

OLTL HCBS Rate Study

Section 1: Provider Demographics

Please provide the following information related to your organization:

a. Provider Name:

b. Provider ID:

c. Service Location ID:

d. Address

e. City

f. State:

g. ZIP:

h. Primary Contact Person for Survey:

i. Primary Contact Telephone Number:

j. Primary Contact Email Address:

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Section 2: Service Categories

Please provide the following information related to service categories delivered for Calendar Year 2023 (January 1, 2023 - December 31, 2023):

a. Select one service category you delivered from the options listed below:

1. Adult Day (e.g., S5102 [U3-U5])
2. Structured Day Habilitation (e.g., W0104, W0105 [U4-U5])
3. Employment and Training (e.g., W1728, W1732, W1733 [U4-U5], W1735, W1740)
4. Personal Assistance: Agency (e.g., W1793 [TT])
5. Personal Assistance: Participant Directed (e.g., W1792 [TU]) - Please fill out only sections 1, 2, 3, and 5.
6. Residential Habilitation (e.g., W0100, W0101 [U4-U5], W0102, W0103 [U4-U5])

For any providers that delivered multiple service categories above: Please fill out this survey separately for each service category you delivered.

(e.g., a provider that delivers residential habilitation and structured day habilitation services would fill out two surveys where one contains information related to their delivery of residential habilitation services and the other contains information related to their delivery of structured day habilitation services).

For providers that only delivered **Personal Assistance (Participant Directed) Services** in CY 2023: Please fill out only **sections 1, 2, 3, and 5**.

For any providers that do not deliver any of the service categories above: Please disregard this survey. OLTL is partnering with Mercer to perform a rate study exclusive to the service categories listed above at this time.

Section 3: Personal Assistance (Participant Directed)

Please provide the following information related to Personal Assistance (Participant Directed) Services for Calendar Year 2023 (January 1, 2023 - December 31, 2023):

a. What was the average percentage increase to base wages per hour provided to Direct Care Workers (DCWs) during the reporting period?

(DCW is defined as an individual providing the hands-on services to the participant. Base wage excludes overtime, differentials, or other bonuses.)

b. Please provide any additional information you would like to share regarding the delivery of Personal Assistance (Participant Directed) Services.

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Section 4: Staff Wages

Please provide the following information related to staff wages for Calendar Year 2023 (January 1, 2023 - December 31, 2023):a. What was the average base wage per hour paid to DCWs during the reporting period? (DCW is defined as an individual providing the hands-on services to the participant. Base wage excludes overtime, differentials, or other bonuses.)

b. What was the average overall wage per hour paid to DCWs during the reporting period?(DCW is defined as an individual providing the hands-on services to the participant. Overall wage includes overtime, differentials, or other bonuses.)

c. What was the average base wage per hour paid to Front Line Supervisors (FLSs) during the reporting period? (FLS is defined as an individual supervising DCWs and often engaging in direct support as part of their duties. Base wage excludes overtime, differentials, or other bonuses.)

d. What was the average overall wage per hour paid to FLSs during the reporting period?(FLS is defined as an individual supervising DCWs and often engaging in direct support as part of their duties. Overall wage includes overtime, differentials, or other bonuses.)

Section 5: House Bill 1300 Section

In addition to supporting the HCBS rate study, OLTL and Mercer are collecting data on starting DCW wages to fulfill the reporting requirements of House Bill 1300 from the 2023–2024 Pennsylvania General Assembly regular session. Please provide the starting base DCW wage per hour as of the two dates listed below.

(DCW is defined as an individual providing the hands-on services to the participant. Base wage excludes overtime, differentials, or other bonuses.)

a. January 1, 2019:

b. January 1, 2023:

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Section 6: Staff Benefits

Please complete the following table related to staff benefits:

	Health Insurance (Incl. Dental and Vision)	Retirement Benefits	Short Term Disability	Long Term Disability	Worker's Compensation Insurance
a. Is this benefit offered to all staff or is it limited to full-time staff or any other subset of staff?					
If limited to a subset of staff, please specify who the benefit is offered to.					
b. Annual agency cost per Full-Time Equivalent (FTE) for these benefits. (This should be calculated as the total agency cost of providing these benefits divided by the total number of FTEs employed and qualified for these benefits, including those that are offered the benefit and elect not to receive it.)					

