

Attendant Compensation Rate Enhancement

CLASS, DBMD, PHC
DAHS, and RC

Enrollment Training

Presenter: Doug Odle (512) 707-6086

AGENDA

- Rules
- What is the Attendant Compensation Rate Enhancement?
- Open Enrollment
- Enrollment Limitations / Request for Revision (RFR)
- Spending Requirements
- Allowable / Unallowable Compensation
- Worksheets
- Website Overviews
- Common Questions
- Who to contact

Rules pertaining to the Attendant Compensation Rate Enhancement are located at:

<http://www.hhsc.state.tx.us/rad/long-term-svcs/>

- Click on your program under the Services list
- Click on “View 2016 Rate Enhancement – Attendant Compensation information”
- Click on “Adopted Rules”

Title 1, Texas Administrative Code, Part 15, Chapter 355,
Subchapter A, Rule 112

1 TAC §355.112

Overview

- Goal is to provide incentives to increase Attendant Compensation to improve the quality of care
- Participation is Optional
- Increased payments above the base rate
- Minimum Spending requirement
- Recouped if you fall below the requirements

Background

- The 76th Texas Legislature directed the Texas Department of Aging and Disability Services (DADS) by means of its appropriations rider 37 to incentivize increased compensation to attendants. These funds are appropriated for the purpose of improving the quality of care for CBA-HCSS, CLASS, DBMD, DAHS, PHC and RC and CBA AL clients.

REMINDER: Changes to Reporting Requirements

- Beginning with the 2010 reporting period, providers participating in Rate Enhancement have included their attendant compensation information on the cost report coinciding with the provider's fiscal year end
- When beginning or ending participation off cycle with the provider's fiscal year, a provider may be required to file an Accountability Report – Multipurpose (ARM)

REMINDER: Changes to Reporting Requirements

(continued)

- Providers with two or more contracts of the same program may still group their contracts for the purposes of meeting the spending requirement. Participants will no longer make the grouping request on the ECA. Rather, the grouping request will be made when you submit your next cost report
- CLASS providers will be held accountable for spending requirements for Supported Employment and Employment Assistance Services attendants
- DBMD providers will be held accountable for spending requirements for Supported Employment and Employment Assistance

Timeline

Date	Action Taken
July 2015	2016 Open Enrollment
January 2016	2014 Notification of Recoupments
January-March 2016	2014 Recoupments
March/April 2016	2015 Cost Reports due
Spring / Summer 2016	2015 Audit of Cost Reports

Open Enrollment

- New contracts will be given the opportunity to select the level of enhancement at which they want to participate.
- The highest enhancement level is level 35. Each level increased by \$0.05 above the nonparticipant rate.
- At anytime providers can request a reduction in level or withdraw from enhancement program completely.
- Levels are awarded within available funds.

Open Enrollment

(Continued)

- Pre-existing enhancements will have priority over new enhancements.
- Requested enhancements will be distributed beginning with the lowest level of enhancement and granting each successive level of enhancement until requested enhancements are granted within available funds.
- Providers that do not receive a limitation letter and who do not wish to change their level will automatically be re-enrolled in the enhancement at their current level of participation.

Who can be counted as an Attendant?

An attendant is the unlicensed caregiver providing direct assistance to clients with Activities of Daily Living and Instrumental Activities of Daily Living

Attendants **do not** include: Director, administrator, assistant director, assistant administrator, clerical and secretarial staff, professional staff, other administrative staff, licensed staff, attendant supervisors or maintenance and grounds keeping staff

Staff other than attendants may deliver attendant services and be considered an attendant if they must perform attendant services to prevent a break in service. These staff would be reported as “Other staff delivering attendant services.” In DBMD, does not apply to Intervener, Chore, Supported Employment or Employment Assistance services

Who can be counted as an Attendant?

