



Rate Review Advisory Group

Developmental Disabilities Administration

3/16/23



Agenda

- 1. Welcome and Opening Remarks
- 2. Approval of Meeting Minutes
- 3. Policy Updates
- 4. Status of February Action Items
- 5. General Ledger Data Collection Process Update
- 6. FY25 Rate Review Priorities
- 7. Open Discussion
- 8. Next Steps and Adjournment



Welcome and Introductions

DDA Vision:

People with developmental disabilities will have full lives in the communities of their choice where they are included, participate, and are active citizens.

DDA Mission:

Create a flexible, person-centered, family-oriented system of supports so people can have full lives.



Approval of Meeting Minutes



Policy Updates

Policy Areas:

• Employment



Status of February Action Items

Торіс	Status
List of past data collected and available and applicable to review.	To be shared by Optumas today
Share updated data collection rubric.	To be shared by Optumas today
Offer clarity on expectations around members working in between the RRAG monthly meetings.	Members may meet to advance work outside RRAG meetings. Submit requests to present work to <u>rrag.dda@maryland.gov</u> at least two weeks prior to next meeting.
General Ledger Data Collection Tool	Emailed to members on 3/8/23.
Transportation adj. from last cycle (Shared at August 2022 meeting)	Emailed to members on 3/8/23.

DEPARTMENT OF HEALTH

General Ledger Data Collection Template Development

Draft GL Data Collection Template Development

- Utilized past data collection process and cost category guidance as the foundation for the template
- Shared with RRAG in October 2022 and received feedback
- Engaged Provider Workgroup November 2022 January 2023 to collect data, feedback, comments, and suggestions
- Vetted comments with CBIZ/Optumas and DDA to inform edits to document



General Ledger Data Collection Template Review

Draft GL Data Collection Template shared with RRAG for additional review and feedback

- Share with networks
- Engage provider fiscal staff
- Identify assistance needed to support providers with the transition to standardized data collection

All feedback can be shared directly with Hilltop:

dda_rates@hilltop.umbc.edu



General Ledger Data Collection Next Steps

- Collect RRAG and stakeholder feedback via email through March 24, 2023
 - Template format
 - Template instructions
 - Cost Categories
 - Technical Assistance Needs
- Finalize GL Data Collection Template and share with the DDA Provider Community in April
 - Recorded webinar training to introduce template, cost categories, and instructions
 - Targeted technical assistance
 - 1:1 meetings with providers
 - Additional identified assistance
- Providers begin collecting data to report on the new GL Data Collection Template in FY 2024



FY25 Rate Review Priorities



Available Data Sources

• Wage data

- 2018 BLS Wage data (used in initial rate-setting)
- May 2021 Updated BLS Wage data
- Employment 1st Workgroup data Pending
- 2017 Rate-Setting Cycle Data
 - Provider General Ledgers
 - 2014-2016 Average closure/open days
 - FY17 Wage Surveys
- Past and current population/member data
- Transportation data template from FY24 cycle
- CPI & COLA increases, funding level increases
- Training Requirements



March RRAG Focus Topics

(May require more discussion and/or data collection from providers)

- Facility Component
- Program Support Component
- Distribution of Transportation Costs Across
 Settings
- Non-billable time
- Review of rates structure



April RRAG Focus Topics

(More information readily available/less lead time needed)

- Base Wage Assumption
- Training Component
- Service Adjustment (Closures)



ltem	Topic for Review for FY25 Current Rate Data Source		Data Updates	
1	Facility	2017 Rate-Setting GLs	Mini GL request	
2	Program Support	2017 Rate-Setting GLs	Mini GL request	
3	Distribution of transportation costs	Allocated based on DSP hours (like other components)	RRAG input	
4	Non-billable time adjustment	Implicit in some components & wage assumption	RRAG input	
5	Structure change (group sizes)	DDA Structure	RRAG input	
6	Base Wage	BLS 2018 & CPI & COLA (21-1093 at various %s)	2021 BLS, RRAG member data	
7	Training	Hours req. per DDA/avg. hrs worked & replacement	Any changes to reqs, FT vs PT, turnover?	
8	Service Adjustment (Closures)	Avg. state closures / days open (2014-2016)	Most recent three years?	

Facility and Program Support (PS) Components

Existing Data (from 2017 Rate-Setting GLs)

Service	Source	Facility % (Fac \$ / Wage \$)	PS % (PS \$ / Wage \$)
Day Hab. 2:1 Staffing Ratio	Day Small Setting	21.0%	27.3%
Day Hab. 1:1 Staffing Ratio	Day Small Setting	21.0%	27.3%
Day Hab. Small Group (2-5)	Day	23.0%	34.9%
Day Hab. Large Group (6-10)	Day	23.0%	34.9%



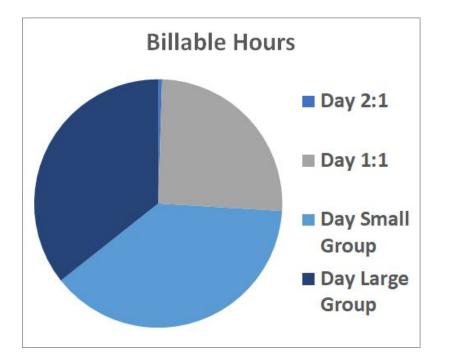
Facility and Program Support (PS) Components

