

**Report to the Wyoming Department of Health
Behavioral Health Division**

**Comprehensive, Supports and Acquired Brain Injury Waivers
SFY 2019 Provider Rate Study**

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1 Executive Summary

The Wyoming Department of Health, Behavioral Health Division (BHD) contracted with Navigant Consulting to conduct a rate study for Wyoming’s three disability home- and community-based (HCBS) 1915(c) waivers: The Acquired Brain Injury (ABI) waiver; the Comprehensive waiver; and the Supports waiver. This rate study supports the requirement of *WY Stat § 42-4-120 (g)* that BHD rebase its rates every two to four years. The objectives of the rate model included in this study are to:

- Recognize reasonable and necessary costs of providers
- Standardize rates
- Reflect participant needs
- Increase transparency
- Facilitate regular updates
- Provide fiscal stability for providers and the state

**Wyoming Statute 42-4-120 (g)
Requirements Include:**

- Establish a cost based reimbursement system to pay HCBS waiver providers for persons with DD and ABI using data sources including:
 - Provider cost data
 - Provider claims data
 - Participant needs assessment data
 - Other regional and national data
- Calculate new reimbursement rates for providers at least once every four years but not more than once in any two-year period.
- Develop rates with consultations of DD and ABI providers, program recipients and families and a waiver payment system expert

Navigant worked closely with BHD and key stakeholders from June 2017 to January 2018 to conduct the rate study and develop proposed waiver program rates. Stakeholder involvement included two key workgroups:

- *Provider Rate Rebasing Team (Provider Team)* – Composed of small and large providers and case management agencies who reviewed the survey design and materials, gave input on rate component assumptions, and developed related recommendations for consideration by the Steering Committee.
- *Rate Rebasing Steering Committee (Steering Committee)* – Composed of key state agency staff, legislators, and consumer and provider representatives who reviewed and selected key rate assumptions based on materials developed by Navigant and recommendations from the Provider Team.

We gathered cost and wage data from providers and other state and national data sources to develop an independent rate build-up methodology for each of the waiver services included in the rate study. The independent rate build-up methodology comprises direct care and indirect care components and the resulting rates were not modified to presume a predetermined budget impact.

Key Rate Components

- Direct care worker and supervisor wages
- Benefits
- Training, vacation, sick leave and other paid time off
- Productivity, representing non-face-to-face time required to deliver the service
- Administration costs
- Program support costs

As part of the rate study process, Navigant developed a preliminary budget impact estimate of \$15.7 million in November 2017 based on the rate assumptions developed at that point in the project. WDH included this estimate in its budget presentation to the Joint Appropriations Legislative Committee in December. Following this presentation, Navigant continued to refine rate assumptions to address additional questions and policy concerns from the Steering Committee. As a result of this additional work, Navigant

developed the final model that the Steering Committee recommended. We estimated that this final rate model would result in additional Medicaid expenditures of \$11.5 million per year.

Highlights of this model are:

- An increase in the direct care worker wage to \$13.62/hour, based on the 75th percentile of the Bureau of Labor Statistics (BLS) occupational categories recommended to the Joint Labor, Health and Social Services Committee by the Wyoming Department of Workforce Services in 2016.
- Identification of the health insurance portion of the benefits factor using the average Wyoming employer health insurance premium contribution (single coverage), inflated to the midpoint of SFY 2019 and adjusted for the statewide average take up rate (percent of employees offered coverage that sign up) and percentage of full-time workers.¹
- Use of a service-specific program support factor based on provider cost data. Residential habilitation program support costs for levels 1 through 6 do not exceed \$12.45 per day.
- Policy adjustment applied to supported living service rates to keep the service category budget neutral

Navigant worked with BHD to identify waiver services that would be included and excluded in the rate study, as summarized in Table 1.A. The remainder of this report provides a detailed account of the rate study process, including stakeholder input, rate build-up methodology, and calculation of specific rate components

¹ U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2016 Wyoming Medical Expenditure Panel Survey Data.

Table 1.A: Waiver Services Included in Rate Study

Inclusion in Rate Study	Service
Included in Rate Study	<ul style="list-style-type: none"> • Adult day services • Case management • Child habilitation • Cognitive retraining • Community integration • Companion services • Crisis intervention support • Day habilitation • Homemaker • Independent support broker • Personal care services • Prevocational services • Residential habilitation • Supported employment • Supported living • Transportation
Excluded – Moved to Medicaid Fee Schedule	<ul style="list-style-type: none"> • Dietician • Occupational therapy • Physical Therapy • Skilled Nursing • Speech Therapy
Excluded – No change in reimbursement	<ul style="list-style-type: none"> • Behavioral support services • Employment discovery and customization • Environmental modification • Goods and services • Specialized equipment • Subsequent assessment

2 Introduction

The Wyoming Department of Health’s Behavioral Health Division (BHD) administers a reimbursement system for providers of home- and community-based services (HCBS) under the Comprehensive, Supports and Acquired Brain Injury (ABI) waiver programs (“waiver programs”). These waiver programs serve individuals with developmental disabilities (DD) and ABI and their families in the State of Wyoming, providing them with needed supports to live in their homes and communities. These waiver programs are available statewide and serve eligible individuals from birth through adulthood.

Pursuant to *Wyoming Statute 42-4-120(g)*, the State must rebase provider service rates for the waiver programs every two to four years. The current rate methodology was implemented on July 1, 2008, and will be in place ten years on June 30, 2018.² If rate rebasing occurs, new rates will begin on July 1, 2018 (SFY 2019), or upon approval from the Centers for Medicare and Medicaid Services (CMS).

3 Stakeholder Involvement

To support the development of cost based rates for the State’s waiver programs, Navigant and BHD worked with waiver providers and other stakeholders in the rate development process. BHD convened two workgroups to support the rate study: the Provider Team and the Steering Committee. Figure 3.A provides details about the composition of each group and their respective roles.

Figure 3.A: Provider Team and Steering Committee Composition and Roles

Provider Team	Steering Committee
<p>Composition:</p> <ul style="list-style-type: none"> • Small provider agencies • Large provider agencies • Case management agencies 	<p>Composition:</p> <ul style="list-style-type: none"> • Legislative representatives • WDH representatives, including Fiscal, Medicaid, the Director’s Unit for Policy, Research and Evaluation, and BHD • Provider and consumer advocates
<p>Role:</p> <ul style="list-style-type: none"> • Review survey design and materials • Provide input on rate components including wages, benefits, administration, program support and staffing • Develop service-specific staffing and supervisor span of control ratios and productivity factors (non-face-to-face time required to deliver the service) • Provide recommendations to the Steering Committee regarding key rate components 	<p>Role:</p> <ul style="list-style-type: none"> • Review recommendations by the Provider Team regarding rate components, request additional information if needed, and make final decisions • Review rate modeling analyses and estimated budget impacts • Identify final rate model for inclusion in the rate study

The Provider Team met at least monthly throughout the project; the Steering Committee met six times.

² Navigant conducted rate studies in State Fiscal Years (SFYs) 2011 and 2016 that were not implemented by the Wyoming Legislature.

4 Navigant's Approach to the DD/ABI Rate Methodology

Navigant used an independent rate build-up approach to develop payment rates for covered services. This approach:

- Uses a variety of data sources to establish rates for services that are:
 - “...consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that care and services are available to the general population in the geographic area.”
-1902(a)30(A) of the Social Security Act
- Relies primarily on reported cost data (i.e., costs are not audited, nor are rates compared to costs after a reporting period and adjusted to reflect those costs).
- Makes additional adjustments to rates to reflect:
 - State-specific policy goals – for example, incenting specific kinds of services
 - Comparisons to State payments for institutional services and neighboring state payment levels

Using cost information and wage rates collected from providers, in addition to State and federal data sources, Navigant calculated the values for different rate components and built rates from the bottom up for each of the waiver services included in the rate study. Navigant determined each cost component associated with the direct care provided for a service (for example, direct care worker wages and benefits), identified the corresponding payment amount(s) and then added on payment amounts reflecting administration and program support costs required to deliver the service.

We worked with BHD and the Provider Team to identify service-specific staffing ratios, supervisor span of control and productivity assumptions (non-face-to-face time with client required for service delivery such as travel and record-keeping) consistent with service definitions and requirements.

Figure 4.A provides the different direct and indirect care components that are used in the waiver services rate methodology. Section 5 of this report provides a detailed explanation of the data sources for the rate components; Section 6 describes the calculations for each component.

Figure 4.A: Direct and Indirect Care Cost Components

Direct Care Costs <i>Professional Delivering the Service and Corresponding Supervisor</i>	Indirect Care Costs
<ul style="list-style-type: none"> • Wages • Benefits, including federal and state payroll deductions, health insurance, and retirement • Training, vacation, sick leave and other paid time off • Productivity, representing non-face-to-face time required to deliver the service <p><i>Adjusted by service-specific staffing ratios and number of staff members per supervisor, as applicable</i></p>	<ul style="list-style-type: none"> • <i>Administration Factor</i> – Reflects the administrative costs associated with delivering services (for example, administrative employee salary and wages); is expressed as the ratio of administration expenses to program employee salaries, wages and benefits. • <i>Program support factor</i> – Reflects costs to support clinical services (for example, facility space and client activity supplies); is expressed as the ratio of program support expenses to program employee salaries, wages and benefits

5 Data Sources

For the development of waiver program rates, Navigant relied on multiple data sources including provider cost and wage survey data; BLS wage and employee benefits data; and Medical Expenditure Panel Survey (MEPS) data regarding employee health insurance benefits. We also used SFY 2017 Wyoming Medicaid claims data provided by WDH to develop budget impact estimates.