(Continued)

Attendant expenses must be direct costed. Direct costing requires daily timesheets documenting time spent performing attendant services for the contract

80 % Rule – attendants must perform attendant functions at least 80 % of their total time worked to be counted as attendants

Attendants do include drivers in the DAHS, RC and CBA AL programs

Attendants do include medication aides in the RC and CBA AL programs

Attendants do not include Intervener I, II and III in the DBMD program

Time Sheets

- Must be used for staff performing attendant functions less than 100 % of their time but greater than 80 % of their time. Staff members that perform attendant functions less than 100 % of their time that do not perform a time study **will not** be considered an attendant for the Rate Enhancement
- The minimum allowable duration for a time study is four weeks per year. Randomly select one week per quarter
- A time study must be for 100 % of the paid time of the staff, including vacation and sick leave, for the period covered by the time study
- The time study must show the employee's start and stop time, total hours worked and actual time worked in 30-minute increments or less, and the functions performed
- Time sheets used in a time study must cover a full working day and cover all of the tasks and programs involved

Time Sheet Example

DAILY TIME SHEET

DATE: *8/9/20XX*

EMPLOYEE NAME **Jane Smith, RN**

TIME(hh:mm)		CLIENT NAME	DUTIES/ACTIVITIES PERFORMED	MEDICARE	PHC	DBMD			SHARED
BEGINNING	ENDING				SUPERVISORY	SUPERVISORY	ADMIN	Day Hab	
8:00 AM	8:30 AM	<i>Edwards, A.</i>	Travel to A. Edwards		0:30				
8:30 AM	9:30 AM	<i>Edwards, A.</i>	Supervisory Visit		1:00				
9:30 AM	9:45 AM	<i>Jones, S.</i>	Travel to supervise visit			0:15			
9:45 AM	11:15 AM	<i>Jones, S.</i>	Supervision			1:30			
11:15 AM	11:45 AM	<i>Adams, J.</i>	Travel to Nursing Visit	0:30					
11:45 AM	12:30 PM	<i>Adams, J.</i>	Skilled Nursing	0:45					
12:30 PM	1:00 PM	<i>Adams, J.</i>	Travel Back to Office	0:30					
1:00 PM	1:30 PM		Lunch						
1:30 PM	2:30 PM		Phone Calls RE: Adaptive Aids				1:00		
2:30 PM	3:15 PM	<i>Duty, V.</i>	Supervisory Visit for ADL tasks only		:45				
3:15 PM	4:00 PM	<i>Hall, J.</i>	Filled in for absent attendant					:45	
4:00 PM	4:30 PM		Annual Leave / Vacation						0:30

DAILY SUMMARY BY PROGRAM/CONTRACT #		
PROGRAM	CONTRACT #	TIME
PHC	000999900	2:25
Medicare	XX XXXX	1:45
DBMD	000888800	3:50
Indirect Time	N/A	0:30
TOTAL for the DAY		8:00

Signature: *Jane Smith*

Date: *August 9, 20XX*

Supervisor: *Mary Evans*

Date: *8/9/20XX*

Enrollment Limitations

- Providers will not be enrolled at a level higher than the level achieved on the most recently audited report
- HHSC will issue a notification letter of its enrollment limitations prior to the first day of the open enrollment period
- Providers may request a revision of its enrollment limitation if it currently does not represent its current spending on attendants

Request for Revision (RFR) Report

- If you had a recoupment on your 2013 report, you will have your 2016 level of participation limited to the level you achieved in the prior period
- If your 2013 report does not represent your current attendant compensation level, you may request a revision of your enrollment limitation
- Details on submitting a RFR are included in the limitation letter and the RFR instructions on the Rate Analysis webpage for your program
- The RFR must be received by July 31, 2015
- If the RFR shows you are spending at a higher level, you may keep the level shown on the RFR or avoid being limited altogether

Enrollment Contract Amendment

- Completed by a person authorized on DADS' Signature Authority Form (Form 2031)
- Be received by Rate Analysis on July 31, 2015
- Must submit a form for each individual contract
- For PHC, providers must select to participate with Priority services only, Nonpriority services only, or both Priority and Nonpriority services
- For PHC, providers must select a level of enhancement for each type of service (i.e., Priority and Nonpriority)
- Be legible

Spending Requirements

- Participants must spend 90% of their attendant revenues on attendant compensation or DADS will recoup the difference
- No participating provider's attendant rate after spending recoupment will ever be less than the attendant base rate

Allowable Compensation

- Salaries and Wages
- Attendant Contract Labor
- Payroll Taxes
- Workers' Compensation
- Employer-Paid Health Insurance
- Employer-Paid Life Insurance
- Other Employer-Paid Benefits

Unallowable Compensation

- Unrecovered cost of meals and room and board furnished to attendants
- Uniforms
- Hepatitis B Vaccinations and TB testing/x-rays
- Job-related training reimbursements
- Job certification renewal fees

Community Based Alternatives - Home and Community Support
Services (CBA-HCSS)
Worksheet

Enter attendant costs and units of service during your selected reporting period.

