Community Choices Waiver
SFY 2027 Provider Rate Study

Presented to:

Wyoming Department of Health, Division of Healthcare Financing

Presented by:

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A. Executive Summary

In this report, Guidehouse Inc. presents the results of our 2025 rate study for the Community Choices Waiver (CCW) in support of the Wyoming Department of Health (WDH), Division of Healthcare Financing (DHCF). WDH contracted with Guidehouse to conduct a rate study for Wyoming's home and community-based (HCBS) Medicaid 1915(c) waiver serving older adults and adults with disabilities a community-based alternative to nursing facility care. This rate study will be used to inform deliberation on CCW reimbursement needs for State Fiscal Year (SFY) 2027.

Stakeholder Engagement

Guidehouse worked closely with WDH and key stakeholders to conduct the rate study and develop proposed service rates. Stakeholder involvement included a workgroup composed of small and large HCBS providers, case management agencies and individual case managers, and CCW participants who reviewed the survey design and materials, gave input on rate component assumptions, and endorsed related recommendations for inclusion in this report.

Data and Methods

The rate study process drew on a wide array of data sources to develop rate assumptions and benchmark rate recommendations for each of the individual services. Guidehouse relied on objective, publicly available data sources, standard administrative cost reporting, as well as additional provider-reported costs specifically collected via provider cost and wage surveys. Guidehouse conducted the survey process to achieve the following goals:

- Collect data from CCW service providers to identify actual costs and wages;
- Seek input on data not available through other sources;
- Receive uniform inputs across all providers to develop standardized rate model components where appropriate;
- Develop rate model inputs that are reflective of actual service delivery;
- Solicit general feedback from providers to understand service delivery challenges that could be addressed in rate updates.

One objective of the study was to ensure an appropriate and transparent rate methodology that uses more current labor assumptions and incorporates publicly available information that could enhance provider-reported information and allow for the development of rates that could be sustainable into the future.

For each service, multiple data sources and calculations were used to define key cost assumptions. Cost assumptions (e.g., for base and overtime wages, benefits including health insurance, staffing and supervisory patterns, and administrative and program support cost factors) were obtained through a combination of cost surveys, independent public data sources, and validation by the Stakeholder Workgroup. Guidehouse researched additional data points such as inflationary metrics and certain benefits allowances obtained from industry data collected by the federal Bureau of Labor Statistics (BLS).

Rate Model Recommendations

The approach used to establish the WDH's benchmark rates is an "independent rate build-up" methodology commonly applied by states for setting rates for HCBS populations. It is an approach recognized as compliant with specific Centers for Medicare & Medicaid Services (CMS) regulations and guidelines and congruent with Medicaid rate setting principles more generally. The independent rate build-up methodology comprises direct care and indirect care components, and the resulting rates are not modified to presume a predetermined budget impact.

Guidehouse developed rate models for consideration by WDH which reflect wage and cost experience for direct care workers and other service practitioners as reported by providers, as reflected in this report. The estimated fiscal impact projects a total increase of $5.8 million annually based on recent utilization data, half of which would be "matched" by the federal government, as depicted in Table 1. The estimated state share, then, would be $2.9 million annually for the existing CCW service array.

Table 1. Estimated Fiscal Impact for In-Scope-Services

Service Category	Utilization Paid at 2024 Rates	Utilization Paid at Benchmark Rates	Estimated Increase	Estimated State Share Increase
In-Scope Services	$38,112,681	$43,876,213	$5,763,533 (15.1%)	$2,881,766
Out-of-Scope Services	$715,548	$715,548	-	-
All Waiver Services	$38,828,229	$44,591,761	$5,763,533 (14.8%)	$2,881,766

Services that were out of scope for this rate study include those paid at prices determined by the market or other sources, specifically emergency response system installation and monitoring, environmental modifications, non-emergency medical transportation delivered through public transit, and transition setup expenses. Guidehouse does not expect reimbursement to change for these services as a result of this rate study. Therefore, expenditures on these services are not included in the estimated total or state share increase documented in Table 1.

Fiscal impact figures in Table 1 include all services currently included in the CCW service mix including monthly case management; these numbers do not include proposed new services on the CCW, namely, a 15-minute case management unit, companion services, or assistive technology. Incorporating these new services would result in increased total and State waiver expenditures. Guidehouse developed proposed rates for case management and companion services as part of this rate study, and supported WDH in designing the service definition and expenditure projections for assistive technology through a report delivered in early 2025. Section F of the report discusses the potential impact of these services on total and state expenditures based on utilization by CCW and analysis of comparable services utilized by Comprehensive Waiver participants in Wyoming.

B. Introduction and Background

The Wyoming Department of Health (WDH) Division of Healthcare Financing (DHCF) administers a reimbursement system for providers of home and community-based services (HCBS) under the Community Choices Waiver (CCW). The CCW is a program authorized under Section 1915(c) of the Social Security Act that enables eligible older adults and individuals with disabilities in Wyoming to receive care in their homes and communities rather than in institutional settings such as nursing facilities. The CCW program is available statewide and serves qualified individuals who meet nursing facility level of care criteria, offering a broad array of person-centered services designed to promote independence, health, safety, and community integration. Currently, the CCW program is undergoing a renewal process with CMS, as part of Wyoming's ongoing efforts to maintain and improve its HCBS offerings.

Guidehouse worked with WDH to identify waiver services that would be included in the rate study, as summarized in Figure 1. 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 factors.

Figure 1. Waiver Services Included in Rate Study

Included Services	
• Adult Day Services • Assisted Living Facility Services • Case Management • Home-Delivered Meals • Home Health Aide • Homemaker	• Non-Medical Transportation • Personal Support Services (Agency-Based and Participant Direction) • Respite, In-Home • Skilled Nursing • Transition Intensive Case Management

Emergency response system installation and monitoring, environmental modifications, non-emergency medical transportation delivered through public transit, and transition setup expenses were out of scope for this rate study. These services are paid at market prices.

C. Stakeholder Engagement

To support the development of cost-based rates for the State's waiver programs, Guidehouse and WDH worked with waiver providers and other stakeholders in the rate development process. WDH convened a stakeholder workgroup to support the rate study. The workgroup reviewed survey design and materials prior to survey administration, provided input on rate components throughout the study, and validated assumptions on service-specific staffing and operational assumptions.

Providers reported information relating to their staffing, supervision, and productivity metrics through the cost and wage survey, which served to confirm the validity of current assumptions

and/or re-establish assumptions for inclusion in rebased rate models. To support the collection of provider-reported data through the cost and wage survey, a targeted training was conducted to support providers in accurately reporting staffing, supervision, and productivity metrics aligned with service definitions and rate model assumptions. The Stakeholder Workgroup reviewed these assumptions and validated that staffing, supervision, productivity, and other rate inputs reflected their experience as providers. From November 2024 to October 2025, the Stakeholder Workgroup met seven times.

D. Data Sources

D.1. Overview of Data Sources

Cost assumptions developed throughout the rate study relied on a variety of data sources, including Wyoming provider data as well as national and regional benchmark data. Guidehouse established assumptions based on provider-reported data when available and appropriate, as well as extensive industry data that reflect wider labor markets for similar populations. Data from publicly available sources supplemented the provider-reported data to establish a more informed rate build-up for some services.

To engage directly with providers of CCW services in Wyoming, Guidehouse conducted a cost and wage survey process to obtain data regarding the costs and operational realities of delivering services, including employee wages, benefits, additional service-specific costs and metrics. Guidehouse also analyzed utilization of waiver services based on claims reimbursed for services within the scope of this rate study to determine the potential fiscal impact of implementing the recommended reimbursement benchmarks resulting from the rate rebasing process.

The sections below describe the key features of the provider cost and wage surveys as well as the other sources used in the rate development process.

D.2. Provider Cost & Wage Surveys

Guidehouse prepared four detailed provider surveys for different groups of providers to complete and submit for analysis. These included versions for assisted living facilities (the “ALF” survey version), case management providers (the “CM” version), providers of home-delivered meals (the “HDM” version), and all other providers of the remainder of HCBS furnished through the CCW (the “HCBS” version). Guidehouse used the survey to:

- Capture provider revenue and cost data to provide cost foundation for rate studies;
- Receive expense, wage, and service delivery information across all providers to develop standardized rate model components;
- Assess staffing and wages for direct practitioners of services, including full-time and part-time filled and vacant positions by staff type, average wages by staff type, and changes in

wages over time;

- Gather needed data to understand staffing patterns and staff activities for delivering each service, and participant occupancy, group size, and needs when participating in some (e.g., day habilitation, residential) services;
- Understand average caseloads and hours per month for case management services;
- Gather provider benefit data to evaluate current provider costs for health, dental, vision, retirement, and other benefit values, and establish benefit take-up rates for calculating employee-related expenses;

D.2.1. Survey Design and Development

Guidehouse designed four Microsoft Excel-based versions of the survey with input from WDH staff and Stakeholder Workgroup members. Workgroup members advised that due to differences in provider operations and service delivery across different services in-scope for the rate study, the survey should be differentiated across these four versions to accommodate and streamline responses.

The survey versions were structured similarly and included the sections or worksheets on topics outlined in Table 2.

