

The background features a blurred medical scene with a person lying down. A large green cross is centered over the person. The right side of the image is a dark grey diagonal gradient. Various medical icons are overlaid in a light green color, including a syringe, a pill, a virus, a stethoscope, a clipboard, and a group of people. A network of light green lines connects these icons across the page.

**UTAH DEPARTMENT OF
HEALTH & HUMAN
SERVICES**

**Division of Integrated
Healthcare**

**Home and Community-Based Services
(HCBS) Rate Study**

July 2023



**MYERS AND
STAUFFER**_{LC}
CERTIFIED PUBLIC ACCOUNTANTS



Table of Contents

- Table of Contents 1
 - List of Tables 1
- Executive Summary and Background 2
- Summary Findings..... 2
 - Background..... 3
 - Service Descriptions 4
- Cost Survey 5
 - Regulations 5
 - Survey Reviews..... 5
 - Survey Response Rates..... 6
 - Estimated Cost Calculation..... 8
 - Disclaimers 18
- Appendices..... 19

List of Tables

- Table 1. Cost Coverage: Reimbursed Rate Divided by Calculated Cost 2
- Table 2. Service Codes Selected for Comparison..... 4
- Table 3. Provider Survey Responses 6
- Table 4. Summary of Submissions by Procedure Code..... 6
- Table 5. Services with No Submitted Data by Procedure Code 7
- Table 6. Overhead and Employee Benefit Statistics from the Cost Survey 8
- Table 7. Other Program and State Overhead Percentages..... 9
- Table 8. Service Cost per Unit and Cost Coverage 10
- Table 9. Direct Wage Coverage..... 13
- Table 10. Calculation of Hourly Direct Wage for Procedure Codes not Based on an Hourly Wage 16
- Table 11. Reimbursement Rates Compared to Other State Data for Codes with No Submitted Data 17
- Table 12. Reimbursement Rates Compared to Other State Data for Codes with Very Low Responses Rates 17

Executive Summary and Background

Summary Findings

Table 1 provides a high-level summary of cost coverage by comparing the estimated cost based on reported data by home and community-based services (HCBS) providers to the Utah Medicaid fee schedules. As indicated below, 13 services are reimbursed above costs, while 20 services are reimbursed below costs.

Of significance, due to low cost survey provider participation for some of the services the cost coverage may not reflect the entire rate population. The low response rate is discussed in Tables 3 and 4 of this report. The estimated cost per unit calculations are based on provider fiscal periods ended in 2022. No inflationary considerations were applied to the calculated cost as the study’s intent was to compare the estimated cost incurred in state year 2022 to the same period’s reimbursement rates. We expand upon the details of these figures and the low survey response rate in the following sections of our report.

Table 1. Cost Coverage: Reimbursed Rate Divided by Calculated Cost

Cost Coverage by Service						
Procedure Code	Description and Unit	# Results Used in Report	Waiver Type			
			NCW	Aging	Children’s	Technology
H0034	Medication Administration, 15 Min	4	49%			
H0038	Personal Budget Assistance, 15 Min	1	156%	176%		
H0043	Adult Residential Services – Certified Independent Living Facility, Per Day	1	394%			
S5125	Attendant Care Services or Personal Attendant Service, Participant Employed, 15 Min	4	78%	67%		
S5130	Homemaker Services, 15 Min	7	91%	101%		
S5135	Companion Care Adult, 15 Min	2		91%		
S5150	Respite Care Services or Respite Care Services – Unskilled, 15 Min	4	127%	102%	97%	
S5170	Home Delivered Meals or Supplemental Meals (Liquid and Solid), Per Meal	1	289%	301%		
T1000	Extended State Plan Service – Private Duty Nursing, 15 Min ¹	3				56%
T1005	Respite Care Services, Family Directed Service Model ²	4			57%	57%



Cost Coverage by Service						
Procedure Code	Description and Unit	# Results Used in Report	Waiver Type			
			NCW	Aging	Children's	Technology
T1005	Respite Care Services, Agency ²	4			58%	58%
T1016	Case Management, 15 Min	3	55%	58%		
T1019	Personal Attendant Service; Agency Based, 15 Min	4		65%		
T1021	Supportive Maintenance, Home Health Aide or Home Health Aide or Certified Nurse Assist, Per Hour	13	131%	131%		131%
T2003	Non-Medical Transportation, One Way Trip	2	27%	27%		
T2016	Adult Residential Services – (Licensed Assisted Living Facility, Memory Care Unit), Per Day	15	166%			
T2031	Adult Residential Services (Assisted Living Facilities Level I, Level II, and Type N Facilities), Per Day	36	116%			
T2040	Financial Management Services, Per Month	1	23%	45%	24%	23%

¹ The unit was not identified on the fee schedule. However, based on the service definition for services provided under the State Plan, the unit of service is 15-minutes.

² Procedure code T1005 has two rates (see Table 8, footnote 3, for more information). Four responses were received from agencies who provide these services. Both reimbursement rates were compared to the survey results because the collected data did not delineate between the two reimbursement rates.

Background

The Utah Department of Health and Human Services (DHHS), Division of Integrated Healthcare engaged Myers and Stauffer LC (Myers and Stauffer) to review and compare Utah Medicaid reimbursement rates to certain reimbursement benchmarks, including Medicare reimbursement rates, reimbursement rates from other state Medicaid programs, or cost coverage based on provider costs of services. As part of this project, we have issued a series of separate reports by service category. This report provides the results for selected HCBS. This report is accompanied by a Microsoft Excel workbook titled *HCBS Rate Study Cost Summaries.xlsx*, which contains rate comparisons for the service categories analyzed.

The HCBS service rate comparison applies to HCBS procedure codes provided to Myers and Stauffer by DHHS. The rate comparison is based on cost and unit data collected through an online cost survey. No data were received for some services. For the services without data, the reimbursement rates were compared to six other states: Arizona, Colorado, California, Idaho, Nebraska, Nevada, and New Mexico. These states were selected due to their proximity to Utah, with the exception of Nebraska, which was

included in the study due to the availability of data to our research team. HCBS services included in this rate study are administered through state specific waiver programs and generally provide benefits not covered by Medicare. Therefore, we did not perform a comparison to Medicare reimbursement rates.

Service Descriptions

Table 2 lists the HCBS services selected by DHHS to survey for cost data and the related waiver. Procedure codes are not waiver specific and are shared among multiple waivers. The selected services fall under four waiver programs:

- *Waiver for Individuals Age 65 or Older (Aging).*
- *Medically Complex Children’s Waiver (Children’s).*
- *New Choices Waiver (NCW).*
- *Waiver for Technology Dependent, Medically Fragile Individuals (Technology).*

Additional information on Utah’s HCBS can be found in the waiver under the links section of the Department’s HCBS website: <https://medicaid.utah.gov/ltc-2/>

Table 2. Service Codes Selected for Comparison

Service Codes for Selected Comparison					
Code	Description	Waiver Type			
		NCW	Aging	Children’s	Technology
H0034	Medication Administration	X			
H0038	Personal Budget Assistance	X	X		
H0043	Adult Residential Services – Certified Independent Living Facility	X			
H0045	Respite Care – Overnight, Out of Home, Room and Board included or Respite Care Services – Long-Term Care (LTC) facility	X	X		
S5102	Adult Day Care (Adult Day Health) or Adult Day Health Services	X	X		
S5125	Attendant Care Services or Personal Attendant Service, Participant Employed	X	X		
S5130	Homemaker Services	X	X		
S5135	Companion Care Adult		X		
S5150	Respite Care Services or Respite Care Services – Unskilled	X	X	X	
S5170	Home Delivered Meals or Supplemental Meals (Liquid and Solid)	X	X		
T1000	Extended State Plan Service – Private Duty Nursing				X
T1005	Respite Care Services			X	X
T1016	Case Management	X	X		
T1019	Personal Attendant Service; Agency Based		X		

Service Codes for Selected Comparison					
Code	Description	Waiver Type			
		NCW	Aging	Children's	Technology
T1021	Supportive Maintenance, Home Health Aide or Home Health Aide or Certified Nurse Assist	X	X		X
T1027	Family Training and Counseling for Child Development				X
T2003	Non-Medical Transportation	X	X		
T2016	Adult Residential Services – (Licensed Assisted Living Facility, Memory Care Unit)	X			
T2017	Habilitation Services	X			
T2031	Adult Residential Services (Assisted Living Facilities Level I, Level II, & Type N Facilities)	X			
T2033	Adult Residential Services (Licensed Community Residential Care)	X			
T2040	Financial Management Services	X	X	X	X

Cost Survey

A cost survey was designed to gather service cost and other information from the service providers. To promote participation and foster more timely submissions, DHHS elected to use an online platform for data collection, which was developed by Myers and Stauffer. The survey collected total operational, administrative, salary, employee benefit, and service specific costs along with some non-cost related service delivery information for each identified procedure code. All requested data were from the provider’s fiscal year ended 2022 as this was the most recent information at the time of the survey.

DHHS notified the providers via email on April 14, 2023 and provided a link to the cost survey. Providers were allotted four weeks to complete the survey with a due date of May 12, 2023.

Regulations

The cost survey was conducted in accordance with the State Implementation Plan for the associated HCBS programs. Providers were notified of the cost survey and this regulation through email correspondence sent by DHHS. The providers’ participation in completing the cost survey was not compulsory and all submissions were provided on a voluntary basis. Myers and Stauffer answered technical questions and was available as a resource to providers as they completed the survey.

Survey Reviews

Once the response due date passed, Myers and Stauffer was responsible for compiling the submitted data. Myers and Stauffer did not perform any review of the submitted data as this was beyond the

scope of service requested by DHHS. All responses are based on submitted data. Incomplete submissions and outlier responses were excluded from the final compilation.

Survey Response Rates

The Department identified 347 HCBS providers who provide the services outlined in *Table 2*. *Table 3* provides a summary of survey responses.

Table 3. Provider Survey Responses

Provider Survey Responses	
Description	Total
Total providers identified as providing the selected service	347
Total submissions received	236
Incomplete submissions	154 ¹
Total viable submissions received for report	82 ²

¹Surveys without the majority of questions answered were determined incomplete.

²The following tables present the response rate by service code.

As several agencies provide multiple services identified in *Table 2*, some services were well represented in the submitted data. Conversely, due to the low response rate, many services were inadequately or not represented at all. *Table 4* and *Table 5* present the total number of agencies out of the 347 identified by DHHS who provide the selected services compared to the number of agencies who submitted data.

Table 4. Summary of Submissions by Procedure Code

Summary of Submissions by Procedure Code				
Procedure Code	Description	# Agencies in DHHS File ¹	# Respondents Who Provide Service ^{1,2}	# Results Used in Report ³
H0034	Medication Administration Assistance	5	5	4
H0038	Personal Budget Assistance	11	1	1
H0043	Adult Residential Services – Certified Independent Living Facility	8	2	1
S5125	Attendant Care Services or Personal Attendant Service	41	5	4
S5130	Homemaker Services	73	9	7
S5135	Companion Care Adult	52	3	2
S5150	Respite Care Services or Respite Care Services – Unskilled	24	6	4
S5170	Home Delivered Meals or Supplemental Meals (Liquid and Solid)	4	2	1
T1000	Extended State Plan Service – Private Duty Nursing	6	3	3

Summary of Submissions by Procedure Code				
Procedure Code	Description	# Agencies in DHHS File ¹	# Respondents Who Provide Service ^{1,2}	# Results Used in Report ³
T1005	Respite Care Services	13	5	4
T1016	Case Management	23	4	3
T1019	Personal Attendant Service – Agency Based	9	5	4
T1021	Supportive Maintenance, Home Health Aide or Certified Nurse Assist	26	15	13
T2003	Non-Medical Transportation	42	5	2
T2016	Adult Residential Services – (Licensed Assisted Living Facility, Memory Care Unit)	64	22	15
T2031	Adult Residential Services – (Licensed Community Residential Care)	155	49	36
T2040	Financial Management Services	2	2	1

¹Some discrepancies were noted in the agency names of the agencies who participated in the survey compared to the agency names listed in DHHS’s file. Name changes and turnover are common reasons for such discrepancies. Received data, if complete, were included in the results, but we did not reconcile the provider name changes to the state list. Data are presented based on the services represented by each service provider in their survey response.

²The total number of agencies who provide each service does not equal 347 because a single agency may preform multiple services.

³The number of agencies included in the report vary from agencies who responded due to outliers. All excluded data are identified in the respective procedure codes of Appendix B.

Table 5. Services with No Submitted Data by Procedure Code

Services with No Submitted Data by Procedure Code				
Procedure Code	Description	# Agencies in DHHS File ¹	# Respondents Who Provide Service ^{1,2}	# Results Used in Report ³
H0045	Respite Care – Overnight, Out of Home, Room and Board (R&B) Included	7	0	0
S5102	Adult Day Care (Adult Day Health)	3	0	0
T1027	Family Training and Counseling for Child Development	1	0	0
T2017	Habilitation Services	4	0	0
T2033	Adult Residential Services (Licensed Community Residential Care)	3	0	0

¹Some discrepancies were noted in the agency names of the agencies who participated in the survey compared to the agency names listed in DHHS’s file. Name changes and turnover are common reasons for such discrepancies. Received data, if complete, were included in the results, but we did not reconcile the provider name changes to the state list. Data are presented based on the services represented by each service provider in their survey response.

²The total number of agencies who provide each service does not equal 347 because a single agency may preform multiple services.

³The number of agencies included in the report vary from agencies who responded due to outliers. All excluded data are identified in the respective procedure codes of Appendix B.

Estimated Cost Calculation

For cost coverage analyses, data from the cost survey were used to calculate a total estimated cost per unit for each service. The total estimated cost per unit was calculated by compiling the reported service specific direct care costs and adding an overhead component. This composition is presented in *Table 8*. As presented in *Appendix B* for each procedure code, the direct care cost per unit calculated for each service represents the mean of the service specific direct wages, a calculated addition for employee benefits, and any reported service specific non-wage direct expense (such as travel, trainings, etc.).

