



**Rate Setting Spreadsheet
Instructions
Updated: 01.16.15**

Purpose:

The Rate Setting Spreadsheet has been developed to capture actual costs associated with the provision of mental health and substance abuse services. Actual cost is critical to the rate setting process in order to justify agreed upon/contracted rates to the Medical Assistance (MA) system.

Goal:

Provide a consistent process wherein all service providers (counties and subcontractors) consistently capture all costs and do so in alignment with MA guidelines. This allows us to proactively understand and document costs while having a process to annually review rates.

Basic Parameters:

- The spreadsheet should apply to a consistent time period for all costs noted. Utilizing a one-year timeframe seems to be the more effective.
- Take notes during the process and be sure to include them if explanation is needed. We will be updating and want to be sure we have a good history of our process.
- If some costs apply only to a specific time period, then note it on the spreadsheet.
- Each spreadsheet should apply to a specific professional type. HO-Master's, HN – Bachelor's, UC – Paraprofessional, etc.
- A number of different services may be applied to a professional type if the costs are consistent across service type and the direct costs and overhead costs are consistent with the service as well.
- If a service has the same professional type, but because of the service, different designs, needs, costs, then a separate spreadsheet should be completed by professional type for that specific service.

Instructions:

1. Fill in Service Array Items cell with applicable service items that will be completed by each professional type (Paraprofessional/Associate Degree, Bachelor's Degree, Master's Degree, etc.).
2. Distinguish which professional type the spreadsheet is for and place in Professional Type Cell. Reason: Services are billed by professional type.
3. Fill in the staff (using actual names is up to the provider, positions/roles are sufficient) that will be providing direct services for the program.
4. Using personnel information fill in the hourly salary and total hours worked per week (non-specific to CCS). The annual hours worked and annual salary will calculate automatically.
5. Put in the total annual hours that each direct service worker will be allocated to the program.
6. Go to the productivity tab.
7. For the Holiday/PTO cells you want to use the same percentage of time as the program hours allocated. Example: If the Direct Service Worker is a full time worker, but 50% to the program, allocate 50% of their Holiday/PTO time to this spreadsheet.
8. Meetings and Training time should be based on licensing and program requirements and history.
9. Necessary and Non-Billable time includes activities that are necessary for the care and services, yet are not direct service billable. Example: Traveling to a customer's residence for an appointment and they are not there. The travel time and necessary documentation time would be considered necessary but non-billable.

10. The productivity percentage will calculate automatically based on this information. It may vary by service type. Example: An outpatient provider may be billable 70% of the time while Service Facilitation will be 50 -60%.
11. Go back to the Rate Proposal Tab
12. Complete the orange cells that are applicable to your direct costs and overhead to run the service. When completing the direct costs and general overhead sections be sure that your allocations are consistent with the costs associated specifically with the program type. You may have several services within the program and your costs should reflect that.
13. After all program costs have been entered into the spreadsheet, the rate will calculate automatically as an hourly unit rate. It is based on costs and your productivity.

Frequently Asked Questions:

Q1 - Should therapists have their own rate sheet (not included in the one for the CCS workers)?

A1 - Yes as well as the AODA Counselors

Q2- If the worker bills for meeting with supervisor – does the supervisors time go into the non-billable?

A2 - It will be a part of the direct costs.

Q3 - We have a worker who will be a CCS worker, CCS clinician supervisor, and a therapist – do I allocate that based on what they will be doing?

A3 - Yes. It should be the same rate but spread across the different areas of work whether the top portion for CCS or the Supervisor spot for direct/indirect costs.

Q4 - Do therapists get paid for travel?

A4 - Yes as long as the person is at the appointment.

Q5 - What is in the ballpark for necessary and non-billable?

A5 - Unsure as it will vary for each service array item.

Q6 - Where in the rate sheet should I include the AODA supervisor? And how much time? Should it be included in the supervision time?

A6 - It should just be included in the direct cost lines by the supervisor's time.

Q7 - Will the agency and county indirect costs go under general overhead?

A7 - Yes, they will but only for the portion that will apply to CCS.