Agenda

• Welcome and Introductions
  • Welcome from Director Jim Copeland
  • PCG Team
  • PCG Experience

• Project Goals and Objectives
  • Goals
  • Provider Communication

• Project Approach and Timeline
  • Overview of Current Workplan and Timeline
  • Discussion of Tools and Methodology
  • Training and Technical Assistance
  • Next Steps
  • Contact Information

• Provider Feedback and Questions
Welcome from Director Jim Copeland
PCG Introductions
PCG Experience
Public Consulting Group (PCG)

- Founded in 1986, PCG is headquartered in Boston, MA and employs more than 2,000 professionals in 60 offices
- Diverse workforce providing both consulting and direct services
- Projects covering states, counties, and local municipalities
- Five Practice Areas
  - Human Services, Health, Education, Technology Consulting, Public Partnerships, LLC (PPL)
PCG Human Services

PCG Human Services Populations

- Early Childhood
- Child Welfare
- Justice
- Public Assistance
- Workforce Development
- Veterans
- Housing
- Disabilities
- Aging

Advising
- Advise client on how to improve existing operations

Delivering
- Outsourced Services

Designing
- Establish new programs and processes

Financing
- Bring more real dollars to the government entity

Evaluating
- Understand what works
The PCG Advantage

Person Centered Organization with long-term commitment to achieving greater self determination and community integration for people with disabilities

Successful track record of developing and implementing DD system and payment models

Strong reputation for producing quality work on time and on budget

Well qualified team with prior state leadership experience and extensive consulting experience
HCBS Settings Final Rule and Rate Setting Projects
# PCG’s HCBS Final Settings Rule Experience

<table>
<thead>
<tr>
<th>State</th>
<th>Year</th>
<th>Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>2017 – Present</td>
<td>Department of Health Care Services; Department of Developmental Services</td>
</tr>
<tr>
<td>Indiana</td>
<td>2015 – 16</td>
<td>Division of Aging</td>
</tr>
<tr>
<td>Indiana</td>
<td>2015 – 17</td>
<td>Division of Disability and Rehabilitation Services</td>
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<tr>
<td>South Carolina</td>
<td>2016 – 17</td>
<td>Department of Health and Human Services</td>
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<tr>
<td>Pennsylvania</td>
<td>2017 – 18</td>
<td>Office of Developmental Programs</td>
</tr>
<tr>
<td>Ohio</td>
<td>2013 – Present</td>
<td>Department of Medicaid</td>
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<tr>
<td>Wisconsin</td>
<td>2018 – Present</td>
<td>Department of Human Services</td>
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<tr>
<td>New York</td>
<td>2017</td>
<td>Department of Health</td>
</tr>
<tr>
<td>Mississippi</td>
<td>2018 – Present</td>
<td>Department of Health</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>2017</td>
<td>Executive Office of Health and Human Services</td>
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# Other Relevant Experience

<table>
<thead>
<tr>
<th>State</th>
<th>Client</th>
<th>Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massachusetts</td>
<td>Executive Office of Health and Human Services; MA Rehabilitation Commission; Department of Developmental Services</td>
<td>Waiver redesign, Service Coordination Review and Program Integrity Bureau Establishment</td>
</tr>
<tr>
<td>Delaware</td>
<td>Division of Developmental Disabilities Services</td>
<td>ISP work using Person-Centered Planning and LifeCourse</td>
</tr>
<tr>
<td>North Carolina</td>
<td>Department of Health and Human Services</td>
<td>Advise on strategy for the managed care transition for the intellectual/developmental disability (I/DD) population across key BH I/DD tailored plan design areas</td>
</tr>
<tr>
<td>Indiana</td>
<td>Division of Disability and Rehabilitative Services</td>
<td>Waiver redesign activities including utilization and service definition reviews</td>
</tr>
<tr>
<td>Illinois</td>
<td>Department on Aging</td>
<td>Rate studies of HCBS services including emergency home response, adult day, adult day transportation and in-home services</td>
</tr>
<tr>
<td>New Mexico</td>
<td>Developmental Disabilities Supports Division</td>
<td>Family Infant Toddler Program Rate Study</td>
</tr>
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</table>
Lessons Learned

- Well Understood Vision and Values
- Person-Centered Practices and Supporting Families LifeSpan Practices
- Comprehensive and Transparent Stakeholder Involvement
- Communication, Communication, Communication
Project Goals and Objectives
Project Goals and Objectives

1. Assess rates
2. Ensure recommended rates are fair and efficient
3. Complete a rate study for the following DDSD HCBS waiver programs
   • Mi Via
     • In-Home Living Supports
     • Consultant services
   • Developmental Disabilities
     • All services
   • Medically Fragile
     • All services
4. Provide DDSD with best practice research from peer states
5. Provide DDSD with objective recommended reimbursement rates
Provider Communication
Communication with PCG

Our commitment to transparent communication

We will listen and consider your positions

We want to hear from you

We will bring the information to the state

We will address every concern
Rate Study Communication

Provider Rate Committee

• Frequent and transparent communication with DOH/DDSD and the ACQ Rate Study Subcommittee stakeholders.

• Meeting with providers in order to avoid pitfalls in reviewing and compiling cost and resource information later in the project.

