

# North Dakota 1915(i) Services Staffing, Budgeting & Revenue Projections

November 8<sup>th</sup> , 2022  
ND Medicaid Academy

This presentation is not a substitute for official guidance from  
The North Dakota Department of Human Services.



# Your training TEAM



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# Your Team Today Includes:



# Medicaid Academy Schedule

Topic	Date	Tools
Orientation and Provider Enrollment	10/25/22	Provider Enrollment Guide
Provider Enrollment Q&A	10/27/22	
Services Participant Enrollment	11/1/22	Participant Eligibility Tracker
Services Participant Enrollment Q&A	11/3/22	
<b>Staffing and Budgeting</b>	<b>11/8/22</b>	<b>Services Budget Tool, Time Study Materials</b>
Staffing and Budgeting Q&A	11/10/22	
Policies and Procedures	11/15/22	Sample Policies and Procedures
Policies and Procedures Q&A	11/17/22	
Documentation and Billing	11/29/22	Billing Guide
Documentation and Billing Q&A	12/1/22	
Quality Assurance	12/6/22	
Quality Assurance Q&A	12/8/22	

# Purpose of Medicaid Academy Learning Sessions

**DHS** provides the “WHAT”/ Policy Requirements

**The TA Team** helps with “HOW” so you can develop a plan for your agency



Each session will include:

Helpful tips and tools provided by the TA team

Opportunities for sharing experiences across agencies

Coaching for your agency

# What is impacted at the agency-level when becoming a Medicaid provider?



- Programmatic
  - Service provision
  - Staffing & Training
- Strategic
  - Business partnerships
  - Strategic long-term planning
- Analytical
  - Data management
  - Quality Assurance
- Logistic
  - Financial operations
  - Legal agreements
  - HR considerations

# Session #3: What We Will Do Today



**Plan** a Time Study to help you develop valid information for revenue projections



**Identify** staffing models and Services Budget Tool

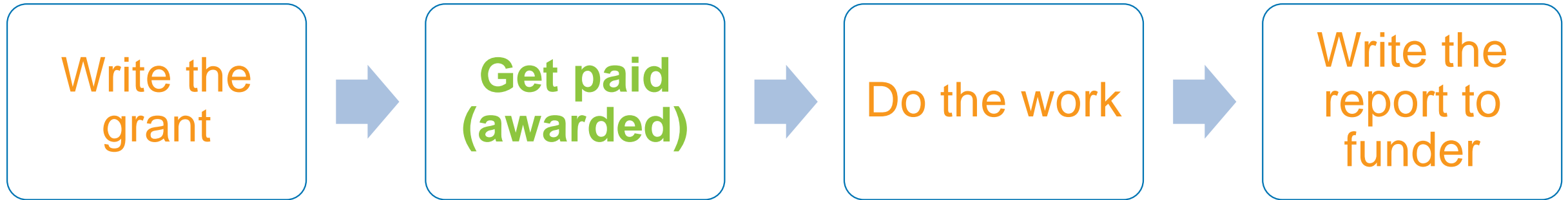


**Help you estimate** your **total cost of care** and break out components needed to estimate your Medicaid revenue potential

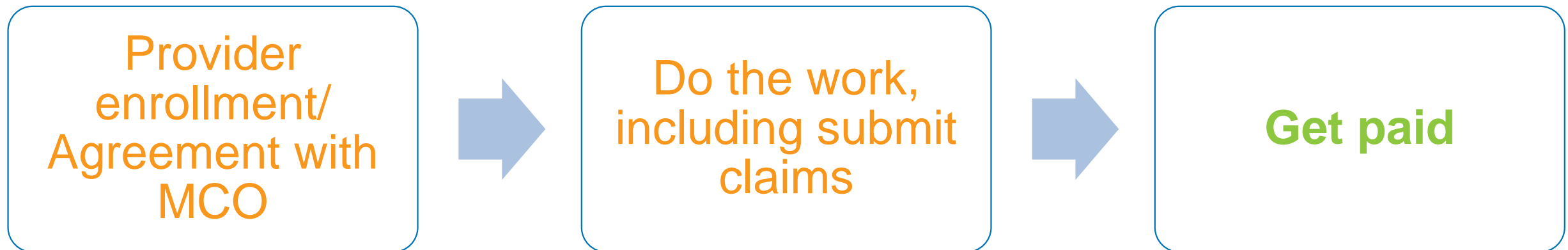


**Practice** using the Services Budget Tool, Time Study tool, and Revenue Projection Tool

# The Grant World Administratively



# The Health Care World Administratively





# What do you need to learn to drive your decision making?



- Estimate new Medicaid-related agency costs
- Plan a Time Study and estimate your billable time
- Understand your Total Cost of Care
- Set reasonable goals and develop a work plan
- Build a deeper team understanding about what providing 1915(i) services at your agency will cost, both day to day and for your agency's bottom line



