

HOME AND COMMUNITY-BASED SERVICES and
TEXAS HOME LIVING
NON-DAY HABILITATION SERVICES
ATTENDANT COMPENSATION RATE ENHANCEMENT

- Enrollment Worksheet A and Instructions –

July 1 – 31, 2014 Enrollment for Levels to be Effective September 1, 2014

NOTE: This worksheet is provided for your own information and should be retained in your files for future reference.

Do not return.

For questions about completing this form:

Contact: rad-ltss@hhsc.state.tx.us or (512) 730-7463

A project of
the Texas Health and Human Services Commission

INSTRUCTIONS
HOME AND COMMUNITY-BASED SERVICES (HCS) and
TEXAS HOME LIVING (TxHmL)
NON-DAY HABILITATION SERVICES
Attendant Compensation Rate Enhancement
Enrollment Worksheet A

PURPOSE

To allow providers to calculate HCS and TxHmL non-day habilitation spending requirements and potential differences between non-day habilitation costs and non-day habilitation revenues under the Attendant Compensation Rate Enhancement for their component code. This information can be used by providers to help them make an informed decision about participation in the enhancement program for their HCS and TxHmL non-day habilitation services.

REPORTING PERIOD

Select a reporting period that is representative of your typical caseload and staffing and that is as close to the open enrollment period as possible. The reporting period may be of any length, although a minimum of one payroll period is recommended. For example, the reporting period might be one payroll period in June, one month (i.e., June 1 – June 30) or your most recent cost reporting period. To check for inconsistencies in your data and errors in your calculations, it is recommended that you complete worksheets for two different reporting periods at least three months apart and compare the results. Large variances indicate either an error in completing the worksheets or large fluctuations in caseload and staffing. Any such fluctuations should be taken into account when making your enrollment decision.

INCLUDE ALL HCS and TxHmL CONTRACTS IN YOUR COMPONENT CODE

A single HCS and TxHmL Non-Day Habilitation Services Attendant Compensation Rate Enhancement Enrollment Worksheet should be completed for all HCS and TxHmL contracts operating under your component code. Costs and units of service for HCS and TxHmL contracts operating under the component code should be aggregated and reported on this single worksheet.

NON-DAY HABILITATION SERVICES VERSUS DAY HABILITATION SERVICES

For the HCS and TxHmL programs, for each component code, providers may choose to participate for non-day habilitation services only, day habilitation services only or both non-day habilitation and day habilitation services. The HCS and TxHmL non-day habilitation services worksheet is designed to help providers make an informed decision about participation in the enhancement program for their HCS and TxHmL non-day habilitation services; this worksheet does not address HCS and TxHmL day-habilitation services. Providers must use the HCS and TxHmL day habilitation services worksheet for help with making an informed decision about participation for HCS and TxHmL day habilitation services.

PARTICIPATION AS AN INDIVIDUAL COMPONENT CODE OR AS A GROUP OF COMPONENT CODES

Providers with more than one HCS and TxHmL component code must specify on their Enrollment Contract Amendment whether they wish to have all their participating HCS and

TxHmL component codes be considered as a group or individually for purposes related to the Attendant Compensation Rate Enhancement. In order to make an informed decision about group or individual participation, you may want to make copies of this worksheet, complete one for each individual component code, complete one for the group and compare the results. The definition of a group is available in Title 1 of the Texas Administrative Code §355.112(ee).

LEVELS OF ENHANCEMENT

Contracted providers must request an enhancement level at which they want to participate for their HCS and TxHmL non-day habilitation services. For component codes participating as a group, the HCS and TxHmL non-day habilitation services enhancement level must be the same for all component codes within that group. The enhancement level does not have to be the same for HCS and TxHmL non-day habilitation services and HCS and TxHmL day habilitation services.

WORKSHEET FUNCTIONALITY

The enrollment worksheets are fully functional and if completed on-line will perform all required calculations for you. If you choose to print the worksheets and fill them out by hand, you will be responsible for the accuracy of all mathematical calculations.