The calculated overhead and employee benefit portions were also determined from the collected data. These components utilized all complete agency responses, regardless of service provided. Estimates were determined based on the aggregated mean of each agency’s percentage of overhead expenses to total operational expenses. *Table 6* summarizes the results compiled from the survey for the overhead and employee benefit percentages. Be advised, the agencies included in this study provide a wide array of services, which may require various degrees of overhead. In our experience, we generally see higher ratios of overhead for residential services because of the increased costs related to on-site supervision and 24/7 care. The detailed array by provider can be found in *Appendix A*.

Table 6. Overhead and Employee Benefit Statistics from the Cost Survey

Overhead and Employee Benefit Statistics from Cost Survey		
Category	Mean	Median
Overhead	34.61% ¹	38.31%
Employee Benefit	10.54% ²	10.83%

¹The mean Overhead percentage used to calculate total cost per unit in *Table 8*.

²The mean Employee Benefit used to calculate total direct care compensation as demonstrated in *Appendix B* for each service code.

The initial planned scope of this project was to use other available sources for an estimated overhead add-on in calculating the overall cost per unit. However, as the survey was developed, questions were added to the survey to collect information regarding overhead expenses, a decision approved by DHHS. Since sufficient data were collected through the cost survey, this information was used to calculate the estimated overhead cost in our analysis. For informational purposes, the overhead percentages from two separate Utah and Idaho HCBS cost survey projects are presented in *Table 7*.

Table 7. Other Program and State Overhead Percentages

Other Program and State Overhead Percentages				
State	UT	UT	ID	ID
Program	NCW ¹	DSPD ²	Adult DDA ³	TSC ⁴
Overhead %	58%	23%	51%	42%

¹NCW survey, completed in 2021, collected data for Adult Residential Services and Adult Residential Services with Memory Care services. The objective of the NCW survey was to collect cost data and propose a new rate methodology.

²Division of Services for People with Disabilities (DSPD) survey for Community Support Waiver services, completed in 2021, collected data for Day Support Group, Host Home Support, Motor Transportation Program, Professional Parent Supports, Residential Habilitation Support, and Supported Living services. Objective of the DSPD survey was to collect data to determine cost coverage.

³ Adult Developmental Disability Agencies (Adult DDA) survey collected data for Adult Day Health, Developmental Therapy Evaluation, and Individual and/or Group Developmental Therapy for Adults both Home/Community and Center based services.

⁴Targeted Service Coordinator (TSC) survey collected data for Plan Development, Service Coordination, and Crisis Assistance services.

Table 8 compares each service’s total estimated cost per unit, as discussed above, with their respective published reimbursement rates effective in state fiscal year 2022 and a calculated estimated cost coverage grouped by waiver. See Appendices C through E for the published rate schedules. The cost coverage divides the published reimbursement rate by the cost per unit. We caution interpretations on reimbursement sufficiency as all cost data are based on reported cost survey figures and the low response rate may distort central tendency measurements. No inflationary considerations were applied to the calculated cost as the study’s intent was to compare the estimated cost incurred in state year 2022 to the same period’s reimbursement rates.



Table 8. Service Cost per Unit and Cost Coverage

Service Cost per Unit and Cost Coverage									
Cost per Unit Calculation					Cost Coverage				
Procedure Code	Description and Unit	Direct Care Cost ¹	Overhead % of Total Cost	Total Cost Per Unit ⁶		Waiver Type			
						NCW	Aging	Children's	Technology
H0034	Medication Administration, 15 Min	\$26.62	34.61%	\$40.71	Published Rates	\$19.76			
					Cost Coverage	49%			
H0038	Personal Budget Assistance, 15 Min	\$1.98	34.61%	\$3.03	Published Rates	\$4.72	\$5.32		
					Cost Coverage	156%	176%		
H0043	Adult Residential Services – Certified Independent Living Facility, Per Day	\$6.64	34.61%	\$10.15	Published Rates	\$40.00			
					Cost Coverage	394%			
S5125	Attendant Care Services or Personal Attendant Service, Participant Employed, 15 Min	\$4.48	34.61%	\$6.86	Published Rates	\$5.32	\$4.62		
					Cost Coverage	78%	67%		
S5130	Homemaker Services, 15 Min	\$4.49	34.61%	\$6.86	Published Rates	\$6.21	\$6.91		
					Cost Coverage	91%	101%		
S5135	Companion Care Adult, 15 Min	\$3.25	34.61%	\$4.97	Published Rates		\$4.52		
					Cost Coverage		91%		
S5150	Respite Care Services or Respite Care Services– Unskilled, 15 Min	\$3.60	34.61%	\$5.51	Published Rates	\$7.01	\$5.64	\$5.32	
					Cost Coverage	127%	102%	97%	
S5170	Home Delivered Meals or Supplemental Meals (Liquid and Solid), Per Meal	\$1.60	34.61%	\$2.44	Published Rates	\$7.05	\$7.34		
					Cost Coverage	289%⁴	301%⁴		



Service Cost per Unit and Cost Coverage									
Cost per Unit Calculation					Cost Coverage				
Procedure Code	Description and Unit	Direct Care Cost ¹	Overhead % of Total Cost	Total Cost Per Unit ⁶		Waiver Type			
						NCW	Aging	Children's	Technology
T1000	Extended State Plan Service – Private Duty Nursing, 15 Min ²	\$17.51	34.61%	\$26.78	Published Rates				\$14.91
					Cost Coverage				56%
T1005	Respite Care Services, FMS ³	\$16.05	N/A ⁵	\$16.05	Published Rates			\$9.10	\$9.10
					Cost Coverage			57%	57%
T1005	Respite Care Services, Agency ³	\$16.87	34.61%	\$25.80	Published Rates			\$14.91	\$14.91
					Cost Coverage			58%	58%
T1016	Case Management, 15 Min	\$23.59	34.61%	\$36.07	Published Rates	\$20.00	\$20.87		
					Cost Coverage	55%	58%		
T1019	Personal Attendant Service; Agency Based, 15 Min	\$6.91	34.61%	\$10.57	Published Rates		\$6.91		
					Cost Coverage		65%		
T1021	Supportive Maintenance, Home Health Aide or Home Health Aide or Certified Nurse Assist, Per Hour	\$24.66	34.61%	\$37.70	Published Rates	\$49.43	\$49.43		\$49.43
					Cost Coverage	131%	131%		131%
T2003	Non-medical Transportation, One Way Trip	\$35.77	34.61%	\$54.71	Published Rates	\$14.94	\$14.95		
					Cost Coverage	27%	27%		
T2016	Adult Residential Services – (Licensed Assisted Living Facility, Memory Care Unit), Per Day	\$32.49	34.61%	\$49.68	Published Rates	\$82.60			
					Cost Coverage	166%			



Service Cost per Unit and Cost Coverage									
Cost per Unit Calculation					Cost Coverage				
Procedure Code	Description and Unit	Direct Care Cost ¹	Overhead % of Total Cost	Total Cost Per Unit ⁶		Waiver Type			
						NCW	Aging	Children's	Technology
T2031	Adult Residential Services (Assisted Living Facilities Level I, Level II, & Type N Facilities)	\$39.34	34.61%	\$60.17	Published Rates	\$69.75			
					Cost Coverage	116%			
T2040	Financial Management Services, Per Month	\$138.65	34.61%	\$212.04	Published Rates	\$48.00	\$95.24	\$51.67	\$48.00
					Cost Coverage	23%	45%	24%	23%

¹The direct care cost per unit for each service is calculated in Appendix B.

²The unit was not identified on the fee schedule. However, based on the service definition for services provided under the State Plan, the unit of service is 15-minutes.

³Procedure code T1005 has two rates. The rate of \$9.10 is paid for services provided under the family directed services model. The rate of \$14.91 is for services provided through an agency.

⁴The calculated cost coverage here is based on reported data and appears significantly high. However, based on a national provider's cost analysis for this service, \$7 a meal was found as this service's approximate cost, which is more comparable with Utah's reimbursement rate than the calculated cost.

⁵The FMS rate for procedure code T1005 is set to 63.7 percent of the agency based rate for this code to cover the wages for skilled nursing plus the employer payroll burden. The reduced rate for FMS is to account for absence of overhead under the family directed services model.

⁶The Total Cost per Unit is calculated with the overhead percentage of 34.61% as the percent of total cost (Direct Cost/(1 – Overhead %)) for each service. This is because the overhead expenses collected from providers were of total costs.

Based on the submitted data, the reimbursement rates exceed the calculated cost for 13 service codes but were less than cost for 20 codes. As demonstrated in footnote 5 for the above *Table 8*, some of these cost coverage calculations may be distorted through service specific characteristics not captured in the survey. The accompanying exhibit (Microsoft Excel workbook titled *HCBS Rate Study Cost Summaries*) and *Appendix B* contains the detail for the calculations in the above table.

As direct care wages are the preponderance of agencies' expenses and the main reason cited by providers for high employee turnover, a specific analysis of direct care wages to the reimbursement rate, with a consideration for employee benefits, is presented below. For

services reimbursed hourly or a fraction of an hour, the direct care wage in *Table 9* is the mean direct hourly wage based on the direct wages and hours collected in the cost survey for each service. The reimbursement rate was adjusted to an hour in this comparison for services reimbursed at a fraction of an hour, such as 15-minute units. The direct care wage for services with reimbursed units such as daily, per trip, or per meal is the direct mean unit cost based on the direct wages and total units reported. *Appendix B* contains the details and determinations of the mean wage for each service.

This comparison demonstrates the portion of the reimbursement rate used for direct care wages. Unlike the cost coverage table above, any percentages greater than 100 percent in the below table represents wages exceeding the reimbursement rate. For percentages greater than 100 percent, the percentage points beyond 100 percent represent the percentage increase in the reimbursement rate to meet the calculated hourly wage. A wage comparison was not performed for services with no reported data. Note that the “Total Direct + EB Comp” component in *Table 9* varies from the “Direct Care Cost” in *Table 8* because the Direct Wage Coverage excludes any non-wage direct costs identified in the cost surveys.

Table 9. Direct Wage Coverage

Direct Wage Coverage													
Adjusted Unit for Analysis	Procedure Code	Description	Average Direct Wage ⁵	Employee Benefit (EB) %	Total Direct + EB Comp	Waiver Type							
						NCW		Aging		Children’s		Technology	
						Comp % ¹	Sufficient? ²	Comp % ¹	Sufficient? ²	Comp % ¹	Sufficient? ²	Comp % ¹	Sufficient? ²
Hourly	H0034	Medication Administration	\$23.18	10.54%	\$25.62	32%	Yes						
Hourly	H0038	Personal Budget Assistance ³	\$0.00	10.54%	\$0.00	0%	N/A	0%	N/A				
Hourly	S5125	Attendant Care Services or Personal Attendant Service,	\$14.40	10.54%	\$15.92	75%	Yes	86%	Yes				



Direct Wage Coverage													
Adjusted Unit for Analysis	Procedure Code	Description	Average Direct Wage ⁵	Employee Benefit (EB) %	Total Direct + EB Comp	Waiver Type							
						NCW		Aging		Children's		Technology	
						Comp % ¹	Sufficient? ²	Comp % ¹	Sufficient? ²	Comp % ¹	Sufficient? ²	Comp % ¹	Sufficient? ²
		Participant Employed					Yes		Yes				
Hourly	S5130	Homemaker Services	\$16.55	10.54%	\$18.29	74%	Yes	66%	Yes				
Hourly	S5135	Companion Care Adult	\$13.81	10.54%	\$15.27			84%	Yes				
Hourly	T1000	Extended State Plan Service – Private Duty Nursing	\$32.19	10.54%	\$35.59							60%	Yes
Hourly	S5150	Respite Care Services or Respite Care Services – Unskilled	\$17.37	10.54%	\$19.20	68%	Yes	85%	Yes	90%	Yes		
Hourly	T1016	Case Management	\$43.60	10.54%	\$48.20	60%	Yes	58%	Yes				
Hourly	T1019	Personal Attendant Service; Agency Based	\$17.72	10.54%	\$19.58			71%	Yes				
Hourly	T1021	Supportive Maintenance, Home Health Aide or Home Health Aide or Certified Nurse Assist	\$20.37	10.54%	\$22.52	46%	Yes	46%	Yes			40%	Yes



Direct Wage Coverage													
Adjusted Unit for Analysis	Procedure Code	Description	Average Direct Wage ⁵	Employee Benefit (EB) %	Total Direct + EB Comp	Waiver Type							
						NCW		Aging		Children's		Technology	
						Comp % ¹	Sufficient? ²	Comp % ¹	Sufficient? ²	Comp % ¹	Sufficient? ²	Comp % ¹	Sufficient? ²
Per Day ⁴	H0043	Adult Residential Services – Certified Independent Living Facility	\$6.00	10.54%	\$6.64	17%	Yes						
Per Day ⁴	T2016	Adult Residential Services – (Licensed Assisted Living Facility, Memory Care Unit)	\$26.97	10.54%	\$29.81	36%	Yes						
Per Day ⁴	T2031	Adult Residential Services (Assisted Living Facilities Level I, Level II, & Type N Facilities)	\$28.42	10.54%	\$31.42	45%	Yes						
Per Month ⁴	T2040	Financial Management Services	\$68.87	10.54%	\$76.13	159%	No	80%	Yes	147%	No	159%	No
Per Meal ⁴	S5170	Home Delivered Meals or	\$0.00	10.54%	\$0.00	0%	N/A	0%	N/A				



Direct Wage Coverage													
Adjusted Unit for Analysis	Procedure Code	Description	Average Direct Wage ⁵	Employee Benefit (EB) %	Total Direct + EB Comp	Waiver Type							
						NCW		Aging		Children's		Technology	
						Comp % ¹	Sufficient? ²	Comp % ¹	Sufficient? ²	Comp % ¹	Sufficient? ²	Comp % ¹	Sufficient? ²
		Supplemental Meals (Liquid and Solid)											
FMS ⁴	T1005	Respite Care Services	\$58.09	10.54%	\$64.22					176%	No	176%	No
Agency ⁴											108%	No	108%
One Way Trip ⁴	T2003	Non-Medical Transportation	\$20.11	10.54%	\$22.23	149%	No	149%	No				

¹This column represents the percentage of compensation covered by the reimbursement rate.

