

Minnesota Department of Human Services (DHS) & Guidehouse  
Aging and Adult Services Division – Provider Cost and Wage Survey  
**Frequently Asked Questions – Updated February 28, 2025**

**Overview:**

The Minnesota Department of Human Services (DHS) Aging and Adult Services Division is conducting a survey of provider costs and wages to support the evaluation of the legislatively-mandated rate methodology for a number of services provided under the Elderly Waiver, Community Access for Disability Inclusion, Brain Injury Waiver and the Alternative Care and Essential Community Supports programs.

This Frequently Asked Questions (FAQ) document was updated on February 28, 2025, and contains questions asked so far in regard to the survey. If you have any further questions, please email them to [mndhsratestudy@guidehouse.com](mailto:mndhsratestudy@guidehouse.com). We appreciate you taking the time to fill out the survey.

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**Section 1: General**

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**1. Where can I access and download the survey and instruction manual?**

*Date Added / Revised: February 6, 2025*

The Excel based survey and instruction manual can be downloaded from the project site located at the link here: <https://mnratestudy.guidehouse.com/>.

**2. What services are in scope for the survey process?**

*Date Added / Revised: February 13, 2025*

Below is the list of services in scope for this survey process. If you do not deliver any of these services, you do not need to complete this survey.

<b>Services</b>	<b>Procedure Code and Modifier(s)</b>
Adult Day Service	S5100
Adult Day Service, Bath	S5100 TF
Adult Day Service, FADS	S5100 U7
Adult Day Service, Remote	S5100 U4
Chore Services - 15 Minutes	S5120
Chore Services - Daily	S5121
Homemaker, Assistance with Personal Cares	S5130 TG
Homemaker, Cleaning	S5130
Homemaker, Home Management	S5130 TF
Homemaker, Home Management, Remote	S5130 TF U4
Adult Companion Services	S5135
Adult Companion Services, Remote	S5135 U5
Respite Care Services, In Home - 15 Minutes	S5150
Respite Care Services, In Home - Daily	S5151
Respite Care Services, In Home, Remote	S5150 U4
Respite Care Services, Out of Home - 15 Minutes	S5150 UB
Respite Care Services, Out of Home - Daily	H0045
Individual Community Living Supports (ICLS), In Person/Remote	H2015 U3
Individual Community Living Supports (ICLS), Remote	H2015 U3 U4
Community Residential Living, Corporate (formerly Adult Foster Care)	S5140 U9
Community Residential Living, Family (formerly Adult Foster Care)	S5140
Customized Living	T2031
Customized Living, 24 Hour	T2031 TG
Customized Living, 24 Hour, Corporate Foster Care	T2031 TG U9
Home-Delivered Meals	S5170

**3. We just complete a cost report for the Disability Waiver Rate System (DWRS) is this survey the same thing?**

*Date Added / Revised: February 25, 2025*

The Disability Waiver Rate System (DWRS), rate evaluation, and cost reporting are three distinct but related efforts designed to assess and adjust the rates for home and community-based services for individuals with disabilities in Minnesota.

Disability Waiver Rate System) is a uniform, statewide methodology to determine reimbursement rates for home and community-based services provided under community alternative care (CAC) waiver, the community access for disability inclusion (CADI) waiver, the developmental disability (DD) waiver, and the brain injury (BI) waiver.

The current survey effort focuses on evaluating rate setting under Minnesota Statute 256S.21, Subd. 2, as required by the 2023 legislature. This evaluation assesses base wages, cost factors, and rate calculation formulas for various services under EW, AC, ECS, BI, and CADI, with findings due to the legislature by January 15, 2026.

The aging cost reporting requirement, effective January 1, 2025, is a separate initiative designed to collect provider cost data for future rate evaluations. While the cost reporting system is still in development, it will be coordinated with disability waiver reporting and implemented in a five-year cycle. Each provider will receive a 90-day notice prior to the provider's submission due date for cost reporting for their fiscal year.

The current survey is specific to the rate evaluation and does not fulfill the Subd. 3 cost reporting requirement, though collected data may inform future rate adjustments.

**4. My organization operates multiple sites. Should I complete a survey for each site, or can I complete one survey for all of my locations?**

*Date Added / Revised: February 20, 2025*

You can complete one survey covering all of your sites. While the Provider Information worksheet only asks for specific information for up to four (4) sites, we ask that you report information for your top four sites by total revenue and/or participants. We recognize that providers may operate more sites, but our goal is to identify important characteristics about your organization while limiting the overall request for data. The survey should cover all of your sites, even if you only report four or fewer on the first worksheet.

**5. Is the survey process mandatory and what is the overall purpose?**

*Date Added / Revised: February 6, 2025*

The survey is not mandatory and there are no penalties for not filling it out. However, it is strongly encouraged for providers to complete the survey. The information collected within the survey helps aid the rate study process and gives an opportunity for providers to demonstrate their current costs to DHS to assist in identifying and correcting potential gaps in the rate reimbursement methodology.

