

Instructions:

Provider Cost and Wage Survey for

Home and Community-Based

Services, 2025 v1.0

State of Arkansas, Department of Human Services

June 5, 2025



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Overview

The purpose of the Provider Cost and Wage Survey (“Survey”) is to collect staffing, wages and other compensation, and provider cost information from contracted providers delivering intellectual and developmental disability (I/DD) and behavioral health services included in the Arkansas Department of Human Services (DHS) home- and community-based services (HCBS) manual. Your participation is essential as the information collected in this Survey will allow DHS to better understand costs incurred by providers contracting with Provider-Led Arkansas Shared Savings Entities (PASSEs). The results of this survey will help inform the legislatively-mandated rate review of these services.

SCOPE OF DATA COLLECTION

There are two primary reporting periods applicable to the Survey. Full-Time Equivalents (FTEs) and average hourly wages should be reported as of May 1, 2025. Some information related to service-specific information will be requested as of May 2025, and not necessarily May 1 (e.g., staffing patterns). All other information should be reported on your organization’s most recent fiscal period (known hereafter and throughout the Survey as “reporting period”) that is selected at the beginning of the Survey.

Deadline for Survey submission: June 27, 2025

Questions about completing the Survey? Contact Milliman at: DHS-HCBS-RateReview@milliman.com

How to submit the Survey? Please send your completed Survey to DHS-HCBS-RateReview@milliman.com with your entity’s name saved in the file name (e.g., Provider Cost and Wage Survey – ABC Provider)

DATA COLLECTION IS SPECIFIC TO YOUR ORGANIZATION’S HCBS-RELATED STAFFING AND PROVIDER COSTS. IF YOUR ORGANIZATION INCLUDES ONE OR MORE PROGRAMS/FACILITIES THAT DO NOT DELIVER HCBS (E.G., INTERMEDIATE CARE FACILITIES OR CHILDCARE PROGRAMS), PLEASE LIMIT THE DATA YOU REPORT TO THE PROGRAM/FACILITIES THAT DELIVER ONE OR MORE HCBS.

DIRECT CARE AND CLINICAL STAFF EMPLOYEES

The survey requests staffing and wage information for all direct care and clinical staff providing the services included in the rate review. Throughout the Survey, “staff type” is used as a general term to refer to these employees. Each employee providing these services should be assigned to one of the predefined staff types listed in the survey based on education, certification, or licensing levels. If you have an employee that does not fall within one of the predefined staff types, the Survey allows for up to six ‘Other’ staff types that can be entered.

CONFIDENTIALITY

Information reported by providers will not be available to DHS or any other providers or related entities. Individually reported information will be used, aggregated, and maintained only by Milliman and not externally shared with additional parties. Any information shared with DHS may become public record and subject to Freedom of Information Act (FOIA) requests. Therefore, Milliman will not be sharing the individual workbooks or provider-specific information with DHS.

WORKSHEETS INCLUDED IN THE SURVEY

The Survey contains separate input tabs, listed below.

1. **Information and Attestation** – This worksheet includes fields for reporting a provider’s identification and contact information. It also asks several organization-wide questions regarding types of HCBS you provide, your most recent fiscal period, standard work week, and billing IDs. The worksheet also includes an attestation that the information submitted in the Survey is current, complete, accurate, and in compliance with 2 CFR § 200.
2. **Direct Care Staff** – This worksheet requests direct care and clinical staff FTE counts, average hourly wages and rates, and FTE vacancies by staff type as of May 1, 2025.
3. **Supervisors** – This worksheet requests *supervisory* direct care and clinical staff FTE counts and average hourly wages and rates by staff type as of May 1, 2025.
4. **Additional Compensation** – This worksheet captures overtime, on-call, shift differential, and non-wage payment information for each staff type with FTE staffing information entered on the previous “Direct Care Staff” and “Supervisors” worksheets. For the purpose of reporting information on this worksheet, it is not necessary to distinguish between direct care and clinical non-supervisory or supervisory employees.
5. **Productivity** – This worksheet requests productivity-related information for staff delivering HCBS under review, such as PTO/Holiday hours, training hours, and billable/non-billable hours.
6. **Training and PTO** – This worksheet requests information related to training and new hires by staff type. Additionally, it requests paid time off information for holidays and other paid time off, such as vacation and sick leave.

