

Division of Long Term Supports and Services Bureau of Developmental Services

**Rate Structure Work Group
April 8, 2022**



Goals for 4/8 Meeting

1. Discuss Next Steps in Cost Report Design Process
2. Discuss March Work Group Assignment
3. Discuss Potential Bureau of Labor Statistics (BLS) Wage Categories for Direct Support Professionals

This Rate Setting Work Group is open to the public. Members of the public who are not on the Rate Setting Work Group can listen to the group's discussions but will not be able to ask questions or participate in discussions occurring between Work Group members.

This structure ensures that the Department can engage a diverse group of stakeholders in substantive dialogue while also providing transparency and general updates to the general public.

If you are a member of the public and have questions about the Rate Setting Work Group and/or its work, please contact us at BDSRateStructureWorkgroup@dhhs.nh.gov and we will respond as soon as possible.



Agenda

Agenda for 4/8 Meeting

1. Opening remarks from BDS
2. Discuss the cost report development process
3. Discuss feedback from the March assignment
4. Evaluate BLS job categories for DSPs
5. Next Steps



Opening Remarks

- Thank you!
- What have you heard about the rate development work since the last time this group has convened?
- What have you shared about the work?
- BDS Systems work groups are high level. Please continue to share updates and information with the groups that you represent.
- This work means something different to everyone, and we want to hear the questions and provide answers as we continue to work together.



Cost Report Development Process



Cost Report Development Process

- Rate Work Group members suggested performing a “beta test” of the cost report prior to full roll-out
- Currently aiming to start this work towards the end of April. This would be a preliminary meeting to discuss contents for feedback.
- After initial feedback is received, we will prepare the cost report for testing.
- Webinar format will allow participants to meet to discuss issues and then allow time for individual review of concepts



Cost Report Development Process

- Who should participate?
 - We recommend utilizing the knowledge of the current Rate Work Group for this task.
- What will be the responsibilities of this group?
 - To work through the proposed cost report and provide feedback on how to tailor the document to reflect service delivery in New Hampshire and to test for ease of completion.
- What is the time commitment?
 - This will vary based on the feedback and comments received. We envision this process taking time to test and modify the document.
 - Potential to have sessions separated by service type, so attending all sessions may not be required for all participants.



Feedback from March Homework



Feedback from March Homework

- Thank you to everyone who participated and provided feedback. We appreciate the information!
- The following slides will provide insight to some of the comments we received and a proposed response as to how that issue will be addressed.



Feedback from March Homework

- What information do you feel would be useful to include in the cost report?

Comment Received	Response
Suggestions for various costs information to collect was provided	The cost report will be designed to collect this information. As we work through the rate design process, we can address each of the suggestions during those sessions.
Suggestion to collect expenses related to training	The cost report will be designed to capture training expenses and also collect information related to time the DSP in a training program and unable to perform direct services.
Telehealth considerations – how often it can be used in place of face to face visits	This is currently being evaluated. Clarification will be provided in the future.
Travel time	The cost report will be designed to collect information related to travel time incurred by a DSP when not providing direct services.



Feedback from March Homework

- What information do you feel would be useful to include in the cost report?

Comment Received	Response
Considerations for Non-Medical Transportation Coverage	Historically, this transportation was bundled in with other service definitions. In the new waivers, the non-medical transportation service will be separate.
Collect excess room and board expenses	Current Federal Rules prohibit reimbursement for individual room and board expenses. We can collect the information on the cost report and share with the Department.



Feedback from March Homework

- What information do you feel would be useful to include in the cost report?

Comment Received	Response
Collect staffing ratio information	The cost report will be designed to collect this information. Depending on the service, there will likely be information collected for staffing ratios by shift.
Collect various information related to service coordination	The cost report will be designed to collect information related to service coordination, such as caseload ratios, etc. Additional discussions can be held as we work through the cost report development process.



Feedback from March Homework

- Is your agency prepared to complete the cost report?
 - General consensus is – YES!
- A few comments related to this response:
 - How long will providers have to complete the cost report?
 - Providers will have 45 days to complete the cost report.
 - What methodology will be used to capture consistent cost allocation methodologies?
 - We are currently working on developing the cost report, so we do not have an answer today, but will take this into consideration during the design process.



