



The State of Hawai'i Med-QUEST Division (MQD)

2023 MQD Home & Community Based Services (HCBS) Rate Study

Home Delivered Meals Provider Cost and Wage Survey Tool Instructions

Overview

MQD is conducting an HCBS Provider Cost and Wage Survey ("Survey Tool") to collect cost and wage data from congregate or home delivered meals (meal service) providers participating in the Hawai'i Medicaid Quest Integration (QI) program. Results from the Survey Tool will inform the development of benchmark "comparison rates" for home delivered meals services in MQD's 2023 HCBS Rate Study. Comparison rates from this rate study will be published for consideration by HCBS providers and QI Medicaid Managed Care Organizations (MCOs) when negotiating contracts (similar to how MQD currently publishes QI rate memos¹) and will be used by MQD to evaluate overall HCBS funding levels. **This Survey Tool gives provider(s) the opportunity to share key data to inform the development of meal service comparison rates and is a critical component of this Rate Study.**

MQD **strongly** encourages your participation in this survey to help MQD gain a better understanding of Hawai'i HCBS provider resource requirements. Information collected through this survey process includes staffing, wages, and other cost information incurred by HCBS providers. Your response will be held confidential and will not be shared with other providers. MQD plans to share aggregated data from survey responses but will not share provider-specific data.

Submitting Survey Tool responses: Completed Survey Tools should be submitted no later than **July 14, 2023**. After completion, save the file with your provider's name, e.g., 2023 Provider Survey Tool – [provider name]. Once the Survey Tool is complete, please email it electronically to HI.HCBS.Survey@Milliman.com.

This document provides instructions for completing each tab in the Excel-based Survey Tool. Note that in these instructions the term "provider" refers to an entity engaged in the delivery, ordering, or referring of meal services. The term "Staff Type" refers to the types of staff job positions providing meal services, which are recognized based on education, professional designations, credentials, or relevant experience requirements, and includes both employed and contracted staff. This Survey Tool is intended to collect information from providers of meal services included as part of MQD's 2023 HCBS Rate Study.

Milliman has been engaged by MQD to conduct the HCBS Provider Cost and Wage Survey and to facilitate the HCBS Rate Study.

If questions arise that are not addressed in these instructions or separate training materials, please contact Milliman at HI.HCBS.Survey@Milliman.com with a technical assistance request.

¹ See <https://medquest.hawaii.gov/en/plans-providers/provider-memo.html>

Survey Tool Contents

The Survey Tool is in Microsoft Excel format, with separate worksheets (“tabs”) summarized as follows:

- **A. General** – Enter general information about your organization, such as the provider entity’s identification and contact information, and high-level information regarding the nature of the provider entity’s meals provided, clients served, and delivery of meals.
- **B. Costs and Wages** – Enter the total costs associated with providing meal services.
- **C. Staffing** – Enter the number of Full Time Equivalents (FTEs) and employee salary related information to provide meal services.
- **D. Notes** – Enter additional notes or information that may help MQD better understand the data provided in your previous responses.
- **Limitations (for review only)** – Limitations and caveats for your review and consideration.

Entering responses into the Survey Tool: Enter information for each question in the green highlighted “input cells” throughout the Survey Tool. Generally, the input cells are blank for you to enter in numerical data. In some instances, there are input cells for entering in text and dropdown boxes (these are described in the following sections of these instructions).

Reporting Time Period: Below is a table summarizing the time periods requested by tab and section, if applicable.

TIME PERIOD REQUESTED BY TAB	
TAB	REPORTING PERIOD
A. General	Calendar Year (CY) 2022 (January 1, 2022, to December 31, 2022)
B. Costs and Wages	Calendar Year 2022
C. Staffing	March 1, 2023

We describe in detail the Survey Tool tabs, including the requested information that should be reported in each of the input cells, as follows. Please provide information for all the requested fields on each applicable worksheet to the greatest extent possible.

General Tab

The A. *General* tab includes questions related to the provider identification and contact information as well as the services delivered by a provider organization.

Section A: Provider and Contact Information

1. Provider and contact information

- a) **Provider Name:** Enter your provider/organization name associated with delivering, ordering, or referring the services under evaluation.
- b) **Contact Name:** Enter the name of the person who should be contacted if there are any questions related to the information reported.
- c) **Contact Phone Number:** Enter the phone number of the person listed as the contact.
- d) **Contact Email Address:** Enter the email address of the person listed as the contact.
- e) **Contact Mailing Address:** Enter the primary mailing address of the reporting provider/organization.

- f) *NPI Number(s)*: Enter the national provider identifier(s) of the reporting provider/organization.
- g) *Islands Served*: Enter the islands in which meals have been prepared or provided of the reporting provider/organization. If you serve multiple islands, please separate them with a comma.

Section B: Congregate and Home Delivered Meals Service Details

2. Meal Preparation Facility and Daily Clients Served

- a) Using the dropdowns provided, select what type of facility is utilized by your organization to prepare the meals by service type. If your organization utilizes a vendor contract or restaurant voucher, please provide additional details regarding what the contracted source is and how that arrangement functions on the *D. Notes* tab (in row 9) of this survey.
- b) For each applicable service type, please provide the average count of daily clients that are served by your organization.

