

# CM-II

County \_\_\_\_\_

Date \_\_\_\_\_

## RATIO METHOD Add-On Indirect Care Management Support Costs Worksheet (DLTC Model Form for HCBS – waivers)

1. Total agency budget for LTS employees (see page 3 of Care Management Rate Setting Methodology) \$ \_\_\_\_\_ (1)
  
2. Subtractions from total agency budget
  - a. Upper management staff support \$ \_\_\_\_\_ (2a)
  - b. Clerical, accounting, staff support, etc. \$ \_\_\_\_\_ (2b)
  - c. Non-salary costs \$ \_\_\_\_\_ (2c)

TOTAL (2a + 2b + 2c = 2) \$ \_\_\_\_\_ (2)
  
3. Net agency budget (1 – 2 = 3) \$ \_\_\_\_\_ (3)
  
4. Direct care management staff costs
  - a. Calculated amount "E" from Direct Service Staff Worksheet **(CM-I)** \$ \_\_\_\_\_ (4a)
  - b. Addition for exclusive CM supervisor(s) \$ \_\_\_\_\_ (4b)

TOTAL (4a + 4b = 4) \$ \_\_\_\_\_ (4)
  
5. Ratio of direct CM staff costs to other service areas/program Objectives – percentage to nearest thousandth (4 ÷ 3 = 5) \_\_\_\_\_%(5)
  
6. Indirect/support cost allocated to CM
  - a. Non-supervisory CM costs (5 x 2 = 6a) \$ \_\_\_\_\_ (6a)
  - b. CM supervisory costs (same as 4b) \$ \_\_\_\_\_ (6b)

TOTAL (6a + 6b = 6) \$ \_\_\_\_\_ (6)
  
7. Indirect/support costs hourly add-on
  - a. Amount of "C" from Direct Service Staff Worksheet **(CM-I)** \_\_\_\_\_ (7a)

TOTAL (6 ÷ 7a = 7) \$ \_\_\_\_\_ (7)
  
8. TOTAL CASE MANAGEMENT PER HOUR
  - a. Weighted CM rate "D" from Direct Service Staff Worksheet **(CM-I)** \$ \_\_\_\_\_ (8a)

TOTAL (7+ 8a = 8) \$ \_\_\_\_\_ (8)