²This column states, based on our calculations of the submitted data, if the reimbursement rate is sufficient to cover the direct wages plus employee benefit compensation for each service.

³No wage data reported. Only one agency provided data for this service code, however, all reported direct labor was contracted services.

⁴For services with a reimbursement unit not related to an hour, the average direct wage in the above table was calculated based on reported units so the comparison would directly relate to the reimbursement unit. Table 10 lists the hourly wage for the procedure codes not related to an hour. For services with a reimbursement rate of 15 min, the rate was multiplied by 4 to compare to the hourly wage.

For informational purposes, the calculated hourly wage based on the reported data for procedure codes with reimbursement units not related to an hour are presented below.

Table 10. Calculation of Hourly Direct Wage for Procedure Codes not Based on an Hourly Wage

Calculation of Hourly Direct Wage for Procedure Codes not Based on an Hourly Wage							
Procedure Code	H0043	S5170	T1005	T2003	T2016	T2031	T2040
Mean Hourly Direct Wage	\$11.94	\$12.08	\$27.99	\$14.33	\$16.47	\$19.38	\$21.69

As discussed in previous sections, very limited or no data were received for several procedure codes. For informational purposes, the below tables compare these procedure codes to the reimbursement rates for similar services and units from seven other states (Arizona, Colorado, California, Idaho, Nebraska, Nevada, and New Mexico). Arizona, California, Colorado, Idaho, Nevada, and New Mexico were chosen based on their proximity to Utah. Nebraska was used due to availability to the research team.

It is important to understand comparisons of service rates between states are problematic at best due to numerous factors such as, but not limited to, variation of service definitions for the same service and rate method factors not easily evident such as staffing ratio requirements.

Table 11. Reimbursement Rates Compared to Other State Data for Codes with No Submitted Data

Reimbursement Rates Compared to Other State Data for Codes with No Submitted Data					
Procedure Code	Description	Published Rates by Waiver Type			Other State Data
		NCW	Aged	Technology	
H0045	Respite Care – Overnight, Out of Home, Room and Board included or Respite Care Services – LTC Facility	\$138.50	\$203.02		\$284.46 – \$358.97
S5102	Adult Day Care (Adult Day Health) or Adult Day Health Services	\$37.66	\$43.24		\$42.00 – \$96.89
T1027	Family Training and Counseling for Child Development			\$17.45	\$29.75
T2017	Habilitation Services	\$22.65			\$25.00 – \$45.44
T2033	Adult Residential Services (Licensed Community Residential Care)	\$103.25			\$358.97

Table 12. Reimbursement Rates Compared to Other State Data for Codes with Very Low Response Rates

Reimbursement Rates Compared to Other State Data For Codes with Very Low Response Rates				
Procedure Code	Description	Published Rates by Waiver Type		Other State Data
		NCW	Aged	
H0038	Personal Budget Assistance ¹	\$4.72	\$5.32	N/A
S5125	Attendant Care Services or Personal Attendant Service, Participant Employed	\$5.32	\$4.62	\$4.63
S5130	Homemaker Services	\$6.21	\$6.91	\$3.75 – \$8.18
S5135	Companion Care Adult		\$4.52	\$2.00 – \$6.50
T1016	Case Management	\$20.00	\$20.87	\$9.94 – \$25.75
T2003	Non-medical Transportation, one way trip	\$14.94	\$14.95	\$31.67 – \$63.71

Reimbursement Rates Compared to Other State Data <i>For Codes with Very Low Response Rates</i>				
Procedure Code	Description	Published Rates by Waiver Type		Other State Data
		NCW	Aged	

¹No comparable out of state data were found for code H0038.

Disclaimers

Myers and Stauffer developed the cost survey in order to provide DHHS a tool to collect costs related to providing the selected services. The reliability of the data in this report may be impacted by several factors.

- *DHHS selected the HCBS procedure codes (services) and providers to survey.*
- *DHHS was responsible for identifying the providers who received notification.*
- *DHHS issued the survey notification to providers.*
- *Participation in the cost survey was voluntary. DHHS encouraged providers to participate, but no follow-up requests were made of agencies who did not provide data.*
- *Calculated cost is based on provider-submitted data. The survey collected total operational, administrative, salary, employee benefit, and service specific costs along with some non-cost related service delivery information for each identified procedure code. No data were collected for geographic, agency size, or other considerations that may affect the interpretation of the cost data.*
- *Myers and Stauffer did not audit or review any submitted data.*
- *Inconsistencies may exist in how providers reported costs on the survey. These inconsistencies may derive from the provider's size, allocation methodologies to service codes other than what is listed for this rate study, sophistication of accounting records, and/or interpretation of the survey requirements.*
- *Due to the number of responses received, the reported data may not be representative of the entire provider community*



Appendices

- *Appendix A: Overhead and Employee Benefit Arrays.*
- *Appendix B: Calculations per Procedure Code.*
- *Appendix C: NCW Fee Schedule.*
- *Appendix D: Aging Fee Schedule.*
- *Appendix E: Children's and Technology Rates.*

Utah Department of Health & Human Services
Medicaid Rate Study - Home and Community Based Services (HCBS)

Random ID#	Cost Survey - FY 2022 HCBS			Cost Survey - FY 2022 HCBS		
	Total Agency Expenses and Total Overhead Expenses			Total Agency Wage and Employee Benefit (EB) Expenses		
	Mean ¹	34.61%		Mean ¹	10.54%	
	Median ²	38.31%		Median ²	10.83%	
	Total Expenses	Total A&G Expenses	% A&G	Total Wages	Total EB	% EB
Agency 1	1,144,008	389,322	34.0%	890,497	140,328	15.8%
Agency 2	1,168,739	417,859	35.8%	612,613	138,267	22.6%
Agency 3	239,731	54,988	22.9%	144,180	13,270	9.2%
Agency 4	225,806	30,302	13.4%	173,730	21,775	12.5%
Agency 5	725,844	297,979	41.1%	422,900	39,565	9.4%
Agency 6	1,409,072	539,601	38.3%	832,963	98,467	11.8%
Agency 7	886,575	323,915	36.5%	545,910	56,762	10.4%
Agency 8	1,930,101	790,796	41.0%	1,040,414	136,659	13.1%
Agency 9	2,409,761	991,983	41.2%	1,182,487	112,356	9.5%
Agency 10	12,284,878	6,286,920	51.2%	5,088,467	909,491	17.9%
Agency 11	320,000	320,000	100.0%	168,000	19,000	11.3%
Agency 12	6,297	60,000	952.8%	41,146	-	0.0%
Agency 13	1,406,765	622,473	44.2%	719,441	64,851	9.0%
Agency 14	1,479,516	578,119	39.1%	889,572	79,422	8.9%
Agency 15	968,871	423,296	43.7%	548,238	35,859	6.5%
Agency 16	203,531	93,717	46.0%	109,814	-	0.0%
Agency 17	1,204,518	486,893	40.4%	689,969	67,288	9.8%
Agency 18	464,815	115,251	24.8%	349,564	-	0.0%
Agency 19	13,482	2,743	20.3%	13,482	585	4.3%
Agency 20	622,518	188,902	30.3%	318,636	35,687	11.2%
Agency 21	2,194,338	1,170,514	53.3%	1,023,824	35,695	3.5%
Agency 22	251,441	-	0.0%	147,671	-	0.0%
Agency 23	1,480,756	640,402	43.2%	840,354	77,654	9.2%
Agency 24	7,246,960	2,902,507	40.1%	4,736,244	811,012	17.1%
Agency 25	2,189,438	875,990	40.0%	1,411,418	218,440	15.5%
Agency 26	2,108,934	122,743	5.8%	30,876	1,884,384	6103.1%
Agency 27	5,880,509	3,060,727	52.0%	3,839,490	252,890	6.6%
Agency 28	642,156	41,574	6.5%	437,008	18,997	4.3%
Agency 29	1,521,205	372,744	24.5%	850,128	82,772	9.7%
Agency 30	2,954,977	741,480	25.1%	2,132,948	80,549	3.8%
Agency 31	436,554	10,000	2.3%	228,933	-	0.0%
Agency 32	349,694	324,074	92.7%	222,657	-	0.0%
Agency 33	1,188,162	528,767	44.5%	841,917	107,683	12.8%
Agency 34	24,775,000	6,887,000	27.8%	4,730,000	625,000	13.2%
Agency 35	382,526	93,052	24.3%	270,217	19,257	7.1%
Agency 36	6,083,938	4,444,960	73.1%	4,058,390	604,019	14.9%
Agency 37	320,922	65,496	20.4%	255,426	-	0.0%
Agency 38	4,449,886	2,160,626	48.6%	2,002,628	286,632	14.3%
Agency 39	3,855,218	1,732,455	44.9%	1,694,367	428,396	25.3%
Agency 40	3,723,741	1,638,554	44.0%	1,848,870	236,318	12.8%
Agency 41	7,126,088	3,623,131	50.8%	2,935,778	567,179	19.3%
Agency 42	3,855,903	1,677,401	43.5%	1,929,751	248,750	12.9%
Agency 43	4,280,202	1,906,609	44.5%	2,137,583	236,010	11.0%
Agency 44	4,099,499	1,672,216	40.8%	2,189,563	237,720	10.9%
Agency 45	4,206,250	2,618,876	62.3%	1,206,083	381,290	31.6%

Random ID#	Cost Survey - FY 2022 HCBS			Cost Survey - FY 2022 HCBS		
	Total Agency Expenses and Total Overhead Expenses			Total Agency Wage and Employee Benefit (EB) Expenses		
	Total Expenses	Total A&G Expenses	% A&G	Total Wages	Total EB	% EB
			Mean ¹ 34.61%			Mean ¹ 10.54%
			Median ² 38.31%			Median ² 10.83%
Agency 46	5,740,895	2,840,805	49.5%	2,393,489	506,600	21.2%
Agency 47	9,366,706	3,232,886	34.5%	4,920,903	1,212,917	24.6%
Agency 48	828,750	377,750	45.6%	451,000	-	0.0%
Agency 49	202,381	49,240	24.3%	84,343	1,301	1.5%
Agency 50	15,832,114	773,024	4.9%	11,884,088	1,779,411	15.0%
Agency 51	2,098,697	962,743	45.9%	708,471	118,481	16.7%
Agency 52	1,806,481	665,029	36.8%	1,091,002	135,358	12.4%
Agency 53	1,264,962	495,357	39.2%	750,126	78,681	10.5%
Agency 54	614,822	280,459	45.6%	329,774	29,596	9.0%
Agency 55	488,515	226,323	46.3%	177,386	14,472	8.2%
Agency 56	566,083	221	0.0%	184,335	16,679	9.0%
Agency 57	1,035,793	431,117	41.6%	542,318	56,629	10.4%
Agency 58	148,955	73,610	49.4%	158,557	3,718	2.3%
Agency 59	1,778,298	503,493	28.3%	1,212,509	62,296	5.1%
Agency 60	1,976,019	636,784	32.2%	1,306,504	118,252	9.1%
Agency 61	706,855	303,815	43.0%	397,121	33,139	8.3%
Agency 62	326,466	26,699	8.2%	190,361	17,332	9.1%
Agency 63	1,481,209	562,793	38.0%	918,416	229,604	25.0%
Agency 64	2,723,095	4,420,436	162.3%	4,037,477	4,024,224	99.7%
Agency 65	1,402,096	108,727	7.8%	957,888	34,392	3.6%
Agency 66	3,341,569	93,352	2.8%	1,823,249	218,178	12.0%
Agency 67	2,945,089	246,572	8.4%	1,355,337	171,372	12.6%
Agency 68	806,180	36,525	4.5%	442,251	55,992	12.7%
Agency 69	4,260,796	295,034	6.9%	1,776,729	231,931	13.1%
Agency 70	4,189,908	301,451	7.2%	1,729,546	215,100	12.4%
Agency 71	689,575	71,201	10.3%	343,114	43,779	12.8%
Agency 72	2,073,115	712,281	34.4%	1,325,805	125,962	9.5%
Agency 73	1,563,949	667,288	42.7%	1,168,093	173,966	14.9%
Agency 74	533,397	4,786	0.9%	261,793	21,987	8.4%
Agency 75	2,061,498	789,810	38.3%	1,230,646	132,919	10.8%
Agency 76	2,261,503	783,045	34.6%	1,433,706	150,890	10.5%
Agency 77	624,300	234,804	37.6%	359,829	29,667	8.2%
Agency 78	1,094,062	112,885	10.3%	556,734	56,158	10.1%
Agency 79	1,371,646	547,459	39.9%	800,086	82,652	10.3%
Agency 80	2,370,410	903,852	38.1%	1,440,090	131,426	9.1%
Agency 81	1,169,714	613,868	52.5%	543,255	51,120	9.4%
Agency 82	17,772,946	4,878,766	27.5%	11,120,894	10,562,849	95.0%

¹The "trimmean" function is used to address outliers at both ends of the range. The threshold is set to 25% , which excludes 20 responses (the 10 largest and the 10 smallest) from the mean.

²The "median" excludes all zero responses.