**Delivering quality  
supportive health  
services, primarily  
funded via Medicaid**

# One-Time Costs to Consider



## Hardware

- Cell phones
- Laptops
- Sound machines for privacy
- Vehicles
- Locking cabinets for security



## Software

- Data collection needs
- Tracking outcomes
- Tracking client information (surveys)
- Electronic Health Record



## Consultants

- Policy/procedure revisions
- Budgeting assistance
- Data collection assistance
- Audit prep

# Ongoing Costs to Consider



Staff



Training



Business  
Support



Supervision



Quality  
Improvement



IT, Data Plans

# Estimating Revenue

Which services are you currently delivering?

- Type
- Volume
- Frequency
- Location
- Do your services fit within the scope of 1915(i) services

Who are you currently serving?

- Demographics
- Eligibility & enrollment
- Levels of need
- Number of people served by service type and funding source

The TA  
Team Has  
Tools to  
Assist You  
to Get  
There:

## Time Study Materials

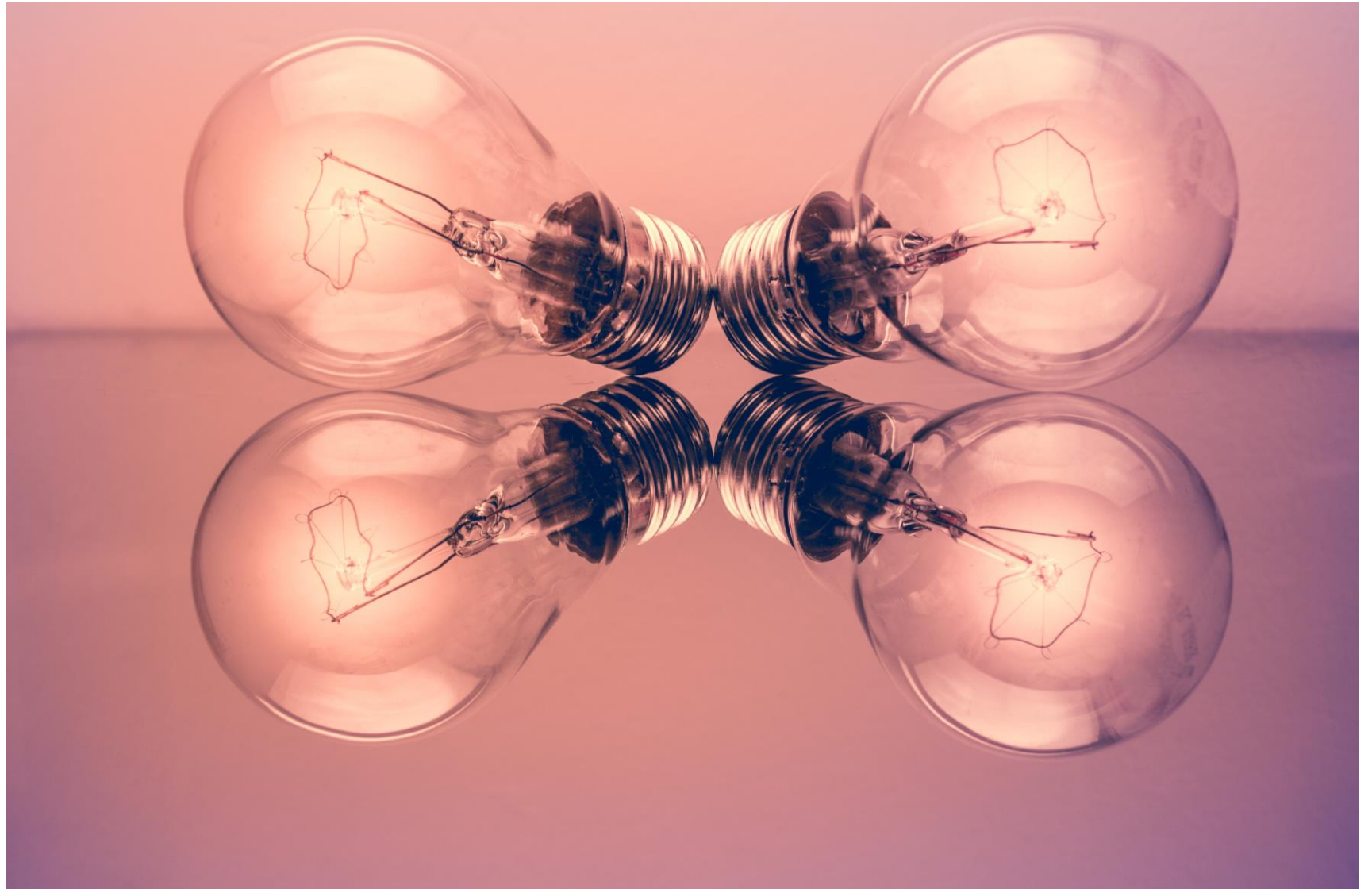
- to determine productivity
- Time Study Sample documents

