

**Question**

Does this apply to vendors that are staying on 805? This doesn't apply to those with the AUT su bcode that are being moved to the 600 series, correct?

**Answer: Correct**

**Question**

Do we include in the survey only staff on payroll or also data for program director who is a sole proprietor but also direct EI provider? (Clarification given orally: Director is the owner who is not paid through the payroll.)

- **Yes, anyone with billable hours should be included.**

**Question**

If we have several sites under the same agency - should we complete a survey for each SITE or 1 that includes data for all sites combined?

**If sites have similar ratios and perform similar services, then you can combine them. If they are different please put things on separate surveys.**

**Question**

If a provider has more than one Vendor IDs and the services are different types of ratios in each vendor ID. 1 to 1 in home and 3 to 1 toddler groups. Should we do one survey or separate surveys for the type of ratios involved?

**We prefer separate surveys.**

**Question**

Did I understand correctly that if we cannot include the specifics of unbillable hours that our survey will not be included? I called Burns and they said to just write in (line 17) "unbillable hours total". We don't track all the specifics.

**Answer: Not correct. Surveys will be accepted for partial data as necessary.**

**Question**

Our agency provides multiple service models (insurance funded ABA, school district behavioral support as well as early start aba and project impact). Am I to include the hours our employees provide the project impact (805) only or include all hours regardless if they relate to our 805 clients?

**Answered: Include all hours a direct service employee provides. But note 805 billable hours clients where asked.**

**Commentary:**

"We are moving from 116 to 805. Under 116, EIS had to have at minimum a bachelor's degree.

Most actually have credential and/or master's degree. The new 805 rate for EIS is much lower than our 116 rate was. Part of that is probably because our EIS are more qualified than what is required under 805 code. Is there a way to add that somewhere on the survey? Like maybe putting in which EIS are highly qualified? Right now it just has "EIS" on the drop down. We feel like that would be helpful to have on the survey."

"I am curious about this as well. Our 805 Project Impact providers are currently all masters level BCBA's and their rate is being significantly reduced"

"Same our CDS rate will be reduced too and many/most of my CDS have a credential or Master's. This seems unfair."

"IFSP will say Intensive therapy. If it is over 20 hours a month. They include 10 hours a month for a

BCBA parent education. The rate is still only for the 805 specialist it does not take into consideration that a BCBA rate is higher."

**Answer: Noted. Please add this as a note when you send in your survey**

### **Responses to question/discussion about "Time Lost to Missed Appointments:**

"But that paperwork is not a billable piece."

"Paperwork time is not been billable"

"Sure, someone might move to another task in the moment, but that paperwork time was already

built in and eventually (later in the week, later in the month) that lost time catches up with us."

"We have been told that face to face is the only time we can bill."

"Employers pay the therapists for no shows and late cancellations but can not bill that time to the RC."

"But the point we have, is that it doesn't matter what is happening in that cancellation time, if what happens isn't billable. We are losing the funds from those cancellations. Period."

"I do believe this affects the employee retention rate. If we assign 100 hours a month but cancellations are dropping that down to 60 billable hours."

**Answer: The focus of this survey is mainly to capture data about billable time during the week. Question #7 under the Staff Detail Tab wants to know: How many hours per week are typically spent providing billable 805 services? This is the place to put how many hours you are typically able to bill.**

**Example: Out of 20 scheduled hours per week, HV typically bills 18. (a 20% cancellation rate.) This Teacher would have 18 hours under their column for Q#7 (NOT 20). How those other 2 hours (which are now nonbillable) are used will not change the ratio of billable to nonbillable time.**

### **Question about Line 14 under staff details,**

If you are providing services in a group 1:3 and 1 child does not

show up, you are still paying the staff running the group but can only bill for 2 people.

How do you suggest we calculate billable hours between staff members in a classroom setting?

**We are looking for the number of hours of billable service from direct care worker's perspective. It would be 1 hour for this example.**

"If the staff member is still working with the other children and you are reporting time lost to missed appointments for one child, the total time will not be correct."

**Ask HMA**

**Question:**

those unbillable hours will help to support the rate...to include this portions under the rate?

**Answer given in discussion. The main focus of this survey is to look at some of the assumptions used to set the rate, particularly the cancellation numbers, and see what is now happening. The unbillable hours are not as important as the encounter hours. Please use average accomplished encounters, NOT assigned encounters/caseload.**

**Question:**

Why are insurance and Cen-Call and private pay categories being called "805 Infant Program." My understanding is that 805 IDP is ONLY paid for by Regional Center - otherwise it is a insurance service etc. NOT 805

**Some vendors may be serving kids that are not funded by DDS.**

Clarification on why other funding streams need to be included when RCs do not pay this amount. Why is this information on this tab needed? **We are collecting this information to evaluate whether there are differences in program designs based on mix of children served**

**Suggestion:**

"I think with some unanswered questions and how much work is involved with this survey it should be extended be on May 9"

"I think as a group IDA members need to advocate to HMA Burns to extend the due date for the survey. It is ALOT of work and we still have questions we can't get answered here"

**Answer: Timeline is short due to need to complete rate roll out by May 31.**

**Question:**

Maybe this was answered already.....how were the providers identified to be sent a survey? We have been hearing many programs did not receive the survey.

**Answer: The Provider Directory was used.**

"But some of us are moving to 805 code. And the provider directory still has our old code of 116 . We can't update that. Just saying that's why we didnt get the survey initially.

Thankful for IDA. That's how we found out about it"

**Question:**

2024 looks different than this year. My understanding is we look at 2024 and not this year. Correct?

**Answer: Questions related to the revenue allocation and the number of paid/billed hours ask for 2024 data. Responses for all other questions in the survey should be based on current operations.**

**Question:**

**About #9 on the SVS Detail tab:**

“Average number of Infant Development Program service encounters per week per direct care worker”

Not all Direct Care workers work the same amount of hours per week. So do you want PT and FT staff to be combined and come out with an average encounters per week per FTE? Or do you just want to know what Full time Direct Care workers are encountering? There is no way to differentiate between FT and PT.

**This would be per FTE. So yes, combine PT and FT staff and figure out average encounters.**

Example – PT staff (20 hours) has 6 encounters per week. FT (40 hours) staff has 11. That would average 8.5 encounters per week .

### **Question**

Q7 in the Staff Detail tab. Folks are asking if they put planned #s or actual #s?

**Use actual numbers if they are representative of current practices.**

**Only use planned hours if something has or will change and they represent the current practices going forward.**

Example: Staff planning is for 20 billable hours per week. Average accomplished (billed) over the year is 17 hours per week. Which number would you like us to use?

**17, unless there is a plan to change something that would effect this.**