Appendix B

Procedure Code H0034: Medication Administration

Direct Care Costs per Unit

						Mean	\$ 26.62
						Median	\$ 24.74
10.54% Total Employee Benefit (EB) %							
Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expense	Total Direct Costs	Billed Units	Direct Cost Per Unit
Agency 4	\$ 1,560	\$ 164	\$ -	\$ 308	\$ 2,032	96	\$ 21.17
Agency 10	\$ 88,020	\$ 9,279	\$ -	\$ 11,005	\$ 108,304	5,722	\$ 18.93
Agency 20	\$ 125,311	\$ 13,211	\$ -	\$ 9,545	\$ 148,067	5,231	\$ 28.30
Agency 49	\$ 83,702	\$ 8,824	\$ -	\$ -	\$ 92,526	2,429	\$ 38.09

Excluded due to unreasonable result:

Agency 8	371,567	\$ 39,171	\$ -	\$ 13,074	\$ 423,812	29	\$ 14,614.20
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Direct Wage Coverage

Waiver	Rate	Unit
New Choices Waiver	\$ 19.76	15 Min

Mean	\$ 23.18	\$ 79.04	29%	\$ 25.62	32%
Median	\$ 21.80	\$ 79.04	28%	\$ 24.10	30%
Respondent	Hourly Wage	NCW Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Total Direct Hourly + EB Compensation	NCW Compensation % of Hourly Reimbursement
Agency 8	\$ 24.54	\$ 79.04	31%	\$ 27.13	34%
Agency 10	\$ 36.00	\$ 79.04	46%	\$ 39.80	50%
Agency 20	\$ 13.12	\$ 79.04	17%	\$ 14.50	18%
Agency 49	\$ 19.06	\$ 79.04	24%	\$ 21.07	27%

Excluded due to unreasonable result for Hourly Wage:

Agency 4	\$ 52.00	\$ 79.04	66%	\$ 57.48	73%
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Additional Agency Commentary Submitted

Respondent	Comment
Agency 10	The total billed units provided above are for all payor sources (Medicare, Insurance, Medicaid, etc)

Procedure Code H0038: Personal Budget Assistance

Direct Care Costs per Unit

						Mean	\$ 1.98
						Median	\$ 1.98
10.54% Total Employee Benefit (EB) %							
Respondent	Direct Wages ¹	EB Portion	Contract Expenses	Non-Wage Direct Expenses	Total Direct Costs	Billed Units	Direct Cost Per Unit
Agency 12	\$ -	\$ -	\$ 41,146	\$ 13,500	\$ 54,646	27,600	\$ 1.98

Direct Wage Coverage

Waiver	Rate	Unit
New Choices Waiver	\$ 4.72	15 Min
Aging	\$ 5.32	15 Min

Mean	\$ -	\$ -	0%	\$ -	0%	0%	0%
Median	\$ -	\$ -	0%	\$ -	0%	0%	0%
Respondent	Direct Wage per Unit ¹	NCW Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Aging Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	NCW Compensation % of Hourly Reimbursement	Aging Compensation % of Hourly Reimbursement
None							

Excluded due to unreasonable result:

Agency 12	\$ 1.49	\$ 18.88	8%	\$ 21.28	7%	8%	7%
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Additional Agency Commentary Submitted

Respondent	Comment
Agency 12	All of our employees are 1099 contractors. We work across different waivers that pay different amounts per unit. I did my best to estimate total billed units from all payor sources.

¹No direct wages were reported as this agency only uses contractors to provide services. For the Direct Wage Coverage section, contracted expenses were used to calculate the Direct Wager per Unit.

Appendix B

Procedure Code H0043: Adult Residential Services - Certified Independent Living Facility

Direct Care Costs per Unit

						Mean	\$ 6.64
10.54% Total Employee Benefit (EB) %						Median	\$ 6.64
Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expense	Total Direct Costs	Total Census Days	Direct Cost Per Unit
Agency 81	\$ 178,386	\$ 18,806	\$ -	\$ -	\$ 197,192	29,708	\$ 6.64 ¹

Excluded due to insufficient data:

Agency 45	\$ -	\$ -	\$ -	\$ -	\$ -	52,570	\$ -
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Direct Wage Coverage

Waiver	Rate	Unit
New Choices Waiver	\$ 40.00	Per Day

Respondent	Direct Wage Per Unit	NCW Reimbursement	Wage % of Reimbursement	Total Direct Wage + EB Compensation	NCW Comp % of Hourly Reimbursement
Agency 81	\$ 6.00	\$ 40.00	15%	\$ 6.64	17%

Excluded due to insufficient data:

Agency 45	\$ -	\$ 40.00	0%	\$ -	0%
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Additional Agency Commentary Submitted

None

Procedure Code S5125: Attendant care Services or Personal Attendant Service

Direct Care Costs per Unit

						Mean	\$ 4.48
						Median	\$ 4.48
10.54% Total Employee Benefit (EB) %							
Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expenses	Total Direct Costs	Billed Units	Direct Cost Per Unit
Agency 4	\$ 154,281	\$ 16,265	\$ -	\$ 3,985	\$ 174,530	33,072	\$ 5.28
Agency 50	\$ 2,412,907	\$ 254,373	\$ -	\$ -	\$ 2,667,280	723,205	\$ 3.69

Excluded due to insufficient data:

Agency 33	\$ -	\$ -	\$ -	\$ -	\$ -	?	\$ -
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Excluded due to unreasonable result:

Agency 58	\$ 4,320	\$ 455	\$ -	\$ 147,298	\$ 152,073	381	\$ 399.17
Agency 73	\$ 9,414	\$ 992	\$ -	\$ 1,869	\$ 12,276	216	\$ 56.83

Direct Wage Coverage

Waiver	Rate	Unit
New Choices Waiver	\$ 5.32	15 Min
Aging	\$ 4.62	15 Min

Respondent	Hourly Wage	NCW Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Aging Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Total Direct Hourly + EB Compensation	NCW Compensation % of Hourly Reimbursement	Aging Compensation % of Hourly Reimbursement
Mean	\$ 14.40	\$ 21.28	68%	\$ 18.48	78%	\$ 15.92	75%	86%
Median	\$ 13.80	\$ 21.28	65%	\$ 18.48	75%	\$ 15.26	72%	83%
Agency 4	\$ 18.66	\$ 21.28	88%	\$ 18.48	101%	\$ 20.63	97%	112%
Agency 50	\$ 13.35	\$ 21.28	63%	\$ 18.48	72%	\$ 14.75	69%	80%
Agency 58	\$ 11.34	\$ 21.28	53%	\$ 18.48	61%	\$ 12.53	59%	68%
Agency 73	\$ 14.26	\$ 21.28	67%	\$ 18.48	77%	\$ 15.77	74%	85%

Excluded due to insufficient data:

Agency 33	\$ -	\$ 21.28	0%	\$ 18.48	0%	\$ -	0%	0%
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Additional Agency Commentary Submitted

Respondent	Comment
Agency 33	I have no way of breaking down costs and expenses per service. I am currently allowed to bill out S5125 at \$5.32/unit (1/4 hour - or \$21.28/hour). These rates are so low (we bill private pay clients at \$32 - \$36 per hour) that we cannot accept any New Choices Waiver clients anymore. We pay our caregivers from \$15 to \$17 per hour plus overtime. Our burden rate per hour for caregivers is about 10%, which includes taxes and workers' comp - this does not include overhead. We are losing money on New Choices Waiver clients.
Agency 73	This has been a difficult code to keep staffed due to reimbursement. We are not able to staff shifts that we cannot pay direct care staff high enough for.

Procedure Code S5130: Homemaker Services

Direct Care Costs per Unit

10.54% Total Employee Benefit (EB) %						Mean	\$ 4.49
						Median	\$ 4.64
Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expenses	Total Direct Costs	Billed Units	Direct Cost Per Unit
Agency 1	\$ 9,250	\$ 975	\$ -	\$ -	\$ 10,226	2,700	\$ 3.79
Agency 4	\$ 42,694	\$ 4,501	\$ -	\$ 1,465	\$ 48,660	9,152	\$ 5.32
Agency 22	\$ 281	\$ 30	\$ -	\$ 11	\$ 322	81	\$ 3.97
Agency 50	\$ 56,480	\$ 5,954	\$ -	\$ -	\$ 62,434	11,181	\$ 5.58
Agency 73	\$ 815	\$ 86	\$ -	\$ 166	\$ 1,066	390	\$ 2.73
Agency 82	\$ 12,000	\$ 1,265	\$ -	\$ 1,200	\$ 14,465	2,616	\$ 5.53

Excluded due to insufficient data:

Agency 33	\$ -	\$ -	\$ -	?	\$ -	?	\$ -
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Excluded due to unreasonable result:

Agency 10	\$ 36,022	\$ 3,798	\$ -	\$ 3,242	\$ 43,062	2,814	\$ 15.30
Agency 58	\$ 412	\$ 43	\$ -	\$ 147,298	\$ 147,753	412	\$ 358.97

Direct Wage Coverage

Waiver	Rate	Unit
New Choices Waiver	\$ 6.21	15 Min
Aging	\$ 6.91	15 Min

Respondent	Hourly Wage	NCW Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Aging Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Total Direct Hourly + EB Compensation	NCW Compensation % of Hourly Reimbursement	Aging Compensation % of Hourly Reimbursement
Mean	\$ 16.55	\$ 24.84	67%	\$ 27.64	60%	\$ 18.29	74%	66%
Median	\$ 16.00	\$ 24.84	64%	\$ 27.64	58%	\$ 17.69	71%	64%
Agency 1	\$ 13.70	\$ 24.84	55%	\$ 27.64	50%	\$ 15.14	61%	55%
Agency 4	\$ 18.66	\$ 24.84	75%	\$ 27.64	68%	\$ 20.63	83%	75%
Agency 10	\$ 16.00	\$ 24.84	64%	\$ 27.64	58%	\$ 17.69	71%	64%
Agency 22	\$ 15.00	\$ 24.84	60%	\$ 27.64	54%	\$ 16.58	67%	60%
Agency 50	\$ 20.21	\$ 24.84	81%	\$ 27.64	73%	\$ 22.34	90%	81%
Agency 73	\$ 13.91	\$ 24.84	56%	\$ 27.64	50%	\$ 15.38	62%	56%
Agency 82	\$ 18.35	\$ 24.84	74%	\$ 27.64	66%	\$ 20.28	82%	73%

Excluded due to insufficient data:

Agency 33	\$ -	\$ 24.84	0%	\$ 27.64	0%	\$ -	0%	0%
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Excluded due to unreasonable result:

Agency 58	\$ 0.10	\$ 24.84	0%	\$ 27.64	0%	\$ 0.11	0%	0%
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Additional Agency Commentary Submitted

Respondent	Comment
Agency 33	I have no way of breaking down costs and expenses per service. I am currently allowed to bill out S5130 at \$6.22/unit (1/4/hour) or \$24.88/hour. These rates are so low (we bill private pay clients at \$32 - \$36 per hour) that we cannot accept any New Choices Waiver clients anymore. We pay our caregivers from \$15 to \$17 per hour plus overtime. Our burden rate per hour for caregivers is about 10%, which includes taxes and workers' comp - this does not include overhead. We are losing money on New Choices Waiver clients.
Agency 73	This has been a code that is difficult to staff due to limitations on wage and non wage expenses in relation to reimbursement.

Appendix B

Procedure Code S5135: Companion Care Adult

Direct Care Costs per Unit

						Mean	\$ 3.25
						Median	\$ 3.25
10.54% Total Employee Benefit (EB) %							
Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expenses	Total Direct Costs	Billed Units	Direct Cost Per Unit
Agency 1	\$ 11,620	\$ 1,225	\$ -	\$ 33	\$ 12,878	3,343	\$ 3.85
Agency 73	\$ 1,104	\$ 116	\$ -	\$ 228	\$ 1,448	546	\$ 2.65

Excluded due to insufficient data:

Agency 58	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -
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Direct Wage Coverage

Waiver	Rate	Unit
Aging	\$ 4.52	15 Min

Mean	\$ 13.81	\$ 18.08	76%	\$ 15.27	84%
Median	\$ 13.81	\$ 18.08	76%	\$ 15.27	84%
Respondent	Hourly Wage	Aging Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Total Direct Hourly + EB Compensation	Aging Compensation % of Hourly Reimbursement
Agency 1	\$ 13.90	\$ 18.08	77%	\$ 15.37	85%
Agency 73	\$ 13.72	\$ 18.08	76%	\$ 15.17	84%

Excluded due to insufficient data:

Agency 58	\$ -	\$ 18.08	0%	\$ -	0%
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Additional Agency Commentary Submitted

Respondent	Comment
Agency 73	This has been a code that is difficult to staff due to limitations on wage and non-wage expenses in relation to reimbursement.