Please provide the following information related to staff benefits for Calendar Year 2023 (January 1, 2023 - December 31, 2023):

c. Average annual paid vacation days (day = 8 hours) per employee.

d. Average annual number of paid holidays per employee.

e. Average annual paid sick days (day = 8 hours) per employee.

f. Average annual days of onboarding training per new employee.

g. Average annual days of ongoing training per employee.

h. Total number of worker's compensation claims.

i. Average cost per worker's compensation claims.

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Section 7: Staffing

Please provide the following information related to staffing for Calendar Year 2023 (January 1, 2023 - December 31, 2023):

a. Average number of DCW Full Time Equivalents (FTEs) employed and contracted (as applicable)* during reporting period.

(For purposes of this question, DCW is defined as an individual providing the hands-on services to the participant. FTEs are generally expected to be equal to 2,080 hours per year.)

*(Contracted staff are NOT allowed/applicable for Personal Assistance Services [PAS] agency providers.)

b. Average number of FLSs FTEs employed and contracted (as applicable)* during reporting year.

(For purposes of this question, FLS is defined as an individual supervising DCWs and often engaging in direct support as part of their duties. 2,080 hours per year equals FTE.)

*(Contracted staff are NOT allowed/applicable for PAS agency providers.)

c. Average percentage of all agency individuals directly supporting the delivery of services employed and contracted (as applicable)* during the reporting period that were considered full-time (as defined by the number of hours by the provider).

*(Contracted staff are NOT allowed/applicable for PAS agency providers. Generally, individuals are considered full-time at 30 or more hours per work week.)

d. Average ratio of FLS FTE per DCW FTE.

(For purposes of this question, FLS is defined as an individual supervising DCWs and often engaging in direct support as part of their duties) (e.g., 1:20)

e. Average ratio of DCW per Participant.

(For purposes of this question, DCW is defined as individual providing the hands-on services to the participant) (e.g., 1:5)

f. Percentage of staff turnover during the reporting period.

(i.e., Number of staff that left the organization during the reporting period divided by total number of employees) (e.g., 30%)

g. Are there any additional staff directly supporting the delivery of services that are not billing their time such as a clinical director or nursing support?

1. Yes
2. No

If yes, please include both the titles of the staff and their ratio of FTE to DCW FTE.

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Section 8: Service Delivery

Please provide the following information related to service delivery for Calendar Year 2023 (January 1, 2023 - December 31, 2023):

a. Average group size for any services delivered below during the reporting period. Please list "1" if the service was delivered in a non-group setting.

Adult Day - S5102 - Full Day

Adult Day - S5102 U5 - Half Day

Adult Day - S5102 U4 - Full Day Enhanced

Adult Day - S5102 U3 - Half Day Enhanced

Structured Day Habilitation - W0104 - Group

Structured Day Habilitation - W0105 U4 - 1:1

Structured Day Habilitation - W0105 U5 - 2:1

Employment and Training Services - W1740 - Benefits Counseling

Employment and Training Services - W1732 - Career Assessment

Employment and Training Services - W1728 - Skills Development (1:1)

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Employment and Training Services - W1729 - Skills Development (1:2 - 1:3)

Employment and Training Services - W1741 - Skills Development (1:15)

Employment and Training Services - W1733 U5 - Job Coaching 1:1 (Follow Along)

Employment and Training Services - W1734 U5 - Job Coaching 1:2 - 1:4 (Follow Along)

Employment and Training Services - W1733 U4 - Job Coaching 1:1 (Intensive)