3. Annual Meals Provided

- a) For each applicable service type and funding source, enter the number of total meals your provider organization provided to clients in Calendar Year (CY) 2022 (January 1, 2022 through December 31, 2023). Please provide additional details on the *D. Notes* tab (in row 9) of this survey if the "Other" row is used to report meal counts.

4. Annual Clients Served

- a) For each applicable service type and funding source, enter the number of total unduplicated individuals your provider organization served in CY 2022. Please provide additional details on the *D. Notes* tab in the green box for the General section (in row 9) of this survey if the "Other" row is used to report unduplicated client counts.

Section C: Delivery of Meals

5. Home Delivered Meals Delivery Type, Mileage, and Meal Count

- a) Using the dropdowns provided, select how the prepared meals were provided in CY 2022.
- b) Please provide the average miles per day in CY 2022 that were driven to deliver the meals (per driver).
- c) Please provide the average number of meals per day per driver that were provided in CY 2022.
- d) Please provide the typical number of meals delivered per delivery.

Costs and Wages Tab

The *B. Costs and Wages* tab is meant to capture the overall costs of meal services; inclusive of administrative and program support costs. Providers have the option of assigning a fair market value cost equivalent for any support received through volunteer labor. The reported costs should be based on your organization's costs and donations in CY 2022.

Section A – Labor and Supply Costs – Calendar Year 2022

In this section, requested items should be split between costs associated with congregate meals and home delivered meals services provided in CY 2022, as applicable, for your organization. Please include any additional detail when using rows with "other" indicated in the title on the *D. Notes* tab in the green box for the Costs and Wages section (in row 11).

Providers must follow cost allocation methodologies that are consistent with federal rules promulgated in the Code of Federal Regulations (CFR) at 2 CFR 200, and all other federal and State regulations and requirements. Requested costs in the section are described as follows.

1. **Labor Costs:** In this section, please enter all CY 2022 costs associated with paid labor staff such as supervisor staff salaries, other staff wages, and employee related expenses (e.g., health insurance, short term disability, etc.) as applicable.
2. **Administrative Costs:** In this section, please enter all costs associated with the non-personnel administration of the meal services. See *Appendix A* for examples of administrative costs.
3. **Consumables and Other Supplies:** In this section, please enter all costs associated with the materials or other program support related expenses associated with providing and operating the applicable meal service. See *Appendix A* for examples of costs that are program support costs.
4. **Volunteer Labor:** In this optional section, please enter the fair market value cost equivalency for volunteer labor your organization received in CY 2022. These cost equivalencies should not reflect any actual costs incurred by the organization, as those costs should all be reflected in tables 1 through 3 on this tab. Volunteer labor cost equivalencies should be developed using a reasonable wage for the services that have been donated (e.g., labor related to food preparation, delivery of meals, or other applicable activities).

Staffing

The *C. Staffing* tab includes questions related to the provider organization's staffing of meal services and should be filled out in aggregate of congregate meal and home delivered meal services. Please include any applicable details that are not captured on this worksheet on the *D. Notes* tab in the green box for the ADC Staffing section (in row 13).

Section A. Wages as of March 1, 2023

In table 1 in the section *A. Wages as of March 1, 2023*, please report information in aggregate, if you operate in multiple locations. Requested items in the section are described as follows:

a) Full-time equivalent (FTE) positions:

- i. Number of FTE Positions – Paid Employee Filled (labeled column C): Please report the number of FTEs as of March 1, 2023, for each service staff type, for both employees and contracted workers in aggregate of all meal facilities within the provider organization. FTEs that provide volunteer labor should not be reported in this column of the worksheet. The requested information for FTE is a measure of the number of employees for each staff type/position. Reporting FTEs requires the provider entity to consider part-time and full-time positions. For example, an employee working full time would be counted as 1.0 FTE, and an employee working half time would be considered as 0.5 FTE.
 1. For hourly non-contracted employees, your organization should consider its standard work week for purposes of determining and reporting FTEs. For example, if your organization's standard work week is 35 hours, hourly employees working 35 hours per week should be considered as 1.0 FTEs, and hourly employees working 21 hours per week should be considered as 0.6 FTEs. Similarly, if your organization's standard work week is 40 hours per week, hourly employees working 40 hours per week should be considered as 1.0 FTEs, and hourly employees working 24 hours per week should be considered as 0.6 FTEs.
 2. For salaried employees, FTEs should be determined based on your organization's expectations regarding the number of hours the salaried employee will work. For example, if a salaried employee is expected to work an average of 50 hours per week,

the employee should be considered as 1.0 FTEs even though the entity may have a standard work week of 40 hours for hourly employees.

