

Washington D.C. Housing Supportive Services (HSS) Medicaid Academy

Session #3

Staffing Models, Cost Estimates and Revenue Projections for
Medicaid Reimbursement

August 9, 2022



Welcome to the Washington, DC Medicaid Academy

Meet Our Training Team



Marcella Maguire, Ph.D.
Director,
Health Systems Integration
Marcella.Maguire@csh.org



Jillian Fox
Director,
Mid-Atlantic
Jillian.Fox@csh.org



Pamela Agava
Senior Program Manager,
Mid-Atlantic
Pamela.Agava@csh.org



Stefani Hartsfield
Hartsfield Health Systems
Consulting
stefani@hartsfieldhealth.com



Asher Harris, Jr.
Hartsfield Health Systems
Consulting
asher@hartsfieldhealth.com

Purpose of Medicaid Academy Learning Sessions

DHCF and 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

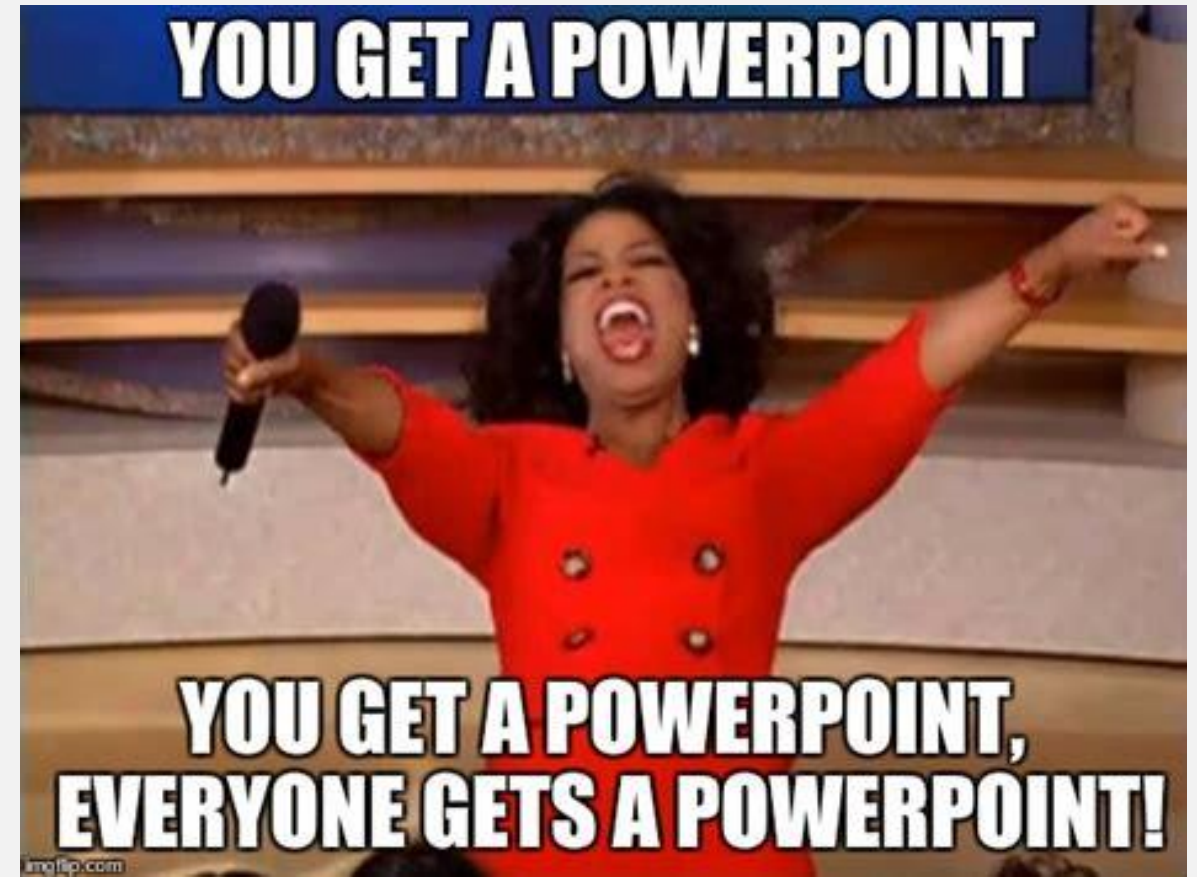
Coaching for your agency

[DHS on PSH](#)

[The approved State Plan Amendment](#)

Email Distribution List

If you are not receiving the email updates from CSH, please drop your name and email address into the chat to be added to the distribution list. Slides will be available on the DHS website.