Employment and Training Services - W1734 U4 - Job Coaching 1:2 - 1:4 (Intensive)

Employment and Training Services - W1735 - Job Finding

Personal Assistance - W1793 - Agency

Personal Assistance - W1793 TT - CSLA

Residential Habilitation - W0100 - 1-3

Residential Habilitation - W0101 U4 - 1-3 Supp 1:1

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Residential Habilitation - W0101 U5 - 1-3 Supp 2:1

Residential Habilitation - W0102 - 4-8

Residential Habilitation - W0103 U4 - 4-8 Supp 1:1

Residential Habilitation - W0103 U5 - 4-8 Supp 2:1

b. Average percentage of a DCW's daily shift spent on billable activities.

(i.e., Percentage of a given working day in which a DCW is billing.) (e.g., 75%)

c. Non-billable activities expected during a DCW's daily shift with corresponding percentages.

(i.e., Percentage of a given working day in which a DCW is NOT able to bill and description of the task.) (e.g., Travel 15%, Administrative work 10%)

d. For Residential Habilitation Providers Only: Average vacancy percentage for the reporting period.

(i.e., How many beds were empty, etc) (e.g., 5%)

e. For Adult Day, Day Habilitation and Employment Providers Only: Average percentage of participant 'no-shows' for the reporting period.

(i.e., How many days or appointments missed during the reporting period?) (e.g., 5%)

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Section 9: Additional Costs

Please provide the following information related to additional costs for Calendar Year 2023 (January 1, 2023 - December 31, 2023):

a. Average agency cost per DCW for all trainings and certifications excluding wages paid during training hours.

(e.g., \$425 per employee per year equals \$50 for Cardiopulmonary resuscitation [CPR] + \$200 for Commonwealth mandated training + \$125 for agency required onboarding/training + \$50 cultural competency training.)

b. Annual agency cost for transportation excluding wages paid during transportation.

(e.g., \$20,904 per year equals \$0.67 per mile * 30 miles a week * 52 weeks * 20 DCWs)

c. Percentage of total expenses attributable to indirect costs that are related to patient care.

(Indirect costs include but are not limited to: administrator salary and benefits, office staff salaries and benefits, office supplies, rent for administrative office, property or liability insurance, accounting, licensure, background checks, electronic verification visit (EVV), health screenings, and legal services. Please refer to 2102.2 and 2102.3 in Chapter 21 of the Centers for Medicare & Medicaid Services [CMS] Provider Reimbursement Manual if you are unclear on if a cost is related to patient care.)

d. As it relates to the indirect cost of EVV, which EVV system does your agency use?

1. EVV - HHA State System
2. HHA Exchange Enterprise
3. Our Own Agency System
4. Don't Know

e. As it relates to the indirect costs described in 9c and 9d, please provide additional information on the specific costs that your agency incurs. [enter text below or upload document that describes these items]

f. Percentage of total expenses attributable to direct care supply costs that are related to patient care?

(Direct care supply costs include but are not limited to: personal protective equipment (PPE), safety or mobility devices, food, and basic equipment. Please refer to 2102.2 and 2102.3 in Chapter 21 of the CMS Provider Reimbursement Manual if you are unclear on if a cost is related to patient care.)

g. As it relates to the direct care supply costs described in 9f, please provide additional information on specific supplies that your agency is responsible for. [enter text below or upload document that describes these items]

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Section 10: Additional Questions

Please provide the following information related to additional questions:

a. What industries or types of companies are you hearing prospective or former employees choosing to work for outside of HCBS?

b. What incentives to recruit or retain workforce have you found to be successful?

c. Does your organization have a value-based payment agreement in place for the services identified?

1. Yes
2. No

If yes, what type of arrangement(s) are in place?

1. Pay for performance
2. Enhanced Payments
3. Shared Savings
4. Risk Sharing
5. Capitated Payment
6. Other

d. Please provide any additional information you would like Mercer and OLTL to know as we conduct the HCBS Rate Study.