7. **Provider Costs** – This worksheet allows providers to report HCBS program costs by major cost categories identified throughout the worksheet.
8. **Service-Specific Assumptions** – This worksheet helps collect information regarding service assumptions that are involved in the rate review, such as staffing, direct and indirect time, and travel information.
9. **Supportive Living** – This worksheet captures service information related to providers delivering supportive living services in a shared staffing environment.
10. **Survey Feedback** – This worksheet is included for the provider to document additional notes or information that may help DHS better understand the reported data. Additionally, this worksheet is available to provide a place for the preparer to provide suggested improvements for future iterations of the Survey.
11. **Scratchpad** – This worksheet is included for the reporting organization to use as a place for note taking or scratch calculations. Anything submitted on these tabs will not be used by DHS for any reason. No other worksheets or formulas in the Survey rely on any cells from this worksheet.

The following sections provide detailed instructions for preparing and reporting information for each of the worksheets, including what should be reported in each of the requested fields. Please provide information for all requested fields on each applicable worksheet.

Worksheet 1: Information and Attestation

Section A.1 of this worksheet asks for provider-specific information, like Provider Name and contact information. Section A.2 asks for the organization's fiscal period and standard work week. For the fiscal period field, please select one of the 12-month periods from the dropdown list that coincides with your most recent fiscal period. If your most recent fiscal period was less than twelve months, please select *Other* from the dropdown list. To define your standard work week in hours, please report the minimum number of hours needed to be worked by non-contracted employees to be considered a full-time employee.

Section B.3 asks you to identify the Medicaid HCBS included in the rate review that your organization provides. If you provide one or more of the listed services, simply select *Yes* from the dropdown list. If your organization does not provide a listed service, select *No* from the dropdown list or leave the entry blank. For section B.4, report Total Medicaid Service Revenue received for providing Medicaid HCBS services to Arkansas Medicaid beneficiaries (inclusive of PASSE revenue) and Total Organization Service HCBS Revenue. For Total Organization HCBS Revenue, do not limit the amount to services listed in section B.3. Depending on the services you provide and your organization's HCBS offerings, these two revenue amounts may be the same or similar.

Section C.5 asks providers to report any Billing NPIs or Provider IDs your organization uses for billing purposes. Please report each number separately. If more than 16 NPIs or Provider IDs are being reported, first utilize the allotted space on this worksheet and report the additional numbers, separated by a comma, on the "Survey Feedback" worksheet in the appropriate green-shaded box.

In the attestation section of this worksheet, your Provider representative is required to attest that the information included in the Survey is current, complete, accurate, and in compliance with 42 CFR § 438.8 and 2 CFR § 200. It should be submitted by a representative of your entity that is familiar with the information being reported and has the authority to make the attestation (for example, the Chief Executive Officer, Chief Operating Officer or Chief Financial Officer). It should also include the contact information of the individual(s) responsible for preparing the Survey as submitted.

Worksheets 2 and 3: Direct Care Staff and Supervisors

These worksheets should be used to report salary and wage information by provider type for all direct care staff (including clinical staff) delivering the HCBS under review that your entity directly employs or engages with as a contracted employee, as well as the turnover rate for the reporting period. Each employee should be assigned to a single staff type. Employees working as part of a **Family Centered Treatment (FCT)** team should be **excluded** from the staffing information reported on these worksheets in addition to staff from any programs/facilities that do not deliver HCBS under review.