DEFINITIONS

ATTENDANT – the unlicensed care giver providing direct assistance to consumers with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Attendants for non-day habilitation include direct care workers, medication aides and drivers providing HCS Supervised Living and Residential Support Services (SL/RSS), direct care trainers providing HCS Supported Home Living (SHL) services, direct care trainers providing TxHmL Community Support Services (CSS), direct care workers providing HCS and TxHmL respite services (RS), direct care workers and job coaches providing HCS and TxHmL Supported Employment (SE) services, and direct care workers and job coaches providing TxHmL Employment Assistance (EA) services.

HCS SL/RSS attendants may perform some nonattendant functions. In such cases, the attendant must perform attendant functions at least 80 percent of his or her total time worked. **Staff not providing attendant services at least 80 percent of their total time worked are not considered attendants.** Time studies must be performed in accordance with Title 1 of the Texas Administrative Code (TAC) §355.105(b)(2)(B)(i) for staff that are not full-time attendants but perform attendant functions to determine if a staff member meets this 80 percent requirement. Failure to perform the time studies for these staff will result in the staff not being considered attendants.

Attendants do not include the director, administrator, assistant director, assistant administrator, clerical and secretarial staff, professional staff, other administrative staff, licensed staff, attendant supervisors, cooks and kitchen staff, maintenance and grounds keeping staff, activity director, Qualified Mental Retardation Professionals (QMRPs), assistant QMRPs, direct care worker supervisors, direct care trainer supervisors, job coach supervisors, foster care providers, and laundry and housekeeping staff.

In the case of HCS SHL and TxHmL CSS, staff other than attendants may deliver attendant services and be considered an attendant during the time they are delivering attendant services if

they must perform attendant services that cannot be delivered by another attendant to prevent a break in service. In such a situation, the staff person would be required to keep timesheets and only that time spent delivering attendant services on a fill-in basis would be reported as attendant time.

Except in the special circumstances described above the attendant may not perform any nonattendant functions.

ATTENDANT CONTRACT LABOR – nonstaff attendants. Nonstaff refers to personnel who provide non-day habilitation services intermittently, whose remuneration (i.e., fee or compensation) is not subject to employer payroll tax contributions and who perform tasks routinely performed by employees.

COMPENSATION – Attendant compensation is the allowable compensation for attendants defined in 1 TAC §355.103(b)(1) and §355.722 and required to be reported as either salaries and/or wages, including payroll taxes and workers' compensation, or employee benefits. Benefits required by §355.103(b)(1)(A)(iii) to be reported as costs applicable to specific cost report line items are not considered attendant compensation. Examples of such costs are the provider's unrecovered cost of meals provided to attendants; the provider's unrecovered cost of uniforms provided to attendants and employee relations expenses such as gift cards given to employees, and the cost of employee parties, plaques, etc.

Allowable contract labor costs are defined in 1 TAC §355.103(b)(2)(C).

Mileage reimbursement paid to the attendant for use of his or her personal vehicle which is not subject to payroll taxes is considered compensation for purposes of the Attendant Compensation Rate Enhancement.

NON-DAY HABILITATION SERVICES – Non-day habilitation services include HCS SL/RSS, HCS SHL, TxHmL CSS, HCS and TxHmL RS, HCS and TxHmL SE and EA.

WORKSHEET A

STEP 1 – Enter the start and end date of your selected reporting period.

See the Reporting Period section for information on selecting a reporting period.

Round all monetary amounts in Steps 2a-2d to the nearest whole dollar (with no zeros included for “cents”). For example, \$25.49 should be rounded to \$25 and \$25.50 should be rounded to \$26.

Units of service are the units of HCS and TxHmL non-day habilitation services provided during the reporting period.

STEP 2a – Enter required HCS SL/RSS data

Box A – HCS SL/RSS Attendant Salaries and Wages (including drivers): report accrued salaries and wages for HCS SL/RSS attendants, medication aides and drivers employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. Drivers and staff members functioning in more than one capacity are not considered attendants for HCS SL/RSS attendant compensation rate enhancement purposes and their salaries and wages should **not** be included on this worksheet. See Definitions section for more information on who qualifies as an attendant.

