

Alaska Department of Health & Guidehouse
Behavioral Health – Provider Cost and Wage Survey
Frequently Asked Questions – Updated November 6, 2024

Overview: Alaska Department of Health is conducting a rate study for Behavioral Health Services. As part of the Behavioral Health rate study process Guidehouse has created and distributed a cost and wage survey to providers to gather provider specific information, costs and specifics related to service delivery.

This Frequently Asked Questions (FAQ) document was updated on November 6, 2024, and contains all of the questions asked so far in regard to the survey. If you have any further questions, please email them to AKratestudy_BH@guidehouse.com. We appreciate you taking the time to fill out the survey.

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29. Tab X (Residential) - The outline notes the timeframe is one quarter, April to June 2024. But question 7 reads, “average number of empty bed days, per home, per year. How do you want this value calculated? 13

For this question we are looking for you to provide the average number of empty beds per home, meaning we want to know, on average, over the course of the year how many days are participants not filling beds. For the “yearly” amount it would be safe to turn the CY2024Q2 value into a yearly metric for this question. 13

30. We provide services for adolescents ASAM 3.5 and 3.7 how do we distinguish differences between adult and adolescent services for these particular services?... 13

31. Some of the questions under the Service Delivery & Staffing Patterns sections are items that we will need to gather from our staff directly. Some of the staff who provided services during the timeframe no longer work for us though. Would we just not include them in the data and only include the information from the staff who were working during the timeframe and still here to provide the data? 13

32. I have 9 clinicians who provide individual psychotherapy and they’re all supervised by 1 person. Of those 9 clinicians, only 3 provide family therapy, and they’re supervised by the same 1 person. I have two people who bill Therapeutic BH Services Individual and they might be supervised by 2 different people. At the same time, I have staff who could bill the Therapeutic BH service codes, but haven’t been in that time frame, so am I really only tracking the staff who did, or those who could? 13

33. On the X. residential settings tab numbers “total cost of capital to perform services” are you look for capital costs since opening the business? 14

34. On the X. residential settings tab do we include purchases that are pending but not yet complete? For example, we have new beds on order and are expecting them any day but have them yet, should we include those costs in the survey? 14

35. We have clinicians who provide billable therapy sessions for students. However, most of their time is spent providing preventative non billable services for students. In filling out tab G of the survey should we include this non billable time in rows 11 to 18? It’s a huge part of the cost of the services but in this setting, it looks very different from a “standard” clinical practice. 14

36. On the Crisis Services tab, and the Other Services tab, where it talks about the provider, are we required to list the specific employee who provides each service, or

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just the employee title, like Clinician, Direct Service Provider, Case Manager, etc.?
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- 37. For the Supervisor Span of Control - is that related to the service that is being provided- i.e. Group Therapy? The supervisor isn't providing the service, and the provider of the service doesn't consult with the supervisor each time they provide the service. How do we go about entering the supervisor span of control information? 15
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Section 1: General

1. Is Guidehouse exploring alternate rate methodologies?

Date Added / Revised: October 4, 2024

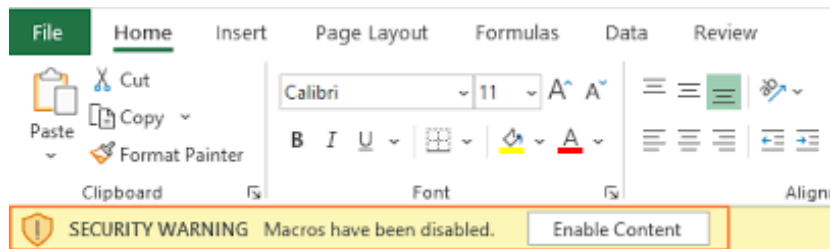
Yes, the first stage of this work will use provider survey data and other publicly available data to create cost-informed rate models. The second stage of this work will be to evaluate and review other rate methodologies that may be appropriate for behavioral health services.

2. We are concerned that the costs within each tab will not tie to the Total Costs tab?

This is a cost survey and not a cost report. We are trying to get an understanding of your costs and service delivery based on a point in time. Therefore, there is flexibility in how information is reported. Continue to follow up and ask specific questions if specific pieces are not clear but we also understand that this will not account for every scenario.

3. I cannot see the service specific tabs F – Y in my version of the survey. Is there something I need to do in order to see these tabs.