Table 1. Organization and Data Elements of the Provider Cost and Wage Surveys

#	Survey Topics	Description
A.	**Provider Information**	• Provider identification • Contact information • Provider sites • Provider Staffing
B.	**Wages**	• Wages for direct care workers and other staff • Total Full Time Equivalents (FTEs) • Total training hours by employee type • Wage changes year over year
C.	**Service Delivery**	• Service delivery and staffing patterns • *For HCBS and ALF versions:* Breakdowns of service delivery, staffing ratios, supervisor ratios, equipment costs, and transportation metrics • *For CM version*: caseloads, transition-related questions, reasons for variation among participants • *For HDM version:* condensed to cost and wage elements related to meal provision

#	Survey Topics	Description
D.	**Costs**	• Salaries and wages • Employee taxes, insurances, and benefits • Contracted services • Non-payroll/non-salary administration expenses • Non-payroll program support expenses • Facility, vehicle, and equipment-related expenses • Provider Revenues • Methods for reporting CCW-specific costs (actual or proportional allocation)
E.	**Benefits**	• Health, vision, and dental insurance costs • Retirement contributions • Other benefits (holidays, vacation, sick time, personal days) • Workers' compensation and unemployment insurance • Paid time off
F.	**Transportation**	• Non-medical transportation services for CCW clients • Average trips per day, minutes per trip, miles per trip
G.	**Error Check**	• Reporting to check that all information is entered into the appropriate tabs

D.2.2. Survey Administration and Support

WDH released the surveys on May 19, 2025 to its HCBS Section website and distributed notice through the listserv to the entire provider community in scope for the rate study. Guidehouse facilitated live provider training webinars, available to all providers on May 22 and May 28, 2025 following the release of the surveys. In each training session, Guidehouse introduced the surveys, provided an overview of the survey tool and each worksheet tab, and addressed provider questions. WDH posted a link to the recording of one of the webinars to the HCBS Section website. Guidehouse offered ongoing support and resources in helping providers to complete the surveys, through a dedicated electronic e-mail inbox that providers could access to receive answers to their specific questions.

D.2.3. Provider Cost and Wage Survey Participation

In total, Guidehouse received 49 survey submissions across the four survey versions. Survey participation was highest among case management agencies and independent case managers, who submitted 26 surveys and represented over 1,000 waiver participants. This was significantly more than the approximately 550 participants covered by the other three survey versions combined. ALF, HDM, and HCBS versions had fewer responses, and no surveys were received from

Adult Day Service providers. Some services, such as ALF Memory Care and Adult Day, were not represented. These patterns reflect typical participation trends, where smaller and independent providers are less likely to respond due to limited internal resources.

The survey response rate was consistent with expectations for CCW provider participation based on discussion with WDH prior to survey administration.. The information shared by responding provider agencies was determined sufficient by Guidehouse and WDH to provide data for many baseline assumptions, especially as this data was validated with larger independent data sources and the Stakeholder Workgroup.

Table 3 provides a breakdown of survey response summaries by version, along with the total number of staff, participants, overall revenues, and CCW-specific revenues represented.

Table 2. Survey Response Coverage

Survey Version	Total Provider Staff Represented	Total Participants Represented[1]	Total Revenues Represented	Total CCW Revenues Represented
ALF	126	49	$456,000	$162,000
CM	54	1,027	$1,800,000	$1,377,000
HDM	35	199	-	$627,000
HCBS	194	313	$4,600,000	$2,775,000

D.2.4. Provider Cost and Wage Survey Review and Validation

After receiving each survey response, Guidehouse compiled data and conducted the following quality checks to prepare the data for analysis:

- **Completeness:** Checked the completion status in all worksheets within individual survey workbooks to determine whether follow-up was required to resolve any issues and missing data. Guidehouse followed up with providers individually to request a clarification or correction if needed.
- **Outliers:** Reviewed quantitative data points (e.g., wages, productivity, benefits, number of clients and caseloads, staffing patterns) reported across all organizations to identify potential outliers and exclude outliers from certain analyses. Guidehouse reviewed assumptions with WDH, including outliers, and performed outreach to individual providers to confirm submissions and accepted amendments to data provided as necessary.

Survey results with providers' self-reported data did not undergo a formal audit for accuracy,

[1] Participant counts are not unduplicated. For example, the same participants may have received HCBS services and home-delivered meals.

although Guidehouse conducted additional quality control checks and addressed outliers as discussed to ensure data completeness. The absence of an additional auditing requirement ultimately serves as a strength rather than a weakness of the cost survey approach, as it allows providers to report their most up-to-date labor costs, a key concern for rate development during and after periods of heightened inflation.

The survey data reported by providers was utilized to develop several key rate components including baseline hourly wages, employee-related expenses (ERE), and administrative and program support cost factors. Section E further outlines how the survey data was utilized for rate setting purposes.

D.3. Claims Data

Guidehouse developed a detailed claims data request in order to analyze the Medicaid claims utilization for CY 2024, the most recent full year of data (adhering to the state fiscal year would have resulted in a lag of nearly a year, rather than of six or so months). This request included all detailed claims for the procedure codes related to the CCW, including key fields such as provider identification, payment information, service identifying fields, and service units. The data was used in the fiscal impact analysis by capturing the units for each service and service level, identified by cross-walking state MMIS data from the Benefit Management System (BMS) with the current CCW fee schedule. This allowed Guidehouse to calculate the projected fiscal impact between the proposed rates and the current rates.

D.4. Other Data Sources

Cost assumptions developed throughout the study rely on a wide variety of data sources. The rate study aims to establish benchmark rates based on a combination of publicly available resources and providers' self-reported historical cost and wage information, as well as understanding the necessary cost requirements used to promote access to quality services going forward. As detailed in greater depth in the sections that follow, provider cost and wage surveys completed by Wyoming providers informed many relevant rate assumptions on employee wages, provider fringe benefit offerings, staff productivity, staff-to-client ratios, and transportation requirements for the array of services, with other data sources validating, refining, and supplementing Wyoming provider-reported information as appropriate.

While cost surveys are a rich and valuable source of information on provider costs, these tools cannot validate in themselves whether the costs reported are reasonable or adequate in the face of future service delivery challenges. This is especially true in the period between the prior and current rate studies, which featured unique economic and labor trends that in many ways reshaped or otherwise affected providers' service arrays, workforces, and expectations. Considering the possibility that historical costs may not be truly representative of the resources required to provide services in the near future or are not comparable to or competitive with the industry as a whole, Guidehouse also evaluated cost survey data against external data

benchmarks whenever feasible. As a result, the cost assumptions used by Guidehouse frequently draw on national and regional standards, at least for comparison purposes, that reflect wider labor markets as well as median costs typical of broader industries, to benchmark Wyoming reported information from the provider cost and wage survey. Table 4 summarizes some of the additional public data sets used to inform cost assumptions used in Guidehouse's benchmark rate recommendations.

Table 4. Other Data Sources

Source(s)	Description
Bureau of Labor Statistics, Occupational Employment and Wage Statistics (BLS OEWS)	Federal wage data available annually by state, intra-state regions, and metropolitan statistical areas (MSA). Used for wage geographic and industry wage comparisons and establishing benchmark wage assumptions for most wages.
Bureau of Labor Statistics, Costs for Employee Compensation Survey (CECS)	Federal data on employee benefits cost, analyzing groups of benefit costs including insurance, retirement benefits, paid time off, and other forms of non-salary compensation. Used for reference in establishing benchmark ERE assumptions.
Bureau of Labor Statistics, Current Employment Statistics (CES)	The Current Employment Statistics (CES) program produces detailed industry estimates of nonfarm employment, hours, and earnings of workers on payrolls. CES National Estimates produces data for the nation, and CES State and Metro Area produces estimates for all 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, and about 450 metropolitan areas and divisions. Each month, CES surveys approximately 119,000 businesses and government agencies, representing approximately 629,000 individual worksites.
Centers for Medicare & Medicaid Services (CMS) Market Basket Data	CMS prepares "market baskets" of input prices for healthcare across settings types (e.g., inpatient hospital, skilled nursing facility, home health agency, inpatient psychiatric facility, etc.). The market baskets inform payment updates and cost limits for fee-for-service (FFS) payment systems across CMS programs, as they reflect price inflation for providers of various medical and other healthcare services.
Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey-Insurance Component (MEPS-IC)	Federal data on health insurance costs, including Wyoming-specific data regarding multiple aspects of health insurance (employer offer, employee take-up, premium and deductible levels, etc.) Used for reference in estimating health care costs for benchmark ERE assumptions.

Source(s)	Description
Other State Medicaid Fee Schedules and Reimbursement Methodologies	Data from other states on reimbursement levels for cognate services as well as overall service design. Used for peer state comparison and well as development of best-practice recommendations for improving supported employment service delivery.
Internal Revenue Service	The Internal Revenue Service is the revenue service for the United States federal government, which is responsible for collecting taxes and administering the Internal Revenue Code, the main body of the federal statutory tax law.

E. Rate Methodologies and Components

E.1. Service Array

The current CCW service array within this rate study examined the following services and their individual categories and/or tiers, listed with the applicable units in Table 5. All services in scope for the rate study are reimbursed based on a reimbursement rate included in the State's fee schedules; current rates became effective on April 1, 2023. WDH updated several service definitions advance of submission of the CCW renewal application to CMS.

Table 5. Service Name, Service Categories, and Units

Service Name	Service Categories	Unit	Updated for CCW Renewal
Adult Day Services	Health Model	Half Day	Y
	Social Model	Half Day	
Assisted Living	ALF	Daily	N
	ALF Memory Care	Daily	
Homemaker Services	-	15 Minute	N
Home Health Aide	-	15 Minute	N
Personal Support Services	Agency Based	15 Minute	N
	Participant Direction	15 Minute	
Respite	In-Home	15 Minute	N

Service Name	Service Categories	Unit	Updated for CCW Renewal
Case Management	Service Plan Development	Per Plan	Y
	Monitoring	Month	
Skilled Nursing Services	Registered Nurse (RN)	15 Minute	N
	Licensed Practical Nurse (LPN)	15 Minute	
Home-Delivered Meals	-	Meal	N
Non-Medical Transportation	*Multiple*	Per Trip	Y
Transition Intensive Case Management	-	15 Minute	N

E.2. Rate Build Up Approach

Guidehouse employed an independent rate build-up approach to develop payment rates for covered services. The independent rate build-up strategy allows for fully transparent models that account for the numerous cost components that need to be considered when building a rate. The foundation of the independent rate build-up is direct care worker wages and benefits, which comprise the largest percentage of costs for these services while also considering the service design and additional overhead costs that are necessary to be able to provide the service. This approach:

- Uses a variety of data sources to establish rates for services that are, per 1902(a)30(A) of the Social Security Act (SSA), *"…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."*
- Relies primarily on credible data sources and 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).