Box B – FICA and Medicare: report employer-paid FICA and Medicare taxes for HCS SL/RSS attendants and drivers. FICA and Medicare taxes may be allocated based upon percentage of eligible salaries.

Box C – State and Federal Unemployment: report both federal (FUTA) and state (TUCA) employer-paid HCS SL/RSS attendant and driver unemployment expenses. Unemployment expenses may be allocated based upon percentage of eligible salaries.

Box D – Workers’ Compensation Insurance Premiums: report premiums for workers’ compensation insurance, industrial accident policies and other similar types of coverage for employee on-the-job injuries for HCS SL/RSS attendants and drivers. Workers’ compensation premiums may be allocated based upon percentage of eligible salaries.

Box E – Workers’ Compensation Paid Claims: report medical claims paid for employee on-the-job injuries for HCS SL/RSS attendants and drivers. Paid claims may be allocated based upon percentage of eligible salaries or direct costed.

Box F – Employee Health Insurance: report employer-paid health insurance for HCS SL/RSS attendants and drivers. **Employer-paid health insurance premiums must be direct costed.** Paid claims may be allocated based on percentage of eligible salaries or direct costed.

Box G – Employee Life Insurance: report any employer-paid life insurance for HCS SL/RSS attendants and drivers. **Employer-paid life insurance costs must be direct costed.**

Box H – Other Employee Benefits: report any employer-paid disability insurance and retirement contributions for HCS SL/RSS attendants and drivers. **These benefits must be direct costed.** The contracted provider’s unrecovered cost of meals and room and board furnished to direct care employees, uniforms, job-related training reimbursements and job certification renewal fees are **not** to be reported as Other Employee Benefits.

Box I – Mileage Reimbursement: report the mileage reimbursement paid to a HCS SL/RSS attendant for use of his/her personal vehicle which is not subject to payroll taxes. The current maximum allowable mileage reimbursement is 56.5 cents per mile.

Box J – HCS SL/RSS Attendant Contract Labor: report the total costs for contract labor functioning as HCS SL/RSS attendants. See the Definitions section for a definition of reportable contract labor.

Box K – Total HCS SL/RSS Attendant Cost – sum boxes A through J.

Box L – HCS SL/RSS LON1 Units of Service: report the total number of HCS SL/RSS units during the reporting period for HCS LON1 consumers receiving SL/RSS services.

Box M – HCS SL/RSS LON5 Units of Service: report the total number of HCS SL/RSS units during the reporting period for HCS LON5 consumers receiving HCS SL/RSS services.

Box N – HCS SL/RSS LON8 Units of Service: report the total number of HCS SL/RSS units during the reporting period for HCS LON8 consumers receiving HCS SL/RSS services.

Box O – HCS SL/RSS LON6 Units of Service: report the total number of HCS SL/RSS units during the reporting period for HCS LON6 consumers receiving HCS SL/RSS services.

Box P – HCS SL/RSS LON9 Units of Service: report the total number of HCS SL/RSS units during the reporting period for HCS LON9 consumers receiving HCS SL/RSS services.

Box Q – Non-Reimbursable Units of Service: report the total number of SL/RSS units during the reporting period for all other consumers of any of the contracts included under the component code for which this worksheet is being completed (e.g., private pay individuals, individuals receiving respite care and individuals with private insurance). Include here any units of service you provided for which you may never be reimbursed (i.e., non-billable units).

Box R – Total HCS SL/RSS Units of Service: sum boxes L through Q.

STEP 2b – Enter required HCS SHL and TxHmL CSS data

Box S – HCS SHL and TxHmL CSS Attendant Salaries and Wages: report accrued salaries and wages for HCS SHL and TxHmL CSS attendants employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. Staff members functioning in more than one capacity are

not considered attendants for HCS SHL and TxHmL CSS attendant compensation rate enhancement purposes and their salaries and wages should **not** be included on this worksheet. The only exception to this rule is when staff other than attendants are required to perform attendant services that cannot be delivered by another attendant to prevent a break in service. See Definitions section for more information on who qualifies as an attendant.

