

Arizona Health Care Cost Containment System Division of Health Care Management

Every five years Arizona law requires that AHCCCS rebase reimbursement rates for providers of services to the Elderly and Physically Disabled. Your agency's participation in a survey designed to collect cost data that will help us in determining rates for Home and Community Based Services (HCBS). If you have any questions about the survey or the rebase process call Todd Schwarz at 602-417-4487.

The survey consists of a certification page and two different forms for reporting cost information: Form A – Provider Survey of Annual Costs and Form B – Provider Survey of Adult Day Health Programs.

Agencies that provide **no** Adult Day Health Programs will only need to submit:

- Form A, and
- Certification Page

Agencies that provide Adult Day Health Programs will need to submit:

- Form B; and
- Certification Page

The Certification Page must be printed and signed and returned to AHCCCS by mail. Form A and Form B should be completed in electronic format and submitted via e-mail. Please do not insert any additional lines or columns. Hard copies of Form A and Form B will be accepted. Please **complete and return by December 31, 2009**

Instructions for Completing Forms

Certification Page: AHCCCS requires that agencies complete a Certification Page to verify that financial information reported on the survey has been reviewed by someone in the agency's financial office.

The certification page is to be completed by the agency's chief financial officer after preparing and/or reviewing the Survey of Annual Costs for Services Other than Adult Day Health Programs and the Survey of Annual Costs for Adult Day Health Programs.

The completed and signed Certification Page can be scanned and returned via e-mail to FFSRates@azahcccs.gov as a .pdf attachment or mailed to:

Todd Schwarz
AHCCCS - Mail Drop 6600
701 E. Jefferson Street
Phoenix, AZ 85034

Form A – Provider Survey of Annual Costs

Section I Facility Information

Enter the agency's provider name, the agency's AHCCCS provider identification number, the counties in which the agency operates, and the ending date of the fiscal year that is being used to report data.

Section II Direct Service Workers

AHCCCS is asking for detailed wage, staff size, and training information for different types of employees. For each HCBS Service, the type of employee that can be used to provide the service is indicated by the job title in column A. If there are differences in salary/wage rates between counties, complete a separate table for each county in which the agency provides services. For each job title:

Column B: Enter the agency job title if different from the AHCCCS designated job title.

Column C: Enter the most common (mode) starting hourly rate of pay for new employees with this job title.

Column D: Enter the average (mean) hourly rate of pay for all employees with this job title.

Column E: Enter the total number of employees on staff with this job title. Use the number on staff on the last day of the fiscal year.

Column F: Enter the number of full time equivalent employees (FTEs) with this job title. Calculate FTEs by: (1) calculating the total number of hours paid to employees for the fiscal year with this job title including paid time off, (2) dividing the total hours by 2080.

Column G: Enter the average number of hours spent in on-going training by a full time employee with this job title. Do not include hours spent on orientation of new employees.

Section III Administrative

The administrative salary costs will be used to adjust the administrative (indirect) factor built into the reimbursement rates.

Column A: Enter the total gross salary and wages for all employees of the agency for the fiscal year.

Column B: Enter the total gross salary and wages for employees in administrative and support functions for the fiscal year. For employees that spend a portion of their time providing direct care and a portion of their time performing administrative duties, include only the salary and wages for the administrative duties. Include time spent by staff supervising care givers. Do not include any salaries or wages paid for employees providing direct care to clients.

Section IV Benefits

Benefits should be reported in total for the entire agency. No split is needed between administrative and direct care staff. For staff counts (the number of employees eligible and the number of employees enrolled) use the number of employees on staff on the last day of the fiscal year.

Column A: Enter the total cost of the benefit paid by the agency for the fiscal year.

Column B: Enter the number of employees eligible to receive the benefit. For example, if only full time employees are eligible for the benefit then enter only the number of full time employees.

Column C: Enter the number of employees who have signed up for elective benefits. (Elective benefits are health insurance, retirement, and medical savings accounts)

Definitions:

Paid Time Off: Paid time off for holidays, sick leave, annual leave and any other forms of leave time for which the employee is paid but not working.