The rate build-up approach is commonly used by states for setting rates and is an approach recognized as compliant with CMS regulations and guidelines. This approach also yields a transparent rate methodology, allowing WDH to clearly delineate and validate the components that individually contribute to rates. Table 6 lists and describes each direct and non-direct cost component or cost allocation factor in Guidehouse's rate models.

Table 6. Primary Rate Model Components

Factor Type		Description
Direct Cost Allocation Factors	Staff wages	Hourly wages for direct care employees and corresponding supervisors
	Employee Related Expenses (ERE or Benefits Factor)	Cost of fringe benefit package for direct care employees and corresponding supervisors including federal and state payroll deductions; payroll hours to cover vacation, holiday and sick days and training time; and expenses toward health, dental, vision, and retirement benefits
	Productivity adjustment	Non-face-to-face time that program staff must spend to deliver the service (for example, travel time and recordkeeping)
	Supervisor span of control	Number of direct care workers overseen by one supervisor
	Supervisor hours per week	Number of hours per week or proportion of total hours in which a supervisor is supervising direct care (i.e., not providing direct care themself or completing administrative activities)
	Occupancy adjustment	Ratio of annual expected days billable to days offering services for certain settings
	Average staffing patterns	Average number of clients receiving services from one staff person
Non-Direct Cost Allocation Factors	Administrative cost factor	Ratio of administrative expenses to direct care staff salaries, wages and benefits
	Program support cost factor	Ratio of program support expenses to direct care staff salaries, wages and benefits
	Mileage cost factor	Operational standard mileage rate for assumptions for transportation service

Together, these components result in a unit rate designed to reimburse a provider organization for all inputs required for quality service delivery. This approach is often called an "independent rate build-up" approach because it involves several distinct rate components whose costs are captured independently through a variety of potential data sources. These costs are essentially "stacked" together into a collective cost per unit that defines the rate needed for cost coverage.

E.2.1. Staff Wages

Wages for direct care staff are the largest driver in the final rate and are therefore a critical element to derive from the provider cost and wage survey. It is key to align the appropriate staff type with their corresponding wage to feed into the rate models for services. To best understand the landscape of wages in Wyoming, Guidehouse used information from the provider cost and wage survey as well as industry-wide data sources.

As part of the cost and wage surveys, each responding provider reported average hourly or "baseline" wages for the survey time period of the providers most recent fiscal year. To account for rapidly changing wage increases, providers also reported any percent increases in their staff's average wages year over year since 2022 to help estimate the impact of wage growth. The survey also requested additional wage information such as overtime, shift differentials, and other forms of supplemental pay.

Providers reported this information for each type of direct care staff they employ, by full-time equivalent (FTE). For all staff types, Guidehouse applied a weighting of reported baseline wages by the number of FTEs earning that wage. Guidehouse then compared FTE-weighted wages to appropriate benchmarks for comparable occupation types reported by the Bureau of Labor Statistics, Occupational Employment and Wage Statistics (BLS OEWS) specific to Wyoming. For example, "direct care workers" as specified in the provider cost and wage surveys align to the "Home Health and Personal Care Aides" occupation type within the BLS OEWS dataset.

Other staff types may not have a direct match within the BLS OEWS dataset; for those staff types, Guidehouse blended wages from two or more BLS OEWS standard occupational classifications to create an accurate benchmark wage assumption to the survey data. For example, for case managers, Guidehouse aligned BLS classifications with those employed under the developmental disability (DD) waiver rate models by blending summary wages for two social worker job types.

BLS benchmarks are used to compare against provider cost and wage survey responses and should be considered as a possible wage input for rate modeling. Focusing solely on provider reported wages without any point of comparison is not advised, as provider reported wages potentially could reflect deflated wage inputs than what is needed for proper service delivery due to an underfunded system. BLS benchmark wages serve as a fundamental comparison to survey reported wages. Table 7 presents a crosswalk of survey staff types to the corresponding BLS OEWS occupations and wage quantiles published in April 2025. This data, reflecting the labor market as of May 2024, aligns with the provider reporting period requested in the survey.

Guidehouse compared reported wages for each staff type to wages for that staff type's corresponding BLS occupation. Currently effective rates build from a 75th percentile wage for direct care workers (aside from homemaker and participant-directed personal support services which use the 50th percentile for direct care workers) and the 50th percentile wage for other practitioners including certified nursing assistants (CNAs).

Table 7. 2024 BLS OEWS and Survey Hourly Wage Crosswalk

Provider Cost and Wage Survey		Bureau of Labor Statistics, Occupational Employment and Wage Statistics				
Staff Type	**Applicable Service**	**Occupation Type**	**25th Pct.**	**Median**	**75th Pct.**	**90th Pct.**
Direct Care Worker	• Adult Day Services • Homemaker Services • Companion Services • Respite	Home Health and Personal Care Aides	$14.17	$15.04	$17.36	$25.00
Certified Nursing Assistant (CNA)	• Adult Day Services • Home Health Aide	Nursing Assistants	$17.78	$18.44	$22.24	$24.43
Case Manager (CM)	• Case Management	Blend of Child, Family, and School Social Workers (Median), Healthcare Social Workers (Median), and Social and Human Services Assistants (75th PCT.)	$27.53 (*Integrates varying percentile assumptions in the blend based on qualifications and activities of CCW case managers)*			
Registered Nurse (RN)	• Skilled Nursing Services	Registered Nurses	$36.32	$39.32	$48.52	$52.09
Licensed Practical Nurse (LPN)	• Skilled Nursing Services	Licensed Practical and Licensed Vocational Nurses	$26.81	$29.75	$32.02	$35.76

As providers reported historical costs and point-in-time baseline wages and wage increases, projecting growth in these expenses is important to set a rate which will become effective several years from the survey reporting period. To understand how wages and costs have trended in recent years, Guidehouse evaluated national inflation datasets in tandem with provider-reported wage increases. As projecting inflation relies on assumptions, Guidehouse evaluated several inflation metrics across sources and industries, and compared them to information reported by Wyoming providers to determine a reasonable prospective rate adjustment, ultimately identifying three reasonable sources from which to adopt an annual inflation metric to project forward to SFY 2027, summarized in Table 8:

- **BLS Current Employment Statistics (CES):** BLS publishes CES data which evaluates trends in earnings. Guidehouse reviewed BLS CES data trends specific to Nursing and Residential Care Facilities. Guidehouse evaluated the average annual growth rate in average hourly earnings of all employees across nursing and residential care facilities for the ten-year period of 2015 through 2025, as well as the preliminary trend from 2023 to 2024. Guidehouse elected to use the 10-year average inflation rate of **4.62 percent** to apply to wages going forward. This inflationary metric captures the most accurate representation of the population we are looking to establish rates for within this rate study for Wyoming development disability services. This is consistent with the inflation factor applied in the recent rate study for Wyoming's developmental disabilities waivers.

Table 8. Sources of Growth Rates in Relevant Costs and Wages

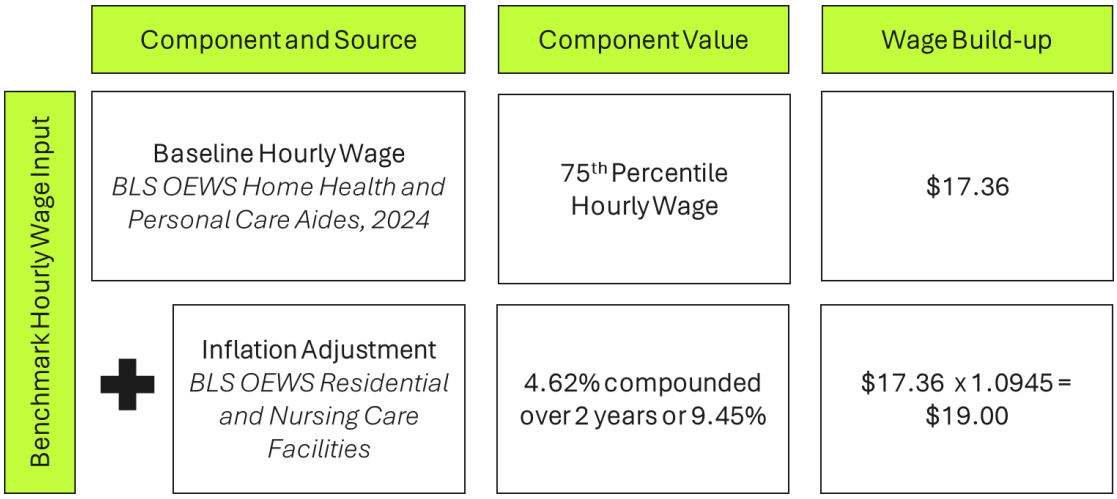
Source	Time Period Evaluated	Annual Growth Rate for Comparison
Bureau of Labor Statistics (BLS) Current Employment Statistics (CES) Average for Nursing and Residential Care Facilities	2015 - 2025	4.62%

Since wage growth is the primary driver of provider costs, Guidehouse and WDH determined that the CES inflation factor of **4.62 percent** was most representative of the economic conditions faced by providers, as it closely aligns with the population and services in this rate study and with recent historical inflation in this series.