## Services Budget Tool

- to determine cost of delivering services and any revenue gaps
- Services Budget Tool documents

# Billable Time:

Whenever Direct Services staff are with a service participant engaging in activities that meet [1915\(i\) Service Definitions](#), that is billable time!



**ND Medicaid 1915i Services Fee Schedule  
 as of 11/1/2022**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

Code	Modifier	Description	Medicaid Fee
H2015		Care Coordination (per 15 minutes)	\$20.86
H0039	UK	Training and Supports for Unpaid Caregivers (per 15 minutes) <sup>1</sup>	\$7.55
T2025		Training and Supports for Unpaid Caregivers (per service)	\$511.28
H0038		Peer Support (per 15 minutes)	\$7.55
H0038	UK	Family Peer Support (per 15 minutes)	\$7.55
T2027		Respite (per 15 minutes)	\$7.48
T2001		Non-medical transportation (per 15 minutes)	\$8.76
T5999		Community Transition Services (per service)	\$3,067.65
H2021	U3	Benefits Planning (per 15 minutes)	\$10.73
H2025	U3	Supported Education (per 15 minutes)	\$10.73
H2023		Prevocational Training (per 15 minutes) <sup>1</sup>	\$10.73
H2025	U4	Supported Employment (per 15 minutes)	\$10.73
H2021	U4	Housing Support Services (per 15 minutes)	\$10.73

<sup>1</sup> This service can be billed for individual or group setting. If group setting is provided, modifier UA must be appended to the line and reimbursement will be 25% of the allowed amount.

# Rates:

What will my agency be paid to do this work?



