Deaf Blind Multiple Disabilities Waiver (DBMD) 2019 Accountability Report

Optional Attendant Compensation Worksheet and Instructions –

NOTE: This worksheet is provided for your own information and should be retained in your files for future reference. **Do not return it to the Health and Human Services Commission**

For assistance with the completion of this worksheet, contact the Rate Analysis Customer Information Center: <u>RAD-LTSS@hhsc.state.tx.us</u>

OPTIONAL WORKSHEET

All monetary calculations should be carried out to two decimal places.

PART 1 – All Participants

Enter all Attendant Staff Wages from STAIRS **Step 6.c.**. Sum Boxes A through G and enter the result in Box H.

Enter all STAIRS Step 7 expenses for Attendants. Sum Boxes I through L and enter the result in Box M.

<u>PART 2</u> – <u>Sum all Day Habilitation Services</u> <u>Attendant Cost and Units of</u> <u>Service</u>

Sum all <u>Day Habilitation Services</u> Attendant Costs in Boxes N through Q and enter the result in Box S.

Enter the units of service for reporting period as applicable and enter the total in Box T.

<u>PART 3</u> – <u>Calculate average Day Habilitation Services</u> Cost Per Unit of <u>Service</u>

Divide the value from Box S by the value in Box U. Enter the result in Box V.

PART 4 – Calculate Weighted Average Rate (Attendant Cost Component)

Multiply units of service (period one) by your rate (attendant cost component for your level of participation) for the identified period.

Enter the result in Box W. Divide the amount in Box W by the total units of service in Box U and enter the weighted average rate (attendant cost component) in Box X.

PART 5 – Calculate Spending Requirement & Estimated Recoupment

Multiply the amount in Box X by 0.90 and enter the product in Box Y.

If Box S is less than Box Y, subtract Box AE from Box AH and enter the result in Box AI.

If Box S is greater than or equal to Box Y, enter zero in Box Z.

The value in Box Z is your **estimated recoupment per unit of service**. Note that this estimate is based on the information reported in this Accountability Report. If this information is not accurate, your estimated recoupment will not be accurate.

Check all calculations to insure accuracy

<u>Repeat Parts 2 through 5 for each of the below attendant services participating</u> <u>in Rate Enhancement:</u>

- Day Habilitation Less than 24 Hours
- DBMD Intervener Services
- DBMD Chore Services
- DBMD Supported Employment
- DBMD Employment Assistance
- DBMD Community First Choice