June 1, 2013 June 30, 2013
 Reporting Period - Beginning Date Reporting Period - Ending Date

	Attendants (exclude all costs for services delivered to Star+Plus clients)
Staff and Contract Attendant Salaries & Compensation	Box A \$ 65,002 .00
Payroll Taxes	
FICA & Medicare	Box B \$ 4,973 .00
State and Federal Unemployment	Box C \$ 959 .00
Workers' Compensation	
Insurance Premiums	Box D \$.00
Paid Claims	Box E \$.00
Employee Benefits	
Health Insurance	Box F \$.00
Life Insurance	Box G \$.00
Other Benefits	Box H \$.00
Mileage Reimbursement	Box I \$ 900 .00
Total Attendant Cost	Box J \$ 71,834 .00 <small>Sum Boxes A - I</small>
Units of Service	Box K 9,589 units

Calculate attendant cost per unit of service during your selected reporting period.

Total Attendant Cost		Units of Service		Attendant cost per unit of service
<div style="border: 1px solid black; padding: 5px; display: inline-block;">71,834 .00</div> <small>From Box J</small>	/	<div style="border: 1px solid black; padding: 5px; display: inline-block;">9,589</div> <small>From Box K</small>	=	<div style="border: 1px solid black; padding: 5px; display: inline-block;">\$ 7.49</div> <small>Box L</small>

**Community Based Alternatives - Home and Community Support Services (CBA-HCSS)
Worksheet (continued)**

Attendant rate and spending requirement for participating at level 1

Column A	Column B		Column C	Column D	Column E	Column F
Participant Status	Attendant Rate Component	Spending Req. Percent	Required Attendant Spending	Difference Between Attendant Rate Component and Required Spending	Current Attendant Spending	Required Spending Increase (If less than zero, set to zero)
Level 1	\$8.95	x 0.90	= \$8.06	\$0.89 <small>Column B minus Column C</small>	\$7.49 <small>From Box L</small>	\$0.57 <small>Column C minus Column E</small>

Attendant rate and spending requirement for participating at level 35

Column A	Column B		Column C	Column D	Column E	Column F
Participant Status	Attendant Rate Component	Spending Req. Percent	Required Attendant Spending	Difference Between Attendant Rate Component and Required Spending	Current Attendant Spending	Required Spending Increase (If less than zero, set to zero)
Level 35	\$10.65	x 0.90	= \$9.59	\$1.06 <small>Column B minus Column C</small>	\$7.49 <small>From Box L</small>	\$2.10 <small>Column C minus Column E</small>

Attendant rate and spending requirement for participants - Level ____

Column A	Column B		Column C	Column D	Column E	Column F
Participant Status	Attendant Rate Component	Spending Req. Percent	Required Attendant Spending	Difference Between Attendant Rate Component and Required Spending	Current Attendant Spending	Required Spending Increase (If less than zero, set to zero)
Level ____	\$	x 0.90	= \$	\$. <small>Column B minus Column C</small>	\$. <small>From Box L</small>	\$. <small>Column C minus Column E</small>

Things to consider when making your participation decision

- Compare your attendant cost per unit of service with the attendant rate component and the required attendant spending for each enhancement level. At which enhancement level is your attendant cost per unit of service most comparable?