Yes, first save a version of the survey to your personal computer. Next from your personal computer open the survey. When you open the survey there might be a button towards the top that pops up requesting you to “enable content”. Please click this enable content button in order for the file to function properly. The button will look similar to the screenshot below:



After this you need to toggle using the drop down yellow shaded boxes in Column II (Excel Column B) on the [C. Programs & Services] tab for the services that you provide. This will allow you to see the additional service specific tabs.

4. Can you provide the timeframes that need to be used for each tab?

Date Added / Revised: November 6, 2024

Tab Name	Time Period Requested to Use
Overview	-
A. Provider Info	Most Recent Full Fiscal Year (Dose not have to be audited)
A-1. Provider Site(s)	Most Recent Full Fiscal Year (Dose not have to be audited)
B. Total Cost	Most Recent Full Fiscal Year (Dose not have to be audited)
C. Programs & Services	April 1, 2024 – June 30, 2024

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D. Wages	April 1, 2024 – June 30, 2024 (Except for Column 17 use Annual Amount)
E. Benefits	April 1, 2024 – June 30, 2024
F. Therapy Services	April 1, 2024 – June 30, 2024
G. Therapy Service Delivery	April 1, 2024 – June 30, 2024
H. Screening Assessments Test	April 1, 2024 – June 30, 2024
I. Screen. Service Delivery	April 1, 2024 – June 30, 2024
J. Autism Services	April 1, 2024 – June 30, 2024
K. Autism Service Delivery	April 1, 2024 – June 30, 2024
L. Crisis Services	April 1, 2024 – June 30, 2024
M. Mobile Crisis	April 1, 2024 – June 30, 2024
N. Short-Term Crisis	April 1, 2024 – June 30, 2024
O. 23 Hour Crisis	April 1, 2024 – June 30, 2024
P. Crisis Residential	April 1, 2024 – June 30, 2024
Q. Alcohol & Drug Services	April 1, 2024 – June 30, 2024
R. Alc. & Drug Service Delivery	April 1, 2024 – June 30, 2024
S. Other Services	April 1, 2024 – June 30, 2024
T. Other Service Delivery	April 1, 2024 – June 30, 2024
U. Day – Service Staffing	April 1, 2024 – June 30, 2024
V. Day – Patterns	April 1, 2024 – June 30, 2024
W. Residential – Service Staff	April 1, 2024 – June 30, 2024
X. Residential – Patterns	April 1, 2024 – June 30, 2024
Y. Case Management	April 1, 2024 – June 30, 2024
Z. Transportation	April 1, 2024 – June 30, 2024
Additional Information	-

Section 2: Services

5. Regarding the procedure codes S9484 & S9484-U6, under the SOA DBH State Plan Services, this code has a service description of “Short-Term Crisis Intervention

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Service”. In the survey, those same codes have a service description of “Crisis Residential and Stabilization Services”. Are these different?

Date Added / Revised: October 7, 2024

No, there is no difference between these services. Please fill out any the S9484 or S9484-U6” Short-Term Crisis Intervention Services” State Plan Services under the “Crisis Residential and Stabilization Services (CSS)” section in the survey for S9484 and S9484-U6. Any 1115 Waiver S9484-V1 or V2 would be filled out under the “23-Hour Crisis Observation and Stabilization (COS)” section in the survey.

6. Are RPTC services a part of this cost and wages survey process?

Date Added / Revised: October 8, 2024

RPTC services will not be a part of this survey process, however Guidehouse is working with the Department of Health in a second part to this rate study which will be geared more towards these types of services, including RPTC’s, specifically in the coming months. At that time, we will release questions specific to the billing practices for RPTC.

7. I can't seem to find Neuropsychological and Psychological Testing services (CPT codes 96130 through 96146), which are my primary services I offer. Are they in the survey?

Date Added / Revised: October 29, 2024

The CPT codes listed 96130 and 96146 are not a part of this phase of the rate study and are not included in the survey. These will be a part of phase 2 in the coming months.

Section 3: Wages

8. For the regular hours, do I only count hours worked, or do I also include paid-time off and holiday pay hours?

Date Added / Revised: September 26, 2024

Yes, you can include paid-time off and paid holiday hours within the regular hours paid column on the Wages tab.

9. We cannot perform that task of filling out the Wages tab using the staff titles listed. Those titles are not part of the billing process, so we don't know how to apply them. We can only determine services based on credentials, not titles. Are we allowed to change the listed titles and how should we go about reporting this information?

