

**State of Arkansas, Department of Human Services (DHS)
Frequently Asked Questions (FAQs) for the
2025 Provider Cost and Wage Survey
Updated as of June 13, 2025**

GENERAL QUESTIONS

A. OBTAINING AND SUBMITTING THE SURVEY

1. When is the survey due?

June 27, 2025

2. Where can I get a copy of the survey?

The Excel-based survey and all supporting materials can be downloaded from the DHS website:

<https://humanservices.arkansas.gov/newsroom/hcbs/hcbs-rate-review/>

To find the survey link, scroll down to the “Provider Cost and Wage Survey” section.

3. If we work with multiple PASSEs, do we need to complete one Cost and Wage Survey for each contract?

Providers only need to submit one survey for all Home- and Community-Based Services (HCBS) provided. Providers may report more than one Billing NPI or Billing Provider ID numbers in the workbook. Providers should only submit one survey on behalf of everyone for which they are an employer of record.

4. How do I submit the survey?

After downloading and completing the survey, attach the completed survey file to an email and send to: DHS-HCBS-RateReview@milliman.com

5. In what format should I submit the survey?

Please submit your organization's survey as an Excel attachment via standard email. If an alternate submission is preferred (e.g., encrypted submission), contact Milliman for a secure link for upload. Email the completed survey to DHS-HCBS-RateReview@milliman.com ensuring your entity's name is included in the file name (e.g., HCBS Provider Cost and Wage Survey – ABC Provider).

6. Can I resubmit a survey that was submitted in error?

Yes, please resubmit the survey alerting Milliman that the previous survey was submitted in error, and we will exclude it from our analysis.

B. SURVEY PARTICIPATION AND ACCESS TO SURVEY DATA

1. Why is my participation important?

The data submitted by you and other providers will offer crucial insights into the delivery of the HCBS under review. This data will be instrumental in informing the payment rate assumptions used to calculate payment rates, which will form the basis of the minimum fee schedule anticipated to be effective in 2026 (subject to legislative approval). For more information about DHS' rate review project, please visit:

<https://humanservices.arkansas.gov/newsroom/hcbs/hcbs-rate-review/>

2. Who should complete the survey?

All providers delivering I/DD and behavioral health services included in the [HCBS manual](#). For purposes of this FAQ document, the term "provider" refers to an individual or entity engaged in the delivery, ordering, or referring of the above-mentioned services.

3. Should I still complete the survey if I do not provide I/DD and behavioral health services anymore, but have provided BH Medicaid services in the past and still have an active Medicaid provider agreement?

Yes, if you have an active provider agreement with the PASSEs and have provided I/DD and behavioral health services in your most recent fiscal period, you should complete the survey.

4. Who will have access to the survey data?

Individual provider information reported by providers will not be available to the DHS nor other providers and their related entities. Individually reported information will be used and maintained only by Milliman and not externally shared with additional parties. Any information shared directly by providers with DHS may become public record and subject to Freedom of Information Act (FOIA) requests.

5. How long does it take to complete the survey?

The time spent completing the survey can vary depending on several factors, such as the number of services you need to report data for and related provider accounting systems.

6. I have questions on the survey, can somebody please call me to discuss?

Please review all instructions and training materials. If you still have questions after reviewing the supporting materials, please email Milliman at DHS-HCBS-RateReview@milliman.com for additional support.

SURVEY QUESTIONS

C. INFORMATION AND ATTESTATION

1. What is the reporting period for this survey?

On worksheet *1. Information and Attestation*, *Section A.2(a)* allows for you to select the 12-month period that aligns with your most recent fiscal period. Please select the appropriate period from the drop-down list. If your organization had a period that was shorter or longer than 12 months as

its most recent period, please select “Other” from the drop-down list and enter in the period on worksheet *10. Survey Feedback* in the green-shaded section for worksheet 1.

2. How should I define a standard work week in Section A.2(b)?

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.

3. If my organization needs to report more than 16 Billing NPI or 16 Billing Provider ID numbers on worksheet 1. *Information and Attestation*, where should the additional numbers be reported?

Please list the first 16 Billing NPI and Billing Provider ID numbers in the allotted space on worksheet *1. Information and Attestation*. For additional numbers, please report those, separated by commas, on worksheet *10. Survey Feedback* in the green box for *1. Information and Attestation*.

D. DIRECT CARE STAFF AND SUPERVISORS

1. If I have staff members that have more than one role, how do I report their staffing information on worksheets 2. *Direct Care Staff* and/or 3. *Supervisors*?

Please assign time to the staff type rows according to staff experience (e.g., if an individual is a QBHP without a bachelor’s degree, their time should be assigned to the Direct Care Staff – HS Diploma or GED row). If you have a staff member that has clinical and administrative responsibilities, please only include time related to their clinical responsibilities.