To develop a wage input for rates which become effective in SFY 2027, the base period wage from the BLS OEWS data published in April 2025 inflates by 4.62 percent annually over two years, from mid-2024 to mid-2026, which is reflected in the final wage inputs or the rate model.

Guidehouse calculated the benchmark wage assumptions by adjusting the 2024 BLS OEWS wages by the 4.62 percent which correlates to the CES inflationary metric and aligns closely with the year over year wage increase average reported in the provider cost and wage surveys. This wage build up is demonstrated in Figure 2.

Figure 2. Calculation of Wage Adjustment Factors



For example, begin with the BLS OEWS 75th percentile baseline wage input for direct care workers of $17.36. To account for inflation from the baseline, an inflationary adjustment of 4.62 percent annually covering SFYs 2025 and 2026 was calculated as $1.74, which adds to the baseline input and sums to $19.00, which is the wage expectation for the midpoint of SFY 2027. Table 9 completes this exercise for each job type in the rate model.

Table 9. Benchmark Wage Recommendations

Job Type	BLS OEWS Baseline Wage at SFY 2024	Inflation-Adjusted Wage to SFY 2027
Direct Care Worker	$17.36	**$19.00**
Direct Care Worker – Homemaker / Companion	$15.04	**$16.46**
Certified Nursing Assistant	$18.44	**$20.18**
Shift and Unit Supervisor	$19.34	**$21.17**
Case Manager	$27.53	**$30.14**
Licensed Practical Nurse	$29.75	**$32.56**
Case Manager Supervisor	$31.16	**$34.11**
Registered Nurse	$39.32	**$43.04**

E.2.2. Employee-Related Expenses

Employee-related expenses are costs to the provider for fringe benefits beyond wages and salaries, such as unemployment taxes, health insurance, and paid time off (PTO). These fall into three distinct categories of benefits: legally required benefits, paid time off, and other benefits such as health insurance.

- **Legally-required benefits** include federal and state unemployment taxes, federal insurance contributions to Social Security and Medicare, and workers' compensation. Employers in Wyoming pay an effective federal unemployment tax (Federal Unemployment Tax Act, FUTA) of 0.60 percent of the first $7,000 in wages (after an employer tax credit of up to 5.4 percent of FUTA-taxable wages) and state unemployment tax (SUTA) of an estimated average of 2.3 percent derived from the provider cost and wage survey responses of the first $32,400 in 2024 wages. Employers pay a combined 7.65 percent rate of the first $176,100 in wages for Social Security and Medicare contributions as part of Federal Insurance Contributions Act (FICA) contributions. Per the cost and wage survey, employers in Wyoming pay an average effective tax of 3.12 percent toward workers' compensation insurance.
- **Paid time off (PTO) components of ERE** include holidays, sick days, vacation days, and personal days, as well as paid training hours. The average aggregate number of paid days off per year per the cost and wage survey was 19.1 days total. As PTO benefits only apply to full-time workers, the daily value of this benefit is multiplied by a part-time adjustment factor, which represents the proportion of the workforce which works full-time.
- **Other benefits in ERE** include retirement, health insurance, and dental and vision insurance. Other benefits are also adjusted by a part time adjustment factor, as well as a take-up rate specific to each benefit type which represents the proportion of employees who utilize the benefit.

Not all providers that responded to the provider cost and wage surveys offer a "full" or competitive benefits package. To determine competitive contributions for benefits which are not legally required, the paid time off components were analyzed in aggregate and data on other benefits was analyzed only for providers *that contribute to their full-time employees' benefits*. Analyzing these contributions and take-up rates for providers offering paid time off and other benefits yielded average annual contributions per employee.

Survey data combined across provider types (e.g., HCBS providers, case managers) largely informed assumptions around legally required benefits and PTO components of the ERE factor, while Guidehouse consulted the publicly available Medical Expenditure Panel Survey (MEPS) dataset for Wyoming to validate and refine survey data regarding health, dental, and vision insurance. MEPS is a set of large-scale national and state-specific surveys of families and individuals, their medical providers, and employers across the United States, and is the most complete source of data on the cost and use of health care and health insurance coverage. MEPS data informed development of the "other benefits" component of ERE, as analysis of health insurance premiums demonstrated that MEPS provides a more representative standard for

determining competitive insurance offerings for Wyoming employers than survey data. This process creates a rate component for fringe benefit costs which allots costs to cover a competitive benefits package at the prevailing wage.

Each ERE component is calculated as a percentage of wages; for direct care workers, with an annual base salary assumption of $36,109 per year, Guidehouse calculated a competitive fringe benefit package of **30.03 percent** of wages, as outlined in Table 10.

Table 10. Components of ERE for a Direct Care Worker

Category	Component	Calculation	Effective Annual Value
-	Wages	$17.36 per hour	$36,109
-	Part-time adjustment factor (PTAF)	Benefits-eligible proportion of direct care workers	63.60%
Legally Required Benefits	Federal unemployment tax	0.60% of first $7,000 of wages	$42 (0.12% of wages)
	State unemployment tax	2.32% of first $32,400 of wages	$750 (2.08% of wages)
	Federal insurance contributions	7.65% of first $176,100 of wages	$2,762 (7.65% of wages)
	Workers' compensation	3.12% of wages	$1,126 (3.12% of wages)
Legally required benefits		$4,681 (12.96% of wages)	
Paid Time Off	Holiday, vacation, sick, personal, and training days	19.1 days of 8 hours each times the PTAF and wage	$1,686 (4.67% of wages)
Paid time off		$1,686 (4.67% of wages)	
Other Benefits	Health insurance	Annualized premiums times the benefit take-up rate and the PTAF	$3,803 (10.53% of wages)
	Retirement contributions		$459 (1.27% of wages)
	Dental, vision, and other benefits		$214 (0.59% of wages)
Other benefits		$4,477 (12.40% of wages)	
Total employee-related expenses (ERE)		**$10,843 (30.03% of wages)**	

Costs of contributing to certain legally required benefits and other benefits do not necessarily become more expensive as other compensatory costs, like wages, rise. As wages increase, the proportion of ERE to wages decreases; therefore, individual ERE percentage factors were developed based on staff type, as a proportion of the baseline wage for each staff type.

The wage assumption for direct care workers providing Homemaker and Companion Services is lower than for direct care workers providing other services, and so the ERE calculation for modeling rates for those two services yields an ERE factor of 32.0 percent, slightly higher than the factor applied to rates for other services delivered by direct care workers. The wage assumption for supervisors of direct care workers, which factor into the supervision cost allocation component of the rate model, is higher than for direct care workers, and so the ERE calculation for supervisors yields an ERE factor slightly lower (28.66 percent) than for direct care workers.

E.2.3 Productivity Adjustment

While providers can only bill for the time during which their staff are directly delivering services, direct care staff perform other tasks as part of their workday which are essential to the delivery of quality services and the operation of the agency but which may not be "billable" as part of the service definition. A productivity adjustment accounts for such "non-billable" time, including time spent keeping records or in meetings, by upwardly adjusting compensation (wages and ERE) to cover the full workday.

Consider a simple example to illustrate this process:

> *A direct care staff person is paid $16 per hour and works an 8-hour day. The cost to the provider for the day is $128 in wages ($16 per hour for 8 hours). However, if half of the staff member's 8-hour day (4 hours) was spent on activities that are non-billable, the provider would only be able to bill for 4 hours of the staff member's time. Therefore, a productivity adjustment would have to be made to allow the provider to recoup the full $128 for the staff cost. The adjusted wage rate per billable hour would need to be $32, resulting in a productivity adjustment of 2.0.*

While this is an exaggerated example (a typical productivity adjustment is around 1.2 for many of the services in scope for this study), it demonstrates the importance of including a productivity factor to fully reimburse for direct support time.

Provider organizations reported the average number of billable hours (out of an assumed 8-hour workday) through the cost and wage survey, which translates into a productivity adjustment for each service. Providers reported that roughly 80 percent of direct care staff's time is billable, on average. This percentage equates to 6.4 billable hours per each direct care staff member's 8-hour day (where the other hour-plus is spent on notes, meetings, driving to a client's home, etc.). Dividing 8 hours by 6.4 hours (or equivalent, dividing 1 by 80 percent or 0.8) yields an overall productivity adjustment of **1.24**, which is then multiplied by ERE-adjusted wages to get productivity-adjusted compensation.

Due to the nature of specific services such as assisted living or specific rate models such as monthly case management, the productivity adjustment varies from most other services.

Specifically, Guidehouse assumes a somewhat lower productivity adjustment for adult day services and assisted living, based on reported provider activity and service definitions. For the new 15-minute case management rate, the productivity adjustment is higher than for traditional services, as delivering quality case management involves non-billable time for driving to client residences, documenting client notes, and communicating with family members. The monthly case management rate model does not include a productivity factor, as the monthly rate functions is inclusive of all of a case manager's time (rather than just a billable unit of time).

Stakeholder Workgroup members confirmed assumptions for each service, which differ slightly from productivity adjustments in the currently effective rates, based on survey data.

E.2.4 Supervision

While direct care staff deliver services, other staff are often present to supervise, and usually supervise multiple staff at one time. Wages for supervisors are often higher, but proportionate, to the wages of the direct care staff they supervise and are therefore included in independent rate models as a separate component to the primary staff wage. The supervision cost component captures the costs of compensating (through wages and benefits) for supervising direct care staff. These supervision costs are distinct from administrative costs related to higher-level management of personnel. Supervision is time spent in direct oversight of and assistance with care provision and is frequently conducted by staff who are themselves providing direct care as a part of their role.