# Programmatic: Staff Billable Time Study

## Staff time study - EXAMPLE

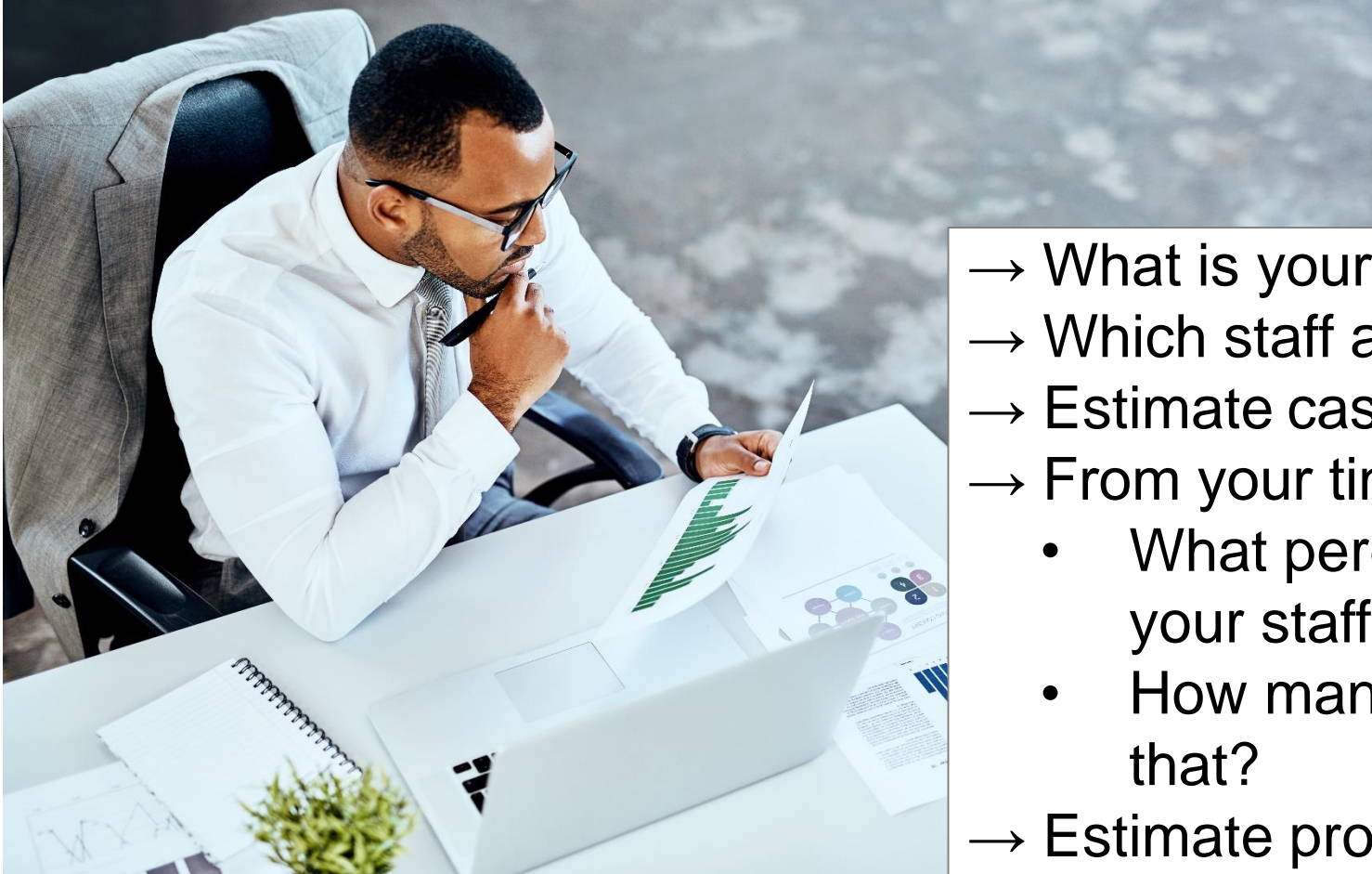
Week of April 4, 2016, DAY ONE

Activity	Date	Begin and end time	Total number of hours/minutes	Was client present? Y or N
At office. Filled out rental application – Molly Moo	4/4/16	9:00am – 9:45am	45 minutes	Y
Staff meeting	4/4/16	10:00am – 11:00am	1 hour	N
Phone calls to landlord and social security (non billable)	4/4/16	11:00am – 11:45am	45 minutes	N
Travel to Jerry's apt	4/4/16	11:45 – 12:00	15 minutes	N
Discussed issue Jerry had with neighbor over the weekend –	4/4/16	12:00 – 12:30	30 minutes	Y

- What percent of your staff time might be covered by this new funding stream?



# Understanding Your Total Cost of Care



- What is your program budget?
- Which staff are revenue generating?
- Estimate caseloads
- From your time study:
  - What percentage of their time will your staff be billing?
  - How many 15 minute increments is that?
- Estimate productivity requirements by staff member and rate

# Estimating Productivity

Be conservative  
with your  
estimates!

- Time off: paid leave, sick time, bereavement, vacation
- Administrative tasks
- Non-billable services like outreach, collateral contacts
- Lunch/breaks
- New hire ramp-up
- Training and professional development
- Buffer for authorizations, rejected claims, quality assurance



# Simple Budget Forecasting Tool: Staff Costs

## Staff Costs Forecasting Tool

		PERSONNEL COSTS			FRINGE BENEFITS										TOTAL	
Employee	Position Title	2021 Pay Rate	Base Hours	Annual Salary	FICA	Medicare	SUTA	Life/AD&D Insurance	LTD	Health Insurance	Workers' Comp	Retirement	Retirement Match	Total Fringe Benefits	Total Annual Cost	Total Monthly Cost
John Doe	Case Manager	\$22.00	2,080	\$ 45,760.00	2,837.12	663.52	700.00	324.00	425.57	11,132.00	457.60	1,372.80	1,372.80	\$ 19,285.41	\$65,045.41	\$ 5,420.45
			2,080	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$ -	\$ -	\$ -
			2,080	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$ -	\$ -	\$ -
			<b>TOTAL</b>	<b>\$ 45,760.00</b>									<b>TOTAL</b>	<b>\$ 19,285.41</b>	<b>\$65,045.41</b>	<b>\$ 5,420.45</b>