Health Insurance: Include all employee health related insurance including dental and vision. Report only the cost to the agency, not the portion paid by the employees.

Retirement: Report contributions paid by the agency into retirement accounts for employees.

Form B – Adult Day Health Programs

Section I Facility Information

Enter the agency's provider name, the agency's AHCCCS provider identification number, the counties in which the agency operates, and the ending date of the fiscal year that is being used to report data.

Section II Program Utilization

Complete for each county in which the agency operates an Adult Day Health Program.

Line 1: Enter the name of the county

Line 2: Enter the average number of hours the program operates on weekend days and weekdays

Line 3: Enter the average number of clients who attend the program each day who attend for less than three hours.

Line 4: Enter the average number of clients who attend the program each day who attend for at least three hours but less than six hours.

Line 5: Enter the average number of clients who attend the program each day who attend for six or more hours.

Section III Program Staffing - Hours

Complete for each county in which the agency operates an Adult Day Health Program.

For each Job Title/Designation enter the number of hours that those types of employees are used to staff the program.

Example 1: A program operates ten hours each day. One RN is on staff at all times and never more than one. The number of hours entered for that program for Registered Nurse would be ten.

Example 2: A program operates ten hours each day. There is always one Attendant Care worker present. From 10:00 am to 2:00 pm there are two Attendant Care Workers present. The number of Attendant Care Worker hours entered for that program would be 14 (10 + 4).

Section IV Direct Service Workers

AHCCCS is asking for detailed wage, staff size, and training information for different types of employees. The type of employee that can be used to provide the service is indicated by the job title in column A. If there are differences in salary/wage rates between counties, complete a separate table for each county in which the agency provides services. For each job title:

Column B: Enter the agency job title if different from the AHCCCS designated job title.

Column C: Enter the most common (mode) starting hourly rate of pay for new employees with this job title.

Column D: Enter the average (mean) hourly rate of pay for all employees with this job title.

Column E: Enter the total number of employees on staff with this job title. Use the number on staff on the last day of the fiscal year.

Column F: Enter the number of full time equivalent employees (FTEs) with this job title. Calculate FTEs by: (1) calculating the total number of hours paid to employees for the fiscal year with this job title including paid time off, (2) dividing the total hours by 2080.

Column G: Enter the average number of hours spent in on-going training by a full time employee with this job title. Do not include hours spent on orientation of new employees.

Section V Administrative

The administrative salary costs will be used to adjust the administrative (indirect) factor built into the reimbursement rates.

Column A: Enter the total gross salary and wages for all employees of the agency for the fiscal year.

Column B: Enter the total gross salary and wages for employees in administrative and support functions for the fiscal year. For employees that spend a portion of their time providing direct care and a portion of their time performing administrative duties, include only the salary and wages for the administrative duties. Include time spent by staff supervising care givers. Do not include any salaries or wages paid for employees providing direct care to clients.

Column C: Enter the total facilities costs for the program including: Rent/Depreciation, utilities, maintenance and repairs of the physical plant.

Section VI Benefits

Benefits should be reported in total for the entire agency. No split is needed between administrative and direct care staff. For staff counts (the number of employees eligible and the number of employees enrolled) use the number of employees on staff on the last day of the fiscal year.

Column A: Enter the total cost of the benefit paid by the agency for the fiscal year.

Column B: Enter the number of employees eligible to receive the benefit. For example, if only full time employees are eligible for the benefit then enter only the number of full time employees.

Column C: Enter the number of employees who have signed up for elective benefits. (Elective benefits are health insurance, retirement, and medical savings accounts)

Definitions:

Paid Time Off: Paid time off for holidays, sick leave, annual leave and any other forms of leave time for which the employee is paid but not working.

Health Insurance: Include all employee health related insurance including dental and vision. Report only the cost to the agency, not the portion paid by the employees.

Retirement: Report contributions paid by the agency into retirement accounts for employees.

Submitting Completed Surveys

Submit completed survey as an e-mail attachment to: FFSRates@azahcccs.gov Please return completed surveys by December 31, 2009.