2. If I have staff members that have dual certifications or in the process of becoming certified, how do I report their staffing information on worksheets 2. *Direct Care Staff* and/or 3. *Supervisors*?

For individuals with dual certifications, please assign them to one staff type and report their staffing information there. Please avoid reporting their staffing information twice to prevent duplication. For individuals who are pursuing certification but have not obtained it by the time the survey is completed, report their information under the appropriate non-certified staff type.

3. Should we include supervisors on worksheet 3. *Supervisors* that do not supervise staff providing encounterable Direct Care services?

No, the supervisors included with the survey should primarily be responsible for supervising direct care and clinical staff delivering billable services.

4. Should we allocate FTE counts for individuals that are supervisors but also perform direct care services on a regular basis?

Please include everyone’s FTE information only once on the survey. If an individual performs clinical supervision, even if not all the time, then report their information on worksheet 3. *Supervisors*.

5. Where should executive staffing information be reported on the survey?

Executive member costs should not be reported on worksheets 2. *Direct Care Staff* or 3. *Supervisors*. This information will be captured on worksheet 7. *Provider Costs* in various rows depending on the nature of the cost (e.g., salaries and wages, employee benefits, and other costs).

E. PRODUCTIVITY

- 1. On worksheet 5. *Productivity*, how do I determine “Total Hours” if my organization’s system does not track all non-billable time?**

If your organization is unable to capture total hours worked, please provide an estimate by multiplying your standard workweek in hours (40 hours, 37.5 hours, etc.) by the number of direct care employees (i.e. clinicians and other staff providing billable services) working at the agency you are reporting on the worksheet. For example, if you have 5 employees working at Facility ABC and your standard workweek is 40 hours, you will report “Total Hours” of 10,400 (40 hours * 52 weeks * 5 employees). If employees work overtime, total hours will need to account for overtime hours as well.

- 2. When reporting PTO and holiday hours in Section A, Reference Column (D) of this worksheet, are these the actual amount of PTO hours taken by employees and holiday hours worked?**

Yes, for this section, reported amounts should be actual hours incurred during the reporting period and not the total amount offered to employees.

- 3. When reporting productivity information on this worksheet, do I need to separate each physical location out on individual rows?**

Each individual clinic/facility/agency should be captured on its own individual row. If productivity levels are similar across each location and is easier to report, the information may be aggregated and rolled up into one row. If this method is used, please make a note of that on worksheet 10. *Survey Feedback*.

F. TRAINING AND PAID TIME OFF (PTO)

- 1. Should data be reported on an annual basis for worksheet 6. *Training and PTO*?**

Training and PTO/Holiday data should be reported based on the reporting period selected on worksheet 1. *Information and Attestation, Section A.2(a)*, and should represent a 12-month period unless “Other” is selected.

- 2. How do I report data on worksheet 6. *Training and PTO* if our PTO policy includes two separate banks – one for vacation time and one for sick time?**

For purposes of reporting PTO, please combine vacation and sick time if your organization offers two separate banks.

- 3. How should we report our PTO information if our PTO policy varies by someone’s years of service?**

Please report the average PTO provided to the staff level. Only report PTO hours if your organization follows a standardized policy that is applicable to the listed staff type; if you do not have a policy for PTO, do not report any time (you may still report paid holiday hours).

G. PROVIDER COSTS

- 1. When considering direct care transportation expenses in Section A.(C). *Transportation of worksheet 7. Provider Costs*, should costs transporting clients to appointments be reported?**

Yes, all transportation costs involving direct care services should be reported. This would include any travel to and from a client in a home- or community-based setting, transporting clients to and from appointments, or any other travel time when a client is in the car with a direct care or clinical staff member.

2. Why does the survey ask for non-allowable Medicaid expenses, such as room and board, on worksheet 7. *Provider Costs*?

Worksheet 7 of the survey aims to capture all appropriate costs incurred by the organization related to the HCBS delivered. This would include any non-allowable Medicaid expenses (e.g., room and board expenses for individuals receiving Supportive Living – Shared Staffing services).

H. SERVICE-SPECIFIC ASSUMPTIONS

1. Our direct care supervisors may visit several more members or locations in a typical day than our direct care staff members. How do we differentiate the two when reporting travel information in Section A, Reference Column (P)?

The reported amount for number of locations visited in a typical day should be averaged across all staff types delivering the service in Reference Column (A). If there is a significant increase to the average number of locations/members visited for supervisory positions, please leave a note at the bottom of this worksheet describing the difference.

I. SUPPORTIVE LIVING

1. Are homes that are in a provider-controlled environment considered “group homes” for purposes of reporting on this worksheet?

Yes, please treat these types of homes as group homes.

Limitations

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