Providers and Interested Parties

• Frequent and transparent communication on the process and status
Project Approach and Timeline
Approach

Kickoff and Initial Assessment

Phase I
Market Research, Analysis and Tool Design

Phase II

Vendor Notification and Training

Phase III
Cost Instrument and Time Study Facilitation

Phase IV

Data Verification

Phase V

Analysis and Recommendations

Phase VI
# Project Timeline

<table>
<thead>
<tr>
<th>Phase Number and Description</th>
<th>Anticipated Start Date</th>
<th>Anticipated End Date</th>
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</thead>
<tbody>
<tr>
<td>Phase I: Kickoff and Initial Assessment</td>
<td>7/2/18</td>
<td>9/14/18</td>
</tr>
<tr>
<td>Phase II: Market Research, Analysis and Tool Design</td>
<td>9/1/18</td>
<td>10/12/18</td>
</tr>
<tr>
<td>Phase III: Vendor Notification and Training</td>
<td>10/15/18</td>
<td>11/9/18</td>
</tr>
<tr>
<td>Phase IV: Cost Instrument and Time Study Facilitation</td>
<td>11/12/18</td>
<td>1/18/19</td>
</tr>
<tr>
<td>Phase V: Data Verification and Analysis</td>
<td>1/22/19</td>
<td>3/15/19</td>
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<tr>
<td>Phase VI: Analysis and Recommendations</td>
<td>3/18/19</td>
<td>6/28/19</td>
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Overview of Process: Rate Components

Time Study
- Completed by direct service staff/subcontractors and submitted electronically
- 15-minute increments during 14-day time study

Cost Report
- Completed by provider and submitted electronically
- Captures the following: revenue, personnel FTEs, salaries and benefits, and other expenses

Staff Roster
- Completed by provider and submitted electronically
- Captures provider staff and subcontractors, including titles, hours, salaries, and fringe benefits

Market Research on Salaries
- Completed by PCG to inform rate calculations
Rate Setting Proposed Approach

1. **Determine Methodology**
   a. Review previous methodology and available data
   b. Develop rate methodology and data collection options
   c. Engage stakeholders

2. **Collect Data**
   a. Finalize data collection tools (e.g., time study, cost report, staff roster)
   b. Facilitate time study and/or cost reporting process

3. **Analyze Data**
   a. Perform quality assurance on data collected
   b. Aggregate into datasets and trends

4. **Develop Rate Options**
   a. Develop rate options
   b. Engage stakeholders

5. **Finalize Recommendations**
   a. Draft report summarizing process and rate recommendations
Project Milestones/Deliverables

Comprehensive Analysis of Market Salaries
• Market analysis approach
• Comparison data sources

Best Practice Research
• Identification of peer states
• Development of key research questions

Service and Cost Collection Tool
• Key elements of tools (cost report, time study)
• Consistency in definitions, measurement and calculations (instructions, methodology)
• Capturing additional costs
  • Electronic Visit Verification
  • HCBS Final Rule Implementation
  • DOL Home Care Rule
Training and Technical Assistance

Training

• PCG will conduct 3 live training webinars and provide 1 recorded training webinar
• PCG will provide comprehensive training documents for the data collection tools
• Training dates will be announced soon

Technical Assistance

• Dedicated phone line and email inbox for providers
• Our team of analysts continuously monitor the phone line and inbox
• Response times are less than 1 business day
## Risk Management Plan

<table>
<thead>
<tr>
<th>#</th>
<th>Risk</th>
<th>Mitigation</th>
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<tbody>
<tr>
<td>1</td>
<td>Unresponsive Providers</td>
<td>• PCG and DOH to follow up with unresponsive providers</td>
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<tr>
<td></td>
<td></td>
<td>• Determine alternate plan for retrieving desired information</td>
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<td>2</td>
<td>Adverse Political and Public Attention</td>
<td>• Stakeholder management and engagement</td>
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<tr>
<td></td>
<td></td>
<td>• Obtain feedback from provider community (utilize monthly meetings and webinar focus groups to vet data collection tools)</td>
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<tr>
<td>3</td>
<td>Incomplete or Poor Documentation</td>
<td>• Follow and update data collection plan</td>
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<tr>
<td></td>
<td></td>
<td>• Provider communication from PCG and DOH</td>
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<tr>
<td></td>
<td></td>
<td>• Utilize available documentation</td>
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<tr>
<td>4</td>
<td>Inconsistency in Provider Understanding of Survey/Data Materials</td>
<td>• Provider trainings and clear instructions</td>
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<td></td>
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<td>• Make recorded webinar training available to providers</td>
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<td></td>
<td></td>
<td>• Provide ongoing technical assistance</td>
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<tr>
<td>5</td>
<td>High Variance in Provider Costs/Data</td>
<td>• Isolate outlier submissions and determine tolerable levels.</td>
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<td></td>
<td></td>
<td>• Review and understand reasons for outliers</td>
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<tr>
<td></td>
<td></td>
<td>• Use alternate rate methodologies where necessary</td>
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<tr>
<td>6</td>
<td>Delays in Review and Approval of Tools, Data and/or Deliverables</td>
<td>• Track timelines and issues, sharing progress and statuses with DOH</td>
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<td>• Escalate issues that could cause delays before and during status meetings</td>
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Risk Management Plan

PCG tools for Risk Management

• Development of a data collection matrix and contingency plan
  • Source
  • Contingency source
  • Contingency source alternative

• Use of decision matrix
  • Outline of rate decisions needed by data input
  • Includes options and documented decision
Next Steps and Contact Info
Next Steps

- Engage Rate Study Committee for feedback and input on tools and process
- Develop draft data collection tools
- Determine list of peer states for best practice research
- Provide 3 live, webinar training sessions and 1 recorded webinar training
- Release tool and provide technical assistance
Contact Us

Helpline
1-844-225-3658

Dedicated Email Address
NMHCBSRateStudy@pcgus.com
Provider Feedback and Questions