

MILLIMAN

Instructions:

Work and Non-Work Provider Cost and Wage Survey

Ohio Department of Developmental Disabilities

October 2022





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I. Overview

The Ohio Department of Developmental Disabilities (DODD) is administering a provider cost and wage survey ("provider survey") for Work and Non-Work (i.e., adult day support (ADS)) services. This survey is necessary for DODD to maintain a sustainable model that reflect reasonable and appropriate costs for these services. This survey is **not** related to the DSP Compensation Survey and/or the 6.5% rate increase for providers. If possible, please limit your reporting to staff and costs for Work and Non-Work Services.

Who should complete the provider survey? Providers delivering developmental disability Work and Non-Work Services should complete this provider survey. For purposes of this provider survey announcement, the term "provider" refers to an individual or entity engaged in the delivery, ordering, or referring of the above-mentioned services.

Why is my participation important? The data that you and other providers submit will provide important insights into the costs associated with performing the Work and Non-Work Services and inform the development of the DODD approach to the model.

When is the survey due? November 22, 2022

How do I submit the survey? After completion, save the file with your provider name in the file name, e.g., 2022 OH DD Work and Non-Work Provider Survey – [provider name].xlsx. Once the workbook is complete, please email it as an attachment to OH.DODD@Milliman.com.

Who will have access to the survey data? Information reported by providers will not be available to DODD or any other providers or related entities. Individually reported information will be used, aggregated, and maintained only by Milliman and not externally shared with additional parties. Any information shared with DODD may become public record and subject to *Freedom of Information Act (FOIA)* requests. Therefore, Milliman will not be sharing the individual workbooks or provider-specific information with DODD.

Is training and assistance available? Yes, DODD's contractor, Milliman, is administering the provider survey and support includes:

- A dedicated e-mail inbox for questions about the provider survey (OH.DODD@Milliman.com)
- A recorded training session available on-demand online (<https://vimeo.com/764574217/822a183f45>)
- Q&A session offered and distribution of follow-up questions and answers
 - Live Chat 10/31/2022, 1 – 2 pm. Registration: <https://attendee.gotowebinar.com/register/1410146079402177291>

Figure 1 on the following page provides a high-level summary of the worksheets included in the survey, which reporting time period to use, and indicates which providers should complete each worksheet. In particular, **providers with less than 20 FTEs** are not required to complete the administrative and program support cost tab (worksheet F). We are collecting September 2022 information, when possible, to streamline reporting and to reflect the most recent information available.

FIGURE 1: OVERVIEW OF SURVEY WORKSHEETS AND DATA COLLECTED

WORKSHEET	TITLE	DATA COLLECTED	REPORTING TIME PERIOD	WHO SHOULD COMPLETE?
A	General Information	Provider's identification and contact information, the reporting time period, and organization-wide information regarding type of services and turnover.	N/A	All providers of work & non-work services
B	Full-Time Equivalents (FTE)	Employed full-time equivalents for direct care and supervisor staff at the detailed provider grouping level.	September 2022	All providers of work & non-work services
C	Staffing Information and Wages	Staffing, wages, training, and mentoring.	September 2022 (wages), Full year (training/mentoring)	All providers of work & non-work services
D	Benefits	Take-up of benefits for health, life, dental, and other insurance benefits, and the costs associated with those benefits.	September 2022	All providers of work & non-work services
E	Productivity for Direct Care / Other Staff	PTO, training hours, and other productivity-related information	Full year	All providers of work & non-work services
F	Administrative and Program Support Costs	Administrative and program support costs that include clinical/direct care workers and supervisors' salaries and wages, employee related expenses, transportation costs, health benefits, and other non-allowable Medicaid costs.	Full year	All providers of work & non-work services with more than 20 FTEs (optional for Work/Non-Work providers with less than 20 FTEs)
G	Notes	Optional tab, to provide additional notes or overall feedback specific to each one of the worksheets.	N/A	All providers of work & non-work services

The survey workbook also contains one tab with reference information:

- **Provider Groupings** – Provides a listing of the positions within each of the Provider Groupings used within the survey.

The following section provides detailed instructions for preparing and reporting information for each of the worksheets, including what should be reported in each of the requested fields and definitions specific to terms used on each worksheet.

II. Worksheet Instructions

WORKSHEET A: GENERAL

This general tab includes fields for reporting a provider's identification and contact information. It also asks several organization-wide questions regarding the services offered and turnover.