5.1 Provider Cost and Wage Surveys

Navigant conducted three provider surveys to assess the costs incurred by providers for the provision of waiver services in their most recently completed fiscal year (provider fiscal year end December 2016 or June 30, 2017). Surveys varied by provider type to reflect differences in reporting capabilities, as described in Table 5.A. The BHD strongly encouraged but did not require survey completion.

Table 5.A: Overview of Provider Cost and Wage Surveys

Survey Type	Provider Type	Key Data Collected
<i>Full Cost and Wage Survey (Full Survey)</i>	Provider agencies who received more than \$1 million in Medicaid payments for waiver services in SFY 2017	<ul style="list-style-type: none"> • Provider costs (including program support, benefits and administration) • Average, high and low wage rates by staff type • Average annual vacation, sick and holiday time
<i>Wage Survey Only</i>	Provider agencies who received less than a \$1 million in Medicaid payments for waiver services in SFY 2017	<ul style="list-style-type: none"> • Average, high and low wage rates by staff type
<i>Case Manager Cost and Wage Survey (CM Survey)</i>	Case management agencies and individual case managers who delivered case management to waiver participants	<ul style="list-style-type: none"> • Provider costs (including program support, benefits and administration) • Average, high and low wage rates by staff type • Average annual vacation, sick and holiday time

BHD did not request Wage or Case Manager Surveys from providers that do not designate wages, do not have a business tax identification number, or that use the provider's social security number as a business tax identification number. Instead BHD asked these providers to email the Division to inform BHD that they would not be completing a survey. Regardless of waiver income, Navigant offered all providers the option of completing the full cost and wage survey.

5.1.1 Survey Development and Administration

To address concerns providers had about the complexity of the surveys and the resultant quality of the data reported for the SFY 2016 rate study, Navigant worked with BHD and the Provider Team to streamline the surveys for use in this rate study. This included:

- Replacing the short cost and wage survey for providers under \$1 million in Medicaid revenue with a wages-only survey
- Identifying those independent providers that are not required to complete the survey
- Removing data elements that are not required for rate component calculation
- Conducting a pilot survey and incorporating provider feedback
- Reviewing draft and final provider surveys with the Provider Team and incorporating feedback prior to release to all providers

The BHD emailed all waiver providers prior to survey release regarding the purpose of the rate study, survey release and due dates, and the survey training schedule. Upon survey release on September 5, 2017, BHD emailed all providers the relevant survey and corresponding instructions along with reminders of the survey training schedule. We also created a website that contained information about the survey, survey materials for downloading if needed (Microsoft Excel and .pdf versions), the training schedule and training materials. The BHD allowed providers five weeks to complete the survey and provided an extension option if additional time was needed.

Survey Support:

- Four WebEx trainings for each provider type (12 in total), one of which was held on-site in Cheyenne
- Training materials and recordings posted on survey website
- Created survey inbox and phone line for providers to direct survey questions to
- Developed frequently asked questions (FAQ) document listing questions asked by providers and posted to survey website

The BHD and the Provider Team conducted outreach to providers through a campaign that included weekly reminders, updated training schedules and a request for participation from Representative Barlow and Senator Boner, members of the Steering Committee and Joint Labor, Health and Social Services legislative committee. Additionally, BHD collaborated with the Wyoming Governor's Council on Developmental Disabilities to provide information about the survey process to participants and families across Wyoming. The intent of this collaboration was to encourage participants, guardians, and family members to impress upon providers the importance of survey participation.

After receiving the submitted surveys, we contacted providers directly by phone or email to clarify any possible errors or incomplete responses.

5.1.2 Removal of Room and Board

States must confirm on all HCBS waiver applications to CMS that they have not included room and board costs in HCBS rates. Through the provider survey process, Navigant asked providers to affirm that their reported waiver costs did not include room and board costs. We did not audit the submitted costs in the survey, however, in total providers that filled out either the Full or Case Manager survey excluded 32 percent of their total costs when reporting waiver program support costs.

5.1.3 Survey Response Rate

In total, 44 providers, representing large agencies, small agencies, and case management providers, submitted cost and wage survey data. These providers received 56 percent of all Medicaid waiver payments made in SFY 2017. The large agencies (providers receiving more than \$1 million in Medicaid waiver payments) that responded accounted for 80 percent of Medicaid waiver payments. An additional 133 independent providers (including 35 case managers) responded to the BHD indicating they would not be completing a survey. Table 5.B on the following page provides the provider response rate by survey type.

Table 5.B: Provider Response Rates by Survey Type

Survey Type	Provider Type	Number of Providers	Total SFY 2017 Medicaid Waiver Payments	Providers That Submitted Surveys		
				Surveys Received	SFY 2017 Medicaid Waiver Payments	Medicaid Waiver Payments as a % of Total Medicaid Waiver Payments
Full Survey	Providers with over \$1 million in SFY 2017 Medicaid waiver payments	22	\$60,043,672	15	\$48,225,672	80%
Wage Survey	Providers with under \$1 million in SFY 2017 Medicaid waiver payments	489	\$32,173,075	21	\$5,518,359	17%
Case Manager Survey	Case management agencies and/or independent case managers*	88	\$7,510,506	8	\$2,546,263	34%
Total		599	\$99,727,253	44	\$56,290,294	56%

* Case management providers were defined as those with at least 50 percent of SFY 2017 waiver payments coming from claim lines with procedure codes T2022 (case management, monthly) or T1016 (case management, 15 minutes).

5.2 Bureau of Labor Statistics Wyoming Data

Navigant used the United States Department of Labor's Bureau of Labor Statistics (BLS) data to identify the following:

- BLS wage rates for a range of occupations that were similar to the direct service workers and other staff at waiver provider agencies (25th, 50th, 75th and 90th percentiles)³
- Retirement costs as a percent of salary and wages for private industry health care and social assistance "service" workers⁴

We inflated BLS wages to the midpoint of SFY 2019 using a two-year moving average of the quarterly Wyoming Cost of Living Index values provided by the Wyoming Economic Analysis Division.

5.3 Medical Expenditure Panel Survey Data

Navigant used Wyoming-specific 2016 Medical Expenditure Panel Survey (MEPS) data gathered by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality to support the calculation of the Employee Related Expenses (ERE) factor used in the rate study, specifically:

- Average employer portion of health insurance premiums (inflated to the midpoint of SFY 2019)
- Percent of full-time employees for private employers
- Percent of full-time employees enrolled in health insurance at establishments that offer health insurance ("take-up rate")

Navigant inflated the health insurance premium amounts to the midpoint of SFY 2019 using CMS market basket data.⁵

³ May 2016 State Occupational Employment and Wage Estimates for Wyoming. Available online: Site: https://www.bls.gov/oes/current/oes_wy.htm#29-0000. Accessed: 9/15/2017.

⁴ June 2017 BLS Economic News Release Table 14. Available online: <https://www.bls.gov/news.release/ecec.t14.htm>

⁵ Quarterly Index Levels in the CMS Prospective Payment System Price Index using Global Insight, Inc. Forecast Assumptions, by Expense Category 1996-2024. Downloaded September 25, 2017. Available online: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData.html> (Market Basket history and forecasts)

6 Rate Components

The independent rate model build-up approach uses assumptions about types of employees; wage rates; benefits; program support and administration costs; supervisor span of control, staffing patterns, and direct care worker productivity factors. Some of these components – for example, staffing patterns – vary between services while others are the same across the services. Table 6.A provides a summary of the components used for rate modeling.

Table 6.A: Primary Components in Independent Rate Models

Factor Type	Name	Description
Direct Care Costs	1. Staff wages	Hourly wages for program (direct care) employees and corresponding supervisors
	2. Program employee full-time equivalent (FTE) factor	Costs associated with payroll hours to cover program employee vacation, holiday and sick days and training time
	3. Average staffing patterns	Average number of clients receiving services from one staff person
	4. Supervisor span of control	Number of direct care workers overseen by one supervisor
	5. Productivity adjustments	Non-face-to-face time that program staff must spend to deliver the service (for example, travel time and recordkeeping)
	6. Employee Related Expenses (ERE or Benefits Factor)	Federal and state payroll deductions and health, dental, vision, life and disability benefits
Non-Direct Costs	7. Administration factor	Ratio of administration expenses to program employee salaries, wages and benefits
	8. Program support factor	Ratio of program support expenses to program employee salaries, wages and benefits

6.1 Staff Wages

Hourly wages for program employees (e.g., direct care service workers, supervisors and case managers) serve as the baseline for the proposed waiver payment rates. During the Provider Team meetings, providers expressed concerns about the downward pressure on wages and benefit levels based on limitations in State funding levels for waiver services, specifically:

- Wage and benefit offerings are not competitive; it is difficult to attract and retain program employees.
- High turnover rates result in additional training costs for new employees and higher overtime payments for remaining employees.

