

Mental Health Group Homes Medicaid Rehab Option Health Care Finance

Time Study Training for the
Fiscal Year 2019 (Spring) Time Study

Census Report

Census Report

MRO Group Home Client Served Report

Agency Name:	
Program Name:	

FY 2019 Monthly Census Report

Month of Service	Number of Clients Served (1)
July 2018	
August 2018	
September 2018	
October 2018	
November 2018	
December 2018	
January 2019	
February 2019	
March 2019	
April 2018	
May 2019	
June 2019	
Total	0

Name	
Title	
Signature	
Date	

(1) Includes all clients served, not just MRO or Medicaid clients.

Census Report

- The census report should show the total number of clients served each month.
- It should include all clients, not just those that are Medicaid eligible.

Note: It is to be expected that the monthly census reflects clients served that are as many or higher than Medicaid paid claims.

Census Report

- All individuals included in the census should have received a minimum of 40 hours of documented MRO services per month or prorated services that average 1.33 hours per day of documented MRO services if they were a resident for less than a month.
- Requests for the census report will come out in July and will be due in August.

Time Study Overview

What is a Time Study?

- Time study is a method of recording and analyzing all PAID work hours within the MRO Group Homes.
- The Medicaid State Plan Amendment requires a one week time study to be completed twice each year.
- The MRO Group Home time study covers a period of 7 consecutive days, 24 hours each day, during which participants record their workday activities.

What is the Purpose of the Time Study?

- To provide an accurate accounting of staff time
- To determine the statewide Medicaid rate for rehabilitative services provided by mental health group homes

Time Study Activities

Time Study Activities

- A. Paid leave
- B. General administration
- C. Room and Board
- D. Counseling
- E. Community living skills
- F. Health, health education, treatment planning and support
- G. Non-covered facility hours
- H. Other Activities

A. Paid Leave

- This includes all paid leave, including but not limited to:
 - Paid Breaks
 - Paid meal breaks
 - Vacation time
 - Sick time
 - Holidays

B. General Administration

- Performing management functions including: secretarial and clerical support, filing, staff training and professional development, etc.
- Participating or conducting staff meetings and/or supervision
- Documenting without client, managing medical/service records

C. Room and Board

- Performing any activity that contributes to providing the residents with housing, food, clothing, or personal incidentals without client interaction
- Night staff who are present while residents are sleeping and not providing to residents services

D. Counseling

- Individual, family and group counseling
- Supportive counseling directed at solving daily problems related to community living and interpersonal relationships
- Psycho-educational groups pertaining to the alleviation and management of psychiatric disorders

E. Community Living Skills

- Behavior management training and intervention
- Assistance in developing skills necessary to support a full and independent life in the community
- Support with connecting individuals to natural community supports; orientation to and assistance with accessing self help and advocacy resources; development of self-advocacy skills

E. Community Living Skills (Continued)

- Teaching, coaching and assisting with daily living and self-care skills such as the use of transportation, meal planning and preparation, personal grooming, management of financial resources, shopping, use of leisure time, interpersonal communication, and problem-solving
- Other rehabilitative support necessary to develop or maintain social relationships, to provide for independent participation in social, interpersonal or community activities, and to achieve full community reintegration

F. Health, Health Education, Treatment Planning and Support

- Ongoing assessment and service planning
- Supervise and monitor self-administration of medications
- Health education; teaching of recovery skills in order to prevent relapse

