



Department of
Medicaid



Resilience through
Integrated Systems and Excellence

Care Coordination and Assessments Rate Review

May 25, 2021

2:00 – 4:00 PM

Housekeeping



All participants can mute and unmute their own lines, **so please be sure to mute your line when you're not talking. If you are muted during the meeting and called in, you must press *6 to unmute.**



Please introduce yourself by entering your name, title, and organization in the chat feature.

We hope to have robust oral discussion among Advisory Council members. All other attendees may enter comments or questions using the **chat** feature in Teams.



The slides from this meeting will be available following the meeting on the [OhioRISE Website](#).

Rate Setting Commitment

- Establishing rates for the new/enhanced package of OhioRISE services is a critical stage of our work
- We understand OhioRISE:
 - » Requires simultaneous implementation of a number of new/enhanced services
 - » Draws on the same workforce to implement many of the new/enhanced services
- With the points above in mind, ODM is committed to setting service rates for the program:
 - » Understandably
 - » Transparently
 - » Sustainably

Rate Setting Approach

- Who
 - » Allowable practitioners – driven by competencies needed to perform the service
 - » Supervisors
- What
 - » Direct activities required for the service – driven by regulatory framework and fidelity to evidence-based practices
 - » Travel
 - » Indirect activities
 - » Program overhead

Agenda

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Background

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Provider Grouping Assumption Development

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ICC / MCC Rate Development

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4

Assessment Rate Development

Background

Independent Rate Model

Overview



Ground-up approach

- Rates are built from the ground up
- Based on sum of independently determined rate inputs and components
- Inputs are based on expected resources required to provide the service



Commonly applied method for rate determination for non-institutional home and community-based services

- Many states employ independent rate model approach
- One of accepted methods based on CMS guidance for HCBS services

Benefits

- Provides transparency as to the reasonable costs required to provide the service
- Facilitates streamlined process to update rates in future periods
- Facilitates comparison of actual costs of providing services
- Can be adopted to support future rate modification efforts
- Developed independently from actual costs incurred

Independent Rate Model

Data Sources



Publicly available information, including but not limited to, wage information from the Bureau of Labor Statistics (BLS), specifically for Ohio



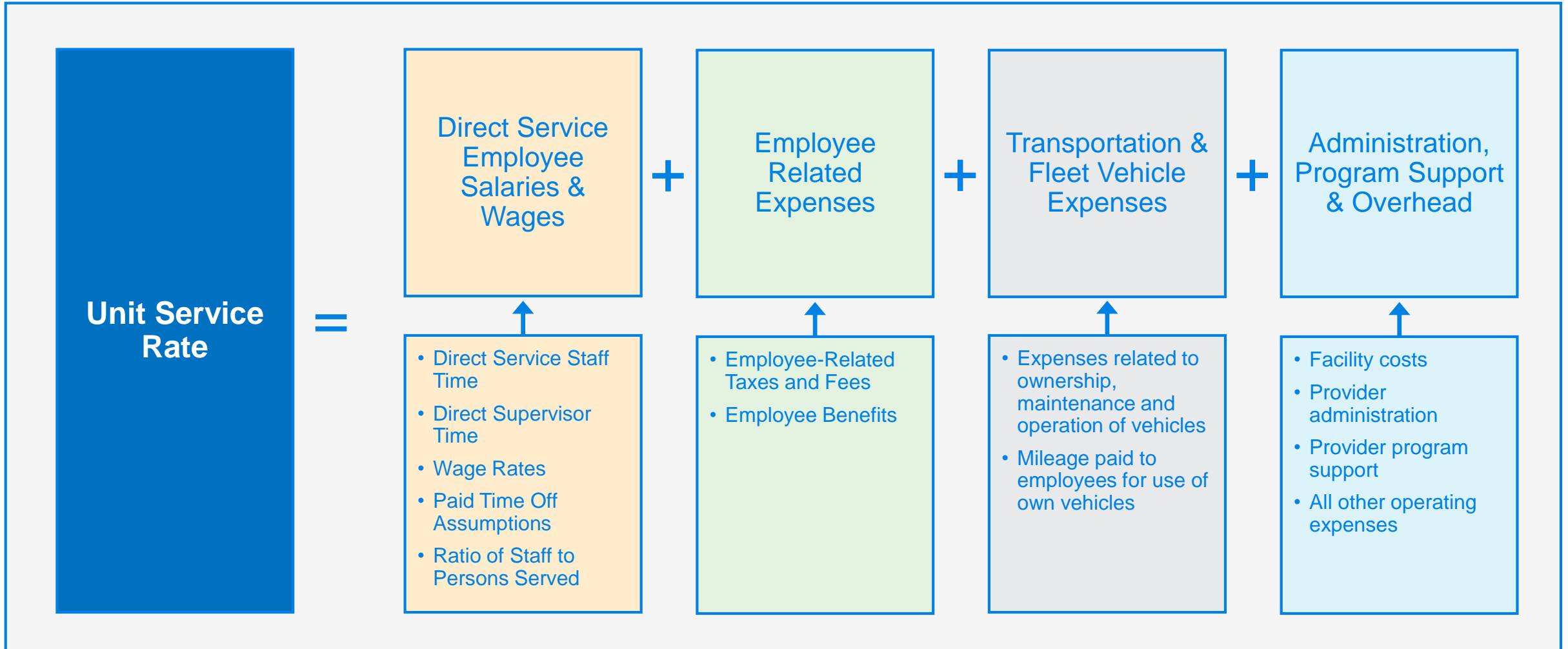
State and stakeholder guidance, reflecting the state and stakeholders' understanding of how the services are provided



