NM HCBS RATE STUDY FREQUENTLY ASKED QUESTIONS
Updated: January 22\textsuperscript{nd}, 2019

Contact Info

Q: Who do I contact if I have further questions?
A: Please contact PCG if you have further questions. We would be happy to assist you individually. You can either email us at NMHCBSRateStudy@pcgus.com or call our Toll-Free Help Line: 1-(844)-225-3658.

Time Study Delay

Q: Why have we not received the time study yet?
A: The time study was put on hold to further discuss the process and provider feedback. The two originally scheduled time study periods did not occur. As of 1/22/19, a decision was made to move forward with a time study. We will be holding in-person focus groups to revise the time study tools on January 29\textsuperscript{th} and January 30\textsuperscript{th}. PCG will also be providing in-person and webinar trainings on the revised time study tools in February. More specific dates will be communicated as they are finalized.

The updated time study periods are as follows:
- Option 1: February 11\textsuperscript{th} – 24\textsuperscript{th}, 2019
- Option 2: February 25\textsuperscript{th} – March 10\textsuperscript{th}, 2019

Participation and Submission

Q: Are we required to participate?
A: No, you are not required to participate, but it is in your best interest to participate so that we can gather the most accurate data for this study to support the programs in the best way possible.

Q: If we only provide one service under a waiver, do we still need to participate?
A: It is in your best interest to participate so that we have the most accurate data for that one service.

Q: Can the agency submit the cost report prior to the deadline or other tools?
A: Yes, each tool can be submitted as soon as they are ready prior to January 28\textsuperscript{th}, 2019.

Q: Is there a secure website/portal to upload the completed information to?
A: We ask that you send the completed tools and back-up documentation by email to NMHCBSRateStudy@pcgus.com. All completed tools and back-up documentation are stored securely to ensure confidentiality and security of information.

Q: Is it possible to receive an extension to submit the tools? (TA webinar question)
A: If you need an extension please reach out to PCG individually and we will explore options together.

Q: Are there any changes to the tools sent out in October? If so can the tools be resent? (TA webinar question)
A: The tools sent out for feedback in October were drafts. The version sent on December 4th and on the DDSD website is the version you should be using. Please note that the DDSD website links the tools as PDFs. Please fill out and return the tools in Excel workbook format. If you do not have the tools, please send an email to NMHCB5RateStudy@pcgus.com and we will send you the final version.

Q: Should we fill out a different tool from another provider within the same organization?
A: Yes, each provider should submit separate tools from other providers, even if you are within the same umbrella organization.

Trainings

Q: Where can I find the instructions and recorded trainings?
A: The instructions, trainings, and tools were sent out on December 4th, 2018 through the DDSD list serv. They were also posted to the DDSD website: https://nmhealth.org/about/ddsd/pgsv/ddw/. Please reach out to PCG if you do not have the tools or instructions in your inbox.

Q: Will there be additional trainings?
A: PCG held four additional technical assistance WebEx trainings on Friday 1/11/19, Tuesday 1/15/19, and Wednesday 1/16/19. Please reach out to PCG with additional questions. Questions asked in the trainings are included in this FAQ document.

Q: Is there a sample completed form?
A: We do not have a full completed form as a sample; however, there are several screenshots in the instructions and recorded trainings.

Accessibility

Q: Can we convert it to a google sheet?
A: While we understand this might be easier for some providers, it would be very difficult to convert the information back and forth between Google and Excel. While the two are compatible, a few features do not work. So, please maintain the original Excel version provided.

Q: Would you accept a CSV file in place of an excel workbook?
A: We prefer that all tools be returned in the Excel workbook provided.

Q: How do you sign electronically?
A: You can sign electronically by typing your name into the correct area in the Excel spreadsheet.

Cost Report and Personnel Roster Dates

Q: Why are the dates on the cost report not showing up accurately?
A: There was a technical error with the format of dates on the first version of the cost report. The new version of the cost report has been fixed, but providers can fill out either version of the cost report. The numbers on the version with the technical error do correspond to a specific date and PCG can fix it on the back end. If providers would like the version with the date format fixed, please reach out to PCG and we can send the updated version.
Q: The cost tool doesn’t give a 6/30/17 date option. All dates are the 1st of each month. Will this matter with regards to Fiscal Periods? (TA webinar question)
A: Please pick the 12-month period closest to your 2017 fiscal or calendar reporting year.

Q: If we are a new agency and don’t have a full year’s data on our expenses, should we just pro-rate what that might be?
A: We do not need cost reports if a provider does not have a full year of data available.

Q: Two of my sub-contractors are new since August but can I extrapolate based on their monthly hours worked since then?
A: Yes, please record anticipated yearly salary.

Q: Do we only include personnel currently working, even though we are using 2017 to reflect costs? (TA webinar question)
A: Yes, the personnel roster is only for those who are currently working even though the cost report tool reflects 2017 costs. The Cost report is a snapshot of fiscal year 2017, whereas the personnel roster captures all active employees. These two reports will be used for different information, so it is okay that there is not 100% overlap.