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

*Date Added / Revised: February 6, 2025*

Tab Name	Time Period Requested to Use
Overview	-
A. Provider Info	Most Recent Full Fiscal Year (Does not have to be audited)
B. Total Cost	Most Recent Full Fiscal Year (Does not have to be audited)
C. Wages	Most Recent Full Fiscal Year (Does not have to be audited) (Except for Columns 1 - 6 use most current information)
D. Benefits	Most Recent Full Fiscal Year (Does not have to be audited)
E. Services	Most Recent Full Fiscal Year (Does not have to be audited)
F. Adult Day Service	Most Recent Full Fiscal Year (Does not have to be audited)
G. Chore Service	Most Recent Full Fiscal Year (Does not have to be audited)
H. Homemaker	Most Recent Full Fiscal Year (Does not have to be audited)
I. Adult Companion Services	Most Recent Full Fiscal Year (Does not have to be audited)
J. Respite	Most Recent Full Fiscal Year (Does not have to be audited)
K. Individual Community Living	Most Recent Full Fiscal Year (Does not have to be audited)
L. Community Residential Living	Most Recent Full Fiscal Year (Does not have to be audited)
M. Customized Living	Most Recent Full Fiscal Year (Does not have to be audited)
N. Home-Delivered Meals	Most Recent Full Fiscal Year (Does not have to be audited)
O. Transportation	Most Recent Full Fiscal Year (Does not have to be audited)
Additional Information	-

**Section 2: Total Costs**

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**7. Is the amount requested for room and board costs (#58, Tab B) intended to be a unique amount, or an amount also reflected in the costs listed in sections 3-5?**

*Date Added / Revised: February 7, 2025*

Because Medicaid expenditures should not include Room & Board costs, we ask that you pull them out separately. This would be a unique amount from other expenses.

### **Section 3: Wages**

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**8. What timeframe or date range should we use for the wages tab? Do you want wage data based on fiscal year or calendar year?**

*Date Added / Revised: February 13, 2025*

For the hourly wages (Average, Lowest, and Highest) please use your most current information for these hourly wages. For the rest of the information within this tab please use your organizations most recent full fiscal year or calendar year that you entered onto the Provider Information worksheet. On the top of the wages tab, you should see this date range coming through at the top in green colored text.

**9. 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: February 6, 2025*

Where you can crosswalk job titles between the survey and your organization, we would recommend using the job titles included in the survey. For your example, feel free to crosswalk your job title of Nursing Assistant to the survey job title of Certified Nursing Assistant. However, the “Other” rows are there for you to use as well if you do not feel confident using the job titles presented in the survey.

### **Section 4: Benefits**

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**10. 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: February 6, 2025*

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 coverage, please include relevant information in the Additional Information worksheet, including any key costs and the take-up rate for this option.

**11. Should supervisory staff be included in the benefits section?**

*Date Added / Revised: February 6, 2025*

Yes, supervisory staff and direct care staff can be included for the Benefits worksheet, assuming those staff are supervising direct care workers (rather than, for example, administrative supervisors). This section should not include administrative or program support staff information.

### **Section 5: Provider Information**

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**12. How do we define revenue?**

*Date Added / Revised: February 13, 2025*

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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, Indian Health Services, 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.

**13. Do we provide all revenue or just Aging and Adult Services revenue on the provider information tab?**

*Date Added / Revised: February 5, 2025*

For the Total Revenue row, we request your total organizational revenue, including but not limited to Aging and Adult Services revenues.

**14. Some Aging and Adult Service Providers have multiple NPIs – should we attempt to provide NPIs for all the various programs/locations we have?**

*Date Added / Revised: October 29, 2024*

List your primary program/location NPI for Aging and Adult Services. If you cannot determine this, then please list the NPIs in the box separated by a comma, or list the NPIs in the Additional Information worksheet.

## **Section 6: Total Costs**

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**15. I am in private practice and do not pay myself a wage or salary. I collect what is left over after expenses are paid. How should I best reflect this in the survey?**

*Date Added / Revised: February 20, 2025*

If you do not pay yourself a specific salary or wage that is fine. The [D. Wages] may 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.

**16. 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: February 6, 2025*

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

## **Section 7: Service Delivery**

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**17. Tab F (Adult Day Service) – For question 4 “average number of zero occupancy days per year. How do you want this value calculated?**

*Date Added / Revised: February 6, 2025*

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For the “Average number of zero occupancy days per year” this question is looking for the number of 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.

**18. Tab L (Community Residential Living) – Question 7 reads, “average number of empty bed days, per home, per year”. How do you want this value calculated?**

*Date Added / Revised: February 6, 2025*

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 example, due to vacation or hospitalization).

**19. Tab L (Community Residential Living) – Lines 11 & 12 - "Cost of program supplies, including snacks and groceries" - Groceries were already entered on line 39, Worksheet B. Do you want them entered here, as well?**

*Date Added / Revised: February 20, 2025*

Please include any supply costs related to community residential living specifically into line 11 & 12 of worksheet L even if reported on Worksheet B.

**20. 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: February 19, 2025*

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.

**21. Is the “supervisor span of control” related just to the service that is being provided? 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?**

*Date Added / Revised: February 19, 2025*

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 manage/supervise a group of 10 direct care workers, then report “10” for “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



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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 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.

**22. 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: February 19, 2025*

For each service we are trying to understand the proportion of time, on average, spent for each activity listed in the survey. 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.

For example, if 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, their total billable time 70%, meaning that only 70% of the time a direct care worker is spending, on average, on a unit of service is the portion of the service being paid by Medicaid. 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 account for the cost and time associated with any activities that are "non-billable".