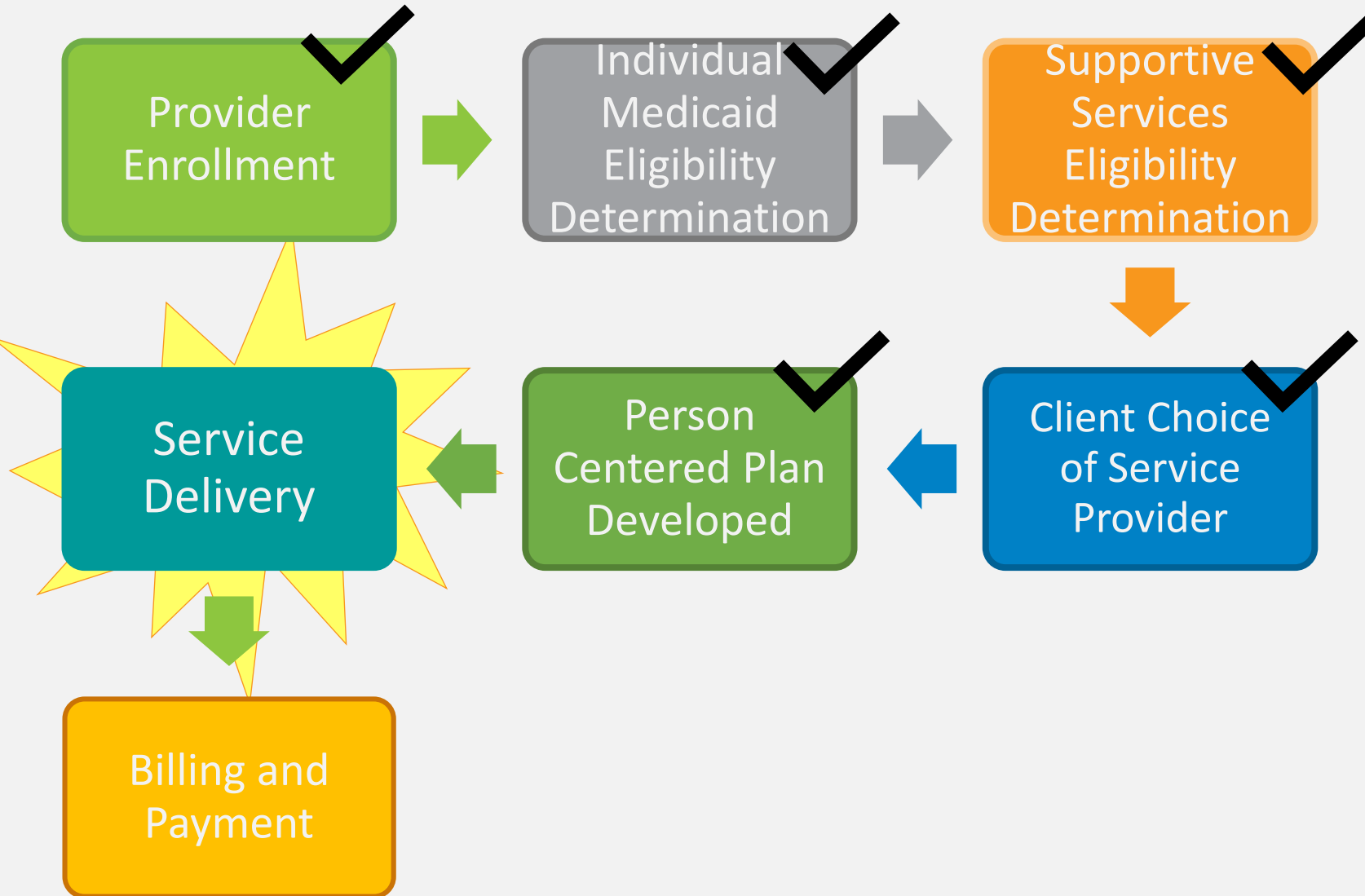


[Session 1 available on DHS website](#)
[The approved State Plan Amendment](#)