Simple Budget Forecasting Tool

# Revenue Forecasting

## Revenue Forecasting Examples

1915(i) HOUSING SUPPORT EXAMPLES						
Position	% of time billable	# of hours worked / week	# of units / week	Rate	Total Annual Revenue	Total Monthly Revenue
Housing Support Worker	75%	40	120	\$ 10.70	\$ 66,768.00	\$ 5,564.00
Housing Support Worker	73%	40	116.8	\$ 10.70	\$ 64,987.52	\$ 5,415.63
Housing Support Worker	65%	40	104	\$ 10.70	\$ 57,865.60	\$ 4,822.13
Housing Support Worker	55%	40	88	\$ 10.70	\$ 48,963.20	\$ 4,080.27

Note: The total annual cost for John Doe from the Staff Costs Forecasting Tool was \$65,123.33. If he only provides 1915(i) services, to break even, a little more than 73% of his time needs to be billable: from this tool, we see that an employee dedicating 73% of their time to billable 1915(i) Housing Support services will generate \$64,987.52 in annual revenue.

# TAB 1- INTRO



## About the CSH Services Budget Tool 2.0 (SBT 2.0)

This budget planning tool is intended to provide communities and organizations with a framework for understanding and planning for service costs in supportive housing. There are 5 drivers that will impact program budget planning.

1. Target populations to be served in supportive housing
2. Services Staffing Model- for ND Housing Support Services (HSS) evidence based Tenancy Support Services (TSS) model assumptions are used
3. Housing Model (site-based or scattered site)
4. Start Up Costs
5. Revenue Structure & Reimbursement Restrictions

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### Notes:

Blue boxes indicate inputs that impact formulas and outputs in the Budget Summary tab - please change these cells to desired values.

Green boxes indicate outputs linked from other cells' inputs - please do NOT change these cells.

White boxes indicate budget item descriptions and program specific information that CAN be changed (optional)- please change these cells to match the terminology you use to describe your program staff and budget items.

# TAB 2- SUMMARY



## Budget Summary Output

The Budget Summary Output tab is intended to serve as the landing page of cost summaries by staffing model. The information in the green cells below are calculated from data entered into tabs 3-9 that then generate the totals in Columns D-G.

<b>Summary Table Based on Inputs (Staffing Model Tabs 3-6)</b>	Assertive Community Treatment	Intensive Case Management	SH Tenancy Support Services	Critical Time Intervention
Number of FTE Employees	12	14	12	8
Annual Program Budget (Year 1)	\$1,342,549	\$1,135,470	\$857,414	\$660,465
Start Up Costs	\$10,925	\$10,350	\$10,350	\$10,350
Total Number of Tenants	100	100	100	100
Total Units of Service, based on a standard 15 minute unit of service	46,104	57,630	43,392	29,832
Cost Per Unit	\$29.12	\$19.70	\$19.76	\$22.14
Per Tenant Per Month Cost	\$1,118.79	\$946.23	\$714.51	\$550.39
Per Tenant Per Year Cost	\$13,425.49	\$11,354.70	\$8,574.14	\$6,604.65

*See Tab 3. Basic Inputs & Assumptions for further detail*

# TAB 5- ICM Model

CSH Services Budget Tool 2.0 July 2022 - Excel

File Home Insert Page Layout Formulas Data Review View Add-ins ACROBAT Tell me what you want to do... Marcella Maguire Share

Clipboard Font Alignment Number Styles Cells Editing

H5 Click here to view more resources and references on the ICM model

2a. Please complete the blue boxes below with local HR information. Please note that the case manager number is calculated for you. If this project is substituting specialist positions for generalist case manager positions, you can add the number and salary information for those specialists