State procedure code descriptions and regulations, and program descriptions

Independent Rate Model

Rate Build Up Components



Independent Rate Model

Detailed Framework Components

Component	Elements	Sub-elements	Clarifying Notes
Direct Service Employee Salaries and Wages	Service-related Time	Direct Time	<ul style="list-style-type: none"> Corresponding time unit, or staffing requirement assumptions where not defined Adjusted for staffing ratios for some services (i.e., more than one person served concurrently, e.g., in group counseling sessions or for residential services).
		Indirect Time	<ul style="list-style-type: none"> Service-necessary planning, note taking and preparation time
		Transportation Time	<ul style="list-style-type: none"> Travel time related to providing service
		PTO/Training/Conference Time	<ul style="list-style-type: none"> Paid vacation, holiday, sick, training and conference time. Also considers additional training time attributable to employee turnover
		Supervisor Time	<ul style="list-style-type: none"> Accounted for using a span of control variable
	Wage Rates	Can Vary for Overtime and Weekend Shift Differentials	<ul style="list-style-type: none"> Wage rates based on BLS data and vary by position. BLS wages are blended for certain services.
	Stipends	Payments for on-call capacity	<ul style="list-style-type: none"> Used for selected services
Employee Related Expenses (ERE)	Payroll-related Taxes and Fees	FICA, FUTA, SUI, Workers Compensation	<ul style="list-style-type: none"> Applicable to all employees, and varies by wage level assumption
	Employee Benefits	Health, Dental, Vision, Life and Disability Insurance, and Retirement Benefits	<ul style="list-style-type: none"> Varies depending on position
Transportation – Fleet Vehicle Expense	Vehicle Operating Expenses	Includes all Ownership and Maintenance-Related Expenses	<ul style="list-style-type: none"> Varies by service. Some assume employee-owned vehicle at federal rate. Other services assume fleet vehicle expenses or vans
Administration, Program Support, Overhead	All other business-related costs	Includes program operating expenses, including management, accounting, legal, IT, etc.	<ul style="list-style-type: none"> Excludes expenses related to managed care administration

Provider Grouping Assumption Development

Qualified Behavioral Health Practitioners for OhioRISE Services

- Principles
 - » Allowable practitioners set for each service
 - » Same wage assumptions for practitioners used across all services
 - » Reimbursement varies by category of practitioner
- Categories of practitioners – largely aligned with current BH practitioner framework:
 - » Peers recovery specialist (separated from paraprofessionals for OhioRISE rate setting purposes)
 - » Paraprofessionals
 - Care management specialists
 - Qualified mental health specialists
 - » Other licensed practitioners
 - Independently licensed (Psychologist, psych board school psych, LPCC, LISW, LIMFT, LICDC)
 - Dependently licensed (ODE school psych, LPC, LSW, LMFT, LCDC III, LCDC II)
 - Trainees and assistants (Psych-A/I/T, school psych-A/I/T, C-T, SW-A/T, MFT-T, CDC-A)
 - » Medical practitioners
 - MD/DO
 - Advanced practice: APRN, PA, pharmacist

Provider Groupings

Job Title Distribution and Wages by Grouping – 50th Percentile

Category	Bureau of Labor Statistics		
	Most Applicable Job Title	50th Percentile	Weight
Peer	Home Health and Personal Care Aides	\$ 14.25	100.0%
Subtotal Peer		\$ 14.25	100.0%
Paraprofessional	Community Health Workers	\$ 19.70	30.0%
Paraprofessional	Healthcare Support Workers, All Other	\$ 22.06	55.0%
Paraprofessional	Educational, Guidance, and Career Counselors and Advisors	\$ 27.56	15.0%
Subtotal Paraprofessional		\$ 22.18	100.0%
Licensed Professional	Healthcare Social Workers	\$ 29.26	80.0%
Licensed Professional	Marriage and Family Therapists	\$ 24.19	5.0%
Licensed Professional	Mental Health and Substance Abuse Social Workers	\$ 22.64	10.0%
Licensed Professional	Substance Abuse, Behavioral Disorder, and Mental Health Counselors	\$ 24.00	5.0%
Subtotal Licensed Professional		\$ 28.08	100.0%
Independent Licensed Professional	Healthcare Social Workers	\$ 29.26	70.0%
Independent Licensed Professional	Marriage and Family Therapists	\$ 24.19	5.0%
Independent Licensed Professional	Mental Health and Substance Abuse Social Workers	\$ 22.64	10.0%
Independent Licensed Professional	Substance Abuse, Behavioral Disorder, and Mental Health Counselors	\$ 24.00	5.0%
Independent Licensed Professional	Clinical, Counseling, and School Psychologists	\$ 37.95	5.0%
Independent Licensed Professional	Psychologists, All Other	\$ 53.34	5.0%
Subtotal Independent Licensed Professional		\$ 29.72	100.0%
Advanced Practice Professionals	Nurse Practitioners	\$ 53.77	90.0%
Advanced Practice Professionals	Physician Assistants	\$ 55.70	10.0%
Subtotal Advanced Practice Professionals		\$ 53.96	100.0%
MD/DO	Family Medicine Physicians	\$ 90.54	5.0%
MD/DO	General Internal Medicine Physicians	\$ 98.64	5.0%
MD/DO	Psychiatrists	\$ 104.28	90.0%
Subtotal MD/DO		\$ 103.31	100.0%