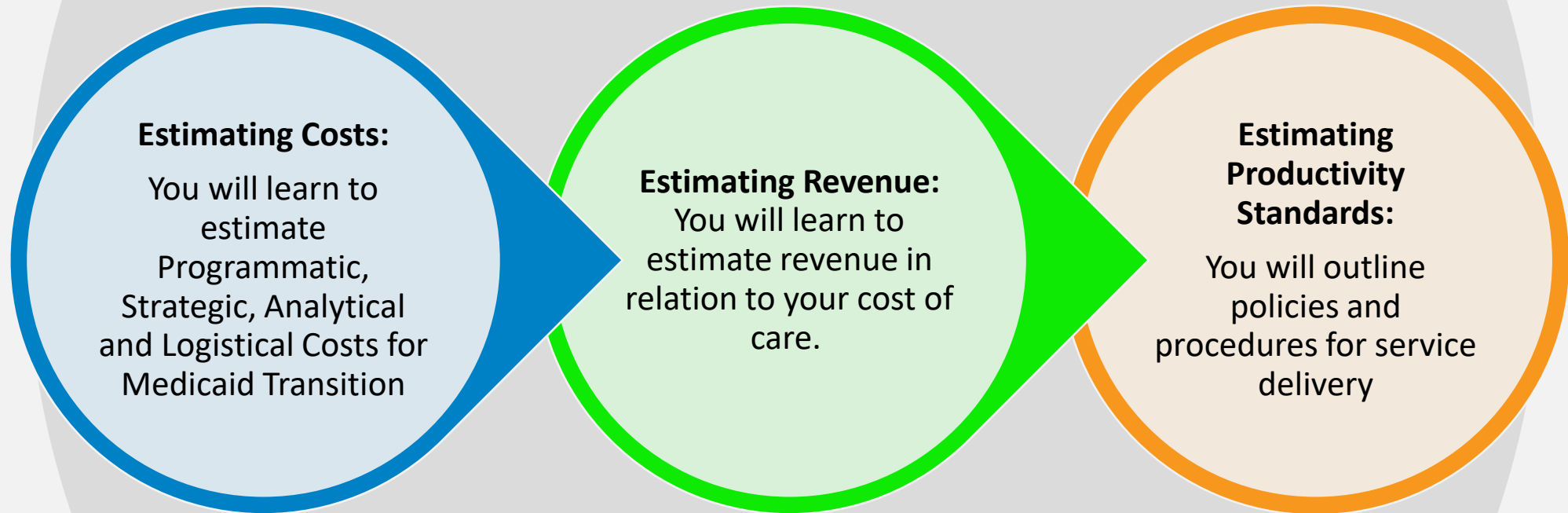
Plan for Today: Session 3

- ✓ Review service alignment and Medicaid eligible and enrolled tenants served
- ✓ Practice using the Services Budget Tool, and Revenue Projection Tool