Box T – FICA and Medicare: report employer-paid FICA and Medicare taxes for HCS SHL and TxHmL CSS attendants. FICA and Medicare taxes may be allocated based upon percentage of eligible salaries.

Box U – State and Federal Unemployment: report both federal (FUTA) and state (TUCA) employer-paid HCS SHL and TxHmL CSS attendant unemployment expenses. Unemployment expenses may be allocated based upon percentage of eligible salaries.

Box V – Workers' Compensation Insurance Premiums: report premiums for workers' compensation insurance, industrial accident policies and other similar types of coverage for employee on-the-job injuries for HCS SHL and TxHmL CSS attendants. Workers' compensation premiums may be allocated based upon percentage of eligible salaries.

Box W – Workers' Compensation Paid Claims: report medical claims paid for employee on-the-job injuries for HCS SHL and TxHmL CSS attendants. Paid claims may be allocated based upon percentage of eligible salaries or direct costed.

Box X – Employee Health Insurance: report employer-paid health insurance for HCS SHL and TxHmL CSS attendants. **Employer-paid health insurance premiums must be direct costed.** Paid claims may be allocated based on percentage of eligible salaries or direct costed.

Box Y – Employee Life Insurance: report any employer-paid life insurance for HCS SHL and TxHmL CSS attendants. **Employer-paid life insurance costs must be direct costed.**

Box Z – Other Employee Benefits: report any employer-paid disability insurance and retirement contributions for HCS SHL and TxHmL CSS attendants. **These benefits must be direct costed.** The contracted provider's unrecovered cost of meals and room and board furnished to direct care employees, uniforms, job-related training reimbursements and job certification renewal fees are **not** to be reported as Other Employee Benefits.

Box A1 – Mileage Reimbursement: report the mileage reimbursement paid to a HCS SHL and TxHmL CSS attendant for use of his/her personal vehicle which is not subject to payroll taxes. The current maximum allowable mileage reimbursement is 56.5 cents per mile.

Box B1 – HCS SHL and TxHmL CSS Attendant Contract Labor: report the total costs for contract labor functioning as HCS SHL and TxHmL CSS attendants. See the Definitions section for a definition of reportable contract labor.

Box C1 – Total HCS SHL and TxHmL CSS Attendant Cost – sum boxes S through B1.

Box D1 – Reserved.

Box E1 – HCS SHL Units of Service: report the total number of HCS SHL units during the reporting period for HCS consumers receiving HCS SHL services.

Box F1 – TxHmL CSS Units of Service: report the total number of TxHmL CSS units during the reporting period for TxHmL consumers receiving TxHmL CSS services.

Box G1 – Total HCS SHL and TxHmL CSS Units of Service: sum boxes E1 through F1.

STEP 2c – Enter required HCS and TxHmL Respite data

Box H1 – HCS and TxHmL Respite Attendant Salaries and Wages: report accrued salaries and wages for HCS and TxHmL Respite attendants employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. Staff members functioning in more than one capacity are not considered attendants for HCS and TxHmL Respite attendant compensation rate enhancement purposes and their salaries and wages should **not** be included on this worksheet. See Definitions section for more information on who qualifies as an attendant.

Box I1 – FICA and Medicare: report employer-paid FICA and Medicare taxes for HCS and TxHmL Respite attendants. FICA and Medicare taxes may be allocated based upon percentage of eligible salaries.

Box J1 – State and Federal Unemployment: report both federal (FUTA) and state (TUCA) employer-paid HCS and TxHmL Respite attendant unemployment expenses. Unemployment expenses may be allocated based upon percentage of eligible salaries.

Box K1 – Workers' Compensation Insurance Premiums: report premiums for workers' compensation insurance, industrial accident policies and other similar types of coverage for employee on-the-job injuries for HCS and TxHmL Respite attendants. Workers' compensation premiums may be allocated based upon percentage of eligible salaries.

Box L1 – Workers' Compensation Paid Claims: report medical claims paid for employee on-the-job injuries for HCS and TxHmL Respite attendants. Paid claims may be allocated based upon percentage of eligible salaries or direct costed.