The cost and wage survey included questions regarding the number of direct care staff supervised by one supervisor (otherwise called the supervisor "span of control") and the total number of hours a supervisor spends per week, on average, directly supervising staff. Survey results were validated with the Stakeholder Workgroup and largely aligned with previous recommendations of the workgroup. For adult day services, for example, the inflated supervisor hourly wage of $21.17 and ERE factor of 28.66 percent are adjusted by the assumed supervisor span of control of nine direct care staff and the expectation that half of that supervisor's time would be spent on supervising (as opposed to directly providing billable services themself). These costs will be further adjusted by the staffing ratio for each service.

E.2.5 Occupancy Adjustment

Rates for adult day services and assisted living facility services also incorporate an occupancy adjustment, which adjusts billable time to account for absences. Absences include participants who schedule but then are unable to attend (and therefore bill for) a day habilitation service and participants who are temporarily out of a residential habilitation setting (e.g., due to hospitalization), and are therefore unable to participate in (and therefore bill for) scheduled HCBS. Absences can result in a loss of revenue for a provider, that may not be able to "fill" the spot or bed of the temporarily absent participant. The rate models incorporate an occupancy adjustment aligned with industry standards, and confirmed with the Stakeholder Workgroup, of between 92 and 96 percent (for example, 240 days of billable services out of 260 days an adult day setting may be "open").

E.2.6 Staffing Ratios

Staff compensation calculated thus far must be translated to a per-client basis, as services are billed by a single client rather than based on a single direct care worker. The staffing ratio, or expected number of participants per service practitioner, makes this adjustment. Survey data and Stakeholder Workgroup input, as well as caps on the participant-to-staff ratio in policy, informed assumptions around these expectations. For most services, the rate model essentially divides the total direct care staff compensation costs by the determined group size or participant-to-staff ratio, as the provider is billed for each participant within a group service. Most services on the CCW are individually delivered, except for adult day services.

The rate model for assisted living facility and memory care services use staffing ratios slightly differently, as these are 24-hour services with varying staffing assumptions throughout the day (i.e., expected staffing ratios differ during "awake" hours and "asleep" hours, and the client may be out of the service setting for day services or receiving other billable services during awake hours). The rate develops an estimate of direct care hours per day per participant, which differ based on the service tier and corresponding staffing assumptions. The proposed rate model sets the expectations for assisted living memory care staffing at 2.25 direct care hours per day reflecting the staffing standard for nursing hours in skilled nursing facilities; staffing assumptions for traditional assisted living assumes 80 percent of these hours per participant day. For both assisted living components, the model assumes a higher supervisor span of control of one supervisor (e.g., a director of nursing) to three staff in alignment with staffing ratios and standards in Wyoming administrative rules for program administration of nursing care facility services.

The case management rate also incorporates staffing ratios differently than most other services, as case managers typically have a "caseload" of participants across a billable period of time (i.e., month), rather than a group of participants receiving services at the same billable unit of time (e.g., 15 minutes, although WDH will newly offer a 15-minute unit this service under the CCW). Monthly cost expectations are divided by this caseload, set at 35 participants per month for a full-time case manager based on WDH feedback and survey results of the time spent on average for each case.

E.2.7. Administrative Expenses and Program Support Expenses

Administrative expenses reflect costs associated with operating a provider organization, such as costs for administrative employees' salaries and benefits along with non-payroll administration expenses, such as licenses, property taxes, liability, and other insurance. Rate models typically add a component for administrative expenses to spread costs across the reimbursements for all services an organization may deliver; our recommended rates reflect this methodology by establishing a uniform factor for each service rate as a proportion of direct care costs (compensation for direct care staff and supervisors, adjusted for productivity and staffing).

Administrative costs include payroll and non-payroll categories:

- **Payroll Administrative Expenses:** Employees and contracted employees who perform administrative activities or maintenance activities earn salaries and benefits, which count toward payroll expenses in the calculation of total administrative costs.

- **Non-Payroll Administrative Expenses:** Costs including office equipment and overhead comprise non-payroll administrative expenses, net of bad debt and costs related to fundraising and advertising or marketing.

Program support expenses reflect costs associated with delivering quality services, but which are not directly billable as part of the service or administrative in nature. These may include costs related to compensation of program support staff (e.g., activities director, interpreter), supplies (e.g., supplies or snacks for activities), transportation, and building or capital expenses. Similar to the calculation for administrative costs, the program support cost factor is calculated based on cost data reported in the provider surveys and represented as a proportion of direct care costs reported in the provider surveys.

Survey data from this rate study does not offer sufficient information to inform a new, service-specific build-up of these cost allocation factors, especially since these costs can vary across provider types and organizational structures. Guidehouse proposed to WDH and the Stakeholder Workgroup a hybrid approach that combines legacy rate models, which incorporated assumptions for indirect cost factors based on a review of peer states' methodologies, and provider survey data collected through the developmental disabilities waivers rate study in 2024. This approach would blend, in equal parts, 1) the value for the administrative cost factor from the developmental disability services rate models for services analogous to those offered on the CCW, with 2) the factor value recommended for the service in the currently effective rate model. The same approach applies for the program support cost factor.

Current rate models assume an administrative factor of 16 percent and a program support factor of eight percent; calculated in this way, recommended factor values for all services on the CCW would fall between the values for the current CCW rate models and the proposed developmental disability rate models. For example, the recommended values for administrative and program support expenses for personal support services are 20.85 percent and 8.43 percent, respectively. These factors aim to incentivize quality but also reward efficiencies. Because these are not direct care-related measures, WDH determined that this hybrid approach is appropriate in that it incorporates data from Wyoming's HCBS populations *and* practices in other states.

E.2.8. Home-Delivered Meals

The rate for hot home-delivered meals is based on assumptions around monthly food costs, kitchen capacity and capital, labor, and other rate factors similar to those for traditional HCBS. Analysis of labor costs in meals preparation follows the same methodology as determining wages for direct care staff delivering, for example, personal support services, as displayed in Table 11.

Table 11. Benchmark Wage Recommendations, Meals-Related

Job Type	BLS OEWS Baseline Wage at SFY 2024	Inflation-Adjusted Wage to SFY 2027
Cook (Institution and Cafeteria)	$17.14	**$18.76**
Food Preparation Worker	$16.53	**$18.09**
First-Line Supervisors of Food Preparation and Serving Workers	$17.92	**$19.61**

Data from the United States Department of Agriculture (USDA) low-cost food plan for older adults yielded an assumption for per-person monthly food costs, which translates into daily food costs for kitchens.[2] Survey results from providers of home-delivered meals informed assumptions for average number of meals prepared per day per kitchen for CCW clients, kitchen size, number of miles per day of CCW meals delivery, and the appropriate administrative factor applied to meals services.

E.2.9. Adjusting Rate Components Based on Updated Service Definitions

As described in Table 5, several CCW services underwent definitional updates for the upcoming CCW renewal. Guidehouse set rates for the updated versions of each service. As each rate is set through an independent build-up, the rate factors for every service align with historical and/or assumed provider experience; to align with updated service definitions, Guidehouse employed several assumptions for service delivery.

- **Adult day services**: Adult day services were historically delivered on the CCW through half-day units of either a "social" model or "health" model. The CCW renewal redefines these two separate half-day services as a single adult day service with two tiers analogous to the basic and intermediate tiers on the DD waivers. Guidehouse updated the units of service to reflect the new 15-minute or daily units and adjusted assumed staffing ratios to align with the basic and intermediate tiers of service (1:4.5 and 1:3.5, respectively). The health model of adult day services includes assistance with medication administration; to incorporate qualifications for this activity, Guidehouse assumed a certified nursing assistant would deliver this service under registered nurse supervision to reflect the provision of assistance with medications as part of the new intermediate tier (aligned with the legacy health model).
- **Case management**: Legacy case management components of service plan development or annual update and monthly monitoring will be combined into a single monthly case management service, along with a 15-minute unit for unique circumstances. These rates

[2] USDA data available as of August 2025: https://fns-prod.azureedge.us/sites/default/files/resource-files/cnpp-costfood-3levels-august2025.pdf

both assume a full-time caseload of 35 participants, which translates into 4.95 hours per month per client (inclusive of traditional case management activities like face-to-face meetings, service plan updates, check-ins, as well as traditionally non-billable activities like driving to client residences). Because of the monthly unit, this component does not have a productivity adjustment; the 15-minute unit does include an adjustment assuming about 75 percent of time is billable. Both rate models assume a level of supervision by staff equivalent to the BLS category of healthcare social workers. The rate build-up for transition intensive case management is calculated the same way as 15-minute case management, and so the resultant rates are equal. Transition intensive case management has not been billed in recent years, per claims data.

- **Companion services**: Companion will be a new service on the CCW. Guidehouse set all rate components, and the resultant proposed rate, equal to those for homemaker services given the similar qualifications and activities for direct care staff delivering these services.
- **Non-medical transportation**: Legacy transportation components of per-trip wheelchair-accessible vehicles, non-wheelchair-accessible vehicles, and service route will be combined into a single accessible transportation service with a 15-minute unit.

Proposed rates in Section E.3 reflect these assumptions for updated services.

E.3. Benchmark Rates and Final Recommendations

Benchmark rates for each waiver service, outlined in Table 12, were developed using the independent rate build-up approach. **Appendix A** includes the rate models for each service.