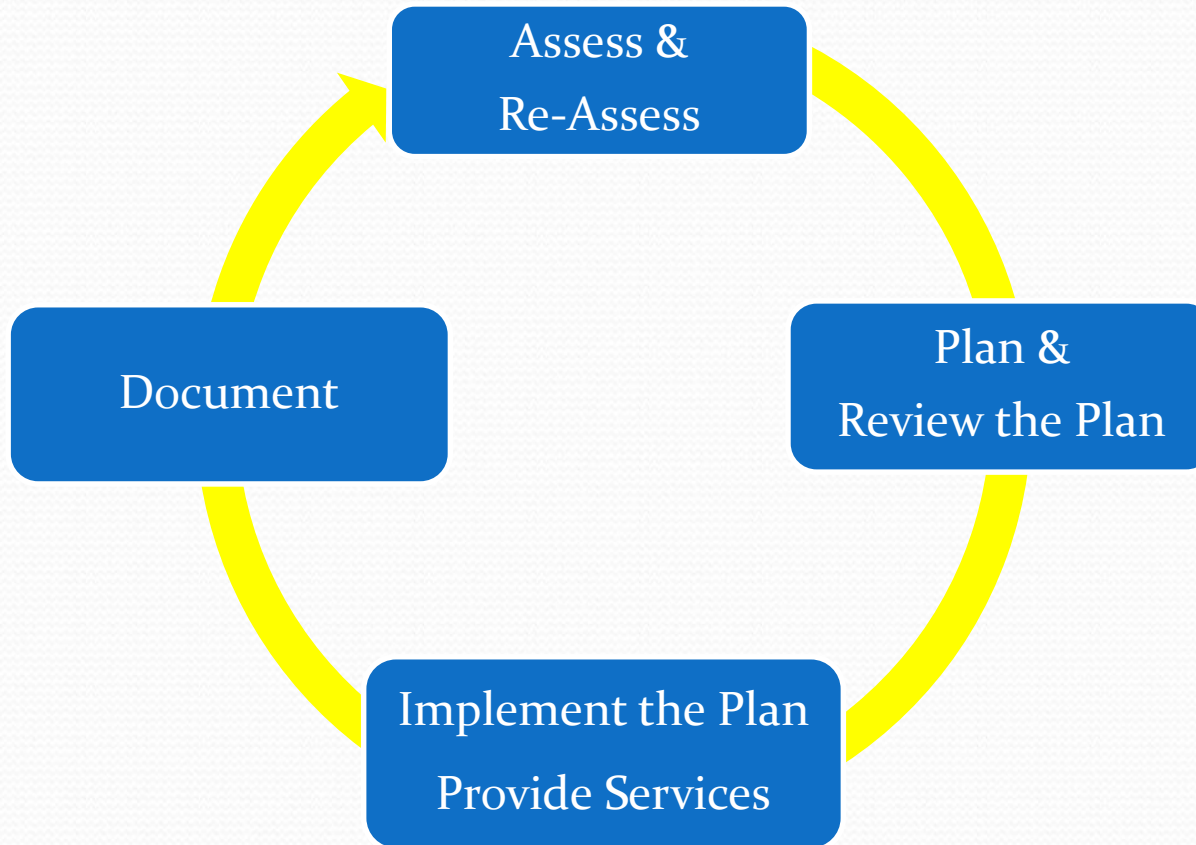
Other Activities – Exclusions from Medicaid Rehabilitation Services

- Academic education
- Care Coordination
- Case management
- Fundraising
- Habilitative services
- Job training & vocational services
- Recreational activities
- Religious activities
- Research
- Social events
- Transportation (Note: Teaching the use of transportation systems may be part of covered skill building services)

Documentation

Documentation

Telling the Person's Story



Medical Record Documentation Requirements

If it isn't documented – it didn't happen.

- MRO services must be:
 - ✓ Based both on a comprehensive assessment at admission and a periodic reassessment of individual needs in order to determine the need for any medical, social, educational, or other services.
 - ✓ Substantiated by clear and legible documentation in the eligible client's permanent service record.

Medical Record

Documentation Requirements (Cont.)

- Comprehensive assessments at admission and periodic assessments used to determine the need for any medical, education, social, or other services.
- Assessment activities include taking client history, identifying individual needs and completing related documentation, and gathering information from other sources.
- Agencies that do not provide clinical services should have the client sign a release of information to obtain diagnosis information for both their records and reporting into DDaP.
- Reassessments occur at least annually but may be done more frequently based on the client's needs.

Medical Record

Documentation Requirements(Cont.)