Medicaid Housing Supportive Services Process



Developing A Service Delivery Plan

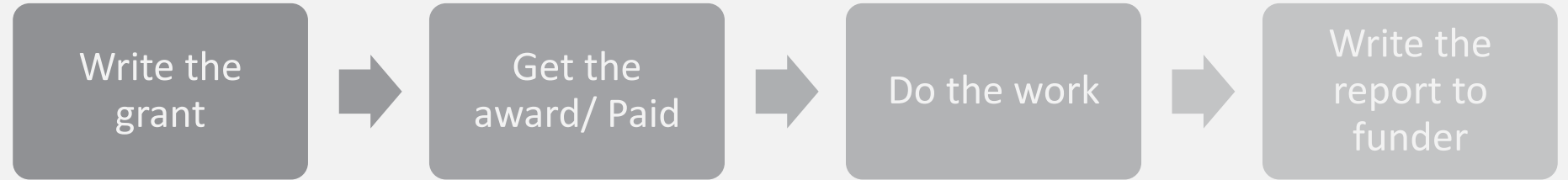


Items You Need for Today

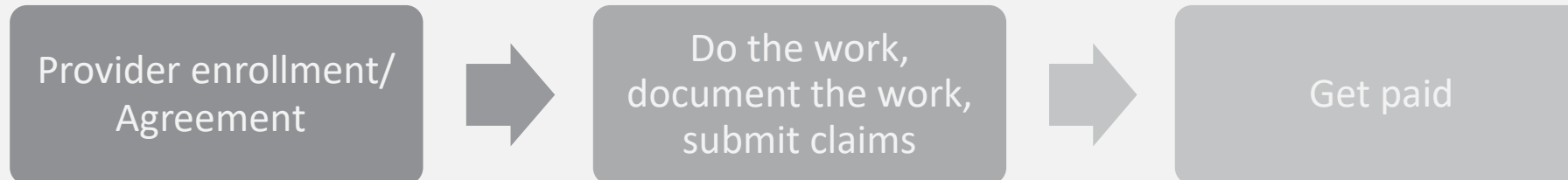
Access to Staff Salaries for direct service staff, middle managers or supervisors, and Quality Improvement staff (aka personnel expenses)

Access to program budget(s) that include operating costs for your organization (office rent, utilities, technology costs, any OTPS expenses)

