

### All-State Medicaid and CHIP Call June 29, 2021



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## Agenda

- Frequently Asked Questions Implementation of American Rescue Plan Act of 2021 (ARP) Section 9817: Additional Support for Medicaid Home and Community-Based Services during the COVID-19 Emergency
- Rate Increases to Account for Time for Direct Support Professionals (DSPs) to Receive COVID-19 Vaccination
- Open Mic Q and A

### Rate Increases to Account for Time for DSPs to Receive COVID-19 Vaccination

- States can use the 1915(c) Appendix K to implement temporary rate increases that account for the extra time-off needed by direct support professionals (DSPs) to receive the COVID-19 vaccine.
- Temporary rate increases can be retroactive and/or time-limited. Note: Temporary changes authorized through an Appendix K cannot exceed six months after the end of the federal PHE for COVID-19.
- States can require DSPs to document that they received the vaccine and/or have an appointment for the vaccine in order to be eligible for the time off.
- To calculate the increase, states can adjust the Full Time Equivalent (FTE) factor used in their current rate models.

## **FTE Factor Calculation**

#### Direct Care Full Time Equivalent (FTE) Factor

- Accounts for vacation time, personal days, sick time, and holidays.
- The employer is unable to bill for direct services when an employee (such as a DSP) is on vacation or sick. The FTE factor is used to consider the cost to the provider for such time.
- The factor is typically calculated based on **2,080 hours** for the year. For example:
  - The state determines that **360 hours** are required for vacation/personal/sick/holiday time
  - The FTE calculation is 360 hours/2080 hours = 0.17.
- The FTE factor is then incorporated into the final rate by applying it to the base wage used to develop the rate. For example:
  - The state assumes a base wage of **\$20.00 per hour**
  - The FTE factor of 0.17 is multiplied by \$20.00, yielding \$3.40, which is then added to the base wage and any other cost factors (e.g., administrative costs, benefits, etc.) to calculate the final hourly rate.

## **FTE Factor Calculation**

#### Direct Care Full Time Equivalent (FTE) Factor – Adding Vaccination Time

- States can increase the FTE Factor to account for time needed for vaccination and recovery. For example:
  - Two vaccine doses may require 4 days of additional vacation/personal/sick/holiday time (assuming one day needed to receive each dose and one day needed for recovery time after each dose)
  - This would yield an additional 32 hours needed for vacation/personal/sick/holiday time (4 days x 8 hours per day).
  - Using the assumptions in the previous slide, the **360 hours** needed for vacation/personal/sick/holiday time would increase to **392 hours**, increasing the FTE factor from **0.17** to **0.19**.
- The increased FTE factor would be applied to the base wage used to develop the rate, resulting in a proportional increase to the final rate. For example:
  - The new FTE factor of 0.19 would be multiplied by the \$20.00 hourly base rate, yielding \$3.80 (an increase of \$0.40 from the original calculation).
  - This increased amount is then added to the base wage and other cost factors to yield a new, increased final hourly rate.

# Documenting Temporary Rate Increases in the 1915(c) Appendix K

# States should document the following in *Section K-2-f* of the Appendix K:

- Percentage of the rate increase
- Purpose of the rate increase
- Factors/assumptions used to determine the amount of the increase
- Services/provider types affected
- Effective dates of the rate increase (if different from the effective dates indicated in Section K-1-f of the Appendix K)
- Conditions DSPs must meet in order to receive the time off (if any) and conditions providers must meet in order to receive the rate increase (if any)



#### Questions