3. FTEs for contracted employee positions should be based on the same assumptions applied for determining FTEs for non-contracted employee positions.
- ii. Number of FTE Positions – Paid Employee Vacant (labeled column D): Enter the number of vacant FTEs as of March 1, 2023 (where the provider is seeking new staff for the position). FTEs that provide volunteer labor should not be reported in this column of the worksheet.
- iii. Number of FTE Positions - Volunteer (labeled column E): Enter the number of volunteer labor FTEs as of March 1, 2023.

b) Average hourly wage (labeled column F):

- i. The requested employee information is for persons **employed (excluding contractors)** by your provider organization that receive a salary or wage and a W-2 for tax purposes, and where the work performed by the person is under the control of the organization (i.e., how and where the work is done). For the purposes of reporting wages, you should exclude contracted staff and any wage equivalencies for volunteer labor.
- ii. Enter the average hourly wage for services staff employed by your provider organization split by staff type. The average hourly wage, or rate, is the total base wages paid for all employees divided by the number of hours paid. This wage should be calculated as an average of all meal service facilities within your organization. Note that for purposes of this calculation, wages paid should exclude incremental increases to wages attributable to overtime hours.
- iii. If employees are paid on an hourly basis, please consider their regular wage rate (not including overtime adjusted wages) for purposes of reporting averages.
- iv. Please include all wage-based compensation, such as merit bonuses, paid in addition to salaried amounts for paid labor staff only.
- v. For non-contracted employees, please do not include any non-wage based fringe benefits in the reported hourly wage amounts.

c) Average annual training time for paid employees (labeled column G): In this section, please enter the average annual required training hours for service staff employed by your organization as of March 1, 2023. Volunteer labor training time should not be included in this column of the worksheet.

d) Average annual paid time off (PTO) (labeled column H): In this section, please enter the annual holiday hours and other paid time off offered by your organization for service staff as of March 1, 2023.

- i. Only report paid time off hours if your organization follows a standardized policy that is applicable to the listed provider types; if you do not have a policy for paid time off, you should leave this field blank.

e) Offered Healthcare Benefits (labeled column I): In this section, please use the dropdowns to select either “Yes” or “No” by staff type regarding if healthcare benefits are offered by the organization to staff as of March 1, 2023. If you offer healthcare benefits to only some staff, please select yes and describe the offer requirements on the *D. Notes* tab (in row 13) of this survey.

f) Healthcare Benefits Take-up Rate (labeled column J): In this section, the take-up rate included should be the percentage of staff who accepted the offered healthcare benefits out of all employees for that staff type as of March 1, 2023.

- g) Average Monthly Employee Healthcare Costs** (labeled column K): In this section, for all staff types where benefits are offered, please include the associated average monthly healthcare costs offered by the organization to the service staff.
- h) Specialty License/Credentials** (labeled column L): In this section, please enter information related license or credential information by staff type rendering services. If this is not required, please leave this field blank.

In table 2 of this section, please use the green text box (in row 20) of this tab to report on details related to roles and responsibilities of volunteers.

Notes Tab

This tab allows your organization to explain certain responses in the Survey Tool, as well as to convey more information that was not necessarily requested in the Survey Tool. If your organization wants to provide a comment or additional information related to information provided in the Survey Tool that is related to a particular tab, column or row, please identify the worksheet/section and if applicable, provide the line number and/or column reference to help us understand the information provided.

All feedback and suggestions will be reviewed. Your organization may be contacted to provide clarification if needed. Please be as detailed in your comments as possible.

Limitations

These instructions are intended for the use of the State of Hawai'i Med-QUEST (MQD) in support of its 2023 Home and Community-Based Services (HCBS) rate study, and are not appropriate for other purposes. The terms of Milliman's contract with Med-QUEST signed on July 1, 2020 apply to this survey and its use.

We understand these instructions will be shared by MQD with Hawai'i Medicaid HCBS provider stakeholders for the purpose of responding to the survey. This survey should not be shared with other third parties without Milliman's prior consent. In the event such consent is provided, the instructions must be provided in its entirety.

In performing this work, we relied on data and information provided by MQD and its vendors. We have not audited or verified this data and information. If the underlying data or information is inaccurate or incomplete, the results of our assessment may likewise be inaccurate or incomplete.

Appendix A: Definitions for Use In Completing Worksheet

Term	Definition
Administrative costs	<p>Expenses incurred by the provider entity necessary to support the provision of services but not directly related to providing services to individuals. These expenses exclude transportation, wages and employee-related expenses for clinical care, and may include, but is not limited to:</p> <ul style="list-style-type: none">• Liability and other insurance• Licenses and taxes• Legal and audit fees• Accounting and payroll services• Billing and collection services• Bank service charges and fees• Information technology• Telephone and other communication expenses• Office and other supplies including postage• Accreditation expenses, dues, memberships, and subscriptions• Meeting and administrative travel related expenses• Training and employee development expenses, including related travel• Human resources, including background checks and other recruiting expenses• Community education• Marketing/advertising• Interest expense and financing fees• Facility and equipment expense for space not used to directly provide services to individuals, and related utilities• Board of director-related expenses• Interpreter services
Program support costs	Supplies, materials, and equipment necessary to support service delivery.