	FTE	Annual Salary (per FTE)	
Program Director	0.5	\$68,000	Based on the # of case managers, we recommend 1 FTE
Administrative Support	1.0	\$36,000	Based on the # of case managers, we recommend 1 FTE
Housing Manager (liason with property manager)	0.5	\$64,000	
Housing Specialist		\$50,000	
Supervisor	1.3	\$55,000	Based on the # of case managers, we recommend 2 FTE
Case Managers (recommended total)	10.0		Intensive Case Management team should have 10 staff based on client numbers
Specialist Case Manager (if applic)	1.0	\$45,000	
Peer Specialist	2.0	\$40,000	
Social Worker (LCSW)	1.0	\$52,000	
Social Worker (LMSW)	2.0	\$48,000	
Vocational or Employment Specialist	2.0	\$45,000	
Certified Addictions Counselor	2.0	\$45,000	
Case Managers (input total)	10.0		CSH recommends 10 staff

2b. (OPTIONAL) Only complete rows 36-44 if you are planning to be reimbursed by a "fee for service" structure in 15 minute unit increments. Otherwise, leave as is.

UOS Assumptions for CMs, SWs, and Counselors		Recommendations - see 'Assumptions' tab for further information.
FTE Hrs/Week	40.0	We recommend 40 hours/week
UOS/Hour	4.0	We recommend 4.0 UOS/Hour
Productivity	75%	We recommend 75%

3. Basic Input & Assumptions 4. ACT 5. ICM 6. SH Tenancy Support Services 7. CTI 8. General Start Up Cost 9. New Medic ...

Ready 86°F Rain off and on 6:26 PM 7/18/2022 70%



# TAB 5- Agency Assumptions

**2b. Only complete rows 29-37 if you are planning to be reimbursed by a "fee for service" structure in 15 minute unit increments. Otherwise, leave as is.**

## *UOS Assumptions for CMs*

Recommendations - see 'Assumptions' tab for further information.

FTE Hrs/Week	40.0
UOS/Hour	4.0
Productivity	70%
Holiday days	10.0
PTO days	20.0
Personal days	3.0
Other days off	1.0
Calculated UOS per FTE	5,062
Days worked per year	226

*We recommend 40 hours/week*

*We recommend 4.0 UOS/Hour*

*We recommend 70% for single site buildings. If you are budgeting for under 70%, provide justification (rural/long*

*We recommend at least the 10.0 Federal holiday days*

*We recommend 20.0 PTO days*

*We recommend 3.0 personal days*

*We recommend 1.0 other days off*

# TAB 8- Estimating General Start-Up Costs

## General Startup Costs



The expenses below are those that your organization might incur when preparing to begin a new service delivery program. While some organizations choose to increase these costs as part of the Year 1 budget, it may also be helpful to create a distinct startup budget. If your organization has not yet hired or trained staff for supportive housing services, you will want to identify which of these costs below you expect to incur in your first year. Some startup costs may also be incurred in future program years if you are continuing to add staff and serve additional tenants beyond Year 1. Please include only those expenses that are relevant for your organization along with estimated costs. You may also use the blank lines in each section to add

	Basis	Cost	# of Units	Total	Notes
<b>A. PERSONNEL EXPENSES</b>					
<b>Other Personnel Expenses</b>					
Advertising/Posting		\$500	1	\$500	Costs of posting on hiring websites or search firms
Signing Bonuses	Per/emp	\$2,000	2	\$4,000	If necessary given local market conditions, per employee signing bonuses
Background Checks	Per/emp			\$0	used
Bonuses or overtime pay for				\$0	
Other				\$0	
Other				\$0	
<b>Staff Development and Training</b>					

# TAB 9- New to Medicaid Costs



## Estimating New Medicaid Provider Costs

1. To show and use these inputs, select "Yes" in cell D8 on tab 3, "Basic Input & Assumptions."

2. Then SELECT the Staffing Model Tab you want these costs applied to HERE (E5):

Apply to Housing Stabilization  
Services Tab 4

3. Familiarize yourself with these budget considerations and select YES to any you will need to include in your estimates.