Date Added / Revised: September 26, 2024

In the [D. Wages] tab there are the blue “(Specify)” boxes for you to enter any staff types/credentials that are not in the current list. However, we would encourage and appreciate providers combining and crosswalking staff types where it is reasonable. For example, the credentials of “PSS (Peer Support Specialist)” can be listed under row 9 (Excel row 22) for the “Certified Peer Support Specialist” in the survey.

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Where you can combine staff types from your list to what is in the current staff type list in the survey we would appreciate it. For any staff types/credentials that you are not able to crosswalk please enter them into the “(Specify)” boxes in rows 30 – 34 for direct care staff.

10. Our Clinical Supervisor is also a LPC and spends 50% of their time providing direct care and 50% of their time providing clinical supervision. How do we account for direct care time and her clinical supervision time in the wages tab?

Date Added / Revised: November 5, 2024

Please list the Clinical Supervisor information within the wages tab. We understand that some supervisory staff also provide direct care, but the purpose of the wages tab is to inform us of what your current staffing looks like. You would record 1 FTE in the Clinical Supervisor line with the corresponding wage. We understand that staff can perform multiple jobs such as administrative, direct client care and supervision. The wages tab is intended to reflect the hourly wages for those that are providing direct care.

11. Which column in the wages tab should use annual amounts versus the CY2024 Q2 time period?

Date Added / Revised: November 5, 2024

The only column that will use an annual amount will be column 17 “Average Number of Annual Trainings Hours for Staff/Supervisor”. Every other column in this tab will use the quarter CY2024 Q2 time period. This time period is reported at the top of the tab.

12. There are some job titles in the survey on the wages tab that do not align exactly to my occupations at my organization. Should I try to group these under the current names in the survey or should I add them to the specify boxes? For example, we have a Nursing Assistant title, is it safe to group that under “Certified Nursing Assistant”?

Date Added / Revised: November 5, 2024

Where you can crosswalk job titles, we would appreciate it and is recommended. For your example, it is safe to crosswalk your job title of Nursing Assistant to the survey job title of Certified Nursing Assistant. If you crosswalk a job title and are not certain if it was correct you can also include notes in the “Additional Information” tab.

13. For tab D: Wages on columns IJK do you want me to use our comp tool that we use when we hire the position, or the amount we paid the person in that position at the time frame in question?

Date Added / Revised: November 5, 2024

Please use the amount you paid the person in that position at the time frame listed in the survey of April 1, 2024 – June 30, 2024.

Section 4: Autism Behavioral Health Services

14. Are Autism Behavioral Health Services a part of this rate study and included in the survey?

Date Added / Revised: September 18, 2024

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Yes, Autism Behavioral Health Services are included within this rate study and within the survey. Note, to see the Autism specific service question please toggle “Yes” under column II on the [C. Programs & Services] tab for Autism Services.

Section 5: Benefits

15. We offer self-coverage, self+1, and family coverage. Should self+1 go under self or family, or be excluded from the report?

Date Added / Revised: September 27, 2024

Self+1 can be excluded from the Benefits tab. Only provide information for self-coverage and family coverage under the benefits tab. For Self+1 please list in the additional information tab any key costs and the take up rate for this option.

16. Should supervisory staff be included in the benefits section?

Date Added / Revised: November 5, 2024

Yes, supervisory staff and direct care staff can be included in the benefits section. However, this section should not include administrative or program support staff information.

Section 6: Provider Information

17. How do we define revenue?

Date Added / Revised: September 26, 2024

We want you to enter the final amount received for each revenue bucket. We have split out revenue by Medicaid, Medicare, Grants, SSI, Private Pay/Commercial, Office of Indians Affairs, and any other source of revenue you may receive. We want you to populate the revenue section with the end amount that you receive for each revenue bucket. For example, for Medicaid, if the full charge is \$750 but Medicaid only pays \$521 we would want you to enter the final amount that you receive which in this case would be the \$521 into the revenue lines.

18. For the A-1.Provider Site(s) tab, if we have two sites in the same city and same zip code, would we separate them out? Do we need to do anything else to identify the separate sites?

Date Added / Revised: October 7, 2024

Please separate out the two sites even if they have the same zip code and city name. We are trying to gather the total number of sites your organization has, and the size based on questions 3 and 4 in this section of the survey. No additional identifying information is needed for these sites at this time.

19. Tab A-1: Sites - Each site column asks for a zip code. I have 1 site, but I see clients all over the state via telehealth. Do I create a "new site" utilizing each zip code where my clients live or do I create "one site" utilizing my zip code and then enter the total number of clients in the corresponding cell?