- Recovery plan that identifies the plan for services:
 - ✓ Identified problem(s) or area(s) of need.
 - ✓ MRO goals and objectives.
 - ✓ MRO interventions with anticipated duration, frequency, target dates, and person responsible.
- Client signature and evidence of client participation or the offer to participate in the development and monitoring of the plan.
 - ✓ Note: If the client refuses to sign/participate, document as to why the client refuses.
- Progress notes documenting services delivered.
- A timeline for reevaluation of the plan and reassessment.

Progress Notes MUST Include

- Name of the individual.
- Name of the provider agency and the person providing the service, including signature and credentials.
- Date, time, units, duration and location of service.
- Nature, content, description of service(s).
- Documentation* of recovery plan goal addressed and progress towards goal .
- Detail involvement of and discussion with client.
- Documentation of collateral agencies or individuals involved including coordination with case managers of other programs.
- Whether the individual has declined services in the care plan.
- Plan for next time you see the client.

*** Note the CT DMHAS GIRP (Goals, Intervention, Response, Plan) is consistent with these requirements***

Audit Alert

Sample audit findings from other states:

- Service plan requirements were not met
- Services were not documented, supported, or allowable
- Provider's staffing levels were not consistent with required level of care, or the providers claimed a higher level of care than was recommended
- Staff did not meet education and training requirements
- Progress notes were not documented

Time Study Training

What is the Role of the Time Study Coordinator?

- Act as the primary point of contact to DMHAS
- Prepare rosters of time study participants and other group home staff
- Determine the dates of the time study for the group home
- Train the staff about the process and activity codes
- Distribute and collect forms
- Verify the accuracy and completeness of the forms
- Forward the completed materials to DMHAS

Sample Time Study Template

Department of
MENTAL HEALTH & ADDICTION SERVICES

Second Group Home Time Study for FY 2019

29th Consecutive Time Study

STAFF PARTICIPATING (R)

STAFF NOT PARTICIPATING (R2)

SUMMARY OF DAILY LOGS (A)

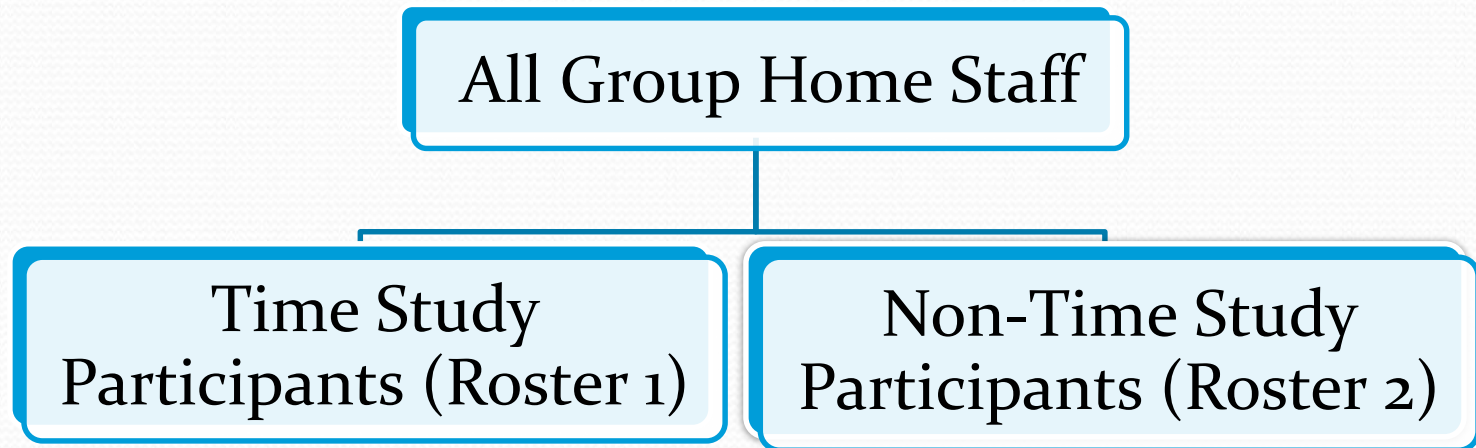
SCHEDULE B

ACTIVITY DESCRIPTION

COORDINATOR CHECK LIST

OPTIONAL SHEET

Group Home Staff Rosters



It is important that all staff rosters are complete, including staff name, position title and paid hours. These must be accurate for rate setting purposes.