Box M1 – Employee Health Insurance: report employer-paid health insurance for HCS and TxHmL Respite attendants. **Employer-paid health insurance premiums must be direct costed.** Paid claims may be allocated based on percentage of eligible salaries or direct costed.

Box N1 – Employee Life Insurance: report any employer-paid life insurance for HCS and TxHmL Respite attendants. **Employer-paid life insurance costs must be direct costed.**

Box O1 – Other Employee Benefits: report any employer-paid disability insurance and retirement contributions for HCS and TxHmL Respite attendants. **These benefits must be direct costed.** The contracted provider's unrecovered cost of meals and room and board furnished to direct care employees, uniforms, job-related training reimbursements and job certification renewal fees are **not** to be reported as Other Employee Benefits.

Box P1 – Mileage Reimbursement: report the mileage reimbursement paid to a HCS and TxHmL Respite attendant for use of his/her personal vehicle which is not subject to payroll taxes. The current maximum allowable mileage reimbursement is 56.5 cents per mile.

Box Q1 – HCS and TxHmL Respite Attendant Contract Labor: report the total costs for contract labor functioning as HCS and TxHmL Respite attendants. See the Definitions section for a definition of reportable contract labor.

Box R1 – Total HCS and TxHmL Respite Attendant Cost – sum boxes H1 through Q1.

Box S1 – Reserved.

Box T1 – HCS Respite Units of Service: report the total number of HCS Respite units during the reporting period for HCS consumers receiving HCS Respite services.

Box U1 – TxHmL Respite Units of Service: report the total number of TxHmL Respite units during the reporting period for TxHmL consumers receiving TxHmL Respite services.

Box V1 – Total HCS and TxHmL Respite Units of Service: sum boxes T1 through U1.

STEP 2d – Enter required HCS and TxHmL SE and EA data

Box W1 – HCS and TxHmL SE and EA Attendant Salaries and Wages: report accrued salaries and wages for HCS and TxHmL SE and EA attendants employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. Staff members functioning in more than one capacity are not considered attendants for HCS and TxHmL SE and EA attendant compensation rate enhancement purposes and their salaries and wages should **not** be included on this worksheet. See Definitions section for more information on who qualifies as an attendant.

Box X1 – FICA and Medicare: report employer-paid FICA and Medicare taxes for HCS and TxHmL SE and EA attendants. FICA and Medicare taxes may be allocated based upon percentage of eligible salaries.

Box Y1 – State and Federal Unemployment: report both federal (FUTA) and state (TUCA) employer-paid HCS and TxHmL SE and EA attendant unemployment expenses. Unemployment expenses may be allocated based upon percentage of eligible salaries.

Box Z1 – Workers' Compensation Insurance Premiums: report premiums for workers' compensation insurance, industrial accident policies and other similar types of coverage for employee on-the-job injuries for HCS and TxHmL SE and EA attendants. Workers' compensation premiums may be allocated based upon percentage of eligible salaries.

Box A2 – Workers' Compensation Paid Claims: report medical claims paid for employee on-the-job injuries for HCS and TxHmL SE and EA attendants. Paid claims may be allocated based upon percentage of eligible salaries or direct costed.

Box B2 – Employee Health Insurance: report employer-paid health insurance for HCS and TxHmL SE and EA attendants. **Employer-paid health insurance premiums must be direct costed.** Paid claims may be allocated based on percentage of eligible salaries or direct costed.

Box C2 – Employee Life Insurance: report any employer-paid life insurance for HCS and TxHmL SE and EA attendants. **Employer-paid life insurance costs must be direct costed.**

Box D2 – reserved.

Box E2 – Other Employee Benefits: report any employer-paid disability insurance and retirement contributions for HCS and TxHmL SE and EA attendants. **These benefits must be direct costed.** The contracted provider’s unrecovered cost of meals and room and board furnished to direct care employees, uniforms, job-related training reimbursements and job certification renewal fees are **not** to be reported as Other Employee Benefits.

Box F2 – Mileage Reimbursement: report the mileage reimbursement paid to a HCS and TxHmL SE and EA attendant for use of his/her personal vehicle which is not subject to payroll taxes. The current maximum allowable mileage reimbursement is 56.5 cents per mile.