The grant world administratively



The Health care world administratively

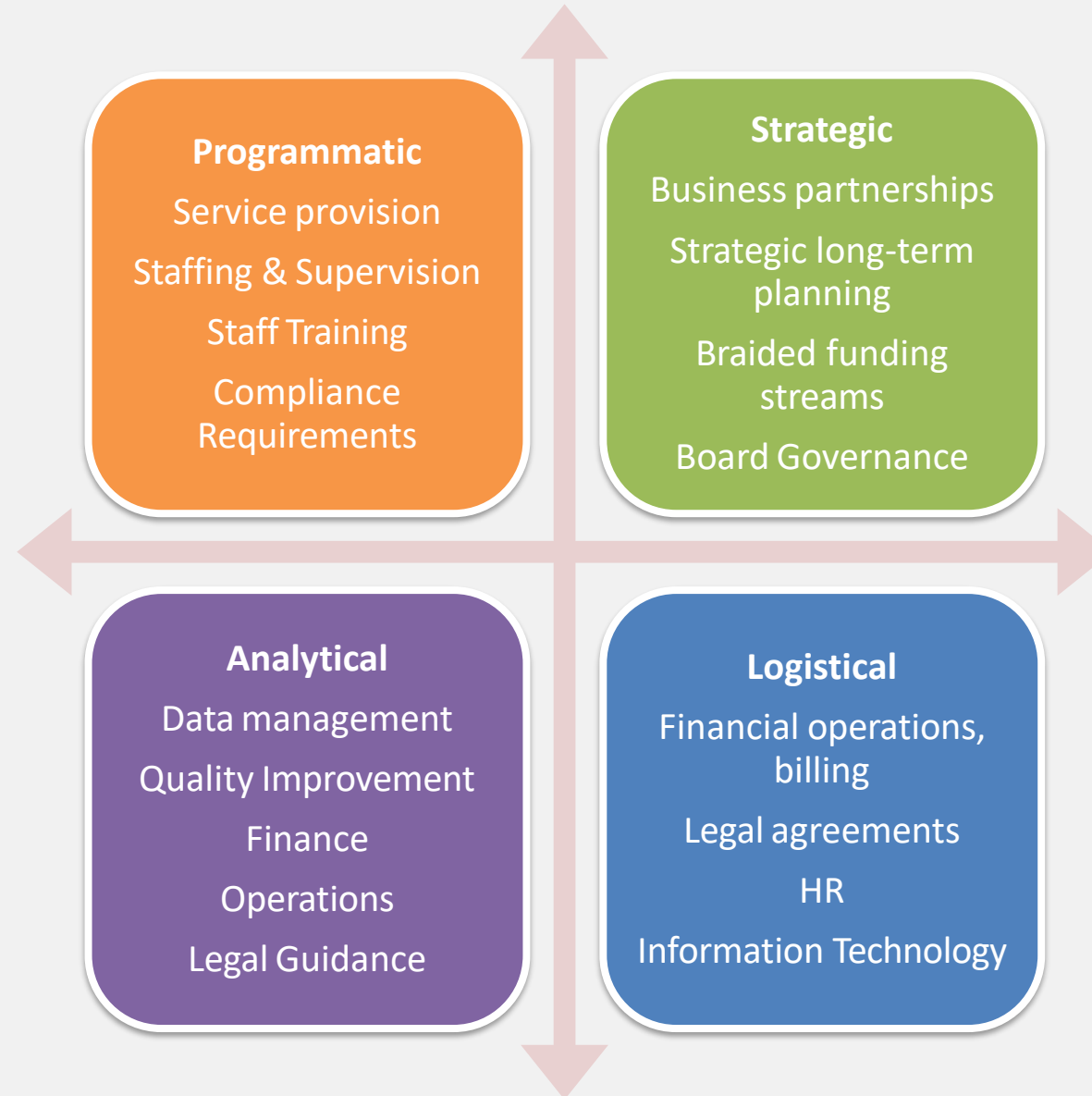


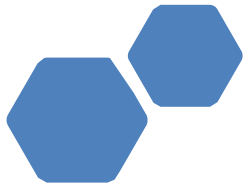
What can today mean for your decision making?

- Estimate new Medicaid-related agency costs
- Understand your Total Cost of Care
- Set reasonable goals, develop a work plan
- Build a deeper team understanding about what including housing support services into your agency will cost for the day to day and your agency bottom line.



The Four Lenses for Estimating Costs





Start up/ One-Time Costs to Consider



Hardware

Cell phones
Laptops
Sound Machines for HIPAA Privacy in any office settings
Vehicles
Locking cabinets for additional security



Software

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



Consultants

Policy and procedure revisions
Budgeting assistance
Data collection assistance
Audit prep

Ongoing Costs to Consider



STAFF



TRAINING



**BUSINESS
SUPPORT**



SUPERVISION



**QUALITY
IMPROVEMENT**



IT, DATA PLANS



Tool Alert:

Agency Work Plan Template

Simple Budget Forecasting Tool

Estimating Revenue

What services are currently being delivered?

- Type
- Volume
- Frequency
- Location
- How does your current practice fit within the DHS Service Definitions

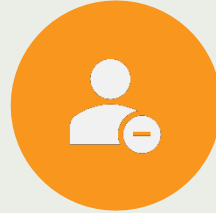
Who are you currently serving?

- Demographics
- Eligibility & Enrollment
- Levels of need
- Number of people served by service type and fund source

External Impacts on Revenue Projections



PERCENT OF CLAIMS
WITH PARTIAL
PAYMENT



MEDICAID
AUTHORIZATION
FOR SERVICE LAPSES



MEDICAID MEMBER
ENROLLMENT
LAPSES



PERCENT OF CLAIMS
DENIED



RATE CHANGES OR
LACK OF INCREASE
OVER TIME



DELAYED
REIMBURSEMENT

Understanding your Total Cost of Care



- What is your program budget?
- What staff are revenue generating?
- Estimate caseloads
- What percentage of time will your staff be billing for?
- Estimating productivity requirements by staff member and rate

Estimating Case Load Sizes



WHO ARE
YOU SERVING?



WHAT BEST PRACTICE SERVICE
MODEL ADDRESSES THE
NEEDS OF YOUR TARGET
POPULATIONS?



ARE INDIVIDUALS NEW
TO SUPPORTIVE
HOUSING?



ARE CASE MANAGERS
NEW TO SUPPORTIVE
HOUSING?



TENANT BASED (SCATTERED
SITE) OR UNIT BASED (SITE
BASED)?

Estimating Productivity Standards



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

Be conservative in your estimates!