4. Adjust any cost estimates in Column E to local estimates as needed. This is especially important for salaries.

Expense considerations for new Medicaid providers	Necessary?	Frequency of Expense	Basis	Cost	# of Units per year	Select Yes to include line item in Start Up or Annual Budget	Total	Notes
<b>A. PERSONNEL EXPENSES</b>								
<b>Wages and Salaries</b>								
Additional QI administrative support	Not Required (optional)	Ongoing- Annual	1 per agency	\$45,000	1	Yes	\$45,000	
Compliance Officer	Required-State Medicaid	Ongoing- Annual	1 per agency	\$48,000	1	No	\$0	In smaller agencies this role is often combined with another role. There are requirements for this role to have the ability to report directly to the ED and also directly to the Board of Directors regarding agency compliance. For details see U.S. Dept. of Health and Human Services Office of the Inspector General and your state's Medicaid agency requirements for Medicaid Compliance Officers.

# TAB 9- Revenue Projections

A	B	C	D	E	F	G
65		Estimated Mileage	\$11,696	<i>See 'Assumptions' tab for further The 2020 federal rate is \$0.575 per mile</i>	Estimated Mileage	\$37,467
66		Mileage Rate	\$0.575		Mileage Rate	\$0.58
67		Est. Miles Per Day Per FTE	20	<i>Recommendation for scattered site accommodation only.</i>	Est. Miles Per Day Per FTE	20
68		Est. # FTE Traveling	5		Est. # FTE Traveling	5
69		Vehicles	\$0	Vehicles	\$0	
70		Vehicle Insurance	\$0	Vehicle Insurance	\$0	
71		Vehicle Expenses (Upkeep)	\$0	Vehicle Expenses (Upkeep)	\$0	
72		Client Transportation	\$0	Client Transportation	\$0	
73		Building Renovations	\$0	Building Renovations	\$0	
74		Furnishing/Equipment (EHR or HMIS licenses, computers, desks, chairs, filing, copier)	\$0	Furnishing/Equipment (EHR or HMIS licenses, computers, desks, chairs, filing, copier)	\$4,613	
75		Minor Household Equipment	\$0	Minor Household Equipment	\$0	
76		Furniture/Equipment Repairs	\$0	Furniture/Equipment Repairs	\$0	
77		Miscellaneous Expenses (Client Emergency Fund, Tenant supplies, Nursing equipment)	\$2,500	Miscellaneous Expenses (Client Emergency Fund, Tenant supplies)	\$7,689	
78		Security Deposits	\$0	Security Deposits	\$0	
79		Sub-total Operating Expenses	\$97,321	Sub-total Operating Expenses	\$312,236	
80						
81		<b>C. TOTAL DIRECT</b>	\$865,175	<b>C. TOTAL DIRECT</b>	\$2,919,397	
82		<b>D. ADMINISTRATION (INDIRECT)</b>	\$129,776	<b>D. ADMINISTRATION (INDIRECT)</b>	\$437,910	
83		<b>E. TOTAL PROGRAM COSTS</b>	\$994,952	<b>E. TOTAL PROGRAM COSTS</b>	\$3,357,306	
84						
85		<b>F. REVENUE</b>		<b>F. REVENUE</b>		
86		In Kind /Community Partner Service	\$0	In Kind /Community Partner Service	\$0	
87		Program Service Fees	\$0	Program Service Fees	\$0	
88		Grants	\$0	Grants	\$0	
89		Private Insurance	\$0	Private Insurance	\$0	
90		Medicaid Reimbursement	\$931,301	Medicaid Reimbursement	\$2,793,902	
91		Other Revenue	\$931,301	Other Revenue	\$2,793,902	
92		<b>TOTAL REVENUE</b>	\$1,862,602	<b>TOTAL REVENUE</b>	\$5,587,805	
93						
94		<b>G. NET</b>	(\$63,651)	<b>G. NET</b>	\$2,230,498	
95						

Staff \* UOS \* Rate

3. Basic Input & Assumptions

4. ACT

5. ICM

6. SH Tenancy Support Services

7. C

# Breakout Room Questions- Add to your Agency's Work Plan:

Do we need to complete a  
time study?

Develop Revenue  
projections based upon the  
time study.

What is added to our work  
plan?

**15 minutes** in  
your agency  
groups

**BREAKOUT**

**SESSIONS**

[Sample Work Plan](#)

# Up Next:

- Thursday, Nov. 10<sup>th</sup>
- 10-11am CT

**Q&A on Staffing,  
Budgeting, and  
Revenue Projection**

**Session 4: Policies  
and Procedures**

- Tuesday, Nov. 15<sup>th</sup>
- 2-4 pm CT

**Need your  
Executive  
and Program  
leads!**

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# THANK YOU!

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stay connected



[csh.org](http://csh.org)