Legislators and provider advocates also expressed these concerns during the SFY 2016 rate study. Following the SFY 2016 rate study, legislators instructed the Wyoming Department of Workforce Services to identify a BLS-based wage rate for direct care workers. The Department

of Workforce Services developed a rate of \$12.14 which reflected the average of two BLS categories:

- Home Health Aide (BLS group 31-1011)
- Personal Care Aide (BLS group 39-9021)

The Department of Workforce Services presented this rate to the Wyoming Joint Labor, Health and Social Services Committee on August 26, 2016, as an acceptable alternative to previously used direct care service worker wages reported in cost and wage surveys.

In light of previous rate study direct care wage findings, Navigant presented the following wage options to the Provider Team and Steering Committee for consideration:

- BLS wage amounts for a range of occupations that were similar to the direct service workers and other staff at waiver provider agencies (25th, 50th, 75th and 90th percentiles based on June 2017 BLS)
- Weighted and unweighted average wage amounts by staff level from the provider survey
- Other industry benchmarks, specifically, the starting and median wage for the Wyoming Life Resource Center and the direct care worker staff wages used in Colorado and Nebraska's DD waiver program rate methodologies

The Provider Team recommended that Navigant use wages from the BLS occupational categories identified by the Department of Workforce Services and we recreated the calculation presented to the Wyoming Joint Labor, Health and Social Services Committee using updated 2017 BLS data inflated to the midpoint of SFY 2019. For the remaining staff levels, the Provider Team recommended using provider wage data from provider surveys unless the reported data was not sufficient (in which case BLS data would be used). The Steering Committee accepted these recommendations. Table 6.B lists the hourly wages and data sources included in the Steering Committee's approved rate model by staff level. Navigant inflated all wage data used to the midpoint of State Fiscal Year (SFY) 2019.

Table 6.B: Hourly Staff Wages Used in Rate Study

Staff Type	Wage Source	Inflated Hourly Wage	Services Applied To	Wage Identified for Final Model
Direct Care Workers	BLS	\$13.62	<ul style="list-style-type: none"> • Adult day services • Child habilitation • Community integration • Individual habilitation • Residential habilitation • Supported living • Prevocational services • Companion services • Personal care services • Homemaker • Respite • Transportation 	Average of the 75 th percentile of BLS occupational categories for Home Health Aide (31-1011) and Personal Care Aide (39-9021)
Job Coaches and Vocational Trainers	Survey	\$14.06	<ul style="list-style-type: none"> • Supported employment/supported employment follow along 	75 th percentile of data from Full Survey
Rehabilitation Counselor	BLS	\$18.32	<ul style="list-style-type: none"> • Cognitive retraining 	Median wage for BLS occupational category Rehabilitation Counselor (21-1021)
Shift and Unit Supervisors	Survey	\$15.62	<ul style="list-style-type: none"> • Adult day services • Community integration • Residential habilitation • Supported living • Prevocational services • Supported employment 	Weighted average using all surveys
Case Managers	Survey	\$22.94	<ul style="list-style-type: none"> • Case management • Independent support broker 	Weighted average using Full and Case Manager Survey wage rates
Case Manager Supervisors	Survey	\$26.36		

6.2 Employee Related Expenses

The Employee Related Expenses (ERE) factor is used to reflect the cost of program employee benefits, specifically:

- Federally required benefits such as FICA, FUTA and SUTA along with insurance costs for state workers compensation
- Health and dental insurance
- Retirement benefits
- Long- and short-term disability benefits

Members of the Provider Team indicated that funding levels for the waiver program have made it difficult to either offer health insurance and other benefits, or to continue offering them at the same levels. Sixty-one percent of large providers and case management agencies responding to the survey offer health insurance; 13 percent of providers reported that they had offered health insurance in the past but no longer do so. According to survey results, the main reasons for not offering coverage were that the employer and employee portions of premiums were too high. Approximately half of providers offering health insurance were self-insured; providers reported self-insured contributions for employee-only (single) coverage nearly 40 percent higher than fully-insured providers contributions (average employer contribution of \$643 vs. \$465 per month).⁶

Navigant presented three ERE options to the Provider Team and Steering Committee for consideration as summarized in Table 6.C.

⁶ Premiums are inflated to the midpoint of SFY 2019 using the CMS Prospective Payment System Price Index.

Table 6.C: Three ERE Options

ERE Component	Option 1	Option 2	Option 3
Health insurance	Use provider survey cost data. This approach does not account for new costs required for providers to begin offering health insurance coverage.	Use “plug in” premium amount for all employees, adjusted for percentage of full-time workers (assumes everyone takes up coverage that is eligible)	Use “plug in” premium amount for all employees, adjusted for percentage of full-time workers and anticipated percent of full-time employees that would sign up for health insurance coverage if offered.
Retirement	Provider cost data	BLS data	
Federally required benefits	National and state percentages		
Dental, vision and short- and long-term disability	Provider cost report data		

The Steering Committee accepted the Provider Team’s recommendation that the ERE factor be based on the third option. Appendix A provides additional information on the ERE factor used in the rate study.

6.3 Program Employee Full-Time Equivalent Factor

The Full Time Equivalent (FTE) factor represents costs associated with payroll hours required to cover for staff when they are not available to provide direct services, for example, during vacation days, sick time or training. Navigant included approximately 22 days per year for the FTE factor based on the average number of paid time off and paid training hours per employee reported in the provider cost and wage surveys.⁷ Table 6.D provides a breakdown of the paid time off and training assumptions used in the rate study.

⁷ Navigant converted employee training hours to training days by dividing the average annual training hours per employee by eight to convert hours into days.

Table 6.D: FTE Factor Calculation

FTE Factor Component	Number Per Year
<i>Holiday, Sick, Vacation Days (Paid Time Off)</i>	18
<i>Training Days</i>	4
Total Paid Time Off and Training Days	22
Total Paid Time Off and Training Hours (Paid Time Off and Training Days X 8 Hours per day)	177
% FTE Factor⁸	109%

6.4 Average Staffing Pattern

Waiver program staffing patterns vary by service, level of need, and time of day and are expressed using two ratios:

- **Staffing ratios**
 - Account for the number of recipients per staff person. For example, a 1:9 ratio means a service requires one staff person for every nine recipients. Residential habilitation services are assigned a daytime and nighttime staffing ratio; none of the other waiver program services require a nighttime staffing ratio.
 - In certain cases, staffing ratios for services change based on the level of need of the recipient receiving services. For instance, adult day services can be provided at three levels of intensity (basic, intermediate and high) and the staffing ratios vary accordingly (for example, 1:5 for basic, 1:3 for intermediate and 1:1.5 for high).
- **Supervisor span of control** – Indicates the number of direct care service staff to a supervisor, taking into account that supervisor qualifications may vary by service.

Navigant met with the Provider Team and convened a special case manager focus group to develop staffing ratios for the case management services and related supervisor spans of control. This process involved reviewing BHD service descriptions with the Provider Team and the focus group to determine current provider practice patterns.^{9,10}

Appendix B provides a detailed breakdown of the average staffing patterns for direct care service staff and supervisors used to calculate payment rates for each service.

⁸ The FTE factor equals one plus the total paid time off and training hours (i.e., 177) divided by the total hours in a year (i.e., 2,080).

⁹ Wyoming Department of Health Behavioral Health Division, “Comprehensive and Supports Waiver Services – Service Index 7/1/2017”. Available online: <https://health.wyo.gov/wp-content/uploads/2016/06/BHD-Supports-and-Comprehensive-Waiver-Service-Index-7.1.2017.pdf>

¹⁰ Wyoming Department of Health Behavioral Health Division, “Acquired Brain Injury Waiver Services – Service Index 7/1/2017”. Available online: <https://health.wyo.gov/wp-content/uploads/2016/06/BHD-ABI-Waiver-Service-Index-7.1.2017.pdf>

6.5 Productivity Adjustment

Program employees must perform certain activities that are necessary to deliver a service aside from client service provision. This non-face-to-face time is not billable and includes:

- Participating in individual support planning meetings
- Travel time to/from and between participant residences
- Recordkeeping and documentation
- Employer time (e.g., staff meetings)
- Program coordination and development

The rate model includes service-specific productivity factors to account for this non-face-to-face time. Navigant worked with BHD and the Provider Team to identify the assumptions for the calculation of productivity factors based on:

- Productivity factors used in the SFY 2016 rate study
- Provider experience, including feedback from a special case manager focus group
- Service requirements

Example Productivity Factor Calculation for Adult Day Services

- During an average 40-hour work week, a direct care worker will spend 4.5 hours on non-billable activities
- The worker will have 35.5 hours remaining to provide direct services to recipients
- Productivity factor of 1.13 calculated as: $(40/35.5) = 1.13$

Navigant presented the resulting productivity factors to the Steering Committee for review and then incorporated them into the rate model. These factors are calculated by dividing the total hours in a week by the billable hours and then applied to the wage for the program employee level that corresponds to the service being provided.

Appendix C provides the productivity factors used for each service in the rate study.

6.6 Administration Factor

The administration factor reflects the costs associated with operating a provider agency, such as costs for administrative employees' salaries and wages along with non-payroll administration expenses, such as licenses, property taxes, liability and other insurance. Navigant used provider cost data collected in the full and case manager surveys to calculate two administration factors: a case management factor and a non-case management factor. We calculated each factor as follows:

- *Step 1:* Calculate a provider-specific administration factor percent by dividing provider-specific total admin expenses by total program employee costs
- *Step 2:* Exclude outliers, i.e., provider administration factors exceeding forty percent of program salaries and wages

- *Step 3:* Identify the median administration cost factor for all included providers

The following table provides the administration factors used in the rate study.