Procedure Code S5150: Respite Care Services - Unskilled

Direct Care Costs per Unit

							Mean	\$ 3.60
							Median	\$ 3.58
10.54% Total Employee Benefit (EB) %								
Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expenses	Total Direct Costs	Billed Units	Direct Cost Per Unit	
Agency 1	\$ 4,443	\$ 468	\$ -	\$ 12	\$ 4,924	1,247	\$ 3.95	
Agency 50	\$ 79,362	\$ 8,366	\$ -	\$ -	\$ 87,728	24,478	\$ 3.58	
Agency 73	\$ 351	\$ 37	\$ -	\$ 55	\$ 443	135	\$ 3.28	

Excluded due to insufficient data:

Agency 33	\$ -	\$ -	\$ -	?	\$ -	?	\$ -
Agency 58	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -

Excluded due to unreasonable result:

Agency 36	\$ 3,686	\$ 389	\$ -	\$ 480	\$ 4,555	152	\$ 29.96
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Direct Wage Coverage

Waiver	Rate	Unit
New Choices Waiver	\$ 7.01	15 Min
Aging	\$ 5.64	15 Min
Children's	\$ 5.32	15 Min

Mean	\$ 17.37	\$ 28.04	62%	\$ 22.56	77%	\$ 21.28	82%	\$ 19.20	68%	85%	90%
Median	\$ 16.13	\$ 28.04	58%	\$ 22.56	71%	\$ 21.28	76%	\$ 17.83	64%	79%	84%
Respondent	Hourly Wage	NCW Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Aging Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Children's Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Total Direct Hourly + EB Compensation	NCW Compensation % of Hourly Reimbursement	Aging Comp % of Hourly Reimbursement	Children's Compensation % of Hourly Reimbursement
Agency 1	\$ 14.25	28.04	51%	\$ 22.56	63%	\$ 21.28	67%	\$ 15.75	56%	70%	74%
Agency 36	\$ 24.25	28.04	86%	\$ 22.56	107%	\$ 21.28	114%	\$ 26.81	96%	119%	126%
Agency 50	\$ 12.97	28.04	46%	\$ 22.56	57%	\$ 21.28	61%	\$ 14.34	51%	64%	67%
Agency 73	\$ 18.00	28.04	64%	\$ 22.56	80%	\$ 21.28	85%	\$ 19.90	71%	88%	94%

Excluded due to insufficient data:

Agency 33	\$ -	28.04	0%	\$ 22.56	0%	\$ 21.28	0%	\$ -	0%	0%	0%
Agency 58	\$ -	28.04	0%	\$ 22.56	0%	\$ 21.28	0%	\$ -	0%	0%	0%

Additional Agency Commentary Submitted

Respondent	Comment
Agency 33	I have no way of breaking down costs and expenses per service. I am currently allowed to bill out S5150 at \$7.01/unit (1/4 hour) or \$28.04/hour. I don't actually know if we ended up billing any respite care in 2022. If we did, it was very minimal, maybe about 20 hours total for the year.
Agency 36	Even though many of our clients could be authorized and could use this service, we haven't been offering it due to the cost to the agency. We lose money on this service.
Agency 73	This has been a code that is difficult to staff due to limitations on wage and non-wage expenses in relation to reimbursement.

Procedure Code S5170: Home Delievered Meals or Supplemental Meals (Liquid and Solid)

Direct Care Costs per Unit

10.54% Total Employee Benefit (EB) %						Mean	\$ 1.60
						Median	\$ 1.60
Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expenses	Total Direct Costs	Billed Units (Meals Served)	Direct Cost per Unit
Agency 34	\$ 1,700,000	\$ 179,217	\$ 4,425,000	\$ 570,000	\$ 6,874,217	4,305,000	\$ 1.60

Excluded due to insufficient data:

Agency 50	\$ -	\$ -	\$ -	\$ 140,311	\$ 140,311	Unknown	\$ -
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Direct Wage Coverage

Waiver	Rate	Unit
New Choices Waiver	\$ 7.05	Per Meal
Aging	\$ 7.34	Per Meal

Mean	\$ -	\$ -	\$ -	0%	\$ -	0%	\$ -	0%	0%
Median	\$ -	\$ -	\$ -	0%	\$ -	0%	\$ -	0%	0%
Respondent	Direct Wages Per Unit	Hourly Wage	NCW Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Aging Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Total Direct Hourly + EB Compensation	NCW Compensation % of Hourly Reimbursement	Aging Compensation % of Hourly Reimbursement
None									

Excluded due to insufficient data:

Agency 50	\$ -	\$ -	\$ 28.20	0%	\$ 29.36	0%	\$ -	0%	0%
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Excluded due to unreasonable result:

Agency 34	\$ 0.39	\$ 1.58	\$ 28.20	6%	\$ 29.36	5%	\$ 1.75	6%	6%
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Additional Agency Commentary Submitted

Respondent	Comment
Agency 50	We don't track number of meals served.

Appendix B

Procedure Code T1000: Extended State Plan Service - Private Duty Nursing

Direct Care Costs per Unit

						Mean	\$ 17.51
10.54% Total Employee Benefit %						Median	\$ 17.51
Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expenses	Total Direct Costs	Billed Units	Direct Cost per Unit
Agency 36	\$ 2,002,455	\$ 211,103	\$ -	\$ 292,301	\$ 2,505,859	92,497	\$ 27.09
Agency 82	\$ 221,049	\$ 23,303	\$ -	\$ 15,600	\$ 259,952	32,748	\$ 7.94

Excluded due to unreasonable result:

Agency 58	\$ 3,115	\$ 328	\$ -	\$ 147,298	\$ 150,742	65 - Select Health T1001	\$ -
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Direct Wage Coverage

Waiver	Rate	Unit
Technology	\$ 14.91	15 Min ¹

Respondent	Hourly Wage	Technology Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Total Direct Hourly + EB Compensation	Technology Compensation % of Hourly Reimbursement
Agency 36	\$ 21.65	\$ 59.64	36%	\$ 23.93	40%
Agency 58	\$ 47.93	\$ 59.64	80%	\$ 52.98	89%
Agency 82	\$ 27.00	\$ 59.64	45%	\$ 29.85	50%

Additional Agency Commentary Submitted

None

¹The unit was not identified on the fee schedule. However, based on the service definition for services provided under State Plan, the unit of service is 15-minutes.

Procedure Code T1005: Respite Care Services

Direct Care Costs per Unit

10.54% Total Employee Benefit (EB) %							Mean	\$ 16.87
							Median	\$ 15.40
Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expenses	Total Direct Costs	Billed Units	Direct Cost per Unit	
Agency 30	\$ 5,402	\$ 569	\$ -	\$ -	\$ 5,971	697	\$ 8.57	
Agency 36	\$ 423,429	\$ 44,639	\$ -	\$ 61,360	\$ 529,428	18,832	\$ 28.11	
Agency 37	\$ 305	\$ 32	\$ -	\$ -	\$ 337	15	\$ 22.11	
Agency 50	\$ 114,154	\$ 12,034	\$ -	\$ -	\$ 126,188	14,527	\$ 8.69	

Excluded due to unreasonable result:

Agency 10	\$ 17,367	\$ 1,831	\$ -	\$ 1,596	\$ 20,794	45,778	\$ 0.45	
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Direct Wage Coverage

Waiver	Rate	Unit
Children's	\$ 9.10	FMS
Technology	\$ 9.10	FMS

Respondent	Direct Wages Per Unit	Hourly Wage	Children's Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Technology Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Total Direct Hourly + EB Compensation	Children's Compensation % of Hourly Reimbursement	Technology Compensation % of Hourly Reimbursement
Mean	\$ 14.52	\$ 58.09	\$ 36.40	160%	\$ 36.40	160%	\$ 64.22	176%	176%
Median	\$ 13.93	\$ 55.72	\$ 36.40	153%	\$ 36.40	153%	\$ 61.59	169%	169%
Agency 30	\$ 7.75	\$ 31.00	\$ 36.40	85%	\$ 36.40	85%	\$ 34.27	94%	94%
Agency 36	\$ 22.48	\$ 89.94	\$ 36.40	247%	\$ 36.40	247%	\$ 99.42	273%	273%
Agency 37	\$ 20.00	\$ 80.00	\$ 36.40	220%	\$ 36.40	220%	\$ 88.43	243%	243%
Agency 50	\$ 7.86	\$ 31.43	\$ 36.40	86%	\$ 36.40	86%	\$ 34.75	95%	95%

Excluded due to unreasonable result:

Agency 10	\$ 0.38	\$ 1.52	\$ 36.40	4%	\$ 36.40	4%	\$ 1.68	5%	5%
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Waiver	Rate	Unit
Children's	\$ 14.91	Agency
Technology	\$ 14.91	Agency

Respondent	Direct Wages Per Unit	Hourly Wage	Children's Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Technology Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Total Direct Hourly + EB Compensation	Children's Compensation % of Hourly Reimbursement	Technology Compensation % of Hourly Reimbursement
Mean	\$ 14.52	\$ 58.09	\$ 59.64	97%	\$ 59.64	97%	\$ 64.22	108%	108%
Median	\$ 13.93	\$ 55.72	\$ 59.64	93%	\$ 59.64	93%	\$ 61.59	103%	103%
Agency 30	\$ 7.75	\$ 31.00	\$ 59.64	52%	\$ 59.64	52%	\$ 34.27	57%	57%
Agency 36	\$ 22.48	\$ 89.94	\$ 59.64	151%	\$ 59.64	151%	\$ 99.42	167%	167%
Agency 37	\$ 20.00	\$ 80.00	\$ 59.64	134%	\$ 59.64	134%	\$ 88.43	148%	148%
Agency 50	\$ 7.86	\$ 31.43	\$ 59.64	53%	\$ 59.64	53%	\$ 34.75	58%	58%

Excluded due to unreasonable result:

Agency 10	\$ 0.38	\$ 1.52	\$ 59.64	3%	\$ 59.64	3%	\$ 1.68	3%	3%
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Additional Agency Commentary Submitted

None

Procedure Code T1016: Case Management

Direct Care Costs per Unit

10.54% Total Employee Benefit (EB)%						Mean	\$ 23.59
						Median	\$ 25.30
Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expenses	Total Direct Costs	Billed Units	Direct Cost per Unit
Agency 3	\$ 52,022	\$ 5,484	\$ -	\$ 878	\$ 58,383	3,295	\$ 17.72
Agency 19 ¹	\$ -	\$ -	\$ 3,675	\$ 1,066	\$ 4,741	187	\$ 25.30
Agency 26	\$ 58,071	\$ 6,122	\$ 71,549	\$ 410	\$ 136,152	4,908	\$ 27.74

Excluded due to unreasonable result:

Agency 18	\$ 349,564	\$ 36,852	\$ -	\$ 102,000	\$ 488,415	4,000	\$ 122.10
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Direct Wage Coverage

Waiver	Rate	Unit
New Choices Waiver	\$ 20.00	15 Min
Aging	\$ 20.87	15 Min

Respondent	Hourly Wage	NCW Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Aging Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Total Direct Hourly + EB Compensation	NCW Compensation % of Hourly Reimbursement	Aging Compensation % of Hourly Reimbursement
Mean	\$ 43.60	\$ 80.00	55%	\$ 83.48	52%	\$ 48.20	60%	58%
Median	\$ 42.96	\$ 80.00	54%	\$ 83.48	51%	\$ 47.49	59%	57%
Agency 3	\$ 42.96	\$ 80.00	54%	\$ 83.48	51%	\$ 47.49	59%	57%
Agency 18	\$ 51.71	\$ 80.00	65%	\$ 83.48	62%	\$ 57.16	71%	68%
Agency 26	\$ 36.14	\$ 80.00	45%	\$ 83.48	43%	\$ 39.95	50%	48%

Excluded due to insufficient data:

Agency 19	\$ -	\$ 80.00	0%	\$ 83.48	0%	\$ -	0%	0%
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Additional Agency Commentary Submitted

Respondent	Comment
Agency 18	I apologize but some of my answers above are approximate responses; specifically, the last answer. If you could tell me in advance what you want me to track, I am more than happy to do so. Otherwise, I am working 'backwards' to arrive at the answer. Secondly, the non-billable hours associated with NCW has steadily increased. If the legislative would consider allotting administrative fees for the NCW, similar to Aging Waiver, that would be helpful. Presently, when we are working and not able to bill for our time, it's a significant loss.

¹No direct wages reported.

Procedure Code T1019: Personal Attendant Service - Agency Based

Direct Care Costs per Unit

10.54% Total Employee Benefit (EB) %						Mean	\$ 6.91
						Median	\$ 3.97
Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expenses	Total Direct Costs	Billed Units	Direct Cost per Unit
Agency 1	\$ 20,257	\$ 2,136	\$ -	\$ 57	\$ 22,449	5,653	\$ 3.97
Agency 58	\$ 11,358	\$ 1,197	\$ -	\$ 147,298	\$ 159,853	11,358	\$ 14.07
Agency 73	\$ 109,839	\$ 11,579	\$ -	\$ 22,797	\$ 144,216	53,703	\$ 2.69

Excluded due to unreasonable result:

Agency 37	\$ 5,594	\$ 590	\$ -	\$ -	\$ 6,184	81	\$ 76.56
Agency 82	\$ 180,000	\$ 18,976	\$ -	\$ 92,000	\$ 290,976	972	\$ 299.36

Direct Wage Coverage

Waiver	Rate	Unit
Aging	\$ 6.91	15 Min

Respondent	Hourly Wage	Aging Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Total Direct Hourly + EB Compensation	Aging Compensation % of Hourly Reimbursement
Mean	\$ 17.72	\$ 27.64	64%	\$ 19.58	71%
Median	\$ 14.31	\$ 27.64	52%	\$ 15.82	57%
Agency 1	\$ 14.33	\$ 27.64	52%	\$ 15.85	57%
Agency 37	\$ 14.28	\$ 27.64	52%	\$ 15.78	57%
Agency 58	\$ 28.62	\$ 27.64	104%	\$ 31.63	114%
Agency 73	\$ 13.64	\$ 27.64	49%	\$ 15.07	55%

Excluded due to unreasonable result:

Agency 82	\$ 185.19	\$ 27.64	670%	\$ 204.71	741%
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Additional Agency Commentary Submitted

Respondent	Comment
Agency 73	Taking into account T1019UN as care for multiple people, though usually cared for individually, just in the same home. Though this is a provider code that is very much needed in the community, it has become increasingly difficult to keep consistent caregivers on clients. We pay between \$12.50 and \$14.50 an hour, which is not competing well with other industries.