DIRECT CARE/CLINICAL STAFF VS SUPERVISORS

To report information on these worksheets, direct care and clinical employees should be designated as either direct care or clinical staff, or staff supervisors. To make this determination, please designate any direct care and clinical employee – regular employee or contracted employee – as a supervisory employee if they spend the majority of their time supervising other staff positions. For the purpose of distinguishing between direct care and clinical staff from supervisory staff, the supervisory staff are those primarily responsible for supervising, hiring, and training the direct care and clinical staff that provide the billable services. Supervisor responsibilities may also include program planning and evaluation, advocacy, working with families, performance management and discipline, and working with community

members. If a staff member performs any supervisory duties, their staffing information should be reported on the “Supervisor” worksheet.

After making such determinations, please report information for all non-supervisory provider positions on the “Direct Care Staff” worksheet, and information for all supervisory provider type positions on the “Supervisors” worksheet. If it is too difficult to separate the employees into direct care and clinical staff and supervisors, please list all the employees under the “Direct Care Staff” worksheet and leave the “Supervisors” worksheet empty.

REGULAR (NON-CONTRACTED) EMPLOYEES VS CONTRACTED EMPLOYEE

Please apply the following guidance when identifying employees as either “regular” or “contracted” employees.

Regular or Non-Contracted Employee: an employee is a person employed by the provider receiving a salary or wage and a W-2 for tax purposes, and where the work performed by the person is under the control of the provider entity (i.e., how and where the work is done). Information for regular employees should be reported in reference columns (A) and (B).

Contracted Employee: Contractual direct care and clinical staff are not W-2 employees of the provider entity and generally are not eligible for employee benefits. These employees generally provide services that are billed by the employing provider entity under the employing provider entity’s NPI number for billing/encounter submission, and they perform work under the control and direction of the provider entity, i.e., what will be done and how it will be done. Information for contracted employees should be reported in columns (C) and (D).

DEFINING FULL-TIME EQUIVALENTS, AVERAGE WAGES, AND VACANT STAFFING POSITIONS

The requested information for FTEs is a measure of the number of employees for each staff type. Reporting FTEs requires the provider entity to consider part-time and full-time positions. For example, an employee working full time would be counted as 1.0 FTE, and an employee working half time would be considered as 0.5 FTE.

- **Hourly non-contracted and contracted employees:** The reporting entity should consider its standard work week for purposes of determining and reporting FTEs. For example:
 - If an entity’s standard work week is 35 hours, hourly employees working 35 hours per week should be considered as 1.0 FTEs, and hourly employees working 21 hours per week should be considered as 0.6 FTEs.
 - If an entity’s standard work week is 40 hours per week, hourly employees working 40 hours per week should be considered as 1.0 FTEs, and hourly employees working 24 hours per week should be considered as 0.6 FTEs.
- **Salaried employees:** FTEs should be determined based on the entity’s expectations regarding the number of hours the salaried employee will work. For example:
 - If a salaried employee is expected to work an average of 50 hours per week, the employee should be considered as 1.0 FTEs even though the entity may have a standard work week of 40 hours for hourly employees.

REPORTING AVERAGE HOURLY WAGES AND RATES

The requested salary information should be reported on an hourly wage basis for non-contracted employees, and a rate per hour basis for contracted employee positions. If employees are paid on an hourly basis, please consider their regular wage rate (not including overtime adjusted wages) for the purpose of reporting averages. If employees are salaried workers, their hourly wage should be reported equal to their annual salaries divided by the number of hours expected to be worked for their position for the year. Please include all wage-based compensation paid, such as merit bonuses, in addition to hourly rates or salaried amounts. Do not include any wage increases associated with overtime, on-call time, or shift differential time. These amounts will be captured on the “Additional Compensation” worksheet.

For non-contracted employees, please do not include in the reported hourly wage amounts any non-wage-based fringe benefits, such as automobile allowances, club memberships, and retirement contributions, even if they are considered as taxable fringe benefits under the IRS Publication 15-B.

REQUESTED INFORMATION

- **Turnover Information for Non-Contracted Employees (“Direct Care Staff” Worksheet, Section A.1, Lines a – c)** – Please report your direct care and clinical staff workers, including supervisor positions, that separated from your organization and the average number that were employed during the reporting period).