- There is not a corresponding BLS job title for each type of provider delivering behavioral health services in Ohio
- BLS job titles were selected to reflect the types of providers delivering behavioral health services within each provider group
- Weights were for each job title based on a review of existing Medicaid behavioral health data by provider type and discussions with ODM
 - Paraprofessional weights were assigned based on the distribution of paraprofessional service units for less than bachelor's degree, bachelor's degree, and master's degree

Notes:

1. Wage based on May 2020 Bureau of Labor Statistics data with consideration for CPI trend to 2022.
2. Paraprofessionals include Qualified Mental Health Specialist and Case Management Specialist.

Employee Related Expenses

ERE for Provider Groupings – 50th Percentile

	A	B	C	D	E	F	G	H	I	J	K
Provider Group	Wage	Annual Employee Salary	FICA	FUTA	SUI	Workers Comp	Insurance	Retirement	ERE per Employee	ERE Percentage	Annual Salary and ERE
Peer	\$ 14.25	\$ 29,636	\$ 2,267	\$ 420	\$ 276	\$ 326	\$ 7,194	\$ 889	\$ 11,372	38.4%	\$ 41,008
Paraprofessional	\$ 22.18	\$ 46,125	\$ 3,529	\$ 420	\$ 276	\$ 507	\$ 7,194	\$ 1,384	\$ 13,310	28.9%	\$ 59,435
Licensed Professional	\$ 28.08	\$ 58,408	\$ 4,468	\$ 420	\$ 276	\$ 642	\$ 7,194	\$ 1,752	\$ 14,753	25.3%	\$ 73,161
Independent Licensed Professional	\$ 29.72	\$ 61,817	\$ 4,729	\$ 420	\$ 276	\$ 680	\$ 7,194	\$ 1,854	\$ 15,153	24.5%	\$ 76,970
Advanced Practice Professionals	\$ 53.96	\$ 112,236	\$ 8,586	\$ 420	\$ 276	\$ 1,235	\$ 7,194	\$ 3,367	\$ 21,078	18.8%	\$ 133,313
MD/DO	\$ 103.31	\$ 214,879	\$ 10,790	\$ 420	\$ 276	\$ 2,364	\$ 7,194	\$ 6,446	\$ 27,490	12.8%	\$ 242,369
Notes	Hourly Wage Rate	$B = A * 2080$	$C = A * 2080 * 7.65\%$ up to \$140,543 taxable limit						$I = \text{SUM} (C \text{ through } H)$	$J = I / B$	$K = B * (1 + J)$

Notes:

1. Wages reflect the sum product of the BLS wages and weights illustrated on the prior slide by provider group.
2. FICA taxes include social security taxes and Medicare taxes. FUTA tax is the federal unemployment tax. <https://www.irs.gov/taxtopics>.
3. Worker's compensation is estimated to be approximately 1.1% of total wages. <https://www.bls.gov/web/ecec/ececqrtn.pdf> page 414.
4. Insurance estimated using hourly rate for private industry health care and social assistance industry group, and is inclusive of health, life, vision, dental, and disability insurance benefits. <https://www.bls.gov/news.release/pdf/ecec.pdf>.
5. Retirement Benefits assume a 3% employer match to a retirement account.