Group Home Staff Credentials

Staffing requirements for the MRO Group Homes are (per the MRO SPA):

- “The facility director will hold a bachelor’s degree in a human services discipline and a minimum of three years of experience in a mental health services related position...”
- “...Direct service staff will hold either a bachelor’s degree in a behavioral health related specialty or have two years experience in the provision of mental health services.”

Who Should Participate in the Time Study? (Roster 1)

- All group home staff members whose job duties include providing direct services to residents should participate in the time study.
- Participation is based on the activity being performed, not the title of the staff member.

Who Should Participate in the Time Study? (Roster 1)

- Per diem staff should be included in the time study based on the duties they perform.
- Volunteers are not to be included. The time study is only designed to capture paid time.

Staff Roster 1



1 [Main Menu](#) [Roster R2](#) [Show Overtime](#)

Schedule R: Staff Roster

Time Study Start Date: 4/28/2019	5/4/2019
Group Home Name:	
Address:	
Provider Name:	
Number of Beds:	

	Last Name	First Name	Position Title	Shift Worked	Number of Regular Hours in a Week: 35.00, 37.50, 40.00	Paid Hours							Total Paid Hours	Total Paid Over Time Hours	Salary Rate- Regular Hours	Salary Rate Overtime Hours	Total
						Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7					
	B	C	D	E	F	Reg	Reg	Reg	Reg	Reg	Reg	T	U				
1														\$ -	\$ -	\$ -	
2														\$ -	\$ -	\$ -	
3														\$ -	\$ -	\$ -	
4														\$ -	\$ -	\$ -	
5														\$ -	\$ -	\$ -	
6														\$ -	\$ -	\$ -	
7														\$ -	\$ -	\$ -	
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25														\$ -	\$ -	\$ -	
												-	-		\$ -		

TIME STUDY COORDINATOR:

Name:	
Phone Number:	
Email Address:	
Signature:	
Date:	

- PER SCHEDULE R

- PER SCHEDULE B

- PER SCHEDULE A

EDIW!

Staff Roster 2

- All staff who are not participating in the time study but have salaries coded to the group home program should be listed on the Staff Roster 2 tab.
- Which group home staff members are not required to participate in the time study?
 - Managers of the program with no direct care of clients
 - Clerical and fiscal staff
 - Food service
 - Housekeeping and maintenance

Staff Roster 2

1 Main Menu Go to Roster Show Overtime



Schedule R2: Staff Not Participating in the Time Study

Time Study Dates:	4/28/2019	5/4/2019
Group Home Name:		
Address:		
Provider Name:		
Number of Beds:		

Last Name	First Name	Position Title	Number of Regular Hours on a Week: 35.00, 40.00	Paid Hours							Total Paid Hours	Total Overtime Paid Hours	Salary Rate- Regular Hours	Salary Rate- Overtime Hours	Total		
				Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7							
				Reg	Reg	Reg	Reg	Reg	Reg	Reg							
1																	
2																	
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22																	
23																	
24																	
25																	
TOTAL STAFF NOT PARTICIPATING IN TIME STUDY																	
TOTAL STAFF PARTICIPATING IN TIME STUDY																	
TOTAL STAFF IN THIS PROGRAM																	

TIME STUDY COORDINATOR:

Name:	
Phone Number:	
Email Address:	
Signature:	
Date:	

Completing the Daily Log

- Each staff person listed on the Roster should complete a daily log indicating how they spent their time during the chosen week.
- At the end of the week, the participant should sign the form and obtain their supervisor's signature.
- The participant should then submit the form to their time study coordinator.

Recording Time on the Daily Log

- Total hours should reflect paid hours during the week.
- Time should be reported in hours, rounded to the nearest $\frac{1}{4}$ of hour.

Example 1.25 hours = 1 hour 15 minutes

- Staff should report all paid time regardless of the client's entitlements or eligibility status.

