

# DEAF-BLIND WITH MULTIPLE DISABILITIES (DBMD) WAIVER

#### ATTENDANT COMPENSATION RATE ENHANCEMENT

### Fiscal Year 2022 Enrollment Worksheet and Instructions

July 1 - 31, 2021 Enrollmentfor Levels to be Effective September 1, 2021

**NOTE**: This worksheet is provided for your own information and should be retained in your files for future reference. Do not return.

For assistance with the completion of these forms, contact Rate Enhancement Analyst for this program listed on the following webpage: <a href="https://pfd.hhs.texas.gov/long-term-services-supports/contact-list">https://pfd.hhs.texas.gov/long-term-services-supports/contact-list</a>.

A project of

the Texas Health and Human Services Commission

# INSTRUCTIONS Deaf-Blind with Multiple Disabilities (DBMD) Waiver Attendant Compensation Rate Enhancement Enrollment Worksheets

#### **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 for theirprogram.

#### **Reminder of Important Change**

Effective September 1, 2012, participants contracted for Deaf-Blind with Multiple Disabilities (DBMD) services are held accountable for spending requirements for Supported Employment and Employment Assistance attendant units at their same level as awarded for Day Habilitation and other services within this program. When completing Enrollment Worksheets, providers who provide these services should also complete the separate worksheet for these services when estimating the level they want to request.

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

Changes to 1 TAC §355.112(ee) were effective April 1, 2012, changing the timing of requests for grouping. Providers will no longer be given the option of grouping during this Fiscal Year 2022 Open Enrollment. Still, instead they may request to aggregate (also known as grouping) the contracts at the time of submitting of the cost report covering the fiscal year of the awarded enhancement level. The Health and Human Services Commission (HHSC) HHSC Provider Finance Department (PFD) recommends you complete the worksheets for the contract that you plan to aggregate at the end of the reporting period. You may also complete them for individual contracts to compare with the aggregated results.

#### **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 we recommend a minimum of one payroll period. 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.

We recommend that you complete worksheets for two different reporting periods at least three months apart and compare the results to check for inconsistencies in your data and errors in your calculations.

Significant variances indicate either an error in completing the worksheets or large fluctuations in caseload and staffing. Consider asuch variations when making your enrollment decision.

#### **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 in mid-September 2020 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 providing 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 are delivering attendant services that cannot be delivered by another attendant, to prevent a break in service.

Attendant expenses must be direct costed to be allowable for the Attendant Compensation Rate Enhancement.

Direct costing requires daily timesheets documenting time spent performing attendant services for the contract. For Intervener services, attendants omit Intervener I, Intervener II, or Intervener III as these positions are not eligible to participate in the Attendant Compensation Rate Enhancement.

#### **DBMD WORKSHEET INSTRUCTIONS**

#### STEP 1 - Enter required data

Enter the required data for each service provided. HHSC PFD provides separate spreadsheets for services that require different proposed rates of reimbursement.

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 should be \$26.

Staff Salaries, Contracted Attendant Salaries and Wages:

Report accrued salaries and wages for attendants employed or contracted by the provider and those who receive FICA contributions. According to program rules, attendants can be contracted labor.

Salaries and wages include overtime, cash bonuses, and cash incentives paid from which you must deduct taxes. See the Definitions section for requirements about staff members functioning in more than one capacity.

FICA and Medicare: report employer-paid FICA and Medicare taxes for attendants. FICA taxes may be allocated based upon the percentage of eligible salaries.

State and Federal Unemployment: report both federal (FUTA) and state (TUCA) employer-paid unemployment expenses for attendants. Based on the percentage of eligible salaries, you may allocate the unemployment expenses.

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. Based on the percentage of eligible salary, you may allocate Workers' compensation premiums.

Workers' Compensation Paid Claims: report medical claims paid for employee on-thejob injuries for attendants. Paid claims may be allocated based upon the 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. Do not report 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 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

Total Attendant Cost: sum of all boxes above.

Report the total number of units of DBMD services **PROVIDED** by your attendants to all individual clients during the reporting period. **This does not mean the number of** 

**DBMD hours of service billed!** In addition to the billed units of service, you should include units of provided service for which you may not receive reimbursement (e.g., service provided to a client whose doctor's orders are not up to date). Report units of service to two decimal places. For example, 175.5 units of service report as 175.50 and 174 units of service report as 174.00.

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

#### STEP 2 - Determine 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.

For Steps 3, please refer to the attached DBMD Payment Rates worksheet to obtain the attendant rate for each participation level.

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

In Column A enter the enhancement level at which you will request to participate. This level may be from 1 through 35. The final level awarded may be less than your requested level depending upon available funds. The final awarded level for all individual contracts will be posted on the HHSC PFD website in mid-September.

Enter Column B the 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 L, 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 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.

## Here are some things for you 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 to participate.

Check all calculations to ensure accuracy.