Paid Time Off and Training Time

PTO for Provider Groupings – Baseline

	A	B	C	D	E	F	G	H	I	J	K
Provider Group	Annual productive time	Paid Holidays and PTO per year	On-going training/conference time hours per year	Total	Training hours/inefficient time for each new hire	Turnover percentage	New hire training hours per year	Hours of replacement for non-productive time	Annual hours paid on	PTO/training/conference time adjustment factor	Replacement worker PTO hours
Peer	1,800	184	40	224	160	35%	56	280	2,080	15.6%	43.56
Paraprofessional	1,828	184	40	224	80	35%	28	252	2,080	13.8%	34.74
Licensed Professional	1,844	184	40	224	40	30%	12	236	2,080	12.8%	30.20
Independent Licensed Professional	1,844	184	40	224	40	30%	12	236	2,080	12.8%	30.20
Advanced Practice Professionals	1,848	184	40	224	40	20%	8	232	2,080	12.6%	29.13
MD/DO	1,812	224	40	264	40	10%	4	268	2,080	14.8%	39.64
Notes	$A = I - H$			$D = B + C$			$G = E * F$	$H = D + G$		$J = I / (I - H) - 1$	$K = H * J$

Notes:

1. Paid holidays and PTO reflect 3 weeks PTO and 8 paid holidays per year for all provider groups, except for MD/DO which receives 4 weeks PTO per year.
2. Baseline on-going training and conference time assumes one week per year for all provider groups. ICC/MCC services include two weeks of training per year based on additional state required wrap-around training. IHBT services include three weeks of training per year based on additional training requirements to deliver the services according to model fidelity.
3. Training hours and inefficient time for each new hire reflect best estimates.
4. Turnover percentages for peer and paraprofessional provider groupings are based on BLS turnover rates for health care and social assistance workers. Turnover assumptions were assumed to be lower for licensed professionals as wages increased.

ICC / MCC Rate Development

Refresher: ICC/MCC Practitioners & Ratios – from draft OAC 5160-59-03.2

Practitioners and supervisors must have experience, background, training, skills outlined in the rule

Care Coordinators

- Licensed or an unlicensed practitioner in accordance with rule 5160-27-01 of the Administrative Code
- Max ratios
 - ICC – 1:10
 - MCC – 1:25

Supervisors

- Licensed or an unlicensed practitioner in accordance with rule 5160-27-01 of the Administrative Code
 - If unlicensed, practitioner will have real-time access to a licensed practitioner and psychiatrist for case consultation
- Max ratio – 1:8

Refresher: ICC/MCC Activities — from draft OAC 5160-59-03.2

Included in Case Rate

- Structured service planning and care coordination through (ICC) or based on (MCC) HFW
 - Offer face to face contact following initial referral
 - Convene and facilitate the child and family team
- Development and updates to care plan
 - Develop and incorporate crisis plan
 - Monitor the care plan
- Additional contacts:
 - Perform referrals and linkages
 - Facilitate discharge planning and transition activities

Separate Reimbursement

- Initial in-home or community-based comprehensive assessment
- Completed comprehensive CANS – initial and updates

ICC/MCC Service Activity and Transportation Assumptions

Assumptions Developed Based on Workgroup/ODM Discussions

Activities	Intensive Care Coordination			Moderate Care Coordination				
	Service Hours Per Activity	Activities Per Month	Trips Per Month	Service Hours Per Month	Service Hours Per Activity	Activities Per Month	Trips Per Month	Service Hours Per Month
CFT facilitation/plan/monitoring	1.00	1.00	1.00	1.00	1.00	0.50	0.50	0.50
CF plan development	0.50	1.00	1.00	0.50	0.50	0.50	0.50	0.25
Member contacts	0.75	6.50	3.25	4.87	0.75	2.17	1.08	1.62
Family contacts	0.50	4.33	-	2.17	0.25	2.17	-	0.54
Collateral/natural support contacts	0.50	1.25	-	0.63	0.50	1.25	-	0.63
Subtotal (per person per month)			5.25	9.16			2.08	3.54
Clinical Consultation Hours (per case load)				2.00				2.00

Assumption	Target	Target
Workers per Supervisor	8	10
Target Case Load	10	25

Notes:

1. Assumption that half the member contact activities result in trips.
2. Frequency of activities based on workgroup discussions.

Transportation Calculation		Intensive Care Coordination	Moderate Care Coordination
A	Minutes per One Way Trip	15	15
B	Number of one-way trips per visit*	1.25	1.25
C = A * B	Total travel time per visit (nearest minute)	19	19
D	Visits per month	5.25	2.08
E = C * D	Transportation Minutes per month per person (nearest minute)	100	40

*Start with 1 assumed trip per day. If visit <2 hours, then add .25 trips, if 2-4 hours, then add .5 trips, if 4+ hours, then add 1 trip.

Note: The service activity and transportation assumptions are best estimate averages expected to occur over a period of time and do not reflect assumptions for any one individual service.