Date Added / Revised: October 8, 2024

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You would only need to enter the one site into tab A-1 and enter the total number of clients seen through this site into questions 3 and 4.

20. Do we provide all revenue or just Behavioral Health revenue on the provider information tab?

Date Added / Revised: October 21, 2024

For revenue on the Behavioral Health Survey on the [A. Provider Info] tab we are looking for Behavioral Health revenue only, not your total organizational revenue.

21. Alaska Behavioral Health Providers have multiple NPIs – should we attempt to provide NPIs for all the various programs/locations we have (there is program detail on the Provider Sites tab, as you know, but I don't see a field for the NPI).

Date Added / Revised: October 29, 2024

List your primary program/location NPI for Behavioral Health. If you cannot determine this, then please list the NPIs in the box separated by a comma.

22. We are having issues entering dates into the provider information tab. Is there a certain way to enter the information?

Date Added / Revised: October 31, 2024

Please enter the dates in the following format “dd/mm/yyyy or 01/01/2023”. It must be in this format to be entered into the cost report.

23. For the sites tab, is it all sites we provide services at or just the one we bill from?

Date Added / Revised: November 5, 2024

Please list the sites you provide behavioral health services at.

Section 7: Total Costs

24. I am in private practice and do not pay myself an hourly wage or salary. I collect what is leftover after expenses are paid. How should I best reflect this in the survey?

Date Added / Revised: September 16, 2024

If you do not pay yourself a specific salary or wage that is fine. The [D. Wages] does not apply to your organization. However, the amount that you pay yourself after your expenses can be broken out on the [B. total Cost] tab. The income that you receive after your expenses can be broken out on lines 1-5 on the [B. total Cost] based on your allocated amount of time spent between providing direct care services, administrative time, and program support time.

25. There is not a specified time period at the top of the Total Costs tab. Which time period should I use?

Date Added / Revised: September 23, 2024

The [B. Total Cost] tab should reflect costs from your most recent full fiscal year. This should align with the fiscal year time period entered into cells E11 (Provider Fiscal Year Beginning) and E12 (Provider Fiscal Year Ending) on the [A. Provider Info] tab. Once you enter your

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most recent full fiscal year dates into cells E11:E12 on the [A. Provider Info] tab, you will see these dates come through in row 7 of the [B. Total Cost] tab.

26. For health insurance, I am not eligible for a group policy, so I get mine through the Marketplace. Should I be reporting those premiums in [B. Total Cost] section 2?

Date Added / Revised: September 25, 2024

Yes, any benefit related costs would be entered into this section of the Total Cost tab.

27. It was said that we are to include all costs in the BH cost rate study on the [B. Total Cost] tab. But since we serve multiple services, is it all costs associated to just those BH services or the company as a whole? We want to ensure that we supply the correct numbers and aren't overstating expenses/revenues that are not associated with BH. As an example our admin positions can be allocated out to many services other than behavioral health support, so what I am needing to know is do I account for just the whole amount we have spent for that allotted time frame or just the percentage that would be dedicated to performing functions for the support of Behavioral health services.

Date Added / Revised: October 21, 2024

On the [B. Total Cost] tab column 1 “Total Expenses” would be expenses across your organization as a whole, while column 2 “Expenses Allocated to Behavioral Health Services” are expenses related to Behavioral Health services only. In your example for the admin positions the total costs of those admin positions can be placed in column 1 for “Total Expenses”, and the cost that would be dedicated to performing functions for the support of Behavioral health services would be placed in column 2 for “Expenses Allocated to Behavioral Health Services”.

28. Can we include the TFC stipend in other program costs? It would understate our total agency and BH costs without including it.

Date Added / Revised: November 5, 2024

Include these costs in the Total Costs tab in the “Other Program Supports” within the specify box. Alternatively, you can include these costs with a narrative in the “additional information” free form box. We also welcome any additional insights into these stipends amounts in the “Additional Information” tab.

Section 8: Service Delivery

29. Tab V (Day Treatment) - The outline notes the timeframe is one quarter, April to June 2024. But question 4 reads “average number of zero occupancy days per year. How do you want this value calculated?”

Date Added / Revised: September 26, 2024

For the “Average number of zero occupancy days per year” this question is looking for you to enter days where there are truly zero participants receiving any services. This would not include holidays or the weekend, this would only be for the time that the site is open and operating. As far as the “yearly” amount it would be safe to turn the CY2024Q2 value into a yearly metric for this question by multiplying your quarterly value by 4.