Table 6.E: Service Specific Administration Factors

Services	Administration Factors
Case management	16.25% of program employee salary and wages
All other services	23.41% of program employee salary and wages
Host home/special family habilitation home	0% of program employee salary and wages

6.7 Program Support Factor

The program support factor reflects the costs that support direct care services, for example, non-payroll program support costs, non-payroll facility, vehicle and equipment expenses and total maintenance costs, and program supplies.

Some states use one common program support factor across all services while other states vary the program support factor by service. Navigant initially developed one common program support factor; however, based on Steering Committee feedback in December, we used service-specific program support factors in the final rate model.

To calculate service-specific program support factors, we took the following steps:

- *Step 1:* Calculate provider-specific program support factors by dividing provider-specific total program support costs by total program employee costs
- *Step 2:* Exclude provider program support factors exceeding forty percent of reported program salaries and wages.
- *Step 3:* Identify the median program support percentage factor for all providers
- *Step 4:* For non-case management services, develop three additional program support factors that (1) exclude vehicle costs, (2) exclude facility costs, and (3) exclude both vehicle and facility costs.
- *Step 5:* For non-case management services, determine which services do not include vehicle costs, facility costs or both and apply the appropriate program support factor calculated in Step 4.

- *Step 6:* Limit the program support factor percentage for residential habilitation level 5 and level 6 services so that total program support costs do not exceed residential habilitation level 4 program support costs. This limitation is intended to calculate appropriate service payments by establishing a maximum amount of program support that a provider is able to receive for residential habilitation.

Table 6.F contains the program support factors used for each service.

Table 6.F: Program Support Factors

Services	Program Support Percentage Factor
Day habilitation and prevocational services	25.34% of program employee salary and wages (all costs)
Cognitive retraining	22.95% of program employee salary and wages (excludes vehicle costs)
Personal care, supported employment, supported living, host home/special family habilitation home, and residential habilitation levels 1,2,3:	9.73% of program employee salary and wages (excludes facility costs)
Residential habilitations levels 4,5,6	Program support costs are capped at \$12.45 per day
Case management services	8.68% of program employee salary and wages
Crisis intervention services	7.33% of program employee salary and wages (excludes facility and vehicle costs)

7 Service-Level Rate Build-Up and Rates

We calculated the waiver provider rates through the use of cost data and the application of other adjustments and factors as described in earlier sections of this report. We provide the methodology for calculating each service rate in the following Figure 7.A and a full breakdown of the factors used to calculate each rate in Appendix D.

Figure 7.A: Overview of Calculations Leading to Proposed Rates

$$\begin{aligned}
 \text{Direct Care Unit Cost} &= \left(\text{Direct Care Inflated Wage} \div \text{Units Per Hour} \div \text{Staffing Ratio} \right) \times \left(1 + \text{Benefits Factor} \right) \times \text{Productivity Factor} \times \text{FTE Factor} \\
 \text{Direct Care Supervision Costs} &= \left(\text{Supervisor Inflated Wage} \div \text{Units Per Hour} \div \text{Supervisor Span of Control} \right) \times \left(1 + \text{Benefits Factor} \right) \times \text{Productivity Factor} \times \text{FTE Factor} \\
 \text{Total Direct Care Costs} &= \text{Direct Care Unit Cost} + \text{Direct Care Supervision Costs} \\
 \text{Non-Direct Care Cost} &= \text{Total Direct Care Costs} \times \text{Administration Factor} \times \text{Program Support Factor} \\
 \text{Proposed Rate} &= \left(\text{Total Direct Care Costs} + \text{Non-Direct Care Cost} \right) \times \text{Incentive Factor (or Reduction Factor)}
 \end{aligned}$$

Navigant tailored the rate calculation methodology shown above for four services, as described below:

- Child Habilitation Ages 0-12:** This service rate calculation includes a \$0.75 reduction to the calculated rate to account for time that a child would normally receive services from school or other child care.¹¹
- Case Management Services:** We calculated blended case management service rates to account for case management agencies that use case manager supervisors. In Wyoming, an estimated 49 percent of waiver case management services are provided by agencies that have supervisors.¹² We calculated the blended rate based on the percentage of case management services provided by organizations with and without supervisors to account for the different cost structures of these providers (based on a 1:4.5 supervisor span of control).
- Transportation, Tiers 1 and 2:** BHD requested that Navigant change the unit of service for transportation services from a per-mile rate to a per-event rate. The rates for transportation services follow the same general rate build up approach as used for the other waiver services to incorporate staff cost including wages, ERE, FTE and

¹¹ The Child Habilitation 0-12 adjustment is based on a 2017 study by Child Care Aware of America of the average 2016 childcare center costs for infants, toddlers, 4-year olds and school-age children in WY (inflated to the midpoint of SFY19 using the WY Cost of Living adjustment of 2.32%). Available online: http://usa.childcareaware.org/wp-content/uploads/2017/07/WY_Facts.pdf

¹² Based on feedback from the case manager focus group and BHD's analysis of case management claims data.

productivity factors. Transportation rates also include a \$0.535 per-mile cost component and an estimated number of miles driven for each service tier.¹³ Program support payments are excluded from the rate calculation as vehicle costs are reimbursed through the per-mile rate.

- *Supported living services:* Navigant applied a policy adjustment to the proposed rates so that overall payments for this service category do not decrease from SFY 2017 levels.

In addition, BHD requested that Navigant calculate a respite daily rate for one person; currently the State’s daily respite rate is for a group of two. We calculated the new individual daily rate in the same way as the group of two daily rate but used a staffing ratio of 1:1 instead of 1:2.

Appendix E provides a listing of current rates and the rates calculated using the new methodology.

8 Development of Budget Impact Estimates

Navigant developed an estimated budget impact of the newly calculated rates based on SFY 2017 waiver claims data. The table below provides a description of the specific calculations by type of service.

Table 8.A: Budget Impact Calculation by Type of Service

Type of Service	Baseline Waiver Payments	SFY 2019 Estimated Waiver Payments
<i>Service included in rate study</i>	SFY 2017 units multiplied by SFY 2018 fees ¹⁴	SFY 2017 units multiplied by proposed fee schedule
<i>Services changing to align with Medicaid State Plan rates</i>	SFY 2017 units multiplied by SFY 2018 fees ¹⁵	SFY 2017 units multiplied by Medicaid State Plan rates ¹⁶
<i>Services excluded from Rate Study; payment rate remains the same</i>	SFY 2017 units multiplied SFY 2018 fees; ¹⁷ in the event of a “per event fee”, use payment amount on the claim.	No change

¹³ The \$0.535 per mile payment assumption used in transportation tiers 1 and 2 is based on the standard 2017 Federal per-mile business rate.

¹⁴ Re-priced using appropriate Comprehensive and Support Waiver or ABI waiver service indexes effective July 1, 2017.

¹⁵ Re-priced using appropriate Comprehensive and Support Waiver or ABI waiver service indexes effective July 1, 2017.

¹⁶ Re-priced using Medicaid Master Fee Schedule effective July 1, 2017.

¹⁷ Re-priced using appropriate Comprehensive and Support Waiver or ABI waiver service indexes effective July 1, 2017.

Applying SFY 2018 fee schedules to 2017 data resulted in baseline payment of \$103,329,274, reflecting a 3.6 percent increase in expenditures in comparison to actual 2017 expenditures.

In November 2017, Navigant presented a preliminary budget impact estimate of \$15.7 million based on the rate assumptions developed at that point in the project. WDH provided this estimate in its budget presentation to the Joint Appropriations Legislative Committee in December. This preliminary rate model was different from the final rate model selected as it included:

- One common, uncapped program support factor for all services
- Case management services that excluded a supervisor component and did not use a blended rate
- Direct care worker hourly wage set at median BLS wage rates

Following this presentation, Navigant continued to refine rate assumptions to address additional questions and policy concerns from the Steering Committee. The estimated budget impact of the final rate study model is \$11.5 million and included the following changes:

- Use of service-specific program support factors (versus on common program support factor across all service categories)
- Limitation of program support payments for residential habilitation levels 5 and 6 at a lower percentage of direct care costs
- Increasing individual supported living rates to be budget neutral
- Increasing wages for direct care service workers and job coaches to the 75th percentiles for each wage category
- Increasing the number of recipients per staff person at nighttime for Level 6 residential habilitation from two to four (“asleep time staffing ratio”)¹⁸

Table 8.B provides the estimated budget impact by service area for the final rate model selected by the Steering Committee.¹⁹

¹⁸ To establish the daily rate for residential habilitation services, there are assumptions around the average staffing pattern during daytime and nighttime hours.

¹⁹ The budget impact presented to the Steering Committee on January 9th was \$11.6 million instead of the \$11.5 million listed here; this difference is a result of additional refinements to the ERE calculation.