Intensive Care Coordinator Independent Rate Model

Example: Licensed Practitioner – per monthly case rate

Ref.	Description	Care Coordinator	Supervisor	Consultation	Consultation	Total	Notes
		Licensed Professional	Licensed Professional	Advanced Practice Professionals	MD/DO		
A	Hourly wage	\$ 28.08	\$ 32.58	\$ 53.96	\$ 103.31		Based on separate wage build by provider grouping
B	Number of employees	1.00	0.13	0.01	0.01		Based on service activity assumptions
C	Total wages expense per month	\$ 4,867	\$ 706	\$ 101	\$ 198	\$ 5,872	C = A * B
D	Employee related expense (ERE) percentage	25.3%	23.4%	18.8%	12.8%		Based on separate ERE build
E	Total ERE expense per month	\$ 1,229	\$ 165	\$ 19	\$ 25	\$ 1,439	E = C * D
F	Estimated average MPH					25	Urban 25 MPH
G	Estimated miles driven					416.67	G = F / 60 * 100 minutes per person * M
H	Federal reimbursement rate					\$ 0.58	
I	Monthly Transportation fleet costs					\$ 241.67	I = G * H
J	Administration / Program Support / Overhead					20.0%	10% Direct Admin, 10% Indirect Admin
K	Monthly Administration Expenses					\$ 1,888.17	K = J * (C + E + I) / (1 - J)
L	Monthly Costs					\$ 9,440.86	L = C + E + I + K
M	Number of clients per team					10	Based on proposed administrative code rule
N	Average units per month per beneficiary					1	Based on proposed administrative code rule
O	Total Rate					\$944.09	O = L / M / N

Ref.	Summary of Rate Model Components					Total	Notes
P	Direct Service Employee Salaries & Wages					\$ 357.85	Based on care coordinator service activity assumptions
Q	Indirect Service Employee Salaries & Wages					\$ 164.27	Based on care coordinator service activity assumptions
R	Transportation Service Employee Salaries & Wages					\$ 65.10	Based on care coordinator service activity assumptions
S	Employee Related Expenses					\$ 143.88	
T	Transportation & Fleet Vehicle Expenses					\$ 24.17	
U	Administration, Program Support & Overhead					\$ 188.82	
V	Total Rate					\$ 944.09	

Note: Supervisor wages were assumed to be the 75th percentile of BLS if the primary clinician was of equal credentials.

Moderate Care Coordinator Independent Rate Model

Example: Licensed Practitioner – per monthly case rate

Ref.	Description	Care Coordinator	Supervisor	Consultation	Consultation	Total	Notes
		Licensed Professional	Licensed Professional	Advanced Practice Professionals	MD/DO		
A	Hourly wage	\$ 28.08	\$ 32.58	\$ 53.96	\$ 103.31		Based on separate wage build by provider grouping
B	Number of employees	1.00	0.10	0.01	0.01		Based on service activity assumptions
C	Total wages expense per month	\$ 4,867	\$ 565	\$ 101	\$ 198	\$ 5,731	C = A * B
D	Employee related expense (ERE) percentage	25.3%	23.4%	18.8%	12.8%		Based on separate ERE build
E	Total ERE expense per month	\$ 1,229	\$ 132	\$ 19	\$ 25	\$ 1,406	E = C * D
F	Estimated average MPH					25	Urban 25 MPH
G	Estimated miles driven					416.67	G = F / 60 * 40 minutes per person * M
H	Federal reimbursement rate					\$ 0.58	
I	Monthly Transportation fleet costs					\$ 241.67	I = G * H
J	Administration / Program Support / Overhead					20.0%	10% Direct Admin, 10% Indirect Admin
K	Monthly Administration Expenses					\$ 1,844.62	K = J * (C + E + I) / (1 - J)
L	Monthly Costs					\$ 9,223.09	L = C + E + I + K
M	Number of clients per team					25	Based on proposed administrative code rule
N	Average units per month per beneficiary					1	Based on proposed administrative code rule
O	Total Rate					\$368.92	O = L / M / N

Ref.	Summary of Rate Model Components					Total	Notes
P	Direct Service Employee Salaries & Wages					\$ 134.95	Based on care coordinator service activity assumptions
Q	Indirect Service Employee Salaries & Wages					\$ 68.87	Based on care coordinator service activity assumptions
R	Transportation Service Employee Salaries & Wages					\$ 25.41	Based on care coordinator service activity assumptions
S	Employee Related Expenses					\$ 56.23	
T	Transportation & Fleet Vehicle Expenses					\$ 9.67	
U	Administration, Program Support & Overhead					\$ 73.78	
V	Total Rate					\$ 368.92	

Note: Supervisor wages were assumed to be the 75th percentile of BLS if the primary clinician was of equal credentials.

ICC/MCC Provider Blending

Provider Specific Rate Blending

Intensive Care Coordination

Ref.	Description	Peer	Paraprofessional	Licensed Professional	Independent Licensed Professional	Total
A	Direct Service Employee Salaries & Wages	\$ 210.93	\$ 292.12	\$ 357.85	\$ 377.86	\$ 299.15
B	Indirect Service Employee Salaries & Wages	\$ 88.39	\$ 129.84	\$ 164.27	\$ 173.46	\$ 133.50
C	Transportation Service Employee Salaries & Wages	\$ 38.37	\$ 53.14	\$ 65.10	\$ 68.74	\$ 54.42
D	Employee Related Expenses	\$ 114.56	\$ 130.71	\$ 143.88	\$ 147.74	\$ 132.12
E	Transportation & Fleet Vehicle Expenses	\$ 24.17	\$ 24.17	\$ 24.17	\$ 24.17	\$ 24.17
F	Administration, Program Support & Overhead	\$ 119.11	\$ 157.50	\$ 188.82	\$ 197.99	\$ 160.84
G	Total Rate	\$ 595.53	\$ 787.48	\$ 944.09	\$ 989.97	\$ 804.20
	Blend	10.0%	70.0%	10.0%	10.0%	100.0%