30. Tab X (Residential) - The outline notes the timeframe is one quarter, April to June 2024. But question 7 reads, “average number of empty bed days, per home, per year. How do you want this value calculated?”

Date Added / Revised: September 26, 2024

For this question we are looking for you to provide the average number of empty beds per home, meaning we want to know, on average, over the course of the year how many days are participants not filling beds. For the “yearly” amount it would be safe to turn the CY2024Q2 value into a yearly metric for this question.

31. We provide services for adolescents ASAM 3.5 and 3.7 how do we distinguish differences between adult and adolescent services for these particular services?

Date Added / Revised: September 26, 2024

If you perform adolescent ASAM 3.5 or 3.7 services, please fill out the current service delivery questions for ASAM 3.5 and 3.7 and note any differences between adult and adolescent services within the additional information tab.

32. Some of the questions under the Service Delivery & Staffing Patterns sections are items that we will need to gather from our staff directly. Some of the staff who provided services during the timeframe no longer work for us though. Would we just not include them in the data and only include the information from the staff who were working during the timeframe and still here to provide the data?

Date Added / Revised: October 7, 2024

Please populate with the information you have available to you. Therefore, include the information provided by the staff who were working during the timeframe and are able to provide data.

33. I have 9 clinicians who provide individual psychotherapy and they’re all supervised by 1 person. Of those 9 clinicians, only 3 provide family therapy, and they’re

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supervised by the same 1 person. I have two people who bill Therapeutic BH Services Individual and they might be supervised by 2 different people. At the same time, I have staff who could bill the Therapeutic BH service codes, but haven't been in that time frame, so am I really only tracking the staff who did, or those who could?

Date Added / Revised: October 8, 2024

When thinking about the supervisor ratio questions, yes, we want service specific ratios. However, if it is the same supervisor who is overseeing multiple employees across multiple services, we would want the number of total employees one supervisor is overseeing as the ratio for these services. For example, if one supervisor is overseeing 9 clinicians who provide psychotherapy, of which three of those same clinicians provide family psychotherapy as well and these are the only clinicians this supervisor oversees, for the Psychotherapy and Family Therapy services the supervisor staffing ratio would be 1 supervisor to 9 staff members since across both services these employees share the same supervisor.

The question for the supervisor staffing ratio is essentially trying to gather the average ratio for each supervisor, meaning if on average you have 1 supervisor who oversees 10 people of which these 10 people are split across 5 different services, the ratio would be 10 employees to 1 supervisor for all 5 of these services since they all share the same supervisor. If on average, you have 1 supervisor who oversees just 5 employees for one service that ratio would be 1 supervisor to 5 employees for this one service.

34. On the X. residential settings tab numbers “total cost of capital to perform services” are you look for capital costs since opening the business?

Date Added / Revised: October 17, 2024

We would not recommend including any start-up costs within this line item but if the costs are substantial, they can be noted in the additional information tab. The costs that should be entered into this tab are costs you incurred during Q2 of 2024 for these services.

35. On the X. residential settings tab do we include purchases that are pending but not yet complete? For example, we have new beds on order and are expecting them any day but have them yet, should we include those costs in the survey?

Date Added / Revised: October 25, 2024

No, only include costs that are currently received during the time period on the tab. However, in your example, the cost for the beds can be entered into the additional information tab, along with any other important costs elements.

36. We have clinicians who provide billable therapy sessions for students. However, most of their time is spent providing preventative non billable services for students. In filling out tab G of the survey should we include this non billable time in rows 11 to 18? It's a huge part of the cost of the services but in this setting, it looks very different from a “standard” clinical practice.

Date Added / Revised: October 25, 2024

If the preventative non billable time for these services is included under the services within tab G, please use the section in Excel rows 11:18 to fill out the billable vs. non-billable time

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for these therapy services. However, if the preventative non billable services do not fall under these therapy services listed specifically, please add this information into the additional information tab

37. On the Crisis Services tab, and the Other Services tab, where it talks about the provider, are we required to list the specific employee who provides each service, or just the employee title, like Clinician, Direct Service Provider, Case Manager, etc.?

