# Filling Out the Personnel Roster

This section captures important agency information.

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

Provider Name	<input type="text"/>	Provider IRS Tax Status	<input type="text"/>
HCBS Program Name (if different)	<input type="text"/>	Provider Medicaid ID #	<input type="text"/>

- Select your Provider Name from the dropdown menu
  - If your provider is not listed, please contact PCG
- Write your HCBS Program Name if different from Provider Name
- Select your provider IRS Tax Status from the dropdown menu
  - For-Profit
  - Government
  - Nonprofit
- Type your Provider Medicaid ID #

# Filling Out the Personnel Roster

Provider Name HCBS Program Name (if different)		
<i>Please include ALL active employees AND subcontractors</i>		
Full Name or Employee ID	Employee or Subcontractor?	Provides Direct HCBS Service Yes/No

## Name or Employee ID

- Please enter the name of the personnel or ID if they wish to de-identify

## Employee or Subcontractor

- Use the dropdown menu by selecting in this cell and indicate whether the personnel are an employee if employed by the agency or subcontractor if hired through a contract with an outside organization

## Provides Direct HCBS Service Yes/No

- Use the dropdown menu to select yes or no

# Filling Out the Personnel Roster

New Mexico Developmental  
HCBS

Name (Last, First, Middle Initial)

*Employees AND subcontractors that may deliver HCBS waiver services.*

Employee or Subcontractor?	Provides Direct HCBS Service Yes/No	Primary Title by Profession (Select Other Professional if Not Listed)	Secondary Title by Profession (Select Other Professional if Not Listed)	Actual Title
		<div style="border: 1px solid black; padding: 2px;">                     Acupuncturist                      Audiologist                      Behavioral Support Consultant                      Biofeedback Therapist                      Case Manager                      Chiropractor                      Cognitive Rehab Therapist                      Community Inclusion Aide                 </div>		

## Primary Title

- Use the dropdown menu by selecting in this cell and indicate the appropriate title for the personnel based on their primary function for the HCBS waiver services.

## Secondary Title

- If your job title entails more than one profession, select a secondary title

# Filling Out the Personnel Roster

Actual Title	# 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	% of time Allocated to HCBS Waiver Services	Total Annual Salary or Amount Paid	Total Annual Fringe Benefits Paid
					0%		

## Actual Title

- Type the job title of the personnel used in your agency.

**Please note:** % of time allocated to HCBS Waiver Services will populate based on the previous categories

## # Hours Worked Annually

- Indicate the number of hours the personnel works annually.
- This should include all hours paid including Paid Time Off (PTO).

## % Time Allocated to DD, MF, MV Waiver Services

- Type the percentage of the personnel's time dedicated to DD, Medically Fragile, and Mi Via waiver services.

## Total Annual Salary or Amount Paid

- Type the total salary or amount paid to the personnel.

## Total Annual Fringe Benefits Paid

- Type the total fringe benefits the personnel receives that your company pays for. This should include worker's compensation, healthcare, retirement, and/or other fringe benefits.

# Filling Out the Personnel Roster (Direct Service)

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

## Total Annual Personnel Expenses

- This will automatically populate by summing the values from the “Total Salary” and “Total Fringe Benefits” columns.

## Total Annual HCBS Personnel Expenses

- This will automatically populate by multiplying “Total Personnel Expenses” by the “% Time Allocated to HCBS Waiver Services.”

# Filling Out the Personnel Roster (Direct Service)

Participating in Time Study?	Reason (if Not Participating)

## Participating in Time Study

- Select “yes” or “no” from the dropdown.

## Reason

- If “No” was indicated in the “Participating in Time Study” column then use the dropdown menu by selecting in this “Reason” cell and indicate the reason the personnel is not participating in the time study. Options include:
  - On Leave
  - Not Scheduled

# Key Takeaways: Personnel Roster

- ✓ The roster should include active employees and subcontractors that are involved in providing DD, MF, and Mi Via HCBS waiver services
- ✓ Administrative personnel and direct service personnel should be included

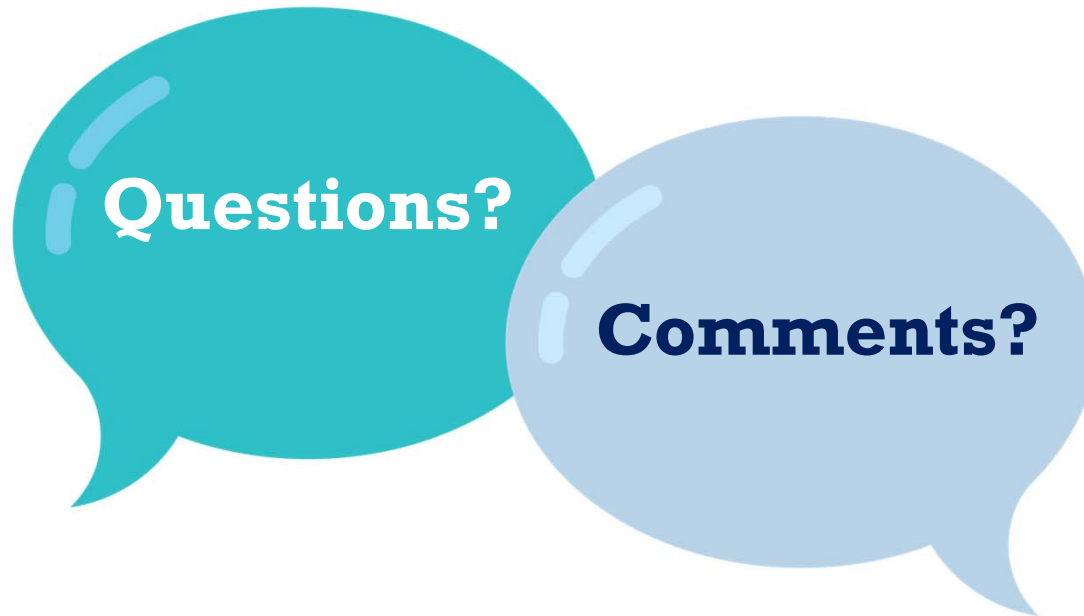


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# Questions





[www.publicconsultinggroup.com](http://www.publicconsultinggroup.com)