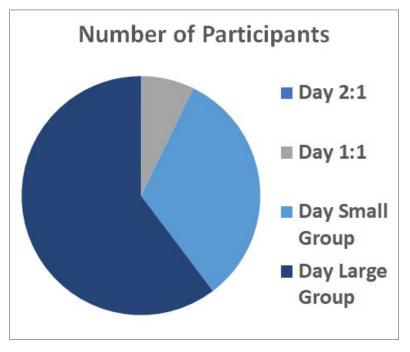
Data Request (FY22)

Service	Region	DSP Wages	Program Support	Facility	PS %	Fac %
Day Hab. 2:1 Staffing Ratio	D.C. or Other					
Day Hab. 1:1 Staffing Ratio	D.C. or Other					
Day Hab. Small Group (2-5)	D.C. or Other					
Day Hab. Large Group (6-10)	D.C. or Other					
Day Hab. (Total)	D.C. or Other	\$A	\$B	\$C	B/A	C/A



Distribution of Transportation Component





How to allocate costs?



Transportation Component

(Recap of Previous Discussions)

- Detailed and technical, shared in detail last
 September (appendix attached)
- Current alternative would shift dollars out of 2:1, 1:1; small group smaller shift; increase to large group



Transportation Component

Discussion

- Goal for discussion today is *process* (not numbers)
- Any immediate consensus?



Non-Billable Time Topic Introduction

- Rates intend to reflect reasonable and allowable costs for providing service
- Revenue from rates intended to cover billable and non-billable costs, reimbursed through billed rates
- Intent for Current Structure:
 - Wage + Components cover billable & non-billable
- Intent for Alternative Structure:
 - Wage + Components cover billable
 - Explicit adj. to cover non-billable



Non-Billable Time Considerations

- No current data splits: billed vs. non-billed wages
- Would need providers to track for future cycles
- Rate model inherently has some non-billable time
 - Transp., Program Support, Training etc.
 - Wage selections above DDA Provider Wage Survey averages
- Would need to split implicit components, replace with explicit adjustment
- All services impacted (or inconsistent)



Non-Billable Time Alternative Process

- Wage assumptions may require reduction
- Components including non-billable time reduced
 Need data to support amount
- All other wage-based components increase
 - Lower denominator
 - Need data to support amount
- Explicit adjustment added
 - Need data to support amount



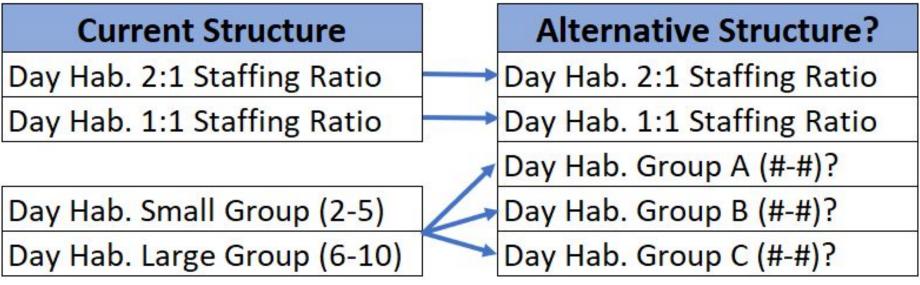
Non-Billable

Discussion

- Goal for discussion is to *understand* how non-billable time could be reflected differently in rates, not whether it is currently adequate
- What data may be collected/support needed for change and on what timeline?
- Any immediate consensus?



Structure Change



Other proposals?



Structure Change

(Recap of Previous Discussions)

- Rate by exact number of individuals administratively burdensome
- Grouping in a range inherently requires same average rate for range; cannot split out different fixed and variable costs within range for same rate
- DDA goal to incentivize smaller group sizes but efficient use of funding
 Maryland

Structure Change

Discussion

- Any immediate consensus?
- Alternative structure recommendation for RRAG?
- What data may be collected/support needed for change and on what timeline?



Open Discussion



Next Steps and Adjournment



Meetings occur monthly until August 2023 and will be posted on the <u>DDA's Training</u> <u>Calendar</u>



Upcoming Meeting Dates

- Thursday, April 13, 2023 from 12:30 to 2:30 PM
- Thursday, May 18, 2023 from 12:30 to 2:30 PM
- Thursday, June 22, 2023 from 12:30 to 2:30PM
- Thursday, July 20, 2023 from 12:30 to 2:30 PM
- Thursday, August 10, 2023 from 12:30 to 2:30 PM



Rate Review Advisory Group Materials

https://health.maryland.gov/dda/Pages/RATE-REVIEW-ADVISORY-GROUP.aspx

	MARYLAND DE	EPARTMENT O	F HEALTH Disabilit	ies Admini	stration			f > 0
Home	Individuals	Families	Providers	Transformation	LTSSMaryland	Electronic Visit Verification (EVV)	POLICYSTAT	Person-Centered Planning
Quick Links							0.000	ATES/RATE REVIEW DRY GROUP



Thank You!

See you on April 13th from 12:30PM to 2:30PM