Simple Budget Forecasting Tool

Revenue Forecasting Examples					
1915(i) HOUSING SUPPORTIVE SERVICES EXAMPLES					
Position	# of people on caseload	# of participants whose visit targets are met	HSS PMPM Rate	Total Annual Revenue	Total Monthly Revenue
Housing Support Worker	10	10	\$755	\$ 90,600.00	\$ 7,550.00
Housing Support Worker	10	9	\$755	\$ 81,540.00	\$ 6,795.00
Housing Support Worker	10	8	\$755	\$ 72,480.00	\$ 6,040.00
Housing Support Worker	15	14	\$755	\$ 126,840.00	\$ 10,570.00

Note: The total annual cost for John Doe from the Staff Costs Forecasting Tool was \$72,441.60. If he provides 1915(i) Housing Support services to 10 persons on caseload and meets the criteria for billable visits for all those persons, (weekly for Housing Navigation, 2X a month for Housing Stabilization Services) he will generate \$90,600 in annual revenue. For your agency, this is likely to cover the cost of both employing John (\$72,441.60) and the cost of the administrative services needed for Medicaid Compliance. But each agency needs to do their own analysis of their administrative costs.

<

>

≡

About This Tool

Staff Costs Forecasting Tool

Revenue Forecasting Examples

+

<

>

ABOUT THIS TOOL

STAFF COSTS FORECASTING TOOL

Revenue Forecasting Examples


(+)

:

<

Ready

Services Budget Tool

	A	B	C	D	E	F	G	H	I	J
1										
2	Basic Inputs and Assumptions									
3	<p>The Basic Inputs and Assumptions tab allows the user the option to change certain caseload, staffing, transportation, inflation and other budget assumptions built into the tool. Changing assumptions here in Tab 3 then apply the altered assumptions to Tabs 4-9. Blue cells indicate assumptions that can be changed.</p>									
4										
5	Basic Inputs									
6	Is this a new supportive housing project or program? (ie. New staff and/or new tenants to supportive housing). This impacts initial case load sizes.				Yes					
7	Do you want to include general start up costs in your budget summary?				Yes		Link to General Start Up Budget Tab			
8	Do you want to include Medicaid provider costs in your budget summary?				Yes		Link to Medicaid Start Up Budget Tab			
9										
10	Include the Following Service Staffing Models in the Budget Summary Output Tab?				Follow link to Staffing Model Budget Tab		Want to explore the Staffing Models more?			
11	Assertive Community Treatment				Yes		Link to ACT Staffing Model Budget Tab		About the ACT Staffing Model	
12	Intensive Case Management				Yes		Link to ICM Staffing Model Budget Tab		About the ICM Staffing Model	
13	Tenancy Support Service Coordination (SH Case Management)				Yes		Link to TSS Staffing Model Budget Tab		About the TSS Staffing Model	
14	Critical Time Intervention				Yes		Link to CTI Staffing Model Budget Tab		About the CTI Staffing Model	
15	Budget Assumptions									
16	Administrative/indirect rates are 15%								15%	
17	Transportation costs are a necessary budget component for scattered site. For agencies unsure of miles traveled per month, CSH recommends budgeting 20 miles per day								20	
18	Site based mileage varies greatly depending on the breadth of service coordination and transportation offered. CSH recommends up to 5 miles per day for site based								5	
19	The 2020 Federal Mileage reimbursement rate is \$.575 per mile.								\$ 0.575	
20	Annual inflation is currently set to assume a 2.5% increase in costs each year.								2.5%	
21	Staff training, professional development and appreciation costs are recommended to be between 1%-3% of your staff wages. CSH recommends beginning with at least								1.5%	
<div> 3. Basic Input & Assumptions 4. ACT 5. ICM 6. SH Tenancy Support Services 7. CTI 8. General Start Up Cost 9. New Medic... </div>										

Ready

Breakouts

Agency Work Planning: 30 minutes Time to add to your work plans





Report Out

As a team, what to do items and timelines did you add to your work plan?



Wrap Up and Reflection

DC Medicaid Academy Schedule



Up Next

Q&A on today's session
Thursday, August 11th 12 PM about
what we learned today.

Session 4: Policies & Procedures
Tuesday, August 16, 2022
3 PM -5PM EST

Planning ahead for Session 4

Who needs to attend:

Executive Director, Program Lead and QI

What do you need to gather and have access to during Session 4:

- ☐ Have access to current policy manual
- ☐ Progress case notes from 2-Clients
- ☐ Client File



THANK YOU

Please join us again for one of our many course offerings.

Visit www.csh.or/training