Date Added / Revised: October 29, 2024

Line	Staff Description	1	2	3
		Assertive Community Treatment (ACT) Services	Community Recovery Support Services (CRSS) - Group	Community Recovery Support Services (CRSS) - Individual
Procedure Code(s)		H0039-V2	H2021-HQ-V1, H2021-HQ-V2	H2021-V1, H2021-V2
Example:		X		
Professional Program Staff:				
1	Behavioral Specialist/Technician	X		X

The services tabs are for you to mark which employee(s) provide each service by marking an “X” next to the employee’s title under each service that they provide. In the example screenshot below, on the “Other Services” tab, I have marked that the “Behavioral Specialist/Technician” that I employ provides for ACT services and CRSS Individual services but does not provide CRRS – Group, as an example.

To note, the job titles that you fill out wage information for on the [D. Wages] tab will auto populate into these tabs. So, please make sure you complete the [D. Wages] tab first to see these job titles come through on these tabs.

38. For the Supervisor Span of Control - is that related to the service that is being provided- i.e. Group Therapy? The supervisor isn’t providing the service, and the provider of the service doesn’t consult with the supervisor each time they provide the service. How do we go about entering the supervisor span of control information?

On the service delivery tabs under the “Supervisor Span of Control” section, we are looking for you to provide information for each particular service itself. With that said, we know that the direct care worker does not consult with the supervisor each time they provide a service.

The questions are trying to get a sense of what supervision looks like for this service at your organization. We want to understand, on average, how many staff members a supervisor is overseeing. If they are in charge/supervise a group of 10 direct care workers that would be the number, you enter next to the question “How many staff or practitioners on average are typically supervised by one supervisor?”.

We also know that supervisors typically do not spend all of their time providing supervision to workers. They have other tasks and might even provide direct care work themselves. The question, “How many hours per week do supervisors spend supervising staff?”, is trying to get a sense of on average, how many hours is that supervisor spending time actually doing

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supervisor work for the staff they are in charge of each week. If they spend roughly only 2 hours a week doing “supervisor work” this would be the number you enter into the cell next to that question.

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39. Can you provide clarification regarding the percentage of time spent on specific services in the top section of most service delivery tabs?

Date Added / Revised: September 26, 2024

For each service we are trying to understand the proportion of time, on average, spent for each activity listed below. In total once added together the percentage should equal 100% across the activities listed. These questions are trying to gather information related to billable vs non-billable time so that we can understand what percentage of time is spent actually delivering the service "billable time" vs time that is spent on activities outside of delivering services "non-billable" but are required and necessary as part of the service.

Looking at the example below, for this service, 60% of a direct care worker's time is spent delivering the service face to face with the client, and 10% of their time is spent delivering services via telehealth making their "billable" time 70%. Meaning that 70% of the time spent on this service is actual "billable" time. While the other 30% of "non-billable" time is spent doing activities outside of actually delivering the face-to-face service, such as travelling to and from a client location, documentation and recordkeeping of materials, meeting with supervisors, time spent on training, and all other things that are necessary as part of the service but are not directly "billable". We ask these questions so that we can build in a non-billable time factor in our rate models that take into account the cost and time associated with any activities that are "non-billable".

Billable Time

Description	Questions	Example
List the percent of time, on average, spent on delivering services to clients in person	Client-facing services - Delivered In Person	60%
List the percent of time, on average, spent on delivering services to clients via telehealth	Client-facing services - Delivered Via Telehealth	10%

Non-Billable Time

Description	Questions	Example
List the percent of time, on average, spent on recordkeeping and documentation that is necessary as part of the services	Recordkeeping and documentation for services	10%

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List the percent of time, on average, spent on recordkeeping and documentation that pertains to activities outside of the service itself, such as recording your time, planning travel, ect.	Recordkeeping and documentation for activities outside of services (e.g., travel planning, time keeping, etc.)	10%
List the percent of time, on average, spent on planning meetings outside of meeting with the client during service delivery	Participating in scheduled care planning meetings with other professionals, interdisciplinary team members, or collaterals	3%
List the percent of time, on average, spent traveling to and from client sites	Travel time to/from and between client residences/locations	5%
List the percent of time, on average, spent on staff meetings, required trainings, meeting with your manager, ect.	Employer administrative or training activities (e.g., staff meetings, program coordination/development, time spent meeting with a supervisor etc.)	2%
List any other activities your direct care worker's are involved in if it is not included in any of the sections above	Other activities	0%
	Auto populated: Total percentage	100%
	Auto populated: Has all time been allocated? (Total in Line 9 should equal sum of Lines 1-8)	Yes