Box G2 – HCS and TxHmL SE and EA Attendant Contract Labor: report the total costs for contract labor functioning as HCS and TxHmL SE and EA attendants. See the Definitions section for a definition of reportable contract labor.

Box H2 – Total HCS and TxHmL SE and EA Attendant Cost – sum boxes W1 through G2.

Box I2 – HCS and TxHmL SE and EA Attendant Paid Hours: report the total HCS and TxHmL SE and EA attendant paid hours for your reporting period. Include both employee and contract labor hours.

Box J2 – HCS SE Units of Service: report the total number of HCS SE units during the reporting period for HCS consumers receiving HCS SE services.

Box K2 – HCS EA Units of Service: report the total number of HCS EA units during the reporting period for HCS consumers receiving HCS EA services.

Box L2 – TxHmL SE Units of Service: report the total number of TxHmL SE units during the reporting period for TxHmL consumers receiving TxHmL SE services.

Box M2 – TxHmL EA Units of Service: report the total number of TxHmL EA units during the reporting period for TxHmL consumers receiving TxHmL EA services.

Box N2 – Total HCS and TxHmL SE and EA Units of Service: sum boxes J2 through M2.

STEP 3 – Calculate total non-day habilitation Medicaid attendant cost

- 3a. Divide total HCS SL/RSS attendant costs from Box K by total HCS SL/RSS units of service from Box R. Enter the result in Box O2. This is your estimated HCS SL/RSS attendant cost per unit of service during the reporting period. Multiply the value in Box O2 by the HCS SL/RSS Medicaid Units of Service which are equal to Box R minus Box Q. Enter the result in Box P2. Box P2 represents the estimated HCS SL/RSS Total Medicaid Attendant Cost.
- 3b. Divide total HCS SHL and TxHmL CSS attendant costs from Box C1 by total HCS SHL and TxHmL CSS units of service from Box G1. Enter the result in Box Q2. This is your estimated HCS SHL and TxHmL CSS attendant cost per unit of service during the reporting period. Multiply the value in Box Q2 by the HCS SHL and TxHmL CSS Medicaid Units of Service from Box G1. Enter the result in Box R2. Box R2 represents the estimated HCS SHL and TxHmL CSS Total Medicaid Attendant Cost.
- 3c. Divide total HCS and TxHmL Respite attendant costs from Box R1 by total HCS and TxHmL Respite units of service from Box V1. Enter the result in Box S2. This is your estimated HCS and TxHmL Respite attendant cost per unit of service during the reporting period. Multiply the value in Box S2 by the HCS and TxHmL Respite Medicaid Units of Service from Box V1. Enter the result in Box T2. Box T2 represents the estimated HCS and TxHmL Respite Total Medicaid Attendant Cost.
- 3d. Divide total HCS and TxHmL SE and EA attendant costs from Box H2 by total HCS and TxHmL SE and EA units of service from Box N2. Enter the result in Box U2. This is your estimated HCS and TxHmL SE and EA attendant cost per unit of service during the reporting period. Multiply the value in Box U2 by the HCS and TxHmL SE and EA Medicaid Units of Service from Box N2. Enter the result in Box V2. Box V2 represents the estimated HCS and TxHmL SE and EA Total Medicaid Attendant Cost.
- 3e. Sum Boxes P2, R2, T2 and V2. Enter the sum in Box W2. This is your estimated Total Non-Day Habilitation Medicaid Attendant Cost.

NOTE: All monetary calculations in Steps 4 – 8 should be carried out to **two decimal places**. If you complete the spreadsheets on your computer rather than on printed sheets, many of these calculations will occur automatically after you enter values in Steps 2a-2d.

For Steps 4-6, refer to the HCS and TxHmL Non-Day Habilitation Attendant Compensation Payment Rate Component rates included on the last page of Worksheet A to obtain the non-day habilitation attendant rates for each level of participation in the Attendant Compensation Rate Enhancement.