Provider and contact information (Question 1)

- Row (a):** Provider Agency Name – Enter your provider agency name associated with delivering, ordering, or referring behavioral health services.
- Row (b):** Contact Name – Enter the name of the person who should be contacted if there are any questions related to the information reported.
- Row (c):** Contact Phone Number – Enter the phone number of the person listed as the contact name.
- Row (d):** Contact Email Address – Enter the email address of the person listed as the contact name.
- Row (e):** Contact Address – Enter the provider main mailing address.

Report time period (Question 2)

Provide the time period of the information reported in the survey. This should be the most recently completed cost year for which information is available and should align with provider financial statements. Note, this time period should be used to report training time, paid time off, and total costs on the *F. Admin and Program Supp Costs* tab. All other sections of this request reflect an September 2022 snapshot.

Type of services (Question 3)

Select the type(s) of services your organization provides in **Rows (a) through (h)**. If your agency provides other developmental disability services not listed, you may type in the other services provided in the corresponding text box for **Row (i)**, separating each service by a comma.

Employee staffing reporting type (Question 4)

Select from the dropdown whether your organization is able to report staffing information specific to work and non-work services, or whether your organization is only able to provide information related to all services provided in aggregate. If possible, it is preferred that your organization limit its reporting to work and non-work services only.

Employee staffing (Question 5)

This section collects data to calculate the direct care/other staff turnover rate for the reporting period indicated in question 2. Enter a whole number in **Rows (a), (b), (d) and (e)** as applicable. **Rows (c) and (f)** will automatically calculate.

Ohio Medicaid Provider IDs for the organization (Question 6)

This question asks providers to list their Medicaid Provider ID number(s). Record each Medicaid ID number on a separate row.

WORKSHEET B: FULL TIME EQUIVALENTS (FTE)

This FTE worksheet asks for the number of full-time equivalents (FTEs) employed by your organization for each of the provider groupings indicated on the *Reference – Provider Groupings* worksheet. The requested information for FTEs are a measure of the number of employees for each provider type/position. Reporting FTEs requires the provider entity to consider part-time and full-time positions. For example, an employee working full time would be counted as 1.0 FTEs, and an employee working half time would be considered as 0.5 FTEs.

For hourly non-contracted employees, the reporting entity should consider its standard work week for purposes of determining and reporting FTEs. For example, if an entity's standard work week is 35 hours, hourly employees working 35 hours per week should be considered as 1.0 FTEs, and hourly employees working 21 hours per week should be considered as 0.6 FTEs. Similarly, if an entity's standard work week is 40 hours per week, hourly employees working 40 hours per week should be considered as 1.0 FTEs, and hourly employees working 24 hours per week should be considered as 0.6 FTEs.

For salaried employees, FTEs should be determined based on the entity's expectations regarding the number of hours the salaried employee will work. For example, if a salaried employee is expected to work an average of 50 hours per week, the employee should be considered as 1.0 FTEs even though the entity may have a standard work week of 40 hours for hourly employees.

FTEs for contracted employee positions should be based on the same assumptions applied for determining FTEs for non-contracted employee positions.

Full-Time Equivalent Reporting (Questions 1-11)

For each of the indicated provider groupings, indicate the number of contracted and non-contracted FTEs employed by your organization on **September 1, 2022**. If employees do not fit well into any of the indicated groupings, please identify the number of such FTEs in Line 11 and describe the role(s) and count(s) for those employees.

WORKSHEET C: STAFFING INFORMATION & WAGES

This worksheet includes questions about wages, vacant and filled positions, and training for direct care/other workers.

Report information for each of the provider groups listed, leaving blank any rows that do not apply to your organization. Please reference the worksheet *Reference – Provider Groupings* for a crosswalk between provider types and provider groups.

The requested salary information should be reported on an hourly wage basis for non-contracted employees. Please do not include contracted hourly rates for contracted employee positions on this worksheet.

If employees are paid on an hourly basis, consider their regular wage rate (not including overtime adjusted wages) for purposes of reporting averages. If employees are salaried workers, their hourly wage should be reported equal to their annual salaries divided by the number of hours expected to be worked for their position for the year.

Include all wage-based compensation, such as merit bonuses, paid in addition to salaried amounts.

Follow the below instructions for each column in the wage table.

- Staffing as of **September 1, 2022**

Column (A): This column automatically calculates the number of filled FTEs for each provider group (as of 9/1/2022) based on the information reported in the *FTE* worksheet.

Column (B): Report the total number of contracted and non-contracted direct care/other employees with less than 2 years of experience at the agency (as of 9/1/2022) for each provider group.

Column (C): Report the total number of contracted and non-contracted direct care/other employees with at least 2 years of experience at the agency (as of 9/1/2022) for each provider group.