Table 8.B: Estimated Budget Impact of the Rate Model Selected by the Steering Committee

	Total Current Waiver Payments ²⁰	Total Estimated Payments with Selected Model ²¹	Estimated Budget Impact	Percent of Proposed Payments	Percent Payment Change
Services Included in Rate Study					
Day Habilitation Services	\$23,965,739	\$24,821,440	\$855,701	22%	4%
Residential Habilitation	50,352,316	58,476,953	8,124,637	51%	16%
Supported Living	9,142,988	9,185,775	42,787	8%	0%
Employment Services	1,594,334	1,679,870	85,535	1%	5%
Personal Care Services	9,029,331	11,464,663	2,435,332	10%	27%
Case Management	7,698,956	7,476,379	(222,576)	7%	(3%)
Other Services	211,048	250,344	39,296	0.2%	19%
Subtotal	\$101,994,712	\$113,355,425	\$11,360,713	99%	11%
Services Excluded from Rate Rebasing					
Services receiving non-waiver Medicaid payments	\$1,043,506	\$1,142,131	\$98,625	1%	9%
Other services ²²	291,057	291,057	0	0.3%	0%
Subtotal - Excluded Services	\$1,334,563	\$1,433,188	\$98,625	1%	7%
Total	\$103,329,274	\$114,788,613	\$11,459,338	100%	11.2%

9 Additional Feedback from the Steering Committee

Members of the Steering Committee provided comments on the final rate model for consideration as part of this rate study. These comments included:

- The final rate model used an hourly direct care service worker wage calculated at the BLS 75th percentile (\$13.62). One Steering Committee member indicated that the median BLS wage rate (\$12.51) was more appropriate because of the smaller budget impact caused by the lower wage rate.
- A Steering Committee member voiced concerns that larger provider organizations may have economies of scale when providing waiver services and these were not incorporated into the rate model. BHD reflected that due to the shortened project timeline, this analysis could not be incorporated but could be included in future waiver rate studies.
- The final rate model program support factors for residential services removed 100 percent of facility costs. One Steering Committee member preferred to only exclude 90 percent of provider facility costs from the program support factor calculations to allow for the costs of administrative office space.
- A Steering Committee member recommended that if BHD implements the higher waiver service rates produced by the final rate model, it should collect additional data to determine if the waiver service payment increases resulted in improved services, increased direct care wages and less employee turnover.

²⁰ SFY 2017 paid units multiplied by the current rate for the service.

²¹ Not adjusted for potential changes in utilization

²² Other excluded services include behavioral support, employment discovery and customization, environmental modifications, and specialized equipment.

10 Considerations for Future Rate Studies

There various issues and observations related to this rate study that may be useful to take into account for future studies, specifically:

- *Extending rate study time frame* – Navigant conducted the current rate study under a condensed time frame to allow for consideration of the study’s results during the 2018 legislative session. Extending the timeframe of future rate studies to approximately 18 months would allow for more robust data collection, analysis and discussion, most notably on-site reviews and audits of provider data, targeted focus groups and in-depth analyses regarding variances in costs by geographic area and provider size.
- *Onsite reviews and audits* – To validate data collected through future provider surveys, BHD may want to consider performing onsite review and audits of provider data. Such reviews would support data validation and allow for additional insight into provider costs and service delivery.
- *Consideration of economies of scale* – The Steering Committee discussed how providers have unique costs based on the size of each organization. With an extended timeline, future rate studies could assess the potential for a tiered rate structure that would reflect economies of scale by provider size.
- *Program support and administration factors* – The Provider Team and Steering Committee discussed several different methodologies for calculating the program support and administration factors used in the rate study. Future rate studies could collect additional survey data to more precisely tailor program support and administration factors to each service.
- *Value-based payment approaches* – Future rate studies could also assess the use of payment methodologies that link payments to provider performance on outcomes and quality measures.
- *Continued strong stakeholder involvement strategy* – The use of a highly coordinated Provider Team and Steering Committee – including a wide range of providers, consumer advocates, senior State staff and key State legislators – was very effective, supporting:
 - Transparency in the rate development process
 - Robust stakeholder feedback at key points in the study
 - Timely updates on the study’s progress

Using a similar stakeholder involvement strategy in future rate studies would support effective policy development.

- *Monitoring impact of rate increases* – If rate increases are implemented, future rate studies could assess changes in employee turnover, wages and benefits, and if providers are increasing the number of services provided. Such analyses could help assess if rate increases are translating into desirable changes in provider behavior.

11 Acknowledgments

Navigant and BHD want to acknowledge the work of the Provider Team, Steering Committee and Wyoming waiver service providers throughout this rate study. Providers' participation in the survey, focus groups and Provider Team allowed for an enhanced understanding of provider service delivery and costs. The Provider Team and Steering Committee members provided critical guidance and decisions regarding key rate components and spent significant time in lengthy meetings throughout the project. Navigant and BHD are appreciative of the level of effort and time dedicated by all parties.

Wyoming Department of Health, Behavioral Health Division
 Comprehensive, Supports and Acquired Brain Injury Waivers SFY 2019 Provider Rate Study
 Appendix A: Employee-Related Expenses (ERE) Factors

ERE Factor Assumptions												
Rate Component	Direct Care Workers		Job Coaches and Vocational Trainers		Shift and Unit Supervisors		Rehabilitation Counselors		Case Managers		Case Manager Supervisor	
	Wage	Percent	Wage	Percent	Wage	Percent	Wage	Percent	Wage	Percent	Wage	Percent
Hourly Wage Rate	\$ 13.62		\$ 14.06		\$ 15.62		\$ 18.32		\$ 22.94		\$ 26.36	
Annual Wage (hourly rate multiplied by 2,080 hours)	\$ 28,337		\$ 29,245		\$ 32,496		\$ 38,115		\$ 47,716		\$ 54,830	
Legally-Required Benefits												
FICA ¹	\$ 2,168	7.65%	\$ 2,237	7.65%	\$ 2,486	7.65%	\$ 2,916	7.65%	\$ 3,650	7.65%	\$ 4,195	7.65%
FUTA ²	\$ 80	0.28%	\$ 80	0.27%	\$ 80	0.25%	\$ 80	0.21%	\$ 80	0.17%	\$ 80	0.15%
SUTA ³	\$ 340	1.20%	\$ 340	1.16%	\$ 340	1.05%	\$ 340	0.89%	\$ 340	0.71%	\$ 340	0.62%
Workers Compensation ⁴	\$ 1,306	4.61%	\$ 1,348	4.61%	\$ 1,498	4.61%	\$ 1,757	4.61%	\$ 2,200	4.61%	\$ 2,528	4.61%
Total Legally-Required Benefits	\$ 3,894	13.74%	\$ 4,005	13.70%	\$ 4,404	13.55%	\$ 5,093	13.36%	\$ 6,270	13.14%	\$ 7,142	13.03%
Insurance Costs for Full Time Employees Choosing to Take-Up Insurance												
Health insurance ^{5,6,7}	\$ 2,828	9.98%	\$ 2,828	9.67%	\$ 2,828	8.70%	\$ 2,828	7.42%	\$ 2,828	5.93%	\$ 2,828	5.16%
Retirement benefit ⁸	\$ 793	2.80%	\$ 819	2.80%	\$ 910	2.80%	\$ 1,067	2.80%	\$ 1,336	2.80%	\$ 1,535	2.80%
Dental, vision, life and disability ⁹	\$ 72	0.25%	\$ 74	0.25%	\$ 82	0.25%	\$ 97	0.25%	\$ 121	0.25%	\$ 139	0.25%
Total ERE per Employee	\$ 7,588	26.78%	\$ 7,727	26.42%	\$ 8,224	25.31%	\$ 9,085	23.84%	\$ 10,555	22.12%	\$ 11,645	21.24%

Notes: Totals may vary due to rounding. The ERE factors used in the rate model vary by wage rate as the ERE factor represents the cost of employee benefits at different wage levels. An increase in employee wages will cause a decrease in the total expenses per employee as benefits, taxes and insurance will represent a smaller portion of an employee's total wages.

1. Navigant used the FICA percentage from the IRS Topic 751 Social Security and Medicare Withholding Rates; Available online: <https://www.irs.gov/taxtopics/tc750/tc751>
2. Navigant used the FUTA percentage from the IRS Topic 759 Employer's Annual FUTA Tax Return; Available online: <https://www.irs.gov/taxtopics/tc750/tc759>
3. Navigant used the SUTA percentage from the Wyoming Unemployment Insurance Average Tax Rate by NAICS Grouping for CY 2017; Available online: http://wyomingworkforce.org/_docs/ui/taxrates/2017.pdf
4. The workers compensation percentage of salaries and wages included in the ERE factor is calculated using a weighted average of BLS information on workers compensation rates for Community Care Facilities for Elderly (623300), Other Residential Care Facilities (623900) and Social Assistance (624000) weighted by the number of providers in each reported class that reported data.
5. Health insurance costs used in the ERE percentage use Wyoming 2016 MEPS average employer portion with a six percent inflation factor added to update insurance costs to the midpoint of SFY 2019 based on Medicare Market Basket History and Forecasts. See sources in footnotes 6 and 7.
6. Wyoming 2016 MEPS Table II.C.1 minus Table II.C.2; Available online: https://meps.ahrq.gov/data_stats/summ_tables/insr/excel/2016/Wyoming2016.xls
7. Quarterly Index Levels in the CMS Prospective Payment System Price Index using Global Insight, Inc. Forecast Assumptions, by Expense Category 1996-2024. Downloaded September 25, 2017 from: Available online: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData.html> (Market Basket history and forecasts)
8. Navigant calculated retirement benefit costs using BLS data reported on retirement costs as a percent of salary and wages for private industry health care and social assistance "service" workers, June 2017. This percentage is calculated by dividing the total cost per hour in retirement and savings (\$0.39) by total cost per hour for salary and wages for the "service" worker category (\$13.74). Available online: <https://www.bls.gov/news.release/ecec.t14.htm>
9. Dental, vision, life and disability insurance costs calculated as a percent of salaries and wages from providers submitting sufficient full or CM cost report data.