Moderate Care Coordination

Ref.	Description	Peer	Paraprofessional	Licensed Professional	Independent Licensed Professional	Total
A	Direct Service Employee Salaries & Wages	\$ 78.57	\$ 109.99	\$ 134.95	\$ 142.48	\$ 112.59
B	Indirect Service Employee Salaries & Wages	\$ 36.84	\$ 54.48	\$ 68.87	\$ 72.71	\$ 55.98
C	Transportation Service Employee Salaries & Wages	\$ 14.80	\$ 20.71	\$ 25.41	\$ 26.83	\$ 21.20
D	Employee Related Expenses	\$ 44.60	\$ 51.05	\$ 56.23	\$ 57.73	\$ 51.59
E	Transportation & Fleet Vehicle Expenses	\$ 9.67	\$ 9.67	\$ 9.67	\$ 9.67	\$ 9.67
F	Administration, Program Support & Overhead	\$ 46.12	\$ 61.47	\$ 73.78	\$ 77.36	\$ 62.76
G	Total Rate	\$ 230.59	\$ 307.37	\$ 368.92	\$ 386.78	\$ 313.79
	Blend	10.0%	70.0%	10.0%	10.0%	100.0%

Note: Blend assumptions based on review of CPST, TBS, and provider experience in other states.

Assessment Rate Development

Assessment Framework

Current reimbursement for BH assessments include:

- 90791, 90792: Psychiatric diagnostic assessments +/- medical
- G0396, G0397: Screening Brief Intervention and Referral to Treatment (SBIRT)
- H0001: Alcohol or drug assessment

The codes and services outlined above do not meet the need for:

- CANS assessments
- ICC/MCC initial in-home or community based assessments

Assessment Service and Transportation Assumptions

Assumptions Developed Based on Discussions with ODM

		Initial In-Home Assessment	CANS Assessment
Indirect Time Calculation			
A	Average minutes of direct time per unit	105	60
B	Productivity factor	60%	60%
$C = A / B$	Total Time per service unit	175	100
D	Total Travel Time per Visit	23	19
$E = C - A - D$	Average minutes of indirect time per unit	47	21
Transportation Calculation			
A	Minutes per One Way Trip	15	15
B	Number of one-way trips per visit*	1.50	1.25
$C = A * B$	Total travel time per visit (nearest minute)	23	19
D	Visits per unit	1	1
E	Units per 8-hour day	2.74	4.80
$F = C * D * E$	Transportation Minutes per day per person (nearest minute)	63	91
Workers per Supervisor		10	10

*Start with 1 assumed trip per day. If visit <2 hours, then add .25 trips, if 2-4 hours, then add .5 trips, if 4+ hours, then add 1 trip.

Note: The service activity and transportation assumptions are best estimate averages expected to occur over a period of time and do not reflect assumptions for any one individual service.

Initial In-Home Assessment Independent Rate Model

Example: Licensed Professional – per assessment

Ref.	Description	Clinician	Supervisor	Total	Notes
		Licensed Professional	Licensed Professional		
A	Average minutes of direct time per unit	105			4 hours and 48 minutes of direct time per 8 hours
B	Average minutes of indirect time per unit	47			2 hours and 9 indirect minutes per 8 hours
C	Average minutes of transportation time per unit	23			1 hours and 3 transportation minutes per 8 hours 1.5 trips per assessment
D	Total minutes per unit	175			D = A + B + C
E	Staffing Ratio	1			
F	Supervisor span of control		10		10 employees assumed to be managed by 1 supervisor
G	Supervisor time per unit		17.5		G = D / E / F
H	PTO/training/conference time adjustment factor	12.8%	12.8%		Based on separate PTO build
I	Adjusted Total minutes per unit	197.40	19.74		I = D / E * (1 + H) I = G * (1 + H)
J	Hourly wage	\$ 28.08	\$ 32.58		Based on separate wage build
K	Total wages expense per unit	\$ 92.38	\$ 10.72	\$ 103.10	K = J * I / 60
L	Employee related expense (ERE) percentage	25.3%	23.4%		Based on separate ERE build
M	Total ERE expense per unit	\$ 23.33	\$ 2.51	\$ 25.84	M = K * L
N	Estimated average MPH			25	Urban 25 MPH
O	Estimated miles driven per unit			9.58	O = C * N / 60
P	Federal reimbursement rate			\$0.58	
Q	Transportation fleet costs per unit			\$5.56	Q = O * P
R	On-Call Expenses			\$ 0.00	No on-call expenses
S	Drug Cost			\$ 0.00	No drug expenses
T	Drug Administration			\$ 0.00	No drug administration expenses
U	Administration / program support / overhead			20.0%	Portion of total rate
V	Administration Expenses			\$ 33.63	V = (K + M + Q + R + S + T) / (1 - U)
W	Rate per Encounter			\$168.13	W = (K + M + Q + R + S + T + V)