Column (D): Report the total number of unfilled contracted and non-contracted FTEs (as of 9/1/2022) for each provider group.

Column (E): Report the average hourly day wage (as of 9/1/2022) for each provider group for non-contracted employees.

Column (F): Report the average annual raise given to each provider grouping for non-contracted employees.

Column (G): Report the average bonuses paid outside of standard, annual compensation during the reporting period indicated. This should include only one-time bonuses such as relocation bonuses and hiring sign-on bonuses.

- Training/Mentoring for the **entire reporting period**

Column (H): Report the average total number of state-required training hours (reoccurring annually) for each full-time employee for each provider group.

Column (I): Report the average total number of provider-required training hours (reoccurring annually) for each full-time employee for each provider group. This should exclude hours reported in column (H).

Column (J): Report the average total number of training hours a new hire employee requires before attaining full productivity for each provider group. This should not include hours reported in columns (H) and (I).

Column (K): Report the average total number of state-required mentoring hours (reoccurring annually) for each full-time employee for each provider group. This should not include hours reported in column (H) through (J).

WORKSHEET D: BENEFITS

This worksheet collects information regarding insurance benefits, retirement benefits, and other fringe benefits as of September 2022.

Benefit take-up (Question 1)

This section collects data regarding the number of non-contracted direct care/other workers that took-up the specified benefits during the indicated month. Rows **(a)** and **(e)** will automatically populate with information reported on the *FTE* worksheet. In rows **(b)**, **(c)**, **(d)**, **(f)**, **(g)**, and **(h)**, please enter the number of FTEs that took up each of the indicated benefits during **September 2022**.

Benefit costs (Question 2)

This section collects information regarding the costs of the benefits provided. Enter the employer cost per FTE taking up benefits during **September 2022**. This should be reported as the total costs divided by the number of FTEs taking up benefits across all provider groups. The total annualized spend amount is calculated automatically as the product of the number of FTEs taking up benefits and the monthly cost per FTE taking up benefits multiplied by 12.

WORKSHEET E: PTO

This worksheet collects information regarding paid time off, holiday time, vacation days, sick days, snow & calamity days, and other special emergency & personal days.

Paid Time Off (PTO) Information

This section collects data regarding the number days of PTO utilized for your organization during the **entire reporting period** indicated in Excel row **(8)**. Only report paid time off hours if your organization follows a standardized policy that is applicable to the listed provider types; if you do not have a policy for paid time off, do not report paid time off (you may still report paid holiday hours).

Column (A): This section automatically calculates the number of non-contracted FTEs for each high-level provider grouping based on the information reported on the *FTE* worksheet.

Columns (B) through (F): Report the average number of hours missed per employee due to each of the indicated categories during the reporting period. If you are able to separate time off into the indicated categories, leave column **(G)** blank and populate columns **(B)** through **(F)**. If you are unable to separate time off into the indicated categories, leave columns **(B)** through **(F)** blank and populate column **(G)**.

Column (G): Report the average number of hours missed per employee in aggregate. If you are able to separate time off into the indicated categories, leave column **(G)** blank and populate columns **(B)** through **(F)**. If you are unable to separate time off into the indicated categories, leave columns **(B)** through **(F)** blank and populate column **(G)**.

WORKSHEET F: ADMINISTRATIVE AND PROGRAM SUPPORT COSTS

This worksheet collects data on administrative and program support costs using the reporting period indicated on the *General* tab. Data reported should reflect the **entire reporting period** and should align with provider financial statements. Costs may be reported in aggregate and/or for work/non-work services. Inclusion of costs for work/non-work services is preferred.

Figure 2 provides definitions of allowable and non-allowable costs, and administrative, program support, and room and board costs. Data reported should reflect these definitions.