Procedure Code T1021: Supportive Maintenance, HH Aide or HHA or Certified Nurse Assist

Direct Care Cost per Unit

Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expenses	Total Direct Costs	Total Hours	Direct Cost per Unit	Mean	\$ 24.66
								Median	\$ 23.57
10.54% Total Employee Benefit (EB) %									
Agency 1	\$ 374,411	\$ 39,471	\$ -	\$ 14,976	\$ 428,858	25,036	\$ 17.13		
Agency 3	\$ 41,475	\$ 4,372	\$ -	\$ 2,141	\$ 47,988	1,070	\$ 44.85		
Agency 10	\$ 108,269	\$ 11,414	\$ -	\$ 16,497	\$ 136,180	39,065	\$ 3.49		
Agency 22	\$ 450	\$ 47	\$ -	\$ 99	\$ 597	23	\$ 26.52		
Agency 27	\$ 134,471	\$ 14,176	\$ -	\$ 16,360	\$ 165,007	7,329	\$ 22.51		
Agency 35	\$ 1,687	\$ 178	\$ -	\$ 403	\$ 2,268	104	\$ 21.86		
Agency 36	\$ 39,087	\$ 4,121	\$ -	\$ 527	\$ 43,735	1,559	\$ 28.05		
Agency 64	\$ 235,073	\$ 24,782	\$ -	\$ 87,162	\$ 347,017	9,599	\$ 36.15		
Agency 73	\$ 376,084	\$ 39,647	\$ -	\$ 64,218	\$ 479,949	22,456	\$ 21.37		
Agency 82	\$ 89,280	\$ 9,412	\$ -	\$ 11,214	\$ 109,906	4,464	\$ 24.62		

Excluded due to insufficient data:

Agency 59	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		
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Excluded due to unreasonable result:

Agency 24	\$ 2,127	\$ 224	\$ -	\$ 273,349	\$ 275,701	121	\$ 2,269.27		
Agency 25	\$ 3,715	\$ 392	\$ -	\$ 88,281	\$ 92,388	217	\$ 425.42		
Agency 58	\$ 84,237	\$ 8,880	\$ -	\$ 147,298	\$ 240,415	135	\$ 1,780.85		
Agency 63	\$ 971,094	\$ 102,375	\$ 359,345	\$ 203,448	\$ 1,636,261	15,178	\$ 107.81		

Direct Wage Coverage

Waiver	Rate	Unit
New Choices Waiver	\$ 49.43	Per Hour
Aging	\$ 49.43	Per Hour

Mean	\$ 20.37	\$ 49.43	41%	\$ 49.43	41%	\$ 22.52	46%	46%
Median	\$ 18.44	\$ 49.43	37%	\$ 49.43	37%	\$ 20.38	41%	41%
Respondent	Hourly Wage	NCW Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Aging Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Total Direct Hourly + EB Compensation	NCW Compensation % of Hourly Reimbursement	Aging Compensation % of Hourly Reimbursement
Agency 1	\$ 15.58	\$ 49.43	32%	\$ 49.43	32%	\$ 17.22	35%	35%

Appendix B

Procedure Code T1021: Supportive Maintenance, HH Aide or HHA or Certified Nurse Assist												
Agency 3	\$	18.44	\$	49.43	37%	\$	49.43	37%	\$	20.38	41%	41%
Agency 10	\$	18.77	\$	49.43	38%	\$	49.43	38%	\$	20.75	42%	42%
Agency 22	\$	15.00	\$	49.43	30%	\$	49.43	30%	\$	16.58	34%	34%
Agency 24	\$	19.57	\$	49.43	40%	\$	49.43	40%	\$	21.63	44%	44%
Agency 25	\$	18.00	\$	49.43	36%	\$	49.43	36%	\$	19.90	40%	40%
Agency 27	\$	18.00	\$	49.43	36%	\$	49.43	36%	\$	19.90	40%	40%
Agency 35	\$	15.09	\$	49.43	31%	\$	49.43	31%	\$	16.68	34%	34%
Agency 36	\$	23.02	\$	49.43	47%	\$	49.43	47%	\$	25.45	51%	51%
Agency 63	\$	35.91	\$	49.43	73%	\$	49.43	73%	\$	39.70	80%	80%
Agency 64	\$	30.89	\$	49.43	62%	\$	49.43	62%	\$	34.14	69%	69%
Agency 73	\$	16.57	\$	49.43	34%	\$	49.43	34%	\$	18.32	37%	37%
Agency 82	\$	20.00	\$	49.43	40%	\$	49.43	40%	\$	22.11	45%	45%

Excluded due to insufficient data:

Agency 59	\$	-	\$	49.43	0%	\$	49.43	0%	\$	-	0%	0%
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Excluded due to unreasonable result:

Agency 58	\$	50.77	\$	49.43	103%	\$	49.43	103%	\$	56.13	114%	114%
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Waiver	Rate	Unit
Technology	\$ 49.43	Per Visit

1

	Mean	\$	17.85	\$	49.43	36%	\$	19.73	40%
	Median	\$	18.60	\$	49.43	38%	\$	20.57	42%
Respondent	Direct Wage per Unit	Technology Hourly Reimbursement	Hourly Wage % of Hourly Reimbursement	Total Direct Wage + EB Compensation	Technology Compensation % of Hourly Reimbursement				
Agency 1	\$ 18.84	\$ 49.43	38%	\$ 20.83	42%				
Agency 3	\$ 20.74	\$ 49.43	42%	\$ 22.92	46%				
Agency 10	\$ 6.93	\$ 49.43	14%	\$ 7.66	15%				
Agency 22	\$ 15.00	\$ 49.43	30%	\$ 16.58	34%				
Agency 24	\$ 15.88	\$ 49.43	32%	\$ 17.55	36%				
Agency 25	\$ 14.63	\$ 49.43	30%	\$ 16.17	33%				
Agency 27	\$ 18.35	\$ 49.43	37%	\$ 20.28	41%				
Agency 35	\$ 20.32	\$ 49.43	41%	\$ 22.46	45%				
Agency 36	\$ 25.07	\$ 49.43	51%	\$ 27.71	56%				
Agency 64	\$ 18.37	\$ 49.43	37%	\$ 20.30	41%				
Agency 73	\$ 20.10	\$ 49.43	41%	\$ 22.22	45%				
Agency 82	\$ 20.00	\$ 49.43	40%	\$ 22.11	45%				

Excluded due to insufficient data:

Agency 59	\$	-	\$	49.43	0%	\$	-	0%
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Appendix B

Procedure Code T1021: Supportive Maintenance, HH Aide or HHA or Certified Nurse Assist

Excluded due to unreasonable result:

Agency 58	\$ 623.98	\$ 49.43	1262%	\$ 689.76	1395%
Agency 63	\$ 76.78	\$ 49.43	155%	\$ 84.87	172%

Additional Agency Commentary Submitted

Respondent	Comment
Agency 59	You do not pay HH agencies for aid services, only PT or RN services
Agency 73	This is the code we do the most. We do pay all caregivers a minimum of 1 hour for this code, even if the visit ends at 50 minutes. This code can allow us to pay CNA's appropriately, but as soon as the shift is longer than 1.5 hours, it becomes difficult to afford to do as an agency. However, some people truly do need the full 2 hours to get proper care and bathing completed.

¹Under the Technology Dependent waiver the unit is visit but per the rate sheets for NCW and Aging, the unit is per hour.

Procedure Code T2003: Non-Medical Transportation

Direct Care Costs per Unit

						Mean	\$ 35.77
						Median	\$ 35.77
10.54% Total Employee Benefit %							
Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expenses	Total Direct Costs	Billed Units	Direct Cost per Unit
Agency 4	\$ 8,733	\$ 921	\$ -	\$ 685	\$ 10,339	289	\$ 35.77

Excluded due to insufficient data:

Agency 33	\$ -	\$ -	\$ -	?	\$ -	?	\$ -
Agency 37	\$ -	\$ -	\$ -	\$0.565 per mile	\$ -	357	\$ -
Agency 73	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -

Excluded due to unreasonable result:

Agency 58	\$ 590	\$ 62	\$ -	\$ 147,298	\$ 147,950	59	\$ 2,507.63
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Direct Wage Coverage

Waiver	Rate	Unit
New Choices Waiver	\$ 14.94	One Way Trip
Aging	\$ 14.95	One Way Trip

Mean	\$ 20.11	\$ 14.94	135%	\$ 14.95	135%	\$ 22.23	149%	149%
Median	\$ 20.11	\$ 14.94	135%	\$ 14.95	135%	\$ 22.23	149%	149%
Respondent	Direct Wages Per Unit	NCW Reimbursement	Direct Wage Per Unit % of Reimbursement	Aging Reimbursement	Wage % of Reimbursement	Total Direct + EB Compensation	NCW Compensation % of Reimbursement	Aging Compensation % of Reimbursement
Agency 4	\$ 30.22	\$ 14.94	202%	\$ 14.95	202%	\$ 33.40	224%	223%
Agency 58	\$ 10.00	\$ 14.94	67%	\$ 14.95	67%	\$ 11.05	74%	74%

Excluded due to insufficient data:

Agency 33	\$ -	\$ 14.94	0%	\$ 14.95	0%	\$ -	0%	0%
Agency 37	\$ -	\$ 14.94	0%	\$ 14.95	0%	\$ -	0%	0%
Agency 73	\$ -	\$ 14.94	0%	\$ 14.95	0%	\$ -	0%	0%

Additional Agency Commentary Submitted

Respondent	Comment
Agency 33	I have no way of breaking down costs and expenses per service. I am currently allowed to bill out T2003 at \$14.94/unit (trip). We only have one New Choices Waiver client at the moment, and she rarely uses this service.
Agency 37	When a caregiver provides transportation, their time/hours are billed under the Attendant Care (S5125) or Adult Companion (S5135) codes. The majority of trips made are two one-ways, one round trip. Miles vary depending on where the client is transported (grocery shopping, errands, etc.)
Agency 73	We do not do this code often, though we are contracted for it.

Appendix B

Procedure Code T2016: Adult Residential Services - (Licensed Assisted Living Facility, Memory Care Unit)

Direct Care Costs per Unit

10.54% Total Employee Benefit (EB) %						Mean	\$ 32.49
						Median	\$ 22.25
Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expenses	Total Direct Costs	Total Census Days	Direct Cost Per Unit
Agency 7	\$ 261,735	\$ 27,593	\$ 33,940	\$ -	\$ 323,267	7,450	\$ 43.39
Agency 9	\$ 138,008	\$ 14,549	\$ -	\$ 22,779	\$ 175,336	3,278	\$ 53.49
Agency 13	\$ 80,000	\$ 8,434	\$ -	\$ 40,000	\$ 128,434	1,460	\$ 87.97
Agency 38	\$ 293,007	\$ 30,889	\$ 80,442	\$ 35,794	\$ 440,133	29,548	\$ 14.90
Agency 39	\$ 337,154	\$ 35,543	\$ 16,483	\$ 26,232	\$ 415,412	31,873	\$ 13.03
Agency 40	\$ 227,244	\$ 23,956	\$ -	\$ 16,470	\$ 267,671	25,466	\$ 10.51
Agency 41	\$ 515,769	\$ 54,373	\$ 216,812	\$ 62,633	\$ 849,587	43,129	\$ 19.70
Agency 42	\$ 260,903	\$ 27,505	\$ 22,963	\$ 32,407	\$ 343,778	24,808	\$ 13.86
Agency 43	\$ 260,011	\$ 27,411	\$ -	\$ 26,777	\$ 314,199	28,685	\$ 10.95
Agency 46	\$ 484,504	\$ 51,077	\$ 39,528	\$ 39,445	\$ 614,555	41,710	\$ 14.73
Agency 47	\$ 793,878	\$ 83,692	\$ 125,419	\$ 13,805	\$ 1,016,794	12,799	\$ 79.44
Agency 51	\$ 609,319	\$ 64,236	\$ -	\$ -	\$ 673,555	27,168	\$ 24.79
Agency 60	\$ 678,052	\$ 71,482	\$ 2,022	\$ -	\$ 751,555	21,445	\$ 35.05
Agency 72	\$ 606,979	\$ 63,989	\$ 103,890	\$ -	\$ 774,858	23,487	\$ 32.99

Excluded due to insufficient data:

Agency 11	\$ 168,000	\$ 17,711	\$ 7,200	\$ 2,000	\$ 194,911	Unknown	\$ -
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Excluded due to unreasonable result:

Agency 21	\$ 1,023,824	\$ 107,933	\$ 20,911	\$ 1,170,514	\$ 2,323,182	17,664	\$ 131.52
Agency 28	\$ 16,606	\$ 1,751	\$ -	\$ -	\$ 18,357	5,840	\$ 3.14
Agency 44	\$ 4,099,499	\$ 432,177	\$ 2,189,563	\$ 237,720	\$ 6,958,958	30,106	\$ 231.15
Agency 52	\$ 29,961	\$ 3,159	\$ -	\$ -	\$ 33,120	17,552	\$ 1.89
Agency 65	\$ 42,147	\$ 4,443	\$ -	\$ -	\$ 46,590	8,395	\$ 5.55
Agency 75	\$ 16,375	\$ 1,726	\$ 1,047	\$ -	\$ 19,148	24,074	\$ 0.80
Agency 76	\$ 29,273	\$ 3,086	\$ 1,195	\$ -	\$ 33,555	26,306	\$ 1.28

Appendix B

Procedure Code T2016: Adult Residential Services - (Licensed Assisted Living Facility, Memory Care Unit)

Direct Wage Coverage

Waiver	Rate	Unit
New Choices Waiver	\$ 82.60	Per Day

Respondent	Direct Wages Per Unit	NCW Reimbursement	Wage % of Reimbursement	Total Direct + EB Compensation	NCW Compensation % of Hourly Reimbursement
Agency 7	\$ 35.13	\$ 82.60	43%	\$ 38.84	47%
Agency 9	\$ 42.10	\$ 82.60	51%	\$ 46.54	56%
Agency 13	\$ 54.79	\$ 82.60	66%	\$ 60.57	73%
Agency 21	\$ 57.96	\$ 82.60	70%	\$ 64.07	78%
Agency 38	\$ 9.92	\$ 82.60	12%	\$ 10.96	13%
Agency 39	\$ 10.58	\$ 82.60	13%	\$ 11.69	14%
Agency 40	\$ 8.92	\$ 82.60	11%	\$ 9.86	12%
Agency 41	\$ 11.96	\$ 82.60	14%	\$ 13.22	16%
Agency 42	\$ 10.52	\$ 82.60	13%	\$ 11.63	14%
Agency 43	\$ 9.06	\$ 82.60	11%	\$ 10.02	12%
Agency 46	\$ 11.62	\$ 82.60	14%	\$ 12.84	16%
Agency 47	\$ 62.03	\$ 82.60	75%	\$ 68.57	83%
Agency 51	\$ 22.43	\$ 82.60	27%	\$ 24.79	30%
Agency 60	\$ 31.62	\$ 82.60	38%	\$ 34.95	42%
Agency 72	\$ 25.84	\$ 82.60	31%	\$ 28.57	35%

Excluded due to insufficient data:

Agency 11	\$ -	\$ 82.60	0%	\$ -	0%
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Excluded due to unreasonable result:

Agency 28	\$ 2.84	\$ 82.60	3%	\$ 3.14	4%
Agency 44	\$ 136.17	\$ 82.60	165%	\$ 150.52	182%
Agency 52	\$ 1.71	\$ 82.60	2%	\$ 1.89	2%
Agency 65	\$ 5.02	\$ 82.60	6%	\$ 5.55	7%
Agency 75	\$ 0.68	\$ 82.60	1%	\$ 0.75	1%
Agency 76	\$ 1.11	\$ 82.60	1%	\$ 1.23	1%

Additional Agency Commentary Submitted

Procedure Code T2016: Adult Residential Services - (Licensed Assisted Living Facility, Memory Care Unit)

Respondent	Comment
Agency 21	We don't track everything in a way that is easy to calculate to answer your questions. Some of the answers are exact some are close estimates. We don't track depreciation as the operator. The owens accountant tracts depreciation. I also estimated on the percentage of principle vs interest on the mortgage payment. That is paid through us but we don't see the breakdowns. If needed I can track all that down through the owners CPA.