Ref.	Alignment to Cost Allocation Plan			Total	Notes
X	Direct Service Employee Salaries & Wages			\$ 61.86	
Y	Indirect Service Employee Salaries & Wages			\$ 27.69	
Z	Transportation Service Employee Salaries & Wages			\$ 13.55	
AA	Employee Related Expenses			\$ 25.84	
AB	Transportation & Fleet Vehicle Expenses			\$ 5.56	
AC	Administration, Program Support & Overhead			\$ 33.63	
AD	Total Rate			\$168.13	

Note: Supervisor wages were assumed to be the 75th percentile of BLS if the primary clinician was of equal credentials.

CANS Assessment Independent Rate Model

Example: Paraprofessional – per assessment

Ref.	Description	Practitioner		Supervisor		Total	Notes
		Paraprofessional	Licensed Professional	Paraprofessional	Licensed Professional		
A	Average minutes of direct time per unit	60					4 hours and 48 minutes of direct time per 8 hours
B	Average minutes of indirect time per unit	21					1 hours and 41 indirect minutes per 8 hours
C	Average minutes of transportation time per unit	19					1 hours and 31 transportation minutes per 8 hours 1.25 trips per assessment
D	Total minutes per unit	100					D = A + B + C
E	Staffing Ratio	1					
F	Supervisor span of control			10			10 employees assumed to be managed by 1 supervisor
G	Supervisor time per unit			10			G = D / E / F
H	PTO/training/conference time adjustment factor	13.8%		12.8%			Based on separate PTO build
I	Adjusted Total minutes per unit	113.79		11.28			I = D / E * (1 + H) I = G * (1 + H)
J	Hourly wage	\$ 22.18		\$ 28.08			Based on separate wage build
K	Total wages expense per unit	\$ 42.05		\$ 5.28		\$ 47.33	K = J * I / 60
L	Employee related expense (ERE) percentage	28.9%		25.3%			Based on separate ERE build
M	Total ERE expense per unit	\$ 12.13		\$ 1.33		\$ 13.47	M = K * L
N	Estimated average MPH					25	Urban 25 MPH
O	Estimated miles driven per unit					7.92	O = C * N / 60
P	Federal reimbursement rate					\$0.58	
Q	Transportation fleet costs per unit					\$4.59	Q = O * P
R	On-Call Expenses					\$ 0.00	No on-call expenses
S	Drug Cost					\$ 0.00	No drug expenses
T	Drug Administration					\$ 0.00	No drug administration expenses
U	Administration / program support / overhead					20.0%	Portion of total rate
V	Administration Expenses					\$ 16.35	V = (K + M + Q + R + S + T) / (1 - U)
W	Rate per Encounter					\$81.74	W = (K + M + Q + R + S + T + V)

Ref.	Alignment to Cost Allocation Plan			Total	Notes
X	Direct Service Employee Salaries & Wages			\$ 28.40	
Y	Indirect Service Employee Salaries & Wages			\$ 9.94	
Z	Transportation Service Employee Salaries & Wages			\$ 8.99	
AA	Employee Related Expenses			\$ 13.47	
AB	Transportation & Fleet Vehicle Expenses			\$ 4.59	
AC	Administration, Program Support & Overhead			\$ 16.35	
AD	Total Rate			\$81.74	

Note: Supervisor wages and ERE were assumed to be the 75th percentile of BLS if the primary clinician was of equal credentials.

Initial In-Home and CANS Assessment Summary

Provider Specific Rates

Initial In-Home Assessment

Ref.	Description	Peer	Paraprofessional	Licensed Professional	Independent Licensed Professional	Advanced Practice Professional	MD/DO
A	Direct Service Employee Salaries & Wages	\$ 34.36	\$ 49.70	\$ 61.86	\$ 65.50	\$ 118.72	\$ 228.28
B	Indirect Service Employee Salaries & Wages	\$ 15.38	\$ 22.25	\$ 27.69	\$ 29.32	\$ 53.14	\$ 102.18
C	Transportation Service Employee Salaries & Wages	\$ 7.53	\$ 10.89	\$ 13.55	\$ 14.35	\$ 26.01	\$ 50.00
D	Employee Related Expenses	\$ 20.76	\$ 23.57	\$ 25.84	\$ 26.55	\$ 36.95	\$ 48.67
E	Transportation & Fleet Vehicle Expenses	\$ 5.56	\$ 5.56	\$ 5.56	\$ 5.56	\$ 5.56	\$ 5.56
F	Administration, Program Support & Overhead	\$ 20.89	\$ 27.99	\$ 33.63	\$ 35.32	\$ 60.09	\$ 108.67
G	Total Rate	\$ 104.47	\$ 139.95	\$ 168.13	\$ 176.60	\$ 300.47	\$ 543.37