Table 12. Proposed Benchmark Rates

Code	Service	Current Rate Eff. Apr. 1, 2023	Proposed Benchmark Rate	Percent Difference
-	Adult Day Intermediate	-	$3.33	-
-	Adult Day Services	-	$2.46	-
T2031	Assisted Living - ALF	$70.44	$86.07	+22%
T2031 U8	Assisted Living – ALF Memory Care	$82.49	$107.57	+30%
S5130	Homemaker Services	$6.49	$8.95	+38%
-	Companion Services	-	$8.95	-
T1004	Home Health Aide	$10.36	$11.40	+10%
S5170 SE	Home-Delivered Meals – Hot	$10.65	$11.46	+8%

Code	Service	Current Rate Eff. Apr. 1, 2023	Proposed Benchmark Rate	Percent Difference
S5170	Home-Delivered Meals – Frozen	$7.88	$8.07	+3%
S5125	Personal Support Services – Agency Based	$8.91	$10.39	+17%
S5125 U5	Personal Support – Participant Direction	$3.80	$4.65	+22%
S5150	Respite – In-Home	$10.36	$10.54	+2%
-	Case Management – Monthly	-	$248.80	-
-	Case Management – 15 Minute	-	$15.31	-
T2025	Transition Intensive Case Management	$12.25	$15.31	+25%
T1002	Skilled Nursing Services – RN	$26.12	$27.31	+5%
T1003	Skilled Nursing Services – LPN	$18.86	$21.10	+12%
-	Non-Emergency Medical Transportation	$9.75	$10.71	+10%

As adult day services, case management, companion services, and non-emergency medical transportation do not have directly comparable legacy services due to updates for the CCW renewal, Guidehouse does not include a percentage difference in the rate.

F. Fiscal Impact Estimates

F.1. Fiscal Impact Overview and Assumptions

In determining final rate recommendations, Guidehouse assessed how proposed rate benchmarks would affect projected state and federal Medicaid expenditures in an effort to estimate the fiscal impact of increased rates for the State of Wyoming and for providers delivering services. Guidehouse developed an estimated budget impact of the newly calculated rates based on calendar year 2024 waiver claims data. While the waiver operates on the state fiscal year, CY 2024 was selected as 1) it offers the most recent full year of data and 2) the service index has been effective since April 2023, meaning that the same rates were in place through all of CY 2024 and SFY 2025.

The fiscal impact estimates are calculated as follows:

- For services included in the rate study that do not have updated service definitions under the CCW renewal:

  - To understand the ***baseline waiver payments***, CY 2024 claim units are multiplied by the rates currently in place in SFY 2025, based on the CCW Service Index effective April 1, 2023. To establish the payment baseline, Guidehouse priced each unit of service included in the data at the current rate without reproducing claims adjudication nuances that can yield a final payment amount below the Medicaid allowed amount, such as reductions due to third party liability or other determinations. Expenditures calculated at Guidehouse's benchmark rates follow suit, allowing proportionate comparison for assessing financial impact.
  - To estimate the ***future waiver payments based on the proposed rates***, CY 2024 claim units are multiplied by the proposed rates (assumes that future service utilization would be similar to recent historical service utilization).
  - The difference between estimated future payments and current baseline payments represents the estimated budget impact.

- For services included in the rate study that **have updated service definitions** under the CCW renewal (i.e., adult day services, monthly case management, and non-medical transportation):
  - To estimate the ***future waiver payments based on the proposed rates*** for adult day services, CY 2024 claim units for the social model are multiplied by 12 (to translate a half-day unit assuming three hours per unit into a 15-minute unit, or four units per hour for three hours) and then multiplied by the proposed rate for the basic tier. CY 2024 claim units for the health model are multiplied by 12 and by the proposed rate for the intermediate tier.
  - To estimate the ***future waiver payments based on the proposed rates*** for case management, CY 2024 claim units for service plan development or annual update, case management monitoring, and the certificate tier of case management monitoring are each multiplied by the proposed rate for monthly case management.
  - To estimate the ***future waiver payments based on the proposed rates*** for non-medical transportation, CY 2024 claim units for non-medical transportation wheelchair-accessible vehicles, non-wheelchair-accessible vehicles, and service route are multiplied by the proposed rate for the updated 15-minute non-medical transportation service.
- For services included in the rate study that **are new** under the CCW renewal (i.e., 15-minute case management and companion services):
  - To estimate ***future waiver payments on new services based on the proposed rates,*** Guidehouse modeled utilization for 15-minute case management and companion services based on utilization for similar services on the CCW or on the Comprehensive Waiver. For each service, Guidehouse multiplied users (relative to total unduplicated participants on each waiver) and unit estimates from the comparison waiver by the proposed rates for each service to arrive at an estimate of

expenditures on the CCW.

- For services excluded from the rate study: Because the payment rates remain the same, there is no change between the future estimated waiver payments and the baseline waiver payments.

This analysis, conducted for the purposes of the rate study, includes several simplifying assumptions that may not reflect eventual service utilization or future Medicaid/state federal financial participation to be used in eventual budgeting for implementation. Moreover, these assumptions represent Guidehouse's best judgment based on the utilization data available, but do not necessarily reflect State legislative or executive decision-making, nor do they indicate additional commitments to future financing.

Utilization assumptions in this analysis reflect historical service volume, and Guidehouse did not attempt to adjust utilization patterns based on anticipated changes stemming from rate increases. While it is possible some services experiencing substantial rate increases may see higher utilization due to the monetary incentives driven by the increased rates to deliver these services, it is too soon to predict whether rate adequacy alone is sufficient to address workforce shortages that may have contributed previously to depressed utilization or challenges to access to care. Based on feedback from the Stakeholder Workgroup, workforce challenges as well as lower rates of reimbursement may have caused some providers not to be able to deliver the expected volume of services in all areas of Wyoming. With increased rates, providers may be in a position to hire and retain more staff than current levels, resulting in a greater volume of services delivered than historical utilization trends. Given the uncertain economic climate, the complexity of the dynamics operating in the current labor market, and the difficulty in gauging consumer and provider behavior post-COVID, Guidehouse did not apply speculative adjustments to utilization projections specifically to model potential upticks in utilization influenced by a rate increase.

Wyoming's Federal Medical Assistance Percentage (FMAP) is 50.00 percent, which means the federal government will cover 50 percent of expenditures for standard Medicaid services, including CCW services, while Wyoming pays the other half of Medicaid expenditures.

F.2. Fiscal Impact Across Existing CCW Service Array

Reflected in Table 13 are the 2024 expenditures, reflecting the total expenditures for units of service utilized in 2024 paid at the rates in effect in that year and currently. Table 13 compares to the benchmark expenditures, showing the total projected expenditures using the recommended rates multiplied by the same number of units for each service. Table 13 also displays the overall percentage and dollar difference between the two years of expenditures for services in-scope for the rate study, or services for which Guidehouse developed an independent rate build-up as part of this report (and outlined in Appendix A).

While the table presents expenditures for out-of-scope services (frozen home-delivered meals, environmental accessibility adaptations, etc.), Guidehouse is not recommending changes to these

rates based on this rate study and so the benchmark value does not increase or decrease. Rates for these out-of-scope services may change as a result of other legislative decisions.

Table 13. Estimated Fiscal Impact for In-Scope Services

Service Category	Utilization Paid at 2024 Rates	Utilization Paid at Benchmark Rates	Estimated Increase	Estimated State Share Increase
In-Scope Services	$38,112,681	$43,876,213	$5,763,533 (15.1%)	$2,881,766
Out-of-Scope Services	$715,548	$715,548	-	-
All Waiver Services	$38,828,229	$44,591,761	$5,763,533 (14.8%)	$2,881,766

Implementation of benchmark rates would lead to an aggregate annual increase in waiver expenditures of $5.8 million (or $11.6 million for the biennium), or about 15 percent of current expenditures, subject to the assumptions discussed above and inclusive of both State and federal dollars. The Wyoming share of this increase is about $2.9 million annually (or $5.8 million for the biennium). The largest increases are projected in case management, assisted living, and participant-directed personal support services.

F.3. Fiscal Impact Across New CCW Services

The figures in Table 13 do not include new services on the CCW, namely, a 15-minute case management unit, companion services, or assistive technology. Incorporating these new services would result in increased total and State waiver expenditures. Without historical CCW utilization to base future expectations, Guidehouse modeled potential utilization for each new service after similar services on the CCW or on the Comprehensive Waiver, Wyoming's larger of two waivers serving participants with intellectual and/or developmental disabilities.

The Comprehensive Waiver offers both 15-minute case management service and companion services, which will be new on the CCW in the upcoming renewal. Guidehouse adapted utilization estimates for 15-minute case management services as documented in Appendix J-2-d of the active Comprehensive Waiver by applying the proportion of users for each service to unduplicated participants on the Comprehensive Waiver to the number of unduplicated participants on the CCW to estimate the number of users of these services on the CCW. This comparison assumes that CCW participants will use each new service at a similar proportion as DD participants. Because of other shifts in the service array – namely, that the standalone service and relatively high rate for service plan development will no longer exist – utilization of this service may not immediately mirror the Comprehensive Waiver. For example, case managers may bill relatively more units of 15-minute case management to reflect service plan development or annual updates, which will be incorporated in the monthly case management rate. WDH should consider strategies for monitoring appropriate billing of this service component.

For 15-minute case management services, WDH assumes in Appendix J-2-d of the Comprehensive Waiver that about **11 percent of users** of monthly case management utilize 15-minute case management during the year (207 of 1826 participants), and that **each user utilizes 37 units** or about nine hours of this case management service per year. Under these assumptions, annual expenditures on 15-minute case management for the CCW based on the proposed rate of $16.15 would total about $169,000 or 0.44 percent of waiver expenditures.

For initial utilization of companion services, Guidehouse assumes based on WDH feedback that utilization of companion services will be equivalent to historical utilization of homemaker services. Based on 2024 CCW units of homemaker services, a scenario in which utilization of companion services is equal to that of homemaker services (about seven percent of users using 112 units per year) would result in additional annual expenditures for companion services of about $196,000 or 0.50 percent of waiver expenditures. Below Table 14, Guidehouse explores potential other models of utilization for companion services, which may result in significantly higher expenditures (up to $14 million or 37 percent in new outlays, although this does not account for likely decreases in expenditures on other services).