Feedback from March Homework

- What are your concerns related to the cost report and data collection efforts?

Comment Received	Response
Costs submitted do not necessarily reflect the actual cost to sustain programs long term.	Cost information will be collected, but it will also be benchmarked against nationally available data. Inflation is often applied to historical cost data to better align with more current economic factors.
DSP positions will require higher rates	Nationally available data will be utilized to identify wage information for the appropriate staff level. Variances from cost data will be compared to actual costs information collected.
Expenses related to onboarding new clients is not reimbursed. These activities include budget writing, chart review, team meetings, etc.	This is currently being evaluated. Clarification will be provided in the future.



Feedback from March Homework

- What are your concerns related to the cost report and data collection efforts?

Comment Received	Response
Concerned about the time it will take to complete the cost report	Feedback received from similar projects indicates it should take approximately 40 – 80 hours, on average, to complete the cost report.
What if I miss reporting something and I cannot update as the process proceeds?	We aim to provide adequate training for cost report completion. We will also provide contact information to ask questions during the cost report completion process.
Concerned that the true cost of providing services for individuals with higher needs will not be covered by a potentially lower rate	Evaluating assessments to identify the individual client needs will help to address this concern.



Feedback from March Homework

- What are your concerns related to the cost report and data collection efforts?

Comment Received	Response
<p>Costs over the past two years do not necessarily reflect actual costs, as most day services were provided in the individual's home care</p>	<p>Part of the rate process is to build a rate based on what it would cost to pay for the services, as provided by a DSP. It is anticipated this rate would be used to pay for services if an individual chooses to receive services outside of their home in the future.</p>
<p>Costs for the same programs can look different if provided by a vendor agency and an AA. How is that addressed?</p>	<p>We understand there is a difference in cost, depending on how the service is delivered. Once cost information is collected, we will evaluate the differences and how they can potentially affect reimbursement.</p> <p>The cost report does have a section to identify if the respondent is an AA or vendor agency. This will enable us to look at costs by provider type and combined.</p>



Feedback from March Homework

- What are your concerns related to the cost report and data collection efforts?

Comment Received	Response
How will rates address the various service coordination needs for the individuals?	We recognize the needs of individual vary and are currently evaluating this service. Clarification will be provided in the future.
Where will PDMS/IHSW Financial Services be captured?	This is currently being evaluated. Clarification will be provided in the future.



Bureau of Labor Statistics Information



Bureau of Labor Statistics Data

- One of our steps in the rate build up process is to benchmark data from external sources.
- One source we commonly use to validate Direct Support Professional (DSP), as well as other positions, is wage information collected through the Bureau of Labor Statistics (BLS).
- The following tables represent some of the BLS Occupation Codes commonly used for this process.
- Please note this list is not all inclusive. The codes presented in the tables is meant to represent the majority of the DSP service provisions.
- Other job codes will be evaluated for other positions, such as therapy and supervisory components.
- The source of the following information is the BLS website:
https://www.bls.gov/oes/current/oes_stru.htm



Bureau of Labor Statistics Data

Occupation Code	Occupation Code	Education	Experience	Training	Description
21-1015	Rehabilitation Counselors	Master's degree	None	None	Counsel individuals to maximize the independence and employability of persons coping with personal, social, and vocational difficulties that result from birth defects, illness, disease, accidents, aging, or the stress of daily life. Coordinate activities for residents of care and treatment facilities. Assess client needs and design and implement rehabilitation programs that may include personal and vocational counseling, training, and job placement. Excludes "Occupational Therapists" (29-1122).
21-1022	Healthcare Social Workers	Master's degree	None	Internship/residency	Provide individuals, families, and groups with the psychosocial support needed to cope with chronic, acute, or terminal illnesses. Services include advising family caregivers. Provide patients with information and counseling, and make referrals for other services. May also provide case and care management or interventions designed to promote health, prevent disease, and address barriers to access to healthcare.