FIGURE 2: DEFINITIONS FOR USE IN COMPLETING WORKSHEET

TERM	DEFINITION
Allowable and non-allowable costs	<p>For purposes of this survey, allowable costs based on federal Medicaid regulations are the reasonable costs necessary to provide services to individuals eligible for the approved federal Medicaid waivers. Determinations of allowable costs must be consistent with 2 CFR § 200, and in principle, the term “reasonable” relates to the prudent and cost conscious buyer concept that purchasers of services will seek to economize and minimize costs whenever possible. The term “necessary” relates to the necessity of the service. To be “necessary”, it must be a required element for providing care to individuals as specified by the approved federal waivers.</p> <p>The following are examples of non-allowable costs:</p> <ul style="list-style-type: none"> • Room and board (including all client-related facility and facility maintenance costs, food, and personal expenses) • Other, e.g., bad debts, charitable contributions, fundraising costs, entertainment costs (including costs of alcoholic beverages), and Federal, state, or local sanctions or fines
Administrative costs	<p>Expenses incurred by the provider entity necessary to support the provision of services but not directly related to providing services to individuals. These expenses exclude transportation, wages and employee-related expenses for clinical care, and may include, but is not limited to:</p> <ul style="list-style-type: none"> • Salaries and wages, and related employee benefits for employees or contractors that are not direct service workers or first- and second- line supervisors of direct service workers • Liability and other insurance • Licenses and taxes • Legal and audit fees • Accounting and payroll services • Billing and collection services • Bank service charges and fees • Information technology • Telephone and other communication expenses • Office and other supplies including postage • Accreditation expenses, dues, memberships, and subscriptions • Meeting and administrative travel related expenses • Training and employee development expenses, including related travel • Human resources, including background checks and other recruiting expenses • Community education • Marketing/advertising • Interest expense and financing fees • Facility and equipment expense for space not used to directly provide services to individuals, and related utilities • Vehicle and other transportation expenses not related to transporting individuals receiving services or transporting employees to provide services to individuals • Board of director-related expenses • Interpreter services
Program support costs	Supplies, materials, activity costs, and other equipment necessary to support service delivery
Room and board costs	Board means three meals a day or any other full nutritional regimen. ¹ Room means hotel or shelter type expenses including all property related costs such as rental or purchase of real estate and furnishings, maintenance, utilities, and related administrative services. ²

¹ State Medicaid Manual, Chapter 4, 4442.3, B.12. Accessed online (July 25, 2022): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927>

² *Ibid*

Administrative, Program Support and Employee-Related Expense Costs

- Row (A):** Report total direct care and other staff salaries & wages (**A.i**), costs associated with life, health, and dental insurance (**A.ii**), and all other employee related expenses (**A.iii**).
- Row (B):** Report total service-related, non-personnel transportation costs.
- Row (C):** Report total program support costs including activities, supplies, and other related costs. Use the text box below this row to provide a description in addition to reporting costs.
- Row (D):** Report salaries & wages (**D.i**), costs associated with life, health, and dental insurance (**D.ii**), and all other employee related expenses (**D.iii**) for administrative employees. Also report facility costs for items such as community hubs, building maintenance, and capital in row **D.iv**. Do not report room and board costs in row **D.iv**. Other non-personnel costs, including non-service related transportation costs, should be reported in row **D.v**.
- Row (E):** Report room and board costs, including residential lodge and shelter costs, residential meals, and other similar expenses. See Figure 2 above for a definition of room and board.
- Row (F):** Report bad debt and other Medicaid non-allowable costs
- Row (G):** Report any additional costs not captured in the previous lines on this row, using the text box below this row to provide a description in addition to reporting costs
- Row (H):** This row automatically calculates total costs reported using the information reported in the previous rows.
- Row (I):** Automatically calculates the administrative and program support costs as a percent of total costs, excluding non-allowable costs (e.g., room and board).
- Row (J):** Report the degree to which administrative costs for community-based work and non-work services differ from the overall administrative costs. This must be entered as a multiple of 1% with a maximum absolute value of +/- 6%.
- Row (K):** Report the degree to which administrative costs for facility-based work and non-work services differ from the overall administrative costs. This must be entered as a multiple of 1% with a maximum absolute value of +/- 6%.

WORKSHEET G: NOTES

This worksheet allows for reporting optional notes and overall feedback about the survey. There is a row designated for each of the above tabs to add notes specific for each tab as needed.

III. Limitations

This survey is intended for the use of the State of Ohio's Department of Developmental Disabilities (DODD) in support of its provider rate development. The terms of Milliman's contract with DODD signed on February 14, 2022 apply to this survey and its use.

This survey has been prepared for DODD for the purpose of collecting information required to maintain a sustainable model that reflects reasonable and appropriate costs for developmental disability work and non-work services, and is not appropriate for other purposes. We understand this survey will be shared by DODD with select Ohio DODD provider stakeholders for the purpose of providing data for the provider rate development. This survey cannot be shared with other third parties without Milliman's prior consent. In the event such consent is provided, the survey must be provided in its entirety.

Milliman makes no representations or warranties regarding the contents of this survey to third parties. Likewise, third parties are instructed that they are to place no reliance upon this survey prepared by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

In performing this work, we relied on data and information provided by DODD and its vendors. We have not audited or verified this data and information. If the underlying data or information is inaccurate or incomplete, the results of our assessment may likewise be inaccurate or incomplete.