Schedule A

- Schedule A is a summary of the time study week by activity code.
- Information from each participant's daily log will be automatically pulled into Schedule A.

Schedule A

A

Main Menu

Go to Roster

Schedule A: Summary of Daily Logs Group Home PNMI Time Study



All Employees Worked Hours			
Group Home Name:			
Time Study Week:	4/28/2019	TO	5/4/2019
Address:			
Provider Name:			

ACTIVITIES	All Employees Worked Hours														TOTAL
	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7		
	4/28/2019		4/29/2019		4/30/2019		5/1/2019		5/2/2019		5/3/2019		5/4/2019		
	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	
A Paid leave, meal breaks, relief breaks															
B General administration															
C Room and board															
D Counseling															
E Community living skills															
F Health, health education, treatment planning and support															
G Non-Covered Facility Hours															
H Other Activities															
Subtotal Hours															-
Grand Total Hours															

Please refer to the instructions to identify personnel who are required to complete the time study.
 All time studies should be completed for the same representative week.
 The week chosen for completion of the time study must exclude holidays.
 The purpose of the time study is to provide DMHAS and DSS with a basis for setting appropriate rates.

OK

TIME STUDY COORDINATOR'S SIGNATURE:

X
DATE:

Schedule B

- Schedule B will also automatically pull in details from each participant's Daily Log.
- This schedule is a summary of the time study week by participant and activity code.

Schedule B

B

Main Menu

Go to Router

SCHEDULE B



Group Home PNMI Time Study

Group Home Name: _____
 Time Study Week: 28-Apr-2019 TO 4-May-2019
 Address: _____
 Provider Name: _____

		Group Home Activities								Total Hours
Last Name	First Name	A Paid leave, meal breaks, relief breaks	B General administratio n	C Room and board	D Counseling	E Community living skills	F Health, health education, treatment planning and support	G Non-Covered Facility Hours	H Other Activities	
1										
2										
3										
4										
5										
6										
7										
8										
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21										
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25										
TOTAL HOURS PER TIME STUDY										-

TIME STUDY COORDINATOR:

Name: _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____

Including R2 -

Optional Tracking Log

- Participants can use this form to record their activities for 15-minute intervals throughout the day.
- At the end of the day the totals by activity should be transferred to the Daily Log.
- Providers should retain these Tracking Logs for audit purposes. They do not need to be submitted to DMHAS.

Optional Tracking Log

Main Menu		DMHAS Provider Time Study Log Sheet									
Date:											
		DAY 1 <input type="radio"/>	DAY 2 <input type="radio"/>	DAY 3 <input type="radio"/>	DAY 4 <input type="radio"/>	DAY 5 <input type="radio"/>	DAY 6 <input type="radio"/>	DAY 7 <input checked="" type="radio"/>			
Participant Name:											
Provider Name:					Date Shift Starts:						
Time Segment	Paid leave, meal breaks, relief breaks	General administration	Room and board	Counseling	Community living skills	Health, health education, treatment planning and support	Non-Covered Facility Hours	Other Activities			
Hr. 0.15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 0.30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 0.45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 1.00	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 1.15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 1.30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 1.45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 2.00	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 2.15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 2.30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 2.45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 3.00	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 3.15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 3.30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 3.45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 4.00	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 4.15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 4.30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 4.45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 5.00	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 5.15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 5.30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 5.45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hr. 6.00	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time Study Coordinator Checklist

- This checklist is meant to be a comprehensive list of the activities required to complete the time study as a time study coordinator.
- It is optional and does not need to be submitted to DMHAS.