For the purpose of calculating a turnover rate, all non-contracted direct care and clinical staff members should be considered, including staff members with supervisory roles.

- **Number of FTEs (Section B, Columns labeled (A) and (C))** – Report the number of FTEs for each staff type. Please refer to the above discussion about how to determine and report FTEs.

- **Average Hourly Wage/Rate (Section B, Columns labeled (B) and (D))** – Enter the average hourly wage for the regular employees and the average hourly rate for contracted employees. The average hourly wage or rate is the total wages paid for all employees divided by the number of hours paid. Please refer to the above discussion regarding determining wage-based compensation to include in the average hourly wage/rate.
- **Total Number of FTEs Vacant at the Organization (Section B, Column labeled (F))** – Enter the number of unoccupied staffing positions as of May 1, 2025. Please combine vacant FTEs for regular positions with contracted positions when reporting this amount.

Please note that information related to FTEs and wages for these worksheets should be reflective of May 1, 2025.

Worksheet 4: Additional Compensation

The “Additional Compensation” worksheet captures overtime hours, on-call, shift differential, and non-wage payment information for **full-time employees** delivering the HCBS under review in staff types reported on the previous “Direct Care Staff” and “Supervisors” worksheets. However, for purposes of reporting information on this worksheet, it is not necessary to distinguish between direct care and clinical staff or supervisory employees. **Information should only be reported on this worksheet for non-contracted employees.**

REQUESTED INFORMATION

- **Overtime (Section A, Column labeled (A))** – Report the average number of annual hours paid as overtime during the reporting period. The standard work week entered on the “Information and Attestation” worksheet should be considered to determine which hours qualify as overtime. For example, if your standard work week is 40 hours and you had two employees in the Board Certified Behavioral Analyst staff type, one who worked 2,200 hours and the other 2,150 hours in the reporting period, and their expected yearly hours are 2,080 (40 hours x 52 weeks), then the average total overtime hours for that staff type is 95 hours $((\text{Employee 1's } 120 \text{ hours over threshold} + \text{Employee 2's } 70 \text{ hours over threshold}) / 2)$.
- **On-call (Section A, Column labeled (B))** – Report the average additional weekly amount of compensation an employee receives for being on-call during a workweek.
- **Shift Differential (Section A, Column labeled (C))** – Report the average additional hourly amount an employee receives for working shift-differential hours. Shift differential pay does not include overtime and is the increase in pay an employee receives for working non-standard hours, such as evenings, nights, weekends, and holidays.
- **Non-Wage Compensation (Section A, Column labeled (D))** – Please include all other lump-sum payments made to employees. This includes, but is not limited to, sign-on and retention bonuses. Do not include merit bonuses already reported on worksheets “Direct Care Staff” and “Supervisors”, overtime, shift differential, or other hourly add-on pay.

Please note that the information for this worksheet should be reflective of your reporting period.

Worksheet 5: Productivity

The “Productivity” worksheet captures productivity information separated by each individual clinic, facility, or agency location. For purposes of this worksheet, all direct care and clinical staff delivering HCBS under review should be considered except for FCT team members.

Information reported for your organization’s therapeutic community programs, if applicable, can be combined and reported into one row for purposes of reporting productivity across that program.

REQUESTED INFORMATION

- **Clinic/Facility/Agency Name (Section A, Column labeled (A))** – Report the full name of each clinic, facility, agency location associated with your organization.
- **Unique Population Characteristics (Section A, Column labeled (B))** – Describe any unique population characteristics that may impact provider billable and non-billable time (e.g., homelessness).
- **Total Annual Hours (Section A, Column labeled (C))** – Report the total number of annual hours for all direct care and clinical staff at each clinic/facility/agency from column (A).
- **Total Annual PTO/Holiday Hours (Section A, Column labeled (D))** – Report the average total number of annual PTO (inclusive of sick leave and vacation time) and holiday hours offered to direct care and clinical staff at each clinic/facility/agency from column (A).
- **Total Annual Training Hours (Section A, Column labeled (E))** – Report the total number of annual training and onboarding hours for all direct care and clinical staff at each clinic/facility/agency from column (A).
- **Total Annual Billable Hours (Section A, Column labeled (F))** – Report the total number of billable hours for all direct care and clinical staff at each clinic/facility/agency from column (A).