Procedure Code T2031: Adult Residential Services (Assisted Living Facilities Level I, Level II, & Type N Facilities)
Direct Care Costs per Unit

						Mean	\$	39.34
10.54% Total Employee Benefit %						Median	\$	32.75
Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expenses	Total Direct Costs	Total Census Days	Direct Cost per Unit	
Agency 5	\$ 178,341	\$ 18,801	\$ 45,382	\$ -	\$ 242,524	8,523	\$ 28.46	
Agency 6	\$ 360,415	\$ 37,996	\$ 62,283	\$ -	\$ 460,694	15,060	\$ 30.59	
Agency 9	\$ 414,027	\$ 43,648	\$ -	\$ 93,725	\$ 551,400	6,946	\$ 79.38	
Agency 13	\$ 453,000	\$ 47,756	\$ 47,919	\$ 85,000	\$ 633,675	12,410	\$ 51.06	
Agency 20	\$ 128,940	\$ 13,593	\$ -	\$ 9,239	\$ 151,772	5,274	\$ 28.78	
Agency 29	\$ 428,742	\$ 45,199	\$ -	\$ 72,008	\$ 545,949	18,273	\$ 29.88	
Agency 31	\$ 228,933	\$ 24,135	\$ -	\$ 12,176	\$ 265,244	4,398	\$ 60.31	
Agency 38	\$ 623,321	\$ 65,712	\$ 208,639	\$ 208,639	\$ 1,106,310	29,548	\$ 37.44	
Agency 39	\$ 275,046	\$ 28,996	\$ 15,669	\$ 26,232	\$ 345,943	31,873	\$ 10.85	
Agency 40	\$ 397,676	\$ 41,924	\$ -	\$ 16,470	\$ 456,070	25,466	\$ 17.91	
Agency 41	\$ 796,517	\$ 83,970	\$ 334,829	\$ 62,633	\$ 1,277,949	43,129	\$ 29.63	
Agency 42	\$ 571,973	\$ 60,299	\$ 36,311	\$ 32,407	\$ 700,990	24,808	\$ 28.26	
Agency 43	\$ 450,820	\$ 47,526	\$ -	\$ 26,777	\$ 525,123	28,685	\$ 18.31	
Agency 44	\$ 526,260	\$ 55,479	\$ 141,215	\$ 53,900	\$ 776,854	30,106	\$ 25.80	
Agency 46	\$ 914,732	\$ 96,433	\$ 36,156	\$ 39,445	\$ 1,086,767	41,710	\$ 26.06	
Agency 48	\$ 451,000	\$ 47,545	\$ -	\$ 377,750	\$ 876,296	8,030	\$ 109.13	
Agency 51	\$ 609,319	\$ 64,236	\$ -	\$ -	\$ 673,555	27,168	\$ 24.79	
Agency 55	\$ 177,386	\$ 18,700	\$ -	\$ 3,000	\$ 199,087	5,840	\$ 34.09	
Agency 56	\$ 201,013	\$ 21,191	\$ 24,283	\$ -	\$ 246,487	3,488	\$ 70.67	
Agency 57	\$ 272,126	\$ 28,688	\$ -	\$ -	\$ 300,814	12,230	\$ 24.60	
Agency 60	\$ 678,052	\$ 71,482	\$ 2,022	\$ -	\$ 751,555	21,445	\$ 35.05	
Agency 61	\$ 201,938	\$ 21,289	\$ 30,273	\$ -	\$ 253,500	9,423	\$ 26.90	
Agency 62	\$ 148,361	\$ 15,641	\$ -	\$ 3,020	\$ 167,021	2,866	\$ 58.28	
Agency 66	\$ 900,192	\$ 94,900	\$ 28,797	\$ 63,971	\$ 1,087,860	31,423	\$ 34.62	
Agency 67	\$ 645,576	\$ 68,058	\$ 830	\$ 62,506	\$ 776,970	23,900	\$ 32.51	
Agency 68	\$ 245,189	\$ 25,848	\$ -	\$ 256,911	\$ 527,948	9,931	\$ 53.16	
Agency 69	\$ 1,041,155	\$ 109,761	\$ 26,974	\$ 77,667	\$ 1,255,557	36,434	\$ 34.46	
Agency 70	\$ 974,429	\$ 102,726	\$ -	\$ 76,468	\$ 1,153,623	34,174	\$ 33.76	
Agency 71	\$ 343,114	\$ 36,172	\$ 1,295	\$ 6,000	\$ 386,581	6,120	\$ 63.17	
Agency 72	\$ 606,979	\$ 63,989	\$ 103,890	\$ -	\$ 774,858	23,487	\$ 32.99	
Agency 74	\$ 283,780	\$ 29,917	\$ -	\$ -	\$ 313,697	4,642	\$ 67.58	
Agency 79	\$ 385,399	\$ 40,629	\$ -	\$ -	\$ 426,028	20,716	\$ 20.57	

Appendix B

Procedure Code T2031: Adult Residential Services (Assisted Living Facilities Level I, Level II, & Type N Facilities)

Excluded due to unreasonable result:

Agency 8	\$ 372,246	\$ 39,243	\$ -	\$ 108,373	\$ 519,862	365	\$ 1,424.28
Agency 14	\$ 33,956	\$ 3,580	\$ -	\$ -	\$ 37,536	17,363	\$ 2.16
Agency 15	\$ 55,418	\$ 5,842	\$ -	\$ -	\$ 61,260	13,144	\$ 4.66
Agency 16	\$ 27,453	\$ 2,894	\$ 600	\$ -	\$ 30,948	3,285	\$ 9.42
Agency 17	\$ 103,623	\$ 10,924	\$ -	\$ -	\$ 114,547	17,398	\$ 6.58
Agency 23	\$ 763,644	\$ 80,505	\$ 9,682	N/A	\$ 853,830	27	\$ 31,623.35
Agency 28	\$ 83,906	\$ 8,845	\$ -	\$ -	\$ 92,751	5,840	\$ 15.88
Agency 32	\$ 222,657	\$ 23,473	\$ -	\$ 127,037	\$ 373,167	365	\$ 1,022.38
Agency 52	\$ 54,653	\$ 5,762	\$ -	\$ -	\$ 60,415	17,552	\$ 3.44
Agency 53	\$ 104,629	\$ 11,030	\$ -	\$ -	\$ 115,659	12,236	\$ 9.45
Agency 54	\$ 6,704	\$ 707	\$ -	\$ -	\$ 7,411	10,140	\$ 0.73
Agency 65	\$ 136,020	\$ 14,339	\$ -	\$ -	\$ 150,360	8,395	\$ 17.91
Agency 75	\$ 64,450	\$ 6,794	\$ 4,122	\$ -	\$ 75,366	24,074	\$ 3.13
Agency 76	\$ 102,444	\$ 10,800	\$ 4,183	\$ -	\$ 117,427	26,306	\$ 4.46
Agency 77	\$ 359,829	\$ 37,934	\$ 4,223	\$ 459	\$ 402,444	23	\$ 17,497.58
Agency 78	\$ 556,734	\$ 58,692	\$ 8,290	\$ 3,447	\$ 627,162	42	\$ 14,932.43
Agency 80	\$ 28,812	\$ 3,037	\$ 3,187	\$ -	\$ 35,036	25,615	\$ 1.37

Direct Wage Coverage

Waiver	Rate	Unit
New Choices Waiver	\$ 69.75	Per Day

Respondent	Direct Wages Per Unit	NCW Reimbursement	Wage % of Reimbursement	Total Direct + EB Compensation	NCW Compensation % of Hourly Reimbursement
Agency 5	\$ 20.92	\$ 69.75	30%	\$ 23.13	33%
Agency 6	\$ 23.93	\$ 69.75	34%	\$ 26.45	38%
Agency 9	\$ 59.61	\$ 69.75	85%	\$ 65.89	94%
Agency 13	\$ 36.50	\$ 69.75	52%	\$ 40.35	58%
Agency 16	\$ 8.36	\$ 69.75	12%	\$ 9.24	13%
Agency 20	\$ 24.45	\$ 69.75	35%	\$ 27.03	39%
Agency 28	\$ 14.37	\$ 69.75	21%	\$ 15.88	23%
Agency 29	\$ 23.46	\$ 69.75	34%	\$ 25.94	37%
Agency 31	\$ 52.05	\$ 69.75	75%	\$ 57.54	82%
Agency 38	\$ 21.10	\$ 69.75	30%	\$ 23.32	33%
Agency 39	\$ 8.63	\$ 69.75	12%	\$ 9.54	14%
Agency 40	\$ 15.62	\$ 69.75	22%	\$ 17.26	25%

Appendix B

Procedure Code T2031: Adult Residential Services (Assisted Living Facilities Level I, Level II, & Type N Facilities)

Agency 41	\$ 18.47	\$ 69.75	26%	\$ 20.42	29%
Agency 42	\$ 23.06	\$ 69.75	33%	\$ 25.49	37%
Agency 43	\$ 15.72	\$ 69.75	23%	\$ 17.37	25%
Agency 44	\$ 17.48	\$ 69.75	25%	\$ 19.32	28%
Agency 46	\$ 21.93	\$ 69.75	31%	\$ 24.24	35%
Agency 48	\$ 56.16	\$ 69.75	81%	\$ 62.09	89%
Agency 51	\$ 22.43	\$ 69.75	32%	\$ 24.79	36%
Agency 53	\$ 8.55	\$ 69.75	12%	\$ 9.45	14%
Agency 55	\$ 30.37	\$ 69.75	44%	\$ 33.58	48%
Agency 56	\$ 57.63	\$ 69.75	83%	\$ 63.71	91%
Agency 57	\$ 22.25	\$ 69.75	32%	\$ 24.60	35%
Agency 60	\$ 31.62	\$ 69.75	45%	\$ 34.95	50%
Agency 61	\$ 21.43	\$ 69.75	31%	\$ 23.69	34%
Agency 62	\$ 51.77	\$ 69.75	74%	\$ 57.22	82%
Agency 65	\$ 16.20	\$ 69.75	23%	\$ 17.91	26%
Agency 66	\$ 28.65	\$ 69.75	41%	\$ 31.67	45%
Agency 67	\$ 27.01	\$ 69.75	39%	\$ 29.86	43%
Agency 68	\$ 24.69	\$ 69.75	35%	\$ 27.29	39%
Agency 69	\$ 28.58	\$ 69.75	41%	\$ 31.59	45%
Agency 70	\$ 28.51	\$ 69.75	41%	\$ 31.52	45%
Agency 71	\$ 56.06	\$ 69.75	80%	\$ 61.97	89%
Agency 72	\$ 25.84	\$ 69.75	37%	\$ 28.57	41%
Agency 74	\$ 61.13	\$ 69.75	88%	\$ 67.58	97%
Agency 79	\$ 18.60	\$ 69.75	27%	\$ 20.57	29%

Excluded due to unreasonable result:

Agency 8	\$ 1,019.85	\$ 69.75	1462%	\$ 1,127.37	1616%
Agency 14	\$ 1.96	\$ 69.75	3%	\$ 2.16	3%
Agency 15	\$ 4.22	\$ 69.75	6%	\$ 4.66	7%
Agency 17	\$ 5.96	\$ 69.75	9%	\$ 6.58	9%
Agency 23	\$ 28,283.09	\$ 69.75	40549%	\$ 31,264.75	44824%
Agency 32	\$ 610.02	\$ 69.75	875%	\$ 674.33	967%
Agency 52	\$ 3.11	\$ 69.75	4%	\$ 3.44	5%
Agency 54	\$ 0.66	\$ 69.75	1%	\$ 0.73	1%
Agency 75	\$ 2.68	\$ 69.75	4%	\$ 2.96	4%
Agency 76	\$ 3.89	\$ 69.75	6%	\$ 4.30	6%
Agency 77	\$ 15,644.73	\$ 69.75	22430%	\$ 17,294.03	24794%
Agency 78	\$ 13,255.56	\$ 69.75	19004%	\$ 14,652.99	21008%
Agency 80	\$ 1.12	\$ 69.75	2%	\$ 1.24	2%

Additional Agency Commentary Submitted

None

Procedure Code T2040: Financial Management Services

Direct Care Costs per Unit

						Mean	\$ 138.65
						Median	\$ 138.65
10.54% Total Employee Benefit %							
Respondent	Direct Wages	EB Portion	Contract Expenses	Non-Wage Direct Expenses	Total Direct Costs	Billed Units	Direct Cost Per Unit
Agency 2	\$ 612,613	\$ 64,583	\$ -	\$ 556,126	\$ 1,233,322	8,895	\$ 138.65