Time Study Coordinator Checklist

Main Menu

Go to Roster

Go to Roster R2

Time Study Coordinator
Please complete this Checklist
Monday, November 26, 2018

YES NO

- | | | | |
|-----|--|--------------------------|--------------------------|
| 1. | Have you selected the seven-day period that the time study will be performed at the group home and notified DMHAS?
Note: Group Homes are asked to choose 7 consecutive days between October April 28 and June 8, 2019. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Time Study Roster <ul style="list-style-type: none"> a. Have you listed participants alphabetically by last name? b. Have you entered position title for each participant? Example: Manager, Case Manager, etc. c. Have you entered number of regular hours for each employee? d. Have you listed per diem staff as "Per Diem" for their Position Title? e. Have you entered the shift worked(1, 2 or3) by the participant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Time Study Participants <ul style="list-style-type: none"> a. Have you informed and trained staff members about the time study? b. Have you reviewed the activities and trained staff members about the activities definitions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Schedule A: Daily Log Forms <ul style="list-style-type: none"> a. Did each employee accurately complete each schedule A? b. Did each employee accurately enter the "Non-Covered Facility Hours"? c. Did each employee date and sign a hard copy of their schedule? d. Do you have employees that participated in only one time study this fiscal year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Schedule B: Summary Total by Activity <ul style="list-style-type: none"> a. Do the totals on Schedule B match each employee's Schedule A? b. Are the totals on Schedule B equal to the total on the Roster? If not, please check each schedule A. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Collection of the Daily Logs <ul style="list-style-type: none"> a. Has each Daily Log been signed and dated by the participant and their supervisor? b. Have the daily logs been collected from all employees listed on the Roster? c. Are all Daily Logs consistent with information on the original Tracking Logs? d. Do the electronic copies equal the totals on the signed copies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Have you entered each staff persons' Daily Log into the Excel template provided by DMHAS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Have you emailed the completed Roster and Daily Logs to DMHAS by June 17, 2019?
Ryan.Grealis@ct.gov | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Have you sent hard copies with signatures to DMHAS through the mail by June 24, 2019?
Department of Mental Health and Addition Services
410 Capitol Avenue, 4th Floor
Hartford, CT 06134-1431
Ryan Grealis | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Have you retained the <u>originals</u> of all materials for audit purposes? | <input type="checkbox"/> | <input type="checkbox"/> |

When Will the Time Study Be Held?

- The time study is to be completed for any 7 consecutive days during the period from:
Sunday, April 28th – Saturday, June 8th, 2019
- The 7 day period should be selected to avoid unusual circumstances such as holidays and staff vacations.
- The time study coordinator should determine the 7 days and inform staff and DMHAS.
- All participants at a group home must use the same 7 day time period.

Submission to DMHAS

1. Email- Please submit electronic copies of the time study to DMHAS by Monday, June 17th, 2019.
2. Mail- Please submit signed, paper copies of the time study to DMHAS by Monday, June 24th, 2019.
3. Providers must retain all original time study documents for audit purposes in accordance with Medicaid regulations.