- **Total Annual Non-billable Hours (Section A, Column labeled (G))** – Automatically calculates hours attributable to non-billable time based on information reported in columns (C) through (F).
- **Productivity Percentage (Section A, Column labeled (H))** – Automatically calculates a productivity percentage by dividing total billable hours in column (F) by total hours in column (E) less any PTO and holiday hours reported in column (D).
- **Notes (Section A, Column labeled (I))** – The optional notes column is for adding additional details associated with the reported information for each listed clinic/facility/agency in the table.

Please note that the information for this worksheet should be reflective of your reporting period.

Worksheet 6: Training and Paid Time Off (PTO)

The “Training and PTO” worksheet includes space to report training and other PTO information for **full-time employees** delivering the HCBS under review in staff types reported on the previous “Direct Care Staff” and “Supervisors” worksheets. However, for purposes of reporting information on this worksheet, it is not necessary to distinguish between direct care and clinical staff or supervisory employees. This worksheet should capture both state and provider required training time. **Information should only be reported on this worksheet for non-contracted employees.**

For the purpose of reporting PTO, please combine all vacation, sick leave, and holiday hours into one amount for per full-time employee. It is understood that training and PTO will vary by position and person over time. The intent of this worksheet is to estimate the number of non-productive hours.

- **Onboarding/Training Hours per Full-Time Employee (Section A, Column labeled (A))** – Report the average number of hours it takes for your organization to onboard and train a new non-contracted full-time employee. Do not include annual training and conference hours in this row.
- **Ongoing Annual Training Required per Full-Time Employee (Section A, Column labeled (B))** – Report the average number of annual hours a non-contracted full-time employee spends attending training and conferences. Please note, the time your organization gives full-time employees for continuing education in addition to the required training should be included here.
- **Average Annual Combined PTO and Holiday Hours Offered Per Full-Time Employee (Section A, Column labeled (C))** – Report the average annual combined vacation and sick leave, as well as holiday hours your organization offers its full-time employees.

Please note that the information for this worksheet should be reflective of your reporting period.

Worksheet 7: Provider Costs

This worksheet allows providers to report total organization-wide costs for your HCBS programs. To report costs, several major cost categories have been identified and listed in the table. Please note, this worksheet should be representative of all costs your organization incurred across all HCBS program revenue streams, not just limited to the services listed in Section B.3 of the “Information and Attestation” worksheet.

For purposes of this Survey, allowable costs based on federal Medicaid regulations are the reasonable costs necessary to provide services to individuals eligible for the approved federal Medicaid waivers. Determinations of allowable costs must be consistent with 2 CFR § 200, and in principle, the term “reasonable” relates to the prudent and cost-conscious buyer concept that purchasers of services will seek to economize and minimize costs whenever possible. The term “necessary” relates to the necessity of the service. To be “necessary”, it must be a required element for providing care to individuals as specified by the approved federal waivers. The following items are just a few examples of non-allowable costs:

- Room and board (including all member-related facility and facility maintenance costs, food, and personal expenses)
- Bad debts
- Charitable contributions and fundraising costs
- Entertainment costs, including costs of alcoholic beverages
- Federal, state, or local sanctions or fines
- Principal portion of mortgage and other loan payments

A note about capital assets. Capital assets, such as buildings, fleet vehicles, medical equipment, office equipment, and patents, should be accounted for in a way that reflects their economic use and lifespan. These assets must not be expensed immediately in the year they are put into service. Tangible assets should be capitalized and depreciated over their useful life, whereas intangible assets should be amortized. Depreciation and amortization involve systematically allocating the asset's cost over its expected life, capturing the gradual consumption of its economic value. When reporting capital asset costs on this worksheet, ensure you use an appropriate method to accurately reflect incurred costs.