Table 14 adds projected expenditures for these services to Table 13, with associated potential total and state share increases in expenditures. Based on feedback from WDH, Guidehouse assumes initial utilization of companion services to be equal to CCW utilization of homemaker services, which is reflected in the table below.

Table 14. Estimated Fiscal Impact for In-Scope Services and New Services, Initial

Service Category	Utilization Paid at 2024 Rates, Not Including New Services	Utilization Paid at Benchmark Rates, Including New Services	Estimated Increase from Total	Estimated State Share Increase
In-Scope Services	$38,112,681	$43,876,213	$5,763,533 (15.1%)	$2,881,766
Out-of-Scope Services	$715,548	$715,548	-	-
New CCW Services, Initial	-	$356,890	$356,890 (0.9%)	$178,445
All Waiver Services	$38,828,229	$44,948,651	$6,120,423 (15.8%)	$3,060,211

To model what potential mature usage of the companion service may be in future waiver years, Guidehouse also modeled two additional scenarios. First, Guidehouse also compared utilization to the home health aide services on the CCW, as WDH expects that users of this service (and homemaker services) would be most likely to begin utilizing the new companion service. Next, Guidehouse follows a similar methodology for 15-minute case management services by adopting the number of units per user for each service on the Comprehensive Waiver. This assumes that

CCW participants will utilize each new service in similar quantities as DD participants. With a new service, it is unlikely that participants and providers will immediately adopt similar patterns of utilization to the Comprehensive Waiver, and it may take time for providers to offer companion services to CCW participants. However, this service is one of the most utilized DD services in Wyoming, and so there is a potential for a significant financial impact to the State.

- Based on 2024 CCW units of home health aide services, a scenario in which utilization of companion services is equal to that of home health aide services (about 33 percent of users using 525 units per year) would result in additional annual expenditures for companion services about $4.3 million.
- WDH assumes in Appendix J-2-d of the Comprehensive Waiver that about **42 percent of waiver participants** utilize individual companion services during the year (772 users of 1850 unduplicated participants). **Each user utilizes over 360 hours** of companion services per year. The users and unit assumptions are much higher than for services evaluated on the CCW. Under these assumptions, annual expenditures on individual companion services for the CCW based on the proposed rate of $8.95 would total nearly $14 million annually. Importantly, WDH would expect current users of homemaker and home health aide services to instead use companion services. Therefore, utilization for already "in-scope" services would likely decrease, which would lessen the fiscal impact on the system.

Table 15 presents the potential uptake of companion service utilization from the first year of the waiver renewal to the fifth and final year of the waiver renewal period, at which point WDH may expect more mature usage of the service akin to utilization by DD waiver participants. Utilization for Waiver Year 1 (WY1) aligns with the "initial" projection from Table 14 based on CCW homemaker utilization, WY3 aligns with the scenario based on CCW home health service utilization, and WY5 aligns with the scenario based on Comprehensive Waiver companion service utilization. WYs 2 and 4 are averages of the years or scenarios preceding and following them.

Table 15. Estimated Fiscal Impact Companion Services Ongoing

Waiver Year	Estimated Total Units of Companion Services	Estimated Expenditures at Benchmark Rates	Estimated State Share Expenditures
WY1	22,000	$196,900	$98,450
WY2	251,825	$2,253,834	$1,126,917
WY3	481,650	$4,310,768	$2,155,384
WY4	1,016,785	$9,100,226	$4,550,113
WY5	1,551,920	$13,889,684	$6,944,842

Guidehouse does not expect that CCW participants will immediately utilize companion services at the same level as Comprehensive Waiver participants; further, as WDH looks to implement an individual budget amount for CCW participants, the total fiscal impact from this new service may be limited. Given the demand for these services as documented in the active Comprehensive Waiver application, WDH should prepare for these potential utilization scenarios.

Appendix A: Rate Models

This appendix contains rate build-up tables for each service and service component.

- Adult Day Services
- Assisted Living Facility Services
- Case Management
- Companion
- Home-Delivered Meals
- Home Health Aide
- Homemaker
- Non-Medical Transportation
- Personal Support Services
- Respite, In-Home
- Skilled Nursing
- Transition Intensive Case Management

Adult Day Services

Adult Day Services			
Rate Component	**Unit:**	**15 Minute**	
	Tier:	**Basic**	**Intermediate**
Wages	Inflated Hourly Wage	$19.00	$20.18
	ERE Direct Care Factor (% of Wages)	30.03%	29.25%
	Hours per Unit	4.0	4.0
	Productivity Factor	1.16	1.16
	Direct Care Unit Cost	$7.56	$7.16
Supervision	Inflated Supervisor Hourly Wage	$21.17	$21.17
	ERE Supervisor Factor (% of Wages)	28.66%	28.66%
	Supervisor Span of Control	1:9	1:9
	Supervisor Hours per Week	20.0	20.0
	Direct Supervision Unit Cost	$0.38	$0.38
Adjustments	Total Direct Care Unit Cost	$7.94	$7.94
	Occupancy Adjustment	1.08	1.08
	Assumed Staffing Ratio	1:4.5	1:3.5
	Adjusted Direct Unit Cost	**$1.82**	**$2.46**
Indirect Costs	Administrative Factor (% of Adjusted Direct Unit Cost)	20.85%	20.85%
	Program Support Factor (% of Adjusted Direct Unit Cost)	14.59%	14.59%
	Non-Direct Unit Cost	**$0.64**	**$0.87**
Rate	**Unit Rate**	**$2.46**	**$3.33**

Assisted Living Facility Services

Assisted Living Facility Services			
Rate Component	**Unit:**	**Daily**	
	Tier:	**Standard**	**Memory Care**
Wages	Inflated Hourly Wage	$20.18	$20.18
	ERE Direct Care Factor (% of Wages)	29.25%	29.25%
	Hours per Unit	1.80	2.25
	Productivity Factor	1.12	1.12
	Direct Care Unit Cost	$52.58	$65.73
Supervision	Inflated Supervisor Hourly Wage	$43.04	$43.04
	ERE Supervisor Factor (% of Wages)	22.59%	22.59%
	Supervisor Span of Control	1:3	1:3
	Supervisor Hours per Week	20.0	20.0
	Direct Supervision Unit Cost	$15.83	$19.79
Adjustments	Total Direct Care Unit Cost	$68.41	$85.51
	Occupancy Adjustment	1.04	1.04
	Adjusted Direct Unit Cost	**$71.14**	**$88.92**
Indirect Costs	Administrative Factor (% of Adjusted Direct Unit Cost)	20.85%	20.85%
	Program Support Factor (% of Adjusted Direct Unit Cost)	10.32%	10.32%
	Non-Direct Unit Cost	**$14.94**	**$18.64**
Rate	**Unit Rate**	**$86.07**	**$107.67**

Case Management

Case Management Month		
Rate Component	**Unit:**	**Month**
Wages	Inflated Hourly Wage	$30.14
	Annual Salary	$62,683.26
	ERE Direct Care Factor (% of Wages)	25.11%
	Annual Benefits	$15,739.77
	Total Case Manager Compensation	$78,423.02
Supervision	Inflated Supervisor Hourly Wage	$34.11
	Annual Salary	$70,939.84
	ERE Supervisor Factor (% of Wages)	23.49%
	Annual Benefits	$16,663.77
	Total Supervisor Compensation	$87,603.61
	FTE Percent	8.33%
	Direct Supervision Annual Cost	$7,300.30
Indirect Costs	**Annual Personnel Costs**	**$85,723.32**
	Administrative Factor (% of Annual Personnel Costs)	12.92%
	Program Support Factor (% of Annual Personnel Costs)	8.98%
	Non-Direct Annual Cost	**$18,773.41**
Costs per Client	**Total Annual Cost**	**$104,496.73**
	Monthly Cost	$8,708.06
	Caseload	35.0
Rate	**Unit Rate**	**$248.80**

Case Management 15 Minute		
Rate Component	**Unit:**	**15 Minute**
Wages	Inflated Hourly Wage	$30.14
	ERE Direct Care Factor (% of Wages)	25.11%
	Hours per Unit	4.0
	Productivity Factor	1.33
	Direct Care Unit Cost	$12.54
Supervision	Inflated Supervisor Hourly Wage	$34.11
	ERE Supervisor Factor (% of Wages)	23.49%
	Supervisor Span of Control	1:3
	Supervisor Hours per Week	10.0
	Direct Supervision Unit Cost	$0.03
Adjustments	Total Direct Care Unit Cost	$12.56
	Assumed Staffing Ratio	1:1
	Adjusted Direct Unit Cost	**$12.56**
Indirect Costs	Administrative Factor (% of Adjusted Direct Unit Cost)	12.92%
	Program Support Factor (% of Adjusted Direct Unit Cost)	8.98%
	Non-Direct Unit Cost	**$2.75**
Rate	**Unit Rate**	**$15.31**

Companion

Companion		
Rate Component	**Unit:**	**15 Minute**
Wages	Inflated Hourly Wage	$16.46
	ERE Direct Care Factor (% of Wages)	32.00%
	Hours per Unit	4.0
	Productivity Factor	1.24
	Direct Care Unit Cost	$6.74
Supervision	Inflated Supervisor Hourly Wage	$21.17
	ERE Supervisor Factor (% of Wages)	28.66%
	Supervisor Span of Control	1:9
	Supervisor Hours per Week	10.0
	Direct Supervision Unit Cost	$0.19
Adjustments	Total Direct Care Unit Cost	$6.92
	Assumed Staffing Ratio	1:1
	Adjusted Direct Unit Cost	**$6.92**
Indirect Costs	Administrative Factor (% of Adjusted Direct Unit Cost)	20.85%
	Program Support Factor (% of Adjusted Direct Unit Cost)	8.43%
	Non-Direct Unit Cost	**$2.03**
Rate	**Unit Rate**	**$8.95**