Bureau of Labor Statistics Data

Occupation Code	Occupation Code	Education	Experience	Training	Description
21-1093	Social and Human Service Assistants	High school diploma or equivalent	None	Short-term on-the-job training	Assist other social and human service providers in providing client services in a wide variety of fields, such as psychology, rehabilitation, or social work, including support for families. May assist clients in identifying and obtaining available benefits and social and community services. May assist social workers with developing, organizing, and conducting programs to prevent and resolve problems relevant to substance abuse, human relationships, rehabilitation, or dependent care. Excludes "Rehabilitation Counselors" (21-1015), "Psychiatric Technicians" (29-2053), "Personal Care Aides" (31-1122), and "Eligibility Interviewers, Government Programs" (43-4061).
21-1094	Community Health Workers	High school diploma or equivalent	None	Short-term on-the-job training	Promote health within a community by assisting individuals to adopt healthy behaviors. Serve as an advocate for the health needs of individuals by assisting community residents in effectively communicating with healthcare providers or social service agencies. Act as liaison or advocate and implement programs that promote, maintain, and improve individual and overall community health. May deliver health-related preventive services such as blood pressure, glaucoma, and hearing screenings. May collect data to help identify community health needs. Excludes "Health Education Specialists" (21-1091).



Bureau of Labor Statistics Data

Occupation Code	Occupation Code	Education	Experience	Training	Description
29-2061	Licensed Practical and Licensed Vocational Nurses	Postsecondary nondegree award	None	None	Care for ill, injured, or convalescing patients or persons with disabilities in hospitals, nursing homes, clinics, private homes, group homes, and similar institutions. May work under the supervision of a registered nurse. Licensing required.
31-1120	Home Health and Personal Care Aides	High school diploma or equivalent	None	Short-term on-the-job training	Provide routine individualized healthcare such as changing bandages and dressing wounds, and applying topical medications to the elderly, convalescents, or persons with disabilities at the patient's home or in a care facility. Monitor or report changes in health status. May also provide personal care such as bathing, dressing, and grooming of patient. Assist the elderly, convalescents, or persons with disabilities with daily living activities at the person's home or in a care facility. Duties performed at a place of residence may include keeping house (making beds, doing laundry, washing dishes) and preparing meals. May provide assistance at non-residential care facilities. May advise families, the elderly, convalescents, and persons with disabilities regarding such things as nutrition, cleanliness, and household activities.



Bureau of Labor Statistics Data

Occupation Code	Occupation Code	Education	Experience	Training	Description
31-1131	Nursing Assistants	Postsecondary nondegree award	None	None	Provide or assist with basic care or support under the direction of onsite licensed nursing staff. Perform duties such as monitoring of health status, feeding, bathing, dressing, grooming, toileting, or ambulation of patients in a health or nursing facility. May include medication administration and other health-related tasks. Includes nursing care attendants, nursing aides, and nursing attendants. Excludes "Home Health Aides" (31-1121), "Personal Care Aides" (31-1122), "Orderlies" (31-1132), and "Psychiatric Aides" (31-1133).
31-1133	Psychiatric Aides	High school diploma or equivalent	None	Short-term on-the-job training	Assist mentally impaired or emotionally disturbed patients, working under direction of nursing and medical staff. May assist with daily living activities, lead patients in educational and recreational activities, or accompany patients to and from examinations and treatments. May restrain violent patients. Includes psychiatric orderlies.



Bureau of Labor Statistics Data

Occupation Code	Occupation Code	Education	Experience	Training	Description
39-9032	Recreation Workers	High school diploma or equivalent	None	Short-term on-the-job training	Conduct recreation activities with groups in public, private, or volunteer agencies or recreation facilities. Organize and promote activities, such as arts and crafts, sports, games, music, dramatics, social recreation, camping, and hobbies, taking into account the needs and interests of individual members.
39-9041	Residential Advisors	High school diploma or equivalent	None	Short-term on-the-job training	Coordinate activities in resident facilities in secondary school and college dormitories, group homes, or similar establishments. Order supplies and determine need for maintenance, repairs, and furnishings. May maintain household records and assign rooms. May assist residents with problem solving or refer them to counseling resources.



Questions?



Next Steps



Next Steps

- We will develop a schedule for the cost report development and testing meetings.
- No other assignments at this time, but if you think of anything to share, please feel free to do so.