Excluded due to insufficient data:

Agency 50	\$ -	\$ -	\$ -	NA	\$ -	3,418	\$ -
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Direct Wage Coverage

Waiver	Rate	Unit
New Choices Waiver	\$ 48.00	Per Month
Aging	\$ 95.24	Per Month

Mean	\$ 68.87	\$ 48.00	143%	\$ 95.24	72%	\$ 76.13	159%	80%
Median	\$ 68.87	\$ 48.00	143%	\$ 95.24	72%	\$ 76.13	159%	80%
Respondent	Direct Wages Per Unit ¹	NCW Reimbursement	Wage % of Reimbursement	Aging Reimbursement	Wage % of Reimbursement	Total Direct + EB Compensation	NCW Compensation % of Reimbursement	Aging Compensation % of Reimbursement
Agency 2	\$ 68.87	\$ 48.00	143%	\$ 95.24	72%	\$ 76.13	159%	80%

Excluded due to insufficient data:

Agency 50	\$ -	\$ 48.00	0%	\$ 95.24	0%	\$ -	0%	0%
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Waiver	Rate	Unit
Children's	\$ 51.67	Monthly FMS
Technology	\$ 48.00	Monthly FMS

Mean	\$ 68.87	\$ 51.67	133%	\$ 48.00	143%	\$ 76.13	147%	159%
Median	\$ 68.87	\$ 51.67	133%	\$ 48.00	143%	\$ 76.13	147%	159%
Respondent	Direct Wages Per Unit ¹	Children's Reimbursement	Wage % of Reimbursement	Technology Reimbursement	Wage % of Reimbursement	Total Direct + EB Compensation	Children's Compensation % of Reimbursement	Technology Compensation % of Reimbursement
Agency 2	\$ 68.87	\$ 51.67	133%	\$ 48.00	143%	\$ 76.13	147%	159%

Excluded due to insufficient data:

Agency 50	\$ -	\$ 51.67	0%	\$ 48.00	0%	\$ -	0%	0%
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Additional Agency Commentary Submitted

Respondent	Comment
Agency 2	Longer description of non-wage expenses: Includes employer taxes (FICA, Medicare, SUTA, FUTA, and workers compensation) and benefits on top of the wages for those providing this service. It also includes non-payroll costs such as EVV implementation costs, rent, postage, telecommunications, and a share of corporate overhead such banking and audit fees and additional support from corporate employees not allocated directly to UT based based on the total gross revenue from that state.
Agency 50	FMS Fees, 1 unit = 1 monthly fee

Appendix C

HCPCS CODE	SERVICE/PROCEDURE	UNIT OF SERVICE	PROGRAM IDENTIFIER (REQUIRED)	UTILIZATION MODIFIERS	FY 2022 MAXIMUM ALLOWABLE BASE RATE
H0034	Medication Administration Assistance - Medication Set-up	15 minute	U8	None	\$19.76
H0038	Personal Budget Assistance	15 minute	U8	None	\$4.72
H0043	Adult Residential Services - (Certified Independent Living Facilities)	Per day	U8	None	\$40.00
H0045	Respite Care - Out of Home - Room and Board Included	Per day	U8	None	\$138.50
S0215	Transportation - Non-Medical - mile	Per mile	U8	TN (optional)	\$0.38
S5102	Adult Day Care (Adult Day Health)	Per day	U8	None	\$37.66
S5108	Consumer Preparation Services	Per Hour	U8	TN (optional)	\$13.88
S5115	Caregiver Training	15 minute	U8	TN (optional)	\$4.88
S5120	Chore Services	Per episode	U8	TN (optional)	\$500.00
S5125	Attendant Care Services	15 minute	U8	TN (optional)	\$5.32
S5130	Homemaker Services	15 minute	U8	TN (optional)	\$6.21
S5150	Respite Care Services	15 minute	U8	TN (optional)	\$7.01
S5151	Respite Client's Home (6 or more hours)	Per day	U8	TN (optional)	\$56.72
S5160	Personal Emergency Response System installation, testing & removal, base	Each	U8	None	\$50.00
S5161	Personal Emergency Response Systems response center service	Per month	U8	None	\$39.00
S5162	Personal Emergency Response Systems purchase, rental & repair	Each	U8	None	\$223.78
S5165	Environmental Accessibility Adaptations (Home Modifications)	Per episode	U8	None	\$2,000.00
S5170	Home Delivered Meals	Per meal	U8	TN (optional)	\$7.05
S5185	Medication Administration Assistance - Medication Reminder System (Not face to face)	Per month	U8	None	\$49.00
T1016	Case Management	15 minute	U8	TN (optional)	\$20.00
T2024	Pre-Enrollment Case Management	15 minute	U8	TN (optional)	\$20.00
T1021	Supportive Maintenance (Home Health Aide) Services	Per hour	U8	None	\$49.43
T2003	Transportation - Non-Medical - one way trip	one way trip	U8	TN (optional)	\$14.94
T2004	Transportation - Non-Medical - Public Transit Pass	Per month	U8	None	\$110.25
T2016	Adult Residential Services - (Licensed Assisted Living Facilities, Memory Care Unit)	Per day	U8	None	\$82.60
T2017	Habilitation Services	Per hour	U8	None	\$22.65
T2028	Assistive Technology Devices	Per Item	U8	None	\$2,000.00
T2029	Specialized Medical Equipment, Supplies and Supplements	Each	U8	None	\$500.00
T2031	Adult Residential Services (Licensed Assisted Living Facilities Level I, Level II & Type N Facilities)	Per day	U8	None	\$69.75
T2033	Adult Residential Services - (Licensed Community Residential Care)	Per day	U8	None	\$103.25
T2038	Community Transition Services	Per service	U8	None	\$1,000.00
T2039	Environmental Accessibility Adaptations (Vehicle Modifications)	Per episode	U8	None	\$2,000.00
T2040	Financial Management Services	Per month	U8	None	\$48.00

**WAIVER FOR INDIVIDUALS AGE 65 AND OLDER
CODES AND RATES
EFFECTIVE JULY 1, 2020¹**

PROGRAM	HCPCS PROCEDURE CODE	SERVICE/PROCEDURE	UNIT OF SERVICE	PROGRAM IDENTIFIER	UTILIZATION MODIFIER #2	FY 2021 MAXIMUM ALLOWABLE RATE	TN RATE (175% OF BASE)
AG	S5135	Adult Companion services	15 minute	U3 (Required)	TN (optional)	\$4.52	\$7.91
AG	S5102	Adult day health services	Daily	U3 (Required)	None	\$43.24	
AG	S5120	Chore Services	Each	U3 (Required)	TN (optional)	\$2,000.00	\$3,500.00
AG	T2038	Community Living Services	Per service	U3 (Required)	None	\$2,000.00	
AG	S5165	Environmental accessibility adaptations	Per service	U3 (Required)	None	\$5,000.00	
AG	T2040	Financial Management Services	Per month	U3 (Required)	None	\$95.24	
AG	S5170	Supplemental Meals (Liquid and Solid)	Per meal	U3 (Required)	TN (optional)	\$7.34	\$12.85
AG	S5170	Supplemental Meals (Community)	Per meal	U3 (Required)	TN (optional)	\$25.00	
AG	S5130	Homemaker services	15 minute	U3 (Required)	TN (optional)	\$6.91	\$12.09
AG	S5185	Medication reminder system	Per month	U3 (Required)	None	\$86.00	
AG	T2003	Non-medical transportation, one way trip	Per trip	U3 (Required)	TN (optional)	\$14.95	\$26.14
AG	T2005	Non-medical transportation, stretcher van, one way trip	Per trip	U3 (Required)	TN (optional)	\$14.95	\$26.14
AG	T1019	Personal attendant service, agency-based	15 minute	U3 (Required)	TN (optional)	\$6.91	\$12.09
AG	S5125	Personal attendant service, participant employed	15 minute	U3 (Required)	None	\$4.62	
AG	H0038	Personal Budget Assistance	15 minute	U3 (Required)	None	\$5.32	
AG	S5160	Personal emergency response system – installation, testing & removal	Each	U3 (Required)	None	\$51.50	
AG	S5162	Personal emergency response system – purchase, rental & repair	Each	U3 (Required)	TN (optional)	\$232.78	\$407.37
AG	S5161	Personal emergency response system - response center service	Per month	U3 (Required)	None	\$40.17	
AG	T1005TE	Respite Care - Home Health Aide	Per hour	U3 (Required)	TN (optional)	\$59.64	\$104.37
AG	H0045	Respite care services - LTC facility	Daily	U3 (Required)	None	\$203.02	
AG	S5150	Respite care services - Unskilled	15 minute	U3 (Required)	TN (optional)	\$5.64	\$9.87
AG	T2029	Specialized medical equipment/supplies/assistive technology	Each	U3 (Required)	None	\$2,500.00	
AG	T1021	Supportive Maintenance, home health aide	Per Hour	U3 (Required)	TN (optional)	\$49.43	\$86.50
AG	T1016	Waiver case management	15 minute	U3 (Required)	TN (optional)	\$20.87	\$36.52

¹The Utah Aging Waiver website (<https://medicaid.utah.gov/ltc-2/ag/>) provides two fee schedules. This schedule effective 7/1/2020 and the schedule on the following page effective 7/1/2022. The effective rates for 7/1/2021 are assumed the same as 7/1/2020 because no fee schedule is available for 7/1/2021. The only change between the 2020 and 2021 fee schedules are for procedure code T1016. The rate used in the study for T1016 is from the 7/1/2020 schedule because as mentioned, the 7/1/2020 rate is assumed in effect for 7/1/2021.

**WAIVER FOR INDIVIDUALS AGE 65 AND OLDER
CODES AND RATES
EFFECTIVE JULY 1, 2022**

PROGRAM	HCPCS PROCEDURE CODE	SERVICE/PROCEDURE	UNIT OF SERVICE	PROGRAM IDENTIFIER	UTILIZATION MODIFIER #2	FY 2021 MAXIMUM ALLOWABLE RATE	TN RATE (175% OF BASE)
AG	S5135	Adult Companion services	15 minute	U3 (Required)	TN (optional)	\$4.52	\$7.91
AG	S5102	Adult day health services	Daily	U3 (Required)	None	\$43.24	
AG	S5120	Chore Services	Each	U3 (Required)	TN (optional)	\$2,000.00	\$3,500.00
AG	T2038	Community Living Services	Per service	U3 (Required)	None	\$2,000.00	
AG	S5165	Environmental accessibility adaptations	Per service	U3 (Required)	None	\$5,000.00	
AG	T2040	Financial Management Services	Per month	U3 (Required)	None	\$95.24	
AG	S5170	Supplemental Meals (Liquid and Solid)	Per meal	U3 (Required)	TN (optional)	\$7.34	\$12.85
AG	S5170	Supplemental Meals (Community)	Per meal	U3 (Required)	TN (optional)	\$25.00	
AG	S5130	Homemaker services	15 minute	U3 (Required)	TN (optional)	\$6.91	\$12.09
AG	S5185	Medication reminder system	Per month	U3 (Required)	None	\$86.00	
AG	T2003	Non-medical transportation, one way trip	Per trip	U3 (Required)	TN (optional)	\$14.95	\$26.14
AG	T2005	Non-medical transportation, stretcher van, one way trip	Per trip	U3 (Required)	TN (optional)	\$14.95	\$26.14
AG	T1019	Personal attendant service, agency-based	15 minute	U3 (Required)	TN (optional)	\$6.91	\$12.09
AG	S5125	Personal attendant service, participant employed	15 minute	U3 (Required)	None	\$4.62	
AG	H0038	Personal Budget Assistance	15 minute	U3 (Required)	None	\$5.32	
AG	S5160	Personal emergency response system – installation, testing & removal	Each	U3 (Required)	None	\$51.50	
AG	S5162	Personal emergency response system – purchase, rental & repair	Each	U3 (Required)	TN (optional)	\$232.78	\$407.37
AG	S5161	Personal emergency response system - response center service	Per month	U3 (Required)	None	\$40.17	
AG	T1005TE	Respite Care - Home Health Aide	Per hour	U3 (Required)	TN (optional)	\$59.64	\$104.37
AG	H0045	Respite care services - LTC facility	Daily	U3 (Required)	None	\$203.02	
AG	S5150	Respite care services - Unskilled	15 minute	U3 (Required)	TN (optional)	\$5.64	\$9.87
AG	T2029	Specialized medical equipment/supplies/assistive technology	Each	U3 (Required)	None	\$2,500.00	
AG	T1021	Supportive Maintenance, home health aide	Per Hour	U3 (Required)	TN (optional)	\$49.43	\$86.50
AG	T1016	Waiver case management	15 minute	U3 (Required)	TN (optional)	\$26.42	\$46.24

Appendix E

Reimbursement Rates for Procedure Codes under the Children's and Technology Waivers. Codes provided by the State Effective FY 2022				
Waiver	Procedure Code	Description	Unit Rate	Reimbursement Rate
Children's	T2040	Financial Management Services	Per Month	\$51.67
Children's	S5150	Respite Care Services or Respite Care Services – Unskilled	15 min	\$5.32
Children's & Technology	T1005	Respite Care Services, FMS	15 min	\$9.10
Children's & Technology	T1005	Respite Care Services, Agency	15 min	\$14.91
Technology	T2040	Financial Management Services	Per Month	\$48.00
Technology	T1000	Extended State Plan Service - Private Duty Nursing	15 min	\$14.91
Technology	T1021	Supportive Maintenance, Home Health Aide or Home Health Aide or Certified Nurse Assist	Per Hour	\$49.43
Technology	T1027	Family Training & Counseling for Child Development	15 min	\$17.45