A note about loan payments. When acquiring an asset through a loan or mortgage, the principal portion of the loan is not considered income to the purchaser and should not be reported as an expense. Only the interest portion of loan payments should be included as an expense on this worksheet. The principal portion will be expensed through depreciation or amortization over the asset's useful life. If an asset is sold at a loss during your reporting period before all depreciation or amortization expenses are recaptured, please include the appropriate loss from the sale as a qualified expense on this worksheet.

Several cost categories have been identified to support this rate review. Figure 1 below was created to help assist the organization with assigning costs to cost categories. Please keep in mind this table should be used as a guide and may not entirely represent how your organization accounts for costs in your general ledger. Please assign costs that align with your internal financial statements to the best of your ability.

FIGURE 1: CROSSWALK OF COST EXAMPLES TO EACH MAJOR COST CATEGORIES

MAJOR COST CATEGORY	LINE NUMBER	COST EXAMPLES
Direct Staff and Supervisory Salaries and Wages	A.1	<ul style="list-style-type: none"> Salaries and wages for all employees providing direct care services, including clinical staff and supervisors All compensation above salaries and wages mentioned above, including lump-sum bonuses
Administrative and Support Staff Salaries and Wages	A.2	<ul style="list-style-type: none"> Salaries and wages for all employees not providing direct care services, including clerical, maintenance, housekeeping, or finance employees All compensation above salaries and wages mentioned above, including lump-sum bonuses
Employer Payroll Taxes and Fees	B.1	<ul style="list-style-type: none"> <u>Employer</u> portion of FICA taxes, such as Medicare and Social Security taxes Employer paid FUTA and SUTA unemployment taxes Do <u>not</u> include any employee withholdings involving federal or state income taxes
Employer Portion of Retirement Contributions	B.2	<ul style="list-style-type: none"> Employer matching contributions on an employee's defined contribution retirement plan Do <u>not</u> include any employee contribution amounts
Employer Portion of Health, Dental, and Vision Insurance	B.3	<ul style="list-style-type: none"> Employer portion of insurance premium costs for health, dental, and vision insurance Do <u>not</u> include any employee premium costs
All other Employee Benefits not included above	B.4	<ul style="list-style-type: none"> All other fringe benefits not included in B.1 – B.3 Employer portion of Family or Parental Leave insurance that is not considered FMLA or disability Employer portion of life or disability insurance premium costs paid on behalf of the employee Tuition reimbursement or other education assistance, including CPE or Licenses Employer contributions to an employee's Health Savings Account or Flexible Spending Account Employment Wellness Programs
Member-Related Transportation	C.1	<ul style="list-style-type: none"> Mileage reimbursement for direct care staff using their personal vehicle – can include travel to and from a member in a home- or community-based setting or travel when a member is in the vehicle with the staff Rental car reimbursement if an employee pays out-of-pocket to rent a vehicle to deliver a qualified service to a member Fleet vehicle costs, including depreciation, maintenance, loan interest, insurance, and other costs, related to direct care services. If a fleet vehicle is used for services other than those included in this rate review, costs must be allocated appropriately Transportation costs for reimbursement direct care staff for attending trainings or conferences should <u>not</u> be included on this row