Things to consider when making your participation decision

(continued)

- At which level of enhancement will you feel most comfortable, taking into consideration recoupment for failure to meet spending requirements
- The impact of reduced turnover (due to paying higher wages) on your recruiting and training expenses

Things to consider when making your participation decision

(continued)

- The impact of paying higher wages on the quality of care you deliver to your clients
- Whether any improvements in the quality of care you deliver would lead more clients to choose your agency to provide their services, thus leading to a higher utilization rate

Things to consider when making your participation decision

(continued)

- The total operational costs against the total rate to determine your ability to meet the attendant spending requirements

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Rate Analysis for Long-Term Services and Supports

Overview

The Rate Analysis Department (RAD) develops reimbursement methodology rules for determining payment rates or rate ceilings for recommendation to the Health and Human Services Commission (HHSC) for Medicaid payment rates and non-Medicaid payment rates for programs operated by the Department of Aging and Disability Services (DADS) and the Department of Family and Protective Services (DFPS). RAD develops payment rates or rate ceilings in accordance with these rules and agency policy guidelines consisting of the following:

Services

[24-Hour Residential Child Care \(24 RCC\)](#)[Adult Foster Care \(AFC\)](#)[Community Based Alternatives and Integrated Care Management \(CBA and ICM\)](#)[Community Living Assistance and Support Services \(CLASS\)](#)



Does your child need health care coverage?

\$50 or less covers all your children for one year.

CHIP
Children's Medicaid

1-877-KIDS-NOW

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Your Guide to Reliable
Health Information



Consolidated Waiver Program (CWP)

Consumer-Managed Personal Assistance Services (CMPAS)

Day Activity & Health Services (DAHS)

Deaf-Blind Multiple Disabilities Waiver (DB-MD)

Emergency Response Services (ERS)

Home and Community Based Services (HCS)

Home-Delivered Meals (HDM)

Hospice

Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR)

Medically Dependent Children Program (MDCP)

Nursing Facility (NF)

Nursing Facility Rehabilitative and Specialized Services

Primary Home Care Services (PHC)

Residential Care & Community Based Alternatives/Integrated Care Management Assisted Living/Residential Care (RC CBA/ICM AL/RC)

Texas Home Living (TxHmL)

Youth Empowerment Services Waiver Program (YES)

Additional Resources

ACRES (Automated Cost Reporting & Evaluation System)

Contact Rate Analysis

DADS All Provider Letters

<http://www.dads.state.tx.us/providers/CBA/index.cfm>

Resources for DADS service providers

Search

Community Based Alternatives (CBA)

[Bill code crosswalk](#)

[Calendar of events](#)

[Case Manager CBA Handbook](#)

[CBA Provider Manual \(includes forms\)](#)

[CBA rate information](#)

[CBA waiver \(PDF file\)](#)

[Claims & payments \(TMHP\)](#)

[Communications](#)

[Compare DADS waiver programs](#)

[Consumer Directed Services website](#)

[Contact program staff](#)

[Electronic Visit Verification Initiative](#)

[Click here to find services for you, your family or someone you are caring for.](#)

Community Based Alternatives (CBA)



This program provides home- and community-based services to people who are elderly and to adults with disabilities as a cost-effective alternative to living in a nursing home. DADS employees provide case management services. [Read more](#)

Communications

News & Alerts

- [2011 Texas Autism Research Conference](#) (Jun 23, 2011)
- [Managed Care Expansion -- Upcoming Long-term Services and Supports \(LTSS\) Provider Training Meetings](#) (Jun 15, 2011)
- [CBA reassessments are to be completed in a condensed timeframe in preparation for the STAR+PLUS expansion \(revised\)](#) (Jun 15, 2011)
- [Contract Cancellation Due to the Expansion of STAR+PLUS Service Areas](#) (May 18, 2011)



Resources

DADS **State**

[Access and Intake Services Community Options book \(PDF\)](#)

[Contracting with DADS](#)

[HIPAA](#)

[Interest lists](#)

[Long-term Care Quality Reporting System](#)

Common Questions

Do you need to submit a new
ECA if you are already at your
desired level?

Who can be counted as an
Attendant for Rate
Enhancement?

If you fail to meet your
spending requirement, what
are you subject to?

Contact Information

Program	Rate Analyst	Phone Number	E-mail
CLASS PHC DBMD	Sascha Duban	(512) 707-6077	sascha.duban@hhsc.state.tx.us
CLASS PHC DBMD	Denise Welch	(512) 428-1909	denise.welch@hhsc.state.tx.us
All Community Care Programs Including DAHS and RC	Doug Odle	(512) 707-6086	doug.odle@hhsc.state.tx.us

HHSC Rate Analysis/Long-Term Services and Supports Website:

<http://www.hhsc.state.tx.us/rad/long-term-svcs/>

Thank you....