STEP 4 – Calculate what the total estimated non-day habilitation Medicaid attendant revenue for your component code would be if your component code participated at Level 1 for its non-day habilitation services during its selected reporting period.

- 4a. For each program, service and LON, enter in Column A the Medicaid units of service provided during your selected reporting period as reported in Steps 2a – 2d of Worksheet A. Do not include “Private and Other” units of service.
- 4b. For each program, service and LON, multiply the units of service from Column A by the associated non-day habilitation Medicaid attendant rate component for Level 1 from Column B. Enter the products in Column C.
- 4c. Sum the contents of Column C. Enter the result in Box X2. Box X2 is an estimate of the total Medicaid non-day habilitation attendant revenue at Level 1 for this component code. Note that this estimate is based on the distribution of the component code’s units of service by program, service and LON as captured by the worksheet. If the distribution changes, the Medicaid non-day habilitation attendant revenue at Level 1 will change as well.

STEP 5 – Calculate what the total estimated non-day habilitation Medicaid attendant revenue for your component code would be if your component code participated at Level 25 for its non-day habilitation services during its selected reporting period.

- 5a. For each program, service and LON, enter in Column A the Medicaid units of service provided during your selected reporting period as reported in Steps 2a – 2d of Worksheet A. Do not include “Private and Other” units of service.
- 5b. For each program, service and LON, multiply the units of service from Column A by the associated non-day habilitation Medicaid attendant rate component for Level 25 from Column B. Enter the products in Column C.
- 5c. Sum the contents of Column C. Enter the result in Box Y2. Box Y2 is an estimate of the total Medicaid non-day habilitation attendant revenue at Level 25 for this component code. Note that this estimate is based on the distribution of the component code’s units of service by program, service and LON as captured by the worksheet. If the distribution

changes, the Medicaid non-day habilitation attendant revenue at Level 25 will change as well.

STEP 6 – Calculate what the total estimated non-day habilitation Medicaid attendant revenue for your component code would be if your component code participated at a level of your choice for its non-day habilitation services during its selected reporting period.

- 6a. For each program, service and LON, enter in Column A the Medicaid units of service provided during your selected reporting period as reported in Steps 2a – 2d of Worksheet A. Do not include “Private and Other” units of service.
- 6b. For each program, service and LON, enter in Column B the Non-Day Habilitation Attendant Compensation Payment Rate Component rate that is associated with the chosen Participant Level from the last page of your worksheet. For example, if you chose a Participant Level 5, for HCS SHL, you would enter \$16.54 in Column B.
- 6c. For each program, service and LON, multiply the units of service from Column A by the associated non-day habilitation attendant rate component for your selected level from Column B. Enter the products in Column C.
- 6d. Sum the contents of Column C. Enter the result in Box Z2. Box Z2 is an estimate of the total Medicaid non-day habilitation attendant revenue for your selected level for this component code. Note that this estimate is based on the distribution of the component code’s units of service by program, service and LON as captured by the worksheet. If the distribution changes, the Medicaid non-day habilitation attendant revenue at your chosen level will change as well.

STEP 7 – Determine your total Medicaid non-day habilitation attendant revenue and non-day habilitation attendant spending requirement if your component code participated at Level 1

- 7a. Enter in Column B, your estimated total Medicaid non-day habilitation attendant revenue at Level 1 from Box X2, Step 4.
- 7b. Multiply Column B by 0.90 and enter the result in Column C.
- 7c. Subtract Column C from Column B and enter the result in Column D.
- 7d. Enter in Column E, your current total non-day habilitation attendant cost from Box W2, Step 3.
- 7e. Subtract Column E from Column C. If the result is less than zero, set the result equal to zero. Enter the result in Column F.
- 7f. Use the following information to interpret the results of Step 7.

Column B shows the estimated total Medicaid non-day habilitation attendant revenue your component code would receive if it participated at Level 1 and maintained the mix of units of service by program, service and LON that you entered in Steps 2a through 2d.

Column C shows the non-day habilitation attendant compensation spending requirement that your component code would be subject to if it participated in the Attendant Compensation Rate Enhancement at a Level 1 for non-day habilitation services and maintained the mix of units of service by program, service and LON that you entered in Steps 2a through 2d.