Time Study Results

Time Study Results

All MRO Group Homes (1)(2)(3)														
Rate Year	Time Study Year	Direct Hours (5) Week 1	Direct Hours (5) Week 2	Admin Week 1	Admin Week 2	Paid Leave Week 1	Paid Leave Week 2	Non-Reimb Week 1	Non-Reimb Week 2	Total Hours Week 1	Total Hours Week 2	Grand Total	Allocated Admin & Paid Leave (6)	Time Study Allocation %
FY2020	FY2018	2,271.50	2,006.75	1,709.75	1,841.65	477.00	422.75	1,293.75	1,556.60	5,752.00	5,827.75	11,579.75	2,713.62	60.38%
FY 2019	FY2017	2,163.25	2,123.50	1,907.25	1,708.55	519.50	437.50	1,382.25	1,419.45	5,972.25	5,689.00	11,661.25	2,704.29	59.95%
FY 2018	FY 2016	2,315.00	2,251.00	1,817.50	1,935.75	520.00	465.00	1,319.50	1,351.75	5,964.50	6,003.50	11,968.00	2,904.66	62.42%
FY 2017	FY 2015	2,320.50	2,407.75	1,781.75	1,673.25	499.50	573.50	1,547.50	1,226.50	6,149.25	5,881.00	12,030.25	2,745.35	62.12%
FY 2016	FY 2014	1,935.50	2,328.60	1,829.50	1,716.20	586.50	538.30	1,609.25	1,384.40	5,960.75	5,967.50	11,928.25	2,751.77	58.82%
FY 2015	FY 2013	1,999.25	2,093.70	1,736.25	1,700.90	656.50	769.00	1,641.50	1,690.15	6,033.50	6,253.75	12,287.25	2,718.47	55.43%
FY 2014	FY 2012	2,229.90	2,034.45	1,835.00	1,669.65	468.80	696.65	1,698.55	1,779.75	6,232.25	6,180.50	12,412.75	2,532.62	54.76%
FY 2013	FY 2011	2,463.60	2,316.95	1,624.10	1,899.25	618.10	686.50	1,750.95	1,787.80	6,456.75	6,690.50	13,147.25	2,753.32	57.30%
FY 2012	FY 2010	2,298.15	2,343.40	1,732.00	1,802.00	701.95	682.90	1,666.15	1,667.66	6,398.25	6,495.96	12,894.21	2,879.38	58.33%
FY 2011	FY 2009	2,249.05	2,475.45	1,634.50	1,792.50	638.90	695.75	1,933.90	1,938.75	6,456.35	6,902.45	13,358.80	2,684.07	55.46%
FY 2010	FY 2008	2,327.75	2,288.75	1,716.90	1,868.75	665.75	661.75	1,820.75	1,836.50	6,531.15	6,655.75	13,186.90	2,821.47	56.40%
FY 2009	FY 2007	2,101.75	2,150.00	1,113.50	1,241.70	1,142.75	803.60	2,441.75	2,564.50	6,799.75	6,759.80	13,559.55	2,120.68	47.00%
Subtotal		26,675.20	26,820.30	20,438.00	20,850.15	7,495.25	7,433.20	20,105.80	20,203.81	74,706.75	75,307.46	150,014.21	32,329.69	57.21%

(1) On April 1, 2015 Glenlunan changed designation from MRO Group Home to Mental Health Intensive Rehab

(2) On January 1, 2012, Birmingham Group Health Services and Harbor Health Services merged to form BHCare, Inc.

(3) Central Naugatuck Valley Help's Kinsella Commons Group Home closed 1/31/2012- No longer participating in time study in FY2011.

(4) Recovery Network of Programs' Huntington Group Home closed 12/5/2012- No longer participating in time study in FY2012.

(5) Direct hours include Counseling, Community living skills and Health, health education, treatment planning and support.

(6) Calculated by allocating a % of Admin and Paid Leave time against the number of Direct Hours worked. Includes Admin hours submitted on R2, if applicable.

Rate Setting Methodology

- The formula used for rate setting is spelled out in great detail in the Medicaid State Plan Amendment (SPA)
- The SPA can be found on the DMHAS website (www.ct.gov/dmhas) under Major Initiatives – Medicaid Rehab Option – Group Home
- It uses the following components:
 - Time Study Results- Percentage of time spent on Rehabilitative Services & an allocation of administrative time and paid time off
 - Annual Financial Report
 - Census- Clients Served Report
 - Inflation (CPI)

Impact of Time Study on Rate Setting

Example 1								
Employee	Position	Direct Service	Admin.	Paid Leave	Non-Reim.	Total	Allocated Admin and Paid Leave Time	Allocation %
Employee 1	Program Manager	10	58	-	12	80	26	45%
Employee 2	Counselor	40	15	-	25	80	9	62%
Employee 3	Counselor	40	15	-	25	80	9	62%
Employee 4	Residential Monitor	5	10	-	65	80	1	7%
Total		95	98	-	127	320	46	44%

Example 2 - Impact of Paid Leave								
Employee	Position	Direct Service	Admin.	Paid Leave	Non-Reim.	Total	Allocated Admin and Paid Leave Time	Allocation %
Employee 1	Program Manager	10	58	-	12	80	26	45%
Employee 2	Counselor	40	15	-	25	80	9	62%
Employee 3	Counselor	16	15	24	25	80	15	39%
Employee 4	Residential Monitor	5	10	-	65	80	1	7%
Total		71	98	24	127	320	52	38%