MAJOR COST CATEGORY	LINE NUMBER	COST EXAMPLES
Non-Member-Related Transportation	C.2	<ul style="list-style-type: none"> Reimbursement costs for direct care staff attending required trainings or conferences All transportation costs related to non-direct care staff, including administrative and support staff
Total Facility Costs	D.1	<ul style="list-style-type: none"> Rent payments for building leases Depreciation, maintenance, repair, property tax costs for facilities your organization owns Mortgage interest Facility-related property insurance such as flood or hazard insurance Utilities costs Janitorial service costs, if using an external company Facility security costs
Provider Administration, Program Support, and Overhead (excluding personnel, transportation, and facility costs)	D.2	<ul style="list-style-type: none"> All other administrative, program support, and overhead costs that are not personnel, transportation, or facility related Non-vehicle or facility related equipment costs, including office equipment Human Resource costs, including drug tests or background checks Legal or audit fees Accounting and payroll fees Information Technology fees Office and other supplies, including postage costs Interpreter services Medicaid-allowable marketing and advertising (includes help-wanted ads)
Room and Board	E.1	<ul style="list-style-type: none"> Room and board costs – board means three meals a day or any other full nutritional regimen. Room means hotel or shelter type expenses including all property related costs
Other Medicaid Non-Allowable	E.2	<ul style="list-style-type: none"> Bad debts Non-Medicaid-Allowable marketing and advertising Charitable contributions Fundraising costs Meals and Entertainment costs for events not related to direct care services Federal, State, or Local sanctions or fines

REQUESTED INFORMATION

Please complete Section A of the survey by using Figure 1 above to assign all costs to a single cost category. Total Costs at the bottom of this section's table should align with your internal financial documents

Section B asks the organization to allocate their member-related transportation costs from Line C.1 in Section A to different types of transportation. For Reference Column (B), enter the approximate percentage of transportation costs your direct care staff members used for each transportation type in Reference Column (A). For any other transportation costs related to direct care services included on line 7, please provide a brief description in the available space.

Section C asks the organization to break out their facility costs based on the usage category. Using the usage categories listed in Reference Column (A), include an estimated percentage in Reference Column (B) for the amount of facility usage. For any other facility usage included on line 7, please provide a brief description in the available space.

Please note that the information for this worksheet should be reflective of your reporting period.

Worksheet 8: Service-Specific Assumptions

The "Service-Specific Assumptions" worksheet was developed to collect information regarding service assumptions for the HCBS included in the rate review. There are two sections of input tables: Section A requests staffing, direct and indirect time, location, and travel information; Section B request information related to the average number of members served in a group setting for a subset of services.

REQUESTED INFORMATION

For completing the table in Section A, please see below for detailed instructions. If your organization does not provide one or more of the services listed in this section, please leave that row blank or with the default selections.

- **Service Information (Section A, Columns labeled (A) – (C))** – Columns (A) through (C) include the service description, procedure code, and reporting units.
- **Staffing Information (Section A, Columns labeled (D) – (F))** – Columns (D) through (F) request the most common staff delivering the service reported in column (A), supervisory staff for that service, and the staff-to-supervisor ratio.
- **Direct and Indirect Time (Section A, Columns labeled (G) – (H))** – These columns request the average billable and indirect time spent delivering the reported service in column (A), on a per-member per-day basis. For billable time, this represents time spent directly face-to-face with the member and is considered billable. All other time spent updating medical records or other non-person-facing time should be considered indirect for purposes of this reporting table.
- **% of Units by Location (Section A, Columns labeled (I) – (M))** – Columns (I) through (L) request the approximate percentage of units provided by location. The sum of these columns should equal 100%.
- **Travel Information (Section A, Columns labeled (N) – (R))** – These columns capture various transportation assumptions for delivering the service reported in column (A). Please read each column header and cell input popup box carefully when entering your response.

Section B requests information for select services that generally are delivered in a group setting. In Reference Column (B), enter the average number of members in a group setting for the service listed in Reference Column (A). Please use May 2025 to calculate an average for each relevant service. For services that your organization does not offer as a group service, leave those rows blank.

Section C is available for the organization to provide any additional information related to the services included in the rate review that you think will be helpful or useful. Please use the allotted space to provide any details you see fit.

Please note that the information for this worksheet should be as of May 2025.

Worksheet 9: Supportive Living

This worksheet is for organizations delivering supportive living services. Note that if you only provide services to 1-2 members at a time, you only need to fill out Sections A and B.