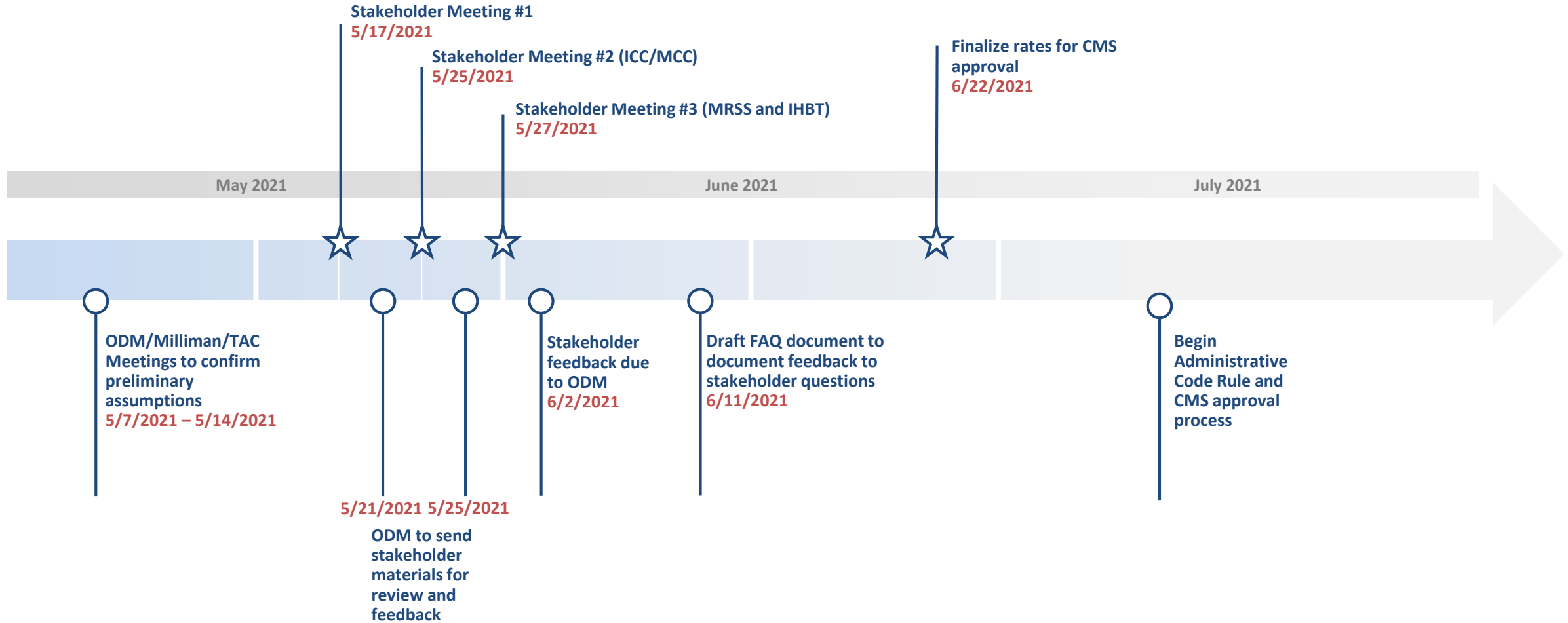
CANS Assessment

Ref.	Description	Paraprofessional	Licensed Professional	Independent Licensed Professional	Advanced Practice Professional	MD/DO
A	Direct Service Employee Salaries & Wages	\$ 28.40	\$ 35.35	\$ 37.43	\$ 67.84	\$ 130.45
B	Indirect Service Employee Salaries & Wages	\$ 9.94	\$ 12.37	\$ 13.10	\$ 23.74	\$ 45.66
C	Transportation Service Employee Salaries & Wages	\$ 8.99	\$ 11.19	\$ 11.85	\$ 21.48	\$ 41.31
D	Employee Related Expenses	\$ 13.47	\$ 14.77	\$ 15.17	\$ 21.11	\$ 27.81
E	Transportation & Fleet Vehicle Expenses	\$ 4.59	\$ 4.59	\$ 4.59	\$ 4.59	\$ 4.59
F	Administration, Program Support & Overhead	\$ 16.35	\$ 19.57	\$ 20.54	\$ 34.69	\$ 62.45
G	Total Rate	\$ 81.74	\$ 97.84	\$ 102.69	\$ 173.47	\$ 312.27

Note: Providers performing assessments under the supervision of a licensed professional would receive 85% of the licensed rate.

Next Steps

Project Timeline



Stakeholder Next Steps

- Provide any comments to ODM on the proposed rate setting methodology and stakeholder process.
- Expect to receive meeting material on May 25 and prepare for Stakeholder Meeting #3.
- Reach out if you are interested in meeting for a smaller group discussion but we ask that you please try to organize yourselves.

Send feedback to OhioRISE@Medicaid.Ohio.gov and OH.IRM.Feedback@milliman.com