



***COMMUNITY LIVING ASSISTANCE  
AND SUPPORT SERVICES (CLASS) – DIRECT  
SERVICE AGENCY (DSA)  
ATTENDANT COMPENSATION RATE  
ENHANCEMENT***

***Fiscal Year 2022  
Enrollment Worksheet Instructions***

**July 1 – July 31, 2021 Enrollment  
for Levels to be Effective September 1, 2021**

**NOTE:** These worksheets are provided for your information and may be retained in your files for future reference. **Do not return** worksheets to the Texas Health and Human Services Commission.

For assistance with the completion of these forms, contact:  
[PFD-LTSS@hhs.texas.us](mailto:PFD-LTSS@hhs.texas.us) or 512-424-6637.

A project of  
the Texas Health and Human Services Commission (HHSC)

# **INSTRUCTIONS**

## **Community Living Assistance and Support Services (CLASS) - Direct Service Agency (DSA) Attendant Compensation Rate Enhancement Enrollment Worksheet**

### **Purpose**

To allow providers to calculate spending requirements and potential differences between costs and revenues under the Attendant Compensation Rate Enhancement. Providers can use this information to help them make an informed decision about participation in the enhancement program.

### **Reporting Period**

Select a reporting period that represents 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 considered when making your enrollment decision.

### **Elimination of Grouping of Contracts**

Changes to *1 TAC §355.112(ee)* were effective April 1, 2012, that changed the timing of requests for grouping. Providers will no longer be given the option of grouping during this Fiscal Year 2020 Open Enrollment, but instead, they may request HHSC Provider Finance Department (PFD) to aggregate (also known as grouping) the contracts at the time of submitting the cost report covering the fiscal year of the awarded enhancement level.

## **Levels of Enhancement**

Contracted providers must request a specific enhancement level if they want to participate in this optional program. Please refer to the Enrollment Contract Amendment as the method for requesting a level. Providers may request a level within the proposed range; therefore, HHSC PFD recommends that you complete the worksheets for whatever level you want to request to inform your decision. Funds may not be available to grant all requests; therefore, please consult the Participation Status - Levels Awarded List to be posted on the HHSC PFD webpage for this program by September 17, 2021, to learn your final awarded level. HHSC will not distribute award letters. HHSC Webpage is the sole source for information about awarded levels.

## **Definitions**

### *ATTENDANT -*

- The unlicensed caregiver provides direct assistance to the clients with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).
- Attendants do not include:
  - the director
  - administrator
  - assistant director
  - assistant administrator
  - clerical and secretarial staff
  - professional staff
  - other administrative staff
  - licensed staff
  - Attendant supervisors, unless they deliver attendant services that cannot be delivered by another attendant, to prevent a break in service.

For HHSC to accept Attendant Compensation Rate Enhancement, attendant expenses must be direct costed. Direct costing requires daily timesheets documenting time spent performing attendant services for the contract.

# **CLASS Attendant Services - Worksheet**

## **STEP 1 - Enter the required data**

Round all monetary amounts in Step 1 to the nearest whole dollar (with no zeros included for "cents. For example, round \$25.49 to \$25 and round \$25.50 to \$26.

### **Attendant Salaries and Wages:**

Report accrued salaries and wages for attendants employed by the provider and for whom FICA contributions are made. Attendants cannot be contracted employees. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. See the Definitions section for requirements about staff members functioning in more than one capacity.

### **Other Staff delivering Attendant services:**

Report salaries and wages for other staff delivering attendant services when necessary to prevent a break in service. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. See the Definitions section for requirements about staff members functioning in more than one capacity.

### **Contract Attendant payments:**

Report payments to contracted attendants.

### **Total Attendant payroll taxes:**

Report payroll taxes for attendants.

### **FICA and Medicare:**

Report employer-paid FICA and Medicare taxes for attendants. FICA and Medicare taxes may be allocated based upon a percentage of eligible salaries.

### **State and Federal Unemployment:**

Report both federal (FUTA) and state (TUCA) employer-paid unemployment expenses for attendants. Unemployment expenses may be allocated based upon a percentage of eligible salaries.

**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 attendants. Workers' compensation premiums may be allocated based upon a percentage of eligible salaries.

**Workers' Compensation Paid Claims:**

Report medical claims paid for employee on-the-job injuries for attendants. Paid claims may be allocated based upon a percentage of eligible salaries or direct costed.

**Employee Health Insurance:**

Report employer-paid health insurance for attendants. Employer-paid health insurance premiums must be direct costed. Paid claims may be allocated based on the percentage of eligible salaries or direct costed.

**Employee Life Insurance:**

Report any employer-paid life insurance for attendants. Employer-paid life insurance costs must be direct costed.

**Other Employee Benefits:**

Report any employer-paid disability insurance and retirement contributions for 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.

**Mileage Reimbursement:**

Report the mileage reimbursement paid to an attendant for use of his/her personal vehicle and which is not subject to payroll taxes. The maximum allowable mileage reimbursement is as follows:

- 1/1/20 – 12/31/20      57.5 cents per mile
- 1/1/21 – 12/31/21      56.0 cents per mile

**Box A** -Total Attendant Cost: sum of all costs above.

**Box B.** -Report the total Units of Service – Medicaid units only.

**NOTE:** All monetary calculations in Steps 2 - 3 should be carried out to two decimal places.

## **STEP 2 - Determine the attendant cost per unit of service.**

Divide total attendant costs from Box A by total units of service from Box B. Enter the result in Box C. This is your estimated attendant cost per unit of service.

**Note:** - For Step 3 please refer to the attached CLASS Payment Rates worksheet to obtain the attendant rate for each participating level.

### **STEP 3 - Determine the proposed attendant rate and attendant spending requirement for the requested participating level.**

In Column A enter the level of enhancement at which you will request to participate.

Enter in Column B, the proposed attendant rate component for the level of enhancement at which you will request to participate. To calculate the required spending for participating at the enhancement level requested, take the amount in Column B and multiply by 0.90. Enter the result in Column C.

Enter in Column E, your current attendant cost per unit of service from Box C, Step 2. Subtract the value in Column E from Column C. If the result of this operation is less than zero, set the result equal to zero. Enter the result in Column F.

Column D shows the difference between the proposed attendant rate component for the enhancement level you have requested and the required attendant compensation spending for that requested level.

Column E shows your current spending on attendant compensation.

Column F shows how much you would need to increase your current spending on attendant compensation to meet the attendant spending requirement for participating at the level you requested.

#### **Things to consider when making your participation decision.**

This lists various aspects of your business situation to consider in 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.

**Check all calculations to insure accuracy.**