REQUESTED INFORMATION

All information on this worksheet should be reported as of May 2025. Please read each input cell popup box carefully to ensure information is reported correctly.

Section A asks for the organization to select the approach to delivering supportive living services. Please select one or more of the listed approaches, and if you select the 'Other' approach, please provide a brief description in the allotted space for what this approach entails.

Section B requests information about the number of locations your organization has based on the average number of members served in each respective location. For each number of members listed in Reference Column (A), indicate the number of locations your organization has in Reference Column (B). If you have group homes with 5-8 members, please also complete Section C or if you have homes with 3-4 members, please complete Section D.

Section C and D ask you to provide staffing and transportation information for a typical group home in your organization, with Section C specific to group homes with 5-8 members and Section D specific to group homes with 3-4 members. For Sections C and D, please report staffing information for a typical group home. If you would like to report staffing for an additional group home to illustrate differences in staffing to a typical group home, please reach out to DHS-HCBS-RateReview@milliman.com. Please see below for additional instructions on the requested information for both sections:

Sections C and D, Table 1 – Direct Care Hours by Shift:

- **Staff Type (Sections C & D, Column labeled (A))** – Select the applicable staff type working in the residence that subsequent information will be reported on.
- **Weekday Hours by Shift (Sections C & D, Columns labeled (B) – (D))** – For the staff type selected in Column A, report the average hours worked for first, evening, and overnight shifts, respectively, on weekdays.
- **Weekend Hours by Shift (Sections C & D, Columns labeled (E) – (G))** – For the staff type selected in Column A, report the average hours worked for first, evening, and overnight shifts, respectively, on weekends.
- **Supervisory Responsibilities (Sections C & D, Columns labeled (H))** – For the staff type selected in Column A, indicate if they have supervisory responsibilities, and if so, what type of staff they are supervising.

Sections C and D, Table 2 – On-Call Hours by Shift:

- **Staff Type (Sections C & D, Column labeled (A))** – Select the applicable staff type working in the residence that subsequent information will be reported on.
- **Weekday Hours by Shift (Sections C & D, Columns labeled (B) – (D))** – For the staff type selected in Column A, report the average number of on-call hours worked for first, evening, and overnight shifts, respectively, on weekdays.
- **Weekend Hours by Shift (Sections C & D, Columns labeled (E) – (G))** – For the staff type selected in Column A, report the average number of on-call hours worked for first, evening, and overnight shifts, respectively, on weekends.

Sections C and D, Table 3 – Transportation:

- For this table select the number of vehicles used to support the group home, the average number of members each vehicle typically transports at one time, and the average number of miles each vehicle incurs on a weekly basis.

Section E on this worksheet is available for the organization to provide any additional information related to the supportive living services that you think will be helpful or useful. Please use the allotted space to provide any details you see fit.

Please note that the information for this worksheet should be as of May 2025.

Worksheet 10: Survey Feedback

This worksheet allows the reporting entity to explain different responses in the Survey and convey information that was not necessarily requested in the Survey.

If the reporting entity wants to submit a comment or additional details related to specific information in the Survey that is related to a particular worksheet, column or row, please select the worksheet and if applicable, provide the line number and/or column reference to help us accurately understand the information provided.

This worksheet allows the provider to give suggestions for the improvement of future annual surveys. All feedback and suggestions will be reviewed. Providers may be contacted to provide clarification if needed. Please be as detailed in your comments as possible.

Worksheet 11: Scratchpad

This worksheet is included for the reporting organization to use as a place for note taking or scratch calculations. Anything submitted on these tabs will not be used by DHS for any reason. No other worksheets or formulas in the Survey rely on any cells from this worksheet.

Limitations

The information contained in this document is prepared solely for the internal business use of the Arkansas Department of Human Services (DHS) and their advisors in support of DHS payment rate reviews. Any user of the information in this document must possess a certain level of expertise in behavioral health and developmental disabilities services that will allow appropriate use of the information presented.

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