Wyoming Department of Health, Behavioral Health Division
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 Appendix B: Staff Type, Staffing Ratio and Supervisor Span of Control Assumptions by Service

Service	Unit of Service	Staff Type Used to Identify the Wage Amount in the Rate Model	Supervisor Staff Type Used to Identify the Wage Amount in the Rate Model	Average Staffing Pattern		
				Primetime (Clients are Awake)	Client is Asleep	Supervisor Span of Control
Day Habilitation Services						
Adult Day Service - Basic	15 Minute	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:5	N/A	1:9
Adult Day Service - Intermediate	15 Minute	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:3	N/A	1:9
Adult Day Service - High	15 Minute	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:1.5	N/A	1:9
Child Habilitation - 0-12	15 Minute	Direct Care Workers - Daytime	N/A	1:2	N/A	N/A
Child Habilitation - 13-17	15 Minute	Direct Care Workers - Daytime	N/A	1:2	N/A	N/A
Community Integration - Basic	15 Minute	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:4.5	N/A	1:9
Community Integration - Intermediate	15 Minute	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:2.5	N/A	1:9
Community Integration - High	15 Minute	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:1	N/A	1:9
Individual Habilitation Training	1 hour	Direct Care Workers - Daytime	N/A	1:1	N/A	N/A
Residential Habilitation						
Residential Habilitation - Basic (<i>represents current levels 1 and 2</i>)	Daily	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:5	1:8	1:9
Residential Habilitation - Level 3	Daily	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:4	1:8	1:9
Residential Habilitation - Level 4	Daily	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:3	1:6	1:9
Residential Habilitation - Level 5	Daily	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:2	1:4	1:9
Residential Habilitation - Level 6	Daily	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:1	1:4	1:9
Residential Habilitation - Host Home/Special Family Habilitation Home	Daily	Direct Care Workers - Daytime	N/A	1:1	N/A	N/A
Supported Living						
Supported Living - Individual	15 Minute	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:1	N/A	1:9
Supported Living - Group of 2	15 Minute	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:2	N/A	1:9
Supported Living - Group of 3	15 Minute	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:3	N/A	1:9
Supported Living - Daily (group up to 3)	Daily	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:3	N/A	1:9

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				Primetime (Clients are Awake)	Client is Asleep	Supervisor Span of Control
Employment Services						
Prevocational Services - Basic	15 Minute	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:5	N/A	1:9
Prevocational Services - Intermediate	15 Minute	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:3	N/A	1:9
Prevocational Services - High	15 Minute	Direct Care Workers - Daytime	Shift and Unit Supervisors	1:1.5	N/A	1:9
Supported Employment/Supported Employment Follow Along - Individual	15 Minute	Job Coaches and Vocational Trainers	Shift and Unit Supervisors	1:1	N/A	1:9
Supported Employment - Group	15 Minute	Job Coaches and Vocational Trainers	Shift and Unit Supervisors	1:4	N/A	1:9
Personal Care Services						
Companion Services - Individual	15 Minute	Direct Care Workers - Daytime	N/A	1:1	N/A	N/A
Companion Services - Group up to 3	15 Minute	Direct Care Workers - Daytime	N/A	1:2	N/A	N/A
Personal Care Services	15 Minute	Direct Care Workers - Daytime	N/A	1:1	N/A	N/A
Homemaker	15 Minute	Direct Care Workers - Daytime	N/A	1:1	N/A	N/A
Respite - Group of 2	15 Minute	Direct Care Workers - Daytime	N/A	1:2	N/A	N/A
Respite Daily - Individual	Daily	Direct Care Workers - Daytime	N/A	1:1	N/A	N/A
Respite Daily - Group of 2	Daily	Direct Care Workers - Daytime	N/A	1:2	N/A	N/A
Case Management						
Case Management	15 Minute	Case Manager	Case Manager Supervisors	1:1	N/A	1:4.5
Case Management - Daily	Monthly	Case Manager	Case Manager Supervisors	1:1	N/A	1:4.5
Independent Support Broker	15 Minute	Case Manager	Case Manager Supervisors	1:1	N/A	1:4.5
Other Services						
Crisis intervention support	15 Minute	Shift and Unit Supervisors	N/A	1:1	N/A	N/A
Cognitive retraining	15 Minute	Rehabilitation Counselor	N/A	1:1	N/A	N/A
Transportation	Per Trip	Direct Care Workers - Daytime	N/A	1:1	N/A	N/A

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 Appendix C: Productivity Assumption by Service Category

Services	Productivity Adjustment
Companion Services Homemaker Services Personal Care Respite	1.03
Crisis Intervention Independent Support Brokerage* Prevocational Services Residential Habilitation Host Home/Special Family Habilitation Home	1.11
Adult Day Services Child Habilitation Residential Habilitation Supported Employment	1.13
Cognitive Retraining	1.07
Individual Habilitation Training	1.08
Community Integration Services	1.17
Supported Living	1.19
Transportation	1.48
Case Management**	1.50

* Independent support brokerage productivity factor and service breakdown retrieved from January 2016 DD Waiver Rebasing Report.

** The case management services productivity factor was identified using feedback from the September 12, 2017 Case Manager Focus Group. Navigant applied ratios of case manager time to a 40 hour work to develop specific hours used in the productivity calculation.

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 Appendix D: Rate Factors Used To Calculate Service Rates
 Residential Habilitation Services Rate Buildup Components

Service	Direct Care Cost Components										Non-Direct Care Rate Components		Adjustment Factor
	Direct Care Median Inflated Wage to SFY 2019 ¹	Direct Care Hours Per Day ²	Assumed Staffing Ratios - Awake Time	Assumed Staffing Ratios - Asleep Time	ERE Factor	Productivity Factor	FTE Factor	Supervisor Inflated Wage to SFY 2019 ¹	Supervisor Span of Control	Supervisor ERE Factor	Admin Percentage	Program Support Percentage	
<i>Residential Habilitation</i>													
Residential Habilitation - Basic (represents current levels 1 and 2)	\$ 13.62	3.46	1:5	1:8	26.78%	1.13	1.09	\$ 15.62	1:9	25.31%	23.41%	9.73%	N/A
Residential Habilitation - Level 3	\$ 13.62	4.05	1:4	1:8	26.78%	1.13	1.09	\$ 15.62	1:9	25.31%	23.41%	9.73%	N/A
Residential Habilitation - Level 4	\$ 13.62	5.38	1:3	1:6	26.78%	1.13	1.09	\$ 15.62	1:9	25.31%	23.41%	9.73%	N/A
Residential Habilitation - Level 5	\$ 13.62	8.02	1:2	1:4	26.78%	1.13	1.09	\$ 15.62	1:9	25.31%	23.41%	\$ 12.43	N/A
Residential Habilitation - Level 6	\$ 13.62	13.96	1:1	1:4	26.78%	1.13	1.09	\$ 15.62	1:9	25.31%	23.41%	\$ 12.43	N/A
Residential Habilitation - Host Home	\$ 13.62	10.89	1:1	N/A	26.78%	1.11	1.09	N/A	N/A	N/A	N/A	9.73%	N/A
Residential Habilitation - Special Family Habilitation Home	\$ 13.62	10.89	1:1	N/A	26.78%	1.11	1.09	N/A	N/A	N/A	N/A	9.73%	N/A

1. All wages were inflated to the midpoint of SFY 2019 using a two-year moving average of the quarterly Wyoming Cost of Living Index values provided by the Wyoming Economic Analysis Division.
 2. The "direct care hours per day" equal the amount of time a recipient receives direct care from staff in the residence and is based on (1) the assumed awake and asleep staffing ratios for each service and (2) an assumption of time when the recipient is in school or receiving services outside of the residential setting.

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 Appendix D: Rate Factors Used To Calculate Service Rates
 Day Habilitation Services Rate Buildup Components

Service	Direct Care Cost Components									Non-Direct Care Rate Components		Adjustment Factor ²
	Direct Care Median Inflated Wage to SFY 2019 ¹	Units Per Hour	Assumed Staffing Ratios - Awake Time	ERE Factor	Productivity Factor	FTE Factor	Supervisor Inflated Wage to SFY 2019 ¹	Supervisor Span of Control	Supervisor ERE Factor	Admin Percentage	Program Support Percentage	
<i>Day Habilitation Services</i>												
Adult Day Service - Basic	\$ 13.62	4.00	1:5	26.78%	1.13	1.09	\$ 15.62	1:9	25.31%	23.41%	25.34%	N/A
Adult Day Service - Intermediate	\$ 13.62	4.00	1:3	26.78%	1.13	1.09	\$ 15.62	1:9	25.31%	23.41%	25.34%	N/A
Adult Day Service - High	\$ 13.62	4.00	1:1.5	26.78%	1.13	1.09	\$ 15.62	1:9	25.31%	23.41%	25.34%	N/A
Child Habilitation - 0-12	\$ 13.62	4.00	1:2	26.78%	1.13	1.09	N/A	N/A	N/A	23.41%	25.34%	\$ (0.75)
Child Habilitation - 13-17	\$ 13.62	4.00	1:2	26.78%	1.13	1.09	N/A	N/A	N/A	23.41%	25.34%	N/A
Community Integration - Basic	\$ 13.62	4.00	1:4.5	26.78%	1.17	1.09	\$ 15.62	1:9	25.31%	23.41%	25.34%	N/A
Community Integration - Intermediate	\$ 13.62	4.00	1:2.5	26.78%	1.17	1.09	\$ 15.62	1:9	25.31%	23.41%	25.34%	N/A
Community Integration - High	\$ 13.62	4.00	1:1	26.78%	1.17	1.09	\$ 15.62	1:9	25.31%	23.41%	25.34%	N/A
Individual Habilitation Training	\$ 13.62	1.00	1:1	26.78%	1.08	1.09	N/A	N/A	N/A	23.41%	25.34%	N/A