Q: Are the numbers that are going to be input here based on 2018 or will it be projected numbers going into 2019 due to increase in minimum wages? (TA webinar question)
A: The cost report should be 2017 fiscal or calendar year. We will be factoring in the increase in minimum wages.

Q: What if the number of FTEs we have fluctuate year to year?
A: Please use FTEs based on 2017. You can note that this fluctuation exists in the notes/comment field.

Definitions

Q: Does transportation cover staff mileage reimbursement?
A: Mileage reimbursement should be tracked in the “Mileage” category. The “Transportation” category should be used for client transportation, bus passes, or owned-transportation vehicles.

Q: What is the definition of provider days per employee?
A: You should be capturing the average hours per employee at your organization for holiday hours, vacation hours, sick hours, and training hours (ex. If your organization has 10 employees, five of which receive 80 vacation hours and five of which receive 100 vacation hours, you would enter 90 vacation hours).

Q: Where should we include technology as an expense?
A: Please report this on the cost report under “Other Expenses.”

Q: Is other revenue fund raising and development?
A: Yes, you can include fundraising and development under other revenue.

Q: Under other expenses, where do we capture depreciation?
A: We have added a depreciation field to the cost tool to capture this.
Q: For client specific expenses (food, medical, nutritional consultant, recreation, household and activity), would these go under the expense line "Accommodation " on the cost report or under "Other Operating Expenses"? (TA webinar question)
A: This would do go under other operating expenses and please indicate that in a note/comment. Accommodation services include interpretation services, screen readers, text to speech, braille, etc.

Personnel Roster

Q: The personnel roster is just for the staff related to the waiver and not our entire agency staff?
A: Correct. We are only interested in seeing the staff related to services under the DD, MF and Mi Via waivers.

Q: If we have over 120 employees, how should we add rows to the personnel roster?
A: Please reach out to PCG and we will send you a new version with added rows to accommodate all personnel.

Q: On the personnel roster, is the % time allocated to each waiver service the percentage of time the contractor works for me or percentage of time they work overall? (TA webinar question)
A: Please base this off the % of time the contractor works for you.

Cost Report

Q: Do the tool sheets want the same info for Mi Via as well as the DD waiver or are they separate? (TA Webinar question)
Answer: If a provider provides both Mi Via and DD services, they should fill out one cost tool and one personnel roster. The tools will ask for provider total and then divide all information by waiver.

A: Do we need to submit financials for services that are not provided under these waivers?
A: Yes, please provide financials that would match the numbers reported under “Total Revenue” so that we can see what percentage of total revenue comes from the three waivers.

Q: Can we allocate by number of waiver/nonwaiver clients, for instance, as a percentage?
A: Yes, this is an acceptable allocation method.

Q: We do not separate revenue based on waiver. How should we allocate this?
A: The multiple allocation method is outlined here:
   a. **FTE Supported Basis**: The percent of total FTEs (employees) dedicated to a waiver can be used as an allocation basis.
   b. **Salary Supported Allocation**: A percent of total salaries can be applied to the waiver and be used as the allocation basis.
   c. **Timesheet Supported Allocation**: A percent of total work time dedicated to a waiver can be used as an allocation basis.
   d. **Client Supported Allocation**: A percent of total clients served or total service units under a designated waiver can be used as an allocation basis.
e. *Square Footage Supported Allocation:* A percent of total square footage dedicated to a waiver can be used as an allocation basis.

Q: How will administrative costs be calculated into this rate study?
A: These costs are captured in the cost report tool.

Q: We are experiencing high levels of vacancies- that will hurt us/ lower the "cost", no?
A: Please record this under the FTE vacancy section.

Question: Do our total revenues and total expenses on the Cost Report need to tie out to our Audited Financials?
Answer: Yes, total revenue and expenses should match the financial documentation that you submit.

Q: Our Financials report Paid Time Off wages under payroll taxes and benefits. Do we need to move these wages under the wage category on the cost report? *(TA webinar question)*
A: Paid time off should be reported under benefits. Please leave a comment/note if necessary.

Q: If nursing and service coordination are not part of an approved budget, do we still include those services in direct cost? I don't have a way to break that cost out by individual. *(TA webinar question)*
A: Please include it on the cost report if the provider incurs the cost.

**Subcontractors and Part-Time Employees**

Q: For the averaging of Full-Time employees with benefits, how do we separate part time employees who receive no or very limited benefits?
A: The number of hours each employee works is captured on the personnel roster.

Q: For total hours worked, how will we complete that for sub-contract positions that are not paid based on hour worked and that information is not tracked?
A: In this case, an estimated or budgeted amount for the year will suffice.

Q: In the other expense section, do I again count only myself (owner/employee) or do I also include my subcontractors’ expenses? *(TA webinar question)*
A: Only include subcontractor expenses that you incur because of providing services.

**Other**

Q: What if our office is in Colorado, not New Mexico?
A: Out of state providers should record all categories as requested except the “County” field which can be left blank.

Q: Why not base costs on the staffing levels specified as guidelines in the standards?
A: We create models based on CMS guidelines and standards as well as the actual data reported to inform the rate setting process.