Home-Delivered Meals

Home Delivered Meals			
Rate Component	**Unit:**	**Meal**	
	Tier:	**Hot**	**Frozen**
Food Cost	Per Person per Month Food Costs	$283.90	$283.90
	Per Person Annual Food Costs	$3,406.80	$3,406.80
	Total Individual Meals per Year	1095	1095
	Cost per Meal	$3.11	$3.11
	Meals Prepared per Day per Kitchen	244	244
	Daily Food Costs	$759.14	$759.14
Food Preparation and Delivery Staff Cost	Hourly Wage-Cooks	$18.76	$18.76
	Number of Cooks	1	1
	Total Daily Wages	$150.08	$150.08
	ERE Factor	30.20%	30.20%
	Total Daily Compensation-Cooks	$195.41	$195.41
	Other Food Prep and Delivery Staff	$18.09	$18.09
	Number of Other Staff	5	3
	Total Daily Wages	$723.71	$434.22
	ERE Factor	30.70%	30.70%
	Total Daily Compensation-Other Staff	$945.88	$567.53
	Hours per Day	8	8
	Daily Staff Compensation	$1,141.29	$762.94
Supervision Cost	Supervisor Wage	$19.61	-
	Supervisor Benefits	28.50%	-
	Hourly Supervisor Compensation	$25.20	-

Home Delivered Meals			
	Hours per Day	8	-
	Daily Supervisor Compensation	$201.63	-
Capital	Square Feet per Kitchen	4890	4890
	Cost per Square Feet- Annually	$18.48	$18.48
	Total Building and Equipment Costs	$90,367.20	$90,367.20
	Daily Capital Costs	$247.58	$247.58
Delivery	Number of Miles per Day	330	66
	IRS Mileage Rate	$0.70	$0.70
	Daily Mileage Costs	$231.00	$46.20
Daily Costs	**Total Daily Costs**	$2,580.65	$1,815.86
Indirect Costs	Administrative %	8.40%	8.40%
	Daily Indirect Costs	$216.77	$152.53
Costs per Meal	Total Daily Cost	$2,797.42	$1,968.39
	Total Meals	244	244
Rate	**Unit Rate**	**$11.46**	**$8.07**

Home Health Aide

Home Health Aide		
Rate Component	**Unit:**	**15 Minute**
Wages	Inflated Hourly Wage	$20.18
	ERE Direct Care Factor (% of Wages)	29.25%
	Hours per Unit	4.0
	Productivity Factor	1.24
	Direct Care Unit Cost	$8.09
Supervision	Inflated Supervisor Hourly Wage	$43.04
	ERE Supervisor Factor (% of Wages)	22.59%
	Supervisor Span of Control	1:9
	Supervisor Hours per Week	20.0
	Direct Supervision Unit Cost	$0.73
Adjustments	Total Direct Care Unit Cost	$8.82
	Assumed Staffing Ratio	1:1
	Adjusted Direct Unit Cost	**$8.82**
Indirect Costs	Administrative Factor (% of Adjusted Direct Unit Cost)	20.85%
	Program Support Factor (% of Adjusted Direct Unit Cost)	8.43%
	Non-Direct Unit Cost	**$2.58**
Rate	**Unit Rate**	**$11.40**

Homemaker

Homemaker		
Rate Component	**Unit:**	**15 Minute**
Wages	Inflated Hourly Wage	$16.46
	ERE Direct Care Factor (% of Wages)	32.00%
	Hours per Unit	4.0
	Productivity Factor	1.24
	Direct Care Unit Cost	$6.74
Supervision	Inflated Supervisor Hourly Wage	$21.17
	ERE Supervisor Factor (% of Wages)	28.66%
	Supervisor Span of Control	1:9
	Supervisor Hours per Week	10.0
	Direct Supervision Unit Cost	$0.19
Adjustments	Total Direct Care Unit Cost	$6.92
	Assumed Staffing Ratio	1:1
	Adjusted Direct Unit Cost	**$6.92**
Indirect Costs	Administrative Factor (% of Adjusted Direct Unit Cost)	20.85%
	Program Support Factor (% of Adjusted Direct Unit Cost)	8.43%
	Non-Direct Unit Cost	**$2.03**
Rate	**Unit Rate**	**$8.95**

Non-Medical Transportation

Non Medical Transportation		
Rate Component	**Unit:**	**15 Minute**
	Tier:	**Accessible**
Wages	Inflated Hourly Wage	$16.46
	ERE Direct Care Factor (% of Wages)	32.00%
	Hours per Unit	4.0
	Productivity Factor	1.00
	Direct Care Unit Cost	$5.43
Adjustments	Assumed Staffing Ratio	1:1
	Adjusted Direct Unit Cost	**$5.43**
Indirect Costs	Mileage Cost per Unit	$0.70
	Administrative Factor (% of Adjusted Direct Unit Cost)	20.85%
	Program Support Factor (% of Adjusted Direct Unit Cost)	14.59%
	Transportation Percentage	23.00%
	Non-Direct Unit Cost	**$5.27**
Rate	**Unit Rate**	**$10.71**

Personal Support Services

Personal Support Services			
Rate Component	**Unit:**	**15 Minute**	
	Tier:	**Participant Direction**	**Agency-Based**
Wages	Inflated Hourly Wage	$16.46	$19.00
	ERE Direct Care Factor (% of Wages)	12.96%	30.03%
	Hours per Unit	4.0	4.0
	Productivity Factor	1.24	1.00
	Direct Care Unit Cost	$4.65	$7.66
Supervision	Inflated Supervisor Hourly Wage	-	$21.17
	ERE Supervisor Factor (% of Wages)	-	28.66%
	Supervisor Span of Control	-	1:9
	Supervisor Hours per Week	-	20.0
	Direct Supervision Unit Cost	-	$0.38
Adjustments	Total Direct Care Unit Cost	$4.65	$8.04
	Assumed Staffing Ratio	1:1	1:1
	Adjusted Direct Unit Cost	**$4.65**	**$8.04**
Indirect Costs	Administrative Factor (% of Adjusted Direct Unit Cost)	-	20.85%
	Program Support Factor (% of Adjusted Direct Unit Cost)	-	8.43%
	Non-Direct Unit Cost	**-**	**$2.35**
Rate	**Unit Rate**	**$4.65**	**$10.39**

Respite, In-Home

Respite, In Home		
Rate Component	**Unit:**	**15 Minute**
Wages	Inflated Hourly Wage	$19.00
	ERE Direct Care Factor (% of Wages)	30.03%
	Hours per Unit	4.0
	Productivity Factor	1.24
	Direct Care Unit Cost	$7.66
Supervision	Inflated Supervisor Hourly Wage	$21.17
	ERE Supervisor Factor (% of Wages)	28.66%
	Supervisor Span of Control	1:9
	Supervisor Hours per Week	20.0
	Direct Supervision Unit Cost	$0.38
Adjustments	Total Direct Care Unit Cost	$8.04
	Assumed Staffing Ratio	1:1
	Adjusted Direct Unit Cost	**$8.04**
Indirect Costs	Administrative Factor (% of Adjusted Direct Unit Cost)	20.85%
	Program Support Factor (% of Adjusted Direct Unit Cost)	10.32%
	Non-Direct Unit Cost	**$2.51**
Rate	**Unit Rate**	**$10.54**

Skilled Nursing Services

Skilled Nursing Services			
Rate Component	**Unit:**	**15 Minute**	
	Tier:	**LPN**	**RN**
Wages	Inflated Hourly Wage	$32.56	$43.04
	ERE Direct Care Factor (% of Wages)	24.48%	22.59%
	Hours per Unit	4.0	4.0
	Productivity Factor	1.50	1.50
	Direct Care Unit Cost	$15.20	$19.79
Supervision	Inflated Supervisor Hourly Wage	$21.17	$21.17
	ERE Supervisor Factor (% of Wages)	28.66%	28.66%
	Supervisor Span of Control	1:9	1:9
	Supervisor Hours per Week	20.0	20.0
	Direct Supervision Unit Cost	$0.38	$0.38
Adjustments	Total Direct Care Unit Cost	$15.58	$20.16
	Assumed Staffing Ratio	1:1	1:1
	Adjusted Direct Unit Cost	**$15.58**	**$20.16**
Indirect Costs	Administrative Factor (% of Adjusted Direct Unit Cost)	20.85%	20.85%
	Program Support Factor (% of Adjusted Direct Unit Cost)	14.59%	14.59%
	Non-Direct Unit Cost	**$5.52**	**$7.15**
Rate	**Unit Rate**	**$21.20**	**$27.31**

Transition Intensive Case Management

Transition Intensive Case Management		
Rate Component	**Unit:**	**15 Minute**
Wages	Inflated Hourly Wage	$30.14
	ERE Direct Care Factor (% of Wages)	25.11%
	Hours per Unit	4.0
	Productivity Factor	1.33
	Direct Care Unit Cost	$12.54
Supervision	Inflated Supervisor Hourly Wage	$34.11
	ERE Supervisor Factor (% of Wages)	23.49%
	Supervisor Span of Control	1:3
	Supervisor Hours per Week	10.0
	Direct Supervision Unit Cost	$0.03
Adjustments	Total Direct Care Unit Cost	$12.56
	Assumed Staffing Ratio	1:1
	Adjusted Direct Unit Cost	**$12.56**
Indirect Costs	Administrative Factor (% of Adjusted Direct Unit Cost)	12.92%
	Program Support Factor (% of Adjusted Direct Unit Cost)	8.98%
	Non-Direct Unit Cost	**$2.75**
Rate	**Unit Rate**	**$15.31**