Change from Example 1 -6%

Impact of Time Study on Rate Setting

Example 1								
Employee	Position	Direct Service	Admin.	Paid Leave	Non-Reim.	Total	Allocated Admin and Paid Leave Time	Allocation %
Employee 1	Program Manager	10	58	-	12	80	26	45%
Employee 2	Counselor	40	15	-	25	80	9	62%
Employee 3	Counselor	40	15	-	25	80	9	62%
Employee 4	Residential Monitor	5	10	-	65	80	1	7%
Total		95	98	-	127	320	46	44%

Example 3 - Impact of Non-Reimburable Time								
Employee	Position	Direct Service	Admin.	Paid Leave	Non-Reim.	Total	Allocated Admin and Paid Leave Time	Allocation %
Employee 1	Program Manager	10	58	-	12	80	26	45%
Employee 2	Counselor	30	15	-	35	80	7	46%
Employee 3	Counselor	40	15	-	25	80	9	62%
Employee 4	Residential Monitor	5	10	-	65	80	1	7%
Total		85	98	-	137	320	43	40%

Change from Example 1 -4%

Rate Setting Example

Example 1

Program	Time Study Results(1)	Total Allowable Costs(2)	MRO Allowable Costs	Clients Months	Rate Before Inflation	Inflation	Rate
Group Home A	45%	\$300,000	\$135,000	50			
Group Home B	40%	\$200,000	\$80,000	45			
Group Home C	50%	\$350,000	\$175,000	75			
Total		\$850,000	\$390,000	170	\$2,294	3.5%	\$2,374

(1) The sum of MRO direct service time and an allocation of administrative time based on provider time studies.

(2) Includes salaries, fringe benefits, allowable direct operating costs, central administration from provider AFRs.

Rate Setting Examples

Example 1							
Program	Time Study Results(1)	Total Allowable Costs(2)	MRO Allowable Costs	Clients Months	Rate Before Inflation	Inflation	Rate
Group Home A	45%	\$300,000	\$135,000	50			
Group Home B	40%	\$200,000	\$80,000	45			
Group Home C	50%	\$350,000	\$175,000	75			
Total		\$850,000	\$390,000	170	\$2,294	3.5%	\$2,374

Example 2 - Program C time study results change, all other factors remain the same as Example 1							
Program	Time Study Results(1)	Total Allowable Costs(2)	MRO Allowable Costs	Clients Months	Rate Before Inflation	Inflation	Rate
Group Home A	45%	\$300,000	\$135,000	50			
Group Home B	40%	\$200,000	\$80,000	45			
Group Home C	45%	\$350,000	\$157,500	75			
Total		\$850,000	\$372,500	170	\$2,191	3.5%	\$2,268

Change from Example 1 **(\$107)**

(1) The sum of MRO direct service time and an allocation of administrative time based on provider time studies.

(2) Includes salaries, fringe benefits, allowable direct operating costs, central administration from provider AFRs.

Rate Setting Examples

Example 1

Program	Time Study Results(1)	Total Allowable Costs(2)	MRO Allowable Costs	Clients Months	Rate Before Inflation	Inflation	Rate
Group Home A	45%	\$300,000	\$135,000	50			
Group Home B	40%	\$200,000	\$80,000	45			
Group Home C	50%	\$350,000	\$175,000	75			
Total		\$850,000	\$390,000	170	\$2,294	3.5%	\$2,374

Example 3 - Program A expenditures decrease, all other factors remain the same as Example 1

Program	Time Study Results(1)	Total Allowable Costs(2)	MRO Allowable Costs	Clients Months	Rate Before Inflation	Inflation	Rate
Group Home A	45%	\$200,000	\$90,000	50			
Group Home B	40%	\$200,000	\$80,000	45			
Group Home C	50%	\$350,000	\$175,000	75			
Total		\$750,000	\$345,000	170	\$2,029	3.5%	\$2,100

Change from Example 1 **(\$274)**

(1) The sum of MRO direct service time and an allocation of administrative time based on provider time studies.

(2) Includes salaries, fringe benefits, allowable direct operating costs, central administration from provider AFRs.

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Questions?



The End

Thank you!