Column D shows the difference between the estimated total Medicaid non-day habilitation attendant compensation revenue your component code would receive and the non-day habilitation attendant compensation spending requirement it would be subject to if it participated in the enhancement at a Level 1 for non-day habilitation services.

Column E shows your component code's current spending on non-day habilitation attendant compensation.

Column F shows how much your component code would need to increase its current spending on non-day habilitation attendant compensation to meet the non-day habilitation attendant spending requirement for participating at a Level 1.

STEP 8 – Determine your total Medicaid non-day habilitation attendant revenue and non-day habilitation attendant spending requirement if your component code participated at Level 25

- 8a. Enter in Column B, your estimated total Medicaid non-day habilitation attendant revenue at Level 25 from Box Y2, Step 5.
- 8b. Multiply Column B by 0.90 and enter the result in Column C.
- 8c. Subtract Column C from Column B and enter the result in Column D.
- 8d. Enter in Column E, your current total non-day habilitation attendant cost from Box W2, Step 3.
- 8e. Subtract Column E from Column C. If the result is less than zero, set the result equal to zero. Enter the result in Column F.
- 8f. Use the following information to interpret the results of Step 8.

Column B shows the estimated total Medicaid non-day habilitation attendant revenue your component code would receive if it participated at Level 25 and maintained the mix of units of service by program, service and LON that you entered in Steps 2a through 2d.

Column C shows the non-day habilitation attendant compensation spending requirement that your component code would be subject to if it participated in the Attendant Compensation Rate Enhancement at a Level 25 for non-day habilitation services and maintained the mix of units of service by program, service and LON that you entered in Steps 2a through 2d.

Column D shows the difference between the estimated total Medicaid non-day habilitation attendant compensation revenue your component code would receive and the non-day habilitation attendant compensation spending requirement it would be subject to if it participated in the enhancement at a Level 25 for non-day habilitation services.

Column E shows your component code's current spending on non-day habilitation attendant compensation.

Column F shows how much your component code would need to increase its current spending on non-day habilitation attendant compensation to meet the non-day habilitation attendant spending requirement for participating at a Level 25.

STEP 9 – Determine your total Medicaid non-day habilitation attendant revenue and non-day habilitation attendant spending requirement if your component code participated at the level you indicated in Step 6.

- 9a. Enter in Column B, your estimated total Medicaid non-day habilitation attendant revenue at the level you indicated in Step 6 from Box Z2, Step 6.
- 9b. Multiply Column B by 0.90 and enter the result in Column C.
- 9c. Subtract Column C from Column B and enter the result in Column D.
- 9d. Enter in Column E, your current total non-day habilitation attendant cost from Box W2, Step 3.
- 9e. Subtract Column E from Column C. If the result is less than zero, set the result equal to zero. Enter the result in Column F.
- 9f. Use the following information to interpret the results of Step 9.

Column B shows the estimated total Medicaid non-day habilitation attendant revenue your component code would receive if it participated at the level you indicated in Step 6 and maintained the mix of units of service by program, service and LON that you entered in Steps 2a through 2d.

Column C shows the non-day habilitation attendant compensation spending requirement that your component code would be subject to if it participated in the Attendant Compensation Rate Enhancement at the level you indicated in Step 6 for non-day habilitation services and maintained the mix of units of service by program, service and LON that you entered in Steps 2a through 2d.

Column D shows the difference between the estimated total Medicaid non-day habilitation attendant compensation revenue your component code would receive and the non-day habilitation attendant compensation spending requirement it would be subject to if it participated in the enhancement at the level you indicated in Step 6 for non-day habilitation services.

Column E shows your component code's current spending on non-day habilitation attendant compensation.

Column F shows how much your component code would need to increase its current spending on non-day habilitation attendant compensation to meet the non-day habilitation attendant spending requirement for participating at the level you indicated in Step 6.

STEP 10 – Things to consider when making your participation decision

Step 10 lists various aspects of your business situation to consider when making your participation decision. The list is not all-inclusive and there may be other facts to consider in deciding whether or not to participate.