1. All wages were inflated to the midpoint of SFY 2019 using a two-year moving average of the quarterly Wyoming Cost of Living Index values provided by the Wyoming Economic Analysis Division.
 2. The Child Habilitation 0-12 adjustment is based on a 2017 study by Child Care Aware of America of the average 2016 childcare center costs for infants, toddlers, 4-year olds and school-age children in WY (inflated to the midpoint of SFY19 using the WY Cost of Living adjustment of 2.32%). Available online: http://usa.childcareaware.org/wp-content/uploads/2017/07/WY_Facts.pdf

Wyoming Department of Health, Behavioral Health Division
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 Appendix D: Rate Factors Used To Calculate Service Rates
 Supported Living Services Rate Buildup Components

Service	Direct Care Cost Components										Non-Direct Care Rate Components		Adjustment Factor
	Direct Care Median Inflated Wage to SFY 2019 ¹	Units Per Hour	Direct Care Hours Per Day ²	Assumed Staffing Ratios - Awake Time	ERE Factor	Productivity Factor	FTE Factor	Supervisor Inflated Wage to SFY 2019 ¹	Supervisor Span of Control	Supervisor ERE Factor	Admin Percentage	Program Support Percentage	
<i>Supported Living Services</i>													
Supported Living - Individual	\$ 13.62	4.00	N/A	1:1	26.78%	1.19	1.09	\$ 15.62	1:9	25.31%	23.41%	9.73%	1.06
Supported Living - Group of 2	\$ 13.62	4.00	N/A	1:2	26.78%	1.19	1.09	\$ 15.62	1:9	25.31%	23.41%	9.73%	N/A
Supported Living - Group of 3	\$ 13.62	4.00	N/A	1:3	26.78%	1.19	1.09	\$ 15.62	1:9	25.31%	23.41%	9.73%	N/A
Supported Living - Daily (group up to 3)	\$ 13.62	N/A	7.00	1:3	26.78%	1.19	1.09	\$ 15.62	1:9	25.31%	23.41%	9.73%	N/A
1. All wages were inflated to the midpoint of SFY 2019 using a two-year moving average of the quarterly Wyoming Cost of Living Index values provided by the Wyoming Economic Analysis Division. 2. The "direct care hours per day" equal the amount of time a recipient receives direct care from staff and is based on the service definition, which states "The Supported Living Services daily rate is based on 7 hours of service a day. A provider must provide a minimum of 4 hours of documented service per calendar day for reimbursement."													

Wyoming Department of Health, Behavioral Health Division
 Comprehensive, Supports and Acquired Brain Injury Waivers SFY 2019 Provider Rate Study
 Appendix D: Rate Factors Used To Calculate Service Rates
 Employment Services Rate Buildup Components

Service	Direct Care Cost Components									Non-Direct Care Rate Components		Adjustment Factor
	Direct Care Median Inflated Wage to SFY 2019 ¹	Units Per Hour	Assumed Staffing Ratios - Awake Time	ERE Factor	Productivity Factor	FTE Factor	Supervisor Inflated Wage to SFY 2019 ¹	Supervisor Span of Control	Supervisor ERE Factor	Admin Percentage	Program Support Percentage	
<i>Employment Services</i>												
Prevocational Services - Basic	\$ 13.62	4.00	1:5	26.78%	1.11	1.09	\$ 15.62	1:9	25.31%	23.41%	25.34%	N/A
Prevocational Services - Intermediate	\$ 13.62	4.00	1:3	26.78%	1.11	1.09	\$ 15.62	1:9	25.31%	23.41%	25.34%	N/A
Prevocational Services - High	\$ 13.62	4.00	1:1.5	26.78%	1.11	1.09	\$ 15.62	1:9	25.31%	23.41%	25.34%	N/A
Supported Employment/Support Employment Follow Along - Individual	\$ 14.06	4.00	1:1	26.42%	1.13	1.09	\$ 15.62	1:9	25.31%	23.41%	9.73%	N/A
Supported Employment - Group	\$ 14.06	4.00	1:4	26.42%	1.13	1.09	\$ 15.62	1:9	25.31%	23.41%	9.73%	N/A
1. All wages were inflated to the midpoint of SFY 2019 using a two-year moving average of the quarterly Wyoming Cost of Living Index values provided by the Wyoming Economic Analysis Division.												

Wyoming Department of Health, Behavioral Health Division
 Comprehensive, Supports and Acquired Brain Injury Waivers SFY 2019 Provider Rate Study
 Appendix D: Rate Factors Used To Calculate Service Rates
 Personal Care Services Rate Buildup Components

Service	Direct Care Cost Components										Non-Direct Care Rate Components		Adjustment Factor
	Direct Care Median Inflated Wage to SFY 2019 ¹	Units Per Hour	Direct Care Hours Per Day ²	Assumed Staffing Ratios - Awake Time	ERE Factor	Productivity Factor	FTE Factor	Supervisor Inflated Wage to SFY 2019 ¹	Supervisor Span of Control	Supervisor ERE Factor	Admin Percentage	Program Support Percentage	
<i>Personal Care Services</i>													
Companion Services - Individual	\$ 13.62	4.00	N/A	1:1	26.78%	1.03	1.09	N/A	N/A	N/A	23.41%	9.73%	N/A
Companion Services - Group up to 3	\$ 13.62	4.00	N/A	1:2	26.78%	1.03	1.09	N/A	N/A	N/A	23.41%	9.73%	N/A
Personal Care Services	\$ 13.62	4.00	N/A	1:1	26.78%	1.03	1.09	N/A	N/A	N/A	23.41%	7.33%	N/A
Homemaker	\$ 13.62	4.00	N/A	1:1	26.78%	1.03	1.09	N/A	N/A	N/A	23.41%	7.33%	N/A
Respite - Group of 2	\$ 13.62	4.00	N/A	1:2	26.78%	1.03	1.09	N/A	N/A	N/A	23.41%	9.73%	N/A
Respite Daily - Individual	\$ 13.62	N/A	9.00	1:1	26.78%	1.03	1.09	N/A	N/A	N/A	23.41%	9.73%	N/A
Respite Daily - Group of 2	\$ 13.62	N/A	9.00	1:2	26.78%	1.03	1.09	N/A	N/A	N/A	23.41%	9.73%	N/A

1. All wages were inflated to the midpoint of SFY 2019 using a two-year moving average of the quarterly Wyoming Cost of Living Index values provided by the Wyoming Economic Analysis Division.
 2. The "direct care hours per day" equal the amount of time a recipient receives direct care from staff and is based on the service definition, which states "Any use of respite over 9 hours a day must be billed as a daily unit."

Wyoming Department of Health, Behavioral Health Division
 Comprehensive, Supports and Acquired Brain Injury Waivers SFY 2019 Provider Rate Study
 Appendix D: Rate Factors Used To Calculate Service Rates
 Case Management Services Rate Buildup Components

Table 1: Case Management Service Payment Rates without a Supervisor Component

Service	Direct Care Cost Components										Non-Direct Care Rate Components		Adjustment Factor
	Direct Care Median Inflated Wage to SFY 2019 ¹	Units Per Hour	Direct Care Hours Per Month	Assumed Staffing Ratios - Awake Time	ERE Factor	Productivity Factor	FTE Factor	Supervisor Inflated Wage to SFY 2019 ¹	Supervisor Span of Control	Supervisor ERE Factor	Admin Percentage	Program Support Percentage	
<i>Case Management Services</i>													
Case Management - 15 minute	\$ 22.94	4.00	N/A	1:1	22.12%	1.50	1.09	N/A	N/A	N/A	16.25%	8.68%	N/A
Case Management - Monthly (Based on 4.5 hours per month; Minimum of 2 hours must be provided to bill monthly rate)	\$ 22.94	N/A	4.50	1:1	22.12%	1.50	1.09	N/A	N/A	N/A	16.25%	8.68%	N/A
Independent Support Broker	\$ 22.94	4.00	N/A	1:1	22.12%	1.11	1.09	N/A	N/A	N/A	16.25%	8.68%	N/A

Table 2: Case Management Service Payment Rates with a Supervisor Component (Span of Control of 1:4.5)²

Service	Direct Care Cost Components										Non-Direct Care Rate Components		Adjustment Factor
	Direct Care Median Inflated Wage to SFY 2019 ¹	Units Per Hour	Direct Care Hours Per Month	Assumed Staffing Ratios - Awake Time	ERE Factor	Productivity Factor	FTE Factor	Supervisor Inflated Wage to SFY 2019 ¹	Supervisor Span of Control	Supervisor ERE Factor	Admin Percentage	Program Support Percentage	
<i>Case Management Services</i>													
Case Management - 15 minute	\$ 22.94	4.00	N/A	1:1	22.12%	1.50	1.09	\$ 26.36	1:4.5	21.24%	16.25%	8.68%	N/A
Case Management - Monthly (Based on 4.5 hours per month; Minimum of 2 hours must be provided to bill monthly rate)	\$ 22.94	N/A	4.50	1:1	22.12%	1.50	1.09	\$ 26.36	1:4.5	21.24%	16.25%	8.68%	N/A
Independent Support Broker	\$ 22.94	4.00	N/A	1:1	22.12%	1.11	1.09	\$ 26.36	1:4.5	21.24%	16.25%	8.68%	N/A

Table 3: Blended Case Management Payment Rates

Service	Table 1: Payment Rates without a Supervisor Component		Table 2: Payment Rates with a Supervisor Component (Span of Control of 1:4.5)		Blended Rate
Case Management - 15 minute	\$ 14.28	51%	\$ 16.68	49%	\$ 15.46
Case Management - Monthly (Based on 4.5 hours per month; minimum of 2 hours must be provided to bill monthly rate)	\$ 256.99	51%	\$ 300.32	49%	\$ 278.22
Independent Support Broker	\$ 10.55	51%	\$ 12.96	49%	\$ 11.73

1. All wages were inflated to the midpoint of SFY 2019 using a two-year moving average of the quarterly Wyoming Cost of Living Index values provided by the Wyoming Economic Analysis Division.
 2. Assumes a supervisor span of control of 1:4.5, based on feedback in the case manager focus group and BHD's analysis of case management claims data.

Wyoming Department of Health, Behavioral Health Division
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 Appendix D: Rate Factors Used To Calculate Service Rates
 Other Services Rate Buildup Components

Service	Direct Care Cost Components									Non-Direct Care Rate Components		Adjustment Factor
	Direct Care Median Inflated Wage to SFY 2019 ¹	Units Per Hour	Assumed Staffing Ratios - Awake Time	ERE Factor	Productivity Factor	FTE Factor	Supervisor Inflated Wage to SFY 2019 ¹	Supervisor Span of Control	Supervisor ERE Factor	Admin Percentage	Program Support Percentage	
<i>Other Services</i>												
Crisis Intervention	\$ 15.62	4.00	1:1	25.31%	1.11	1.09	N/A	N/A	N/A	23.41%	7.33%	N/A
Cognitive Retraining	\$ 18.32	4.00	1:1	23.84%	1.07	1.09	N/A	N/A	N/A	23.41%	22.95%	N/A

1. All wages were inflated to the midpoint of SFY 2019 using a two-year moving average of the quarterly Wyoming Cost of Living Index values provided by the Wyoming Economic Analysis Division.

Service	Direct Care Cost Components									Non-Direct Care Rate Components				Adjustment Factor
	Direct Care Median Inflated Wage to SFY 2019 ¹	Units Per Hour	Assumed Staffing Ratios - Awake Time	ERE Factor	Productivity Factor	FTE Factor	Supervisor Inflated Wage to SFY 2019 ¹	Supervisor Span of Control	Supervisor ERE Factor	Miles ²	Cost Per Mile ²	Admin Percentage	Program Support Percentage ³	
<i>Other Services</i>														
Transportation, Tier 1 - per trip (based on 5 miles, 15 minutes of staff time)	\$ 13.62	4.00	1:1	26.78%	1.48	1.09	N/A	N/A	N/A	5.00	0.535	23.41%	N/A	N/A
Transportation, Tier 2 - per trip (based on 10 miles, 15 minutes of staff time)	\$ 13.62	4.00	1:1	26.78%	1.48	1.09	N/A	N/A	N/A	10.00	0.535	23.41%	N/A	N/A

1. All wages were inflated to the midpoint of SFY 2019 using a two-year moving average of the quarterly Wyoming Cost of Living Index values provided by the Wyoming Economic Analysis Division.
 2. Mileage factors are only applied to transportation services. The cost per mile equals \$0.535 based on the 2017 Standard Mileage Rate for Business, Medical and Moving as published by the IRS.
 3. Program support factor will not be applied to transportation services as vehicle costs are reimbursed in the mileage portion of the rate.

State of Wyoming Department of Health, Behavioral Health Division
 Comprehensive, Supports and Acquired Brain Injury Waivers SFY 2019 Provider Rate Study
 Appendix E: Waiver Service Rates from Final Model Selected by Steering Committee

Service	Proposed Rate (Including Adjustment Factors)	Current Supports and Comp. Rate (SFY 2018)	Percent Change (Current vs Proposed)	Percent of Baseline Supports and Comp. Service Category Payments	Percent of Baseline Total Supports and Comp. Included Payments
Day Habilitation Services (23 percent of baseline payments)					
Adult Day Service - Basic	\$ 2.56	\$ 2.91	-12%	8%	2%
Adult Day Service - Intermediate	\$ 3.61	\$ 3.78	-4%	33%	8%
Adult Day Service - High	\$ 6.22	\$ 5.81	7%	27%	7%
Child Habilitation - 0-12	\$ 3.18	\$ 2.92	9%	2%	1%
Child Habilitation - 13-17	\$ 3.93	\$ 3.76	5%	4%	1%
Community Integration - Basic	\$ 2.83	\$ 3.20	-12%	2%	1%
Community Integration - Intermediate	\$ 4.28	\$ 4.16	3%	12%	3%
Community Integration - High	\$ 9.16	\$ 6.40	43%	7%	2%
Individual Habilitation Training	\$ 30.14	\$ 31.93	-6%	4%	1%
Residential Habilitation (49 percent of baseline payments)					
Residential Habilitation - Basic (represents current levels 1 and 2)	\$ 109.46	\$ 91.18	20%	2%	1%
Residential Habilitation - Level 3	\$ 128.26	\$ 128.43	-0.1%	18%	9%
Residential Habilitation - Level 4	\$ 170.15	\$ 152.85	11%	25%	12%
Residential Habilitation - Level 5	\$ 247.80	\$ 201.72	23%	36%	17%
Residential Habilitation - Level 6	\$ 422.08	\$ 348.32	21%	19%	9%
Residential Habilitation - Host Home/Special Family Habilitation Home	\$ 248.82	\$ 196.12	27%	2%	1%
Supported Living (9 percent of baseline payments)					
Supported Living - Individual	\$ 8.89	\$ 8.90	-0.1%	71%	6%
Supported Living - Group of 2	\$ 4.66	\$ 4.45	5%	2%	0.2%
Supported Living - Group of 3	\$ 3.42	\$ 3.41	0.3%	1%	0.1%
Supported Living - Daily (group up to 3)	\$ 95.78	\$ 95.54	0.3%	26%	2%

State of Wyoming Department of Health, Behavioral Health Division
 Comprehensive, Supports and Acquired Brain Injury Waivers SFY 2019 Provider Rate Study
 Appendix E: Waiver Service Rates from Final Model Selected by Steering Committee

Service	Proposed Rate (Including Adjustment Factors)	Current Supports and Comp. Rate (SFY 2018)	Percent Change (Current vs Proposed)	Percent of Baseline Supports and Comp. Service Category Payments	Percent of Baseline Total Supports and Comp. Included Payments
Employment Services (2 percent of baseline payments)					
Prevocational Services - Basic	\$ 2.53	\$ 2.91	-13%	3%	0.04%
Prevocational Services - Intermediate	\$ 3.57	\$ 3.78	-6%	4%	0.1%
Prevocational Services - High	\$ 6.15	\$ 5.81	6%	2%	0.02%
Supported Employment/Support Employment Follow Along - Individual	\$ 8.12	\$ 7.29	11%	65%	1%
Supported Employment - Group	\$ 2.69	\$ 2.90	-7%	26%	0.4%
Personal Care Services (9 percent of baseline payments)					
Companion Services - Individual	\$ 6.45	\$ 4.15	55%	42%	4%
Companion Services - Group up to 3	\$ 3.22	\$ 2.07	56%	3%	0.2%
Personal Care Services	\$ 6.33	\$ 4.15	53%	14%	1%
Homemaker	\$ 6.28	\$ 4.15	51%	2%	0.2%
Respite - Group of 2	\$ 3.22	\$ 3.76	-14%	29%	3%
Respite Daily - Individual (New service)	\$ 232.11	\$ 198.14	N/A	N/A	N/A
Respite Daily - Group of 2	\$ 116.05	\$ 198.14	N/A	10%	1%
Case Management (8 percent of baseline payments)					
Case Management - 15 minute	\$ 15.46	\$ 11.73	32%	2%	0.2%
Case Management - Monthly (Based on 4.5 hours per month; minimum of 2 hours must be provided to bill monthly rate)	\$ 278.22	\$ 289.39	-4%	98%	8%
Independent Support Broker	\$ 11.73	\$ 10.16	15%	0.05%	0.004%
Other Services (0.2 percent of baseline payments)					
Crisis Intervention	\$ 7.71	\$ 6.65	16%	98%	0.2%
Cognitive Retraining	\$ 9.61	\$ 8.63	11%	0%	0%
Transportation, Tier 1 - per trip (based on 5 miles, 15 minutes of staff time)	\$ 11.87	\$ 0.58	N/A	2%	0.004%
Transportation, Tier 2 - per trip (based on 10 miles, 15 minutes of staff time)	\$ 15.17	\$ 0.58	N/A	0%	0%