



South Dakota Department of Social Services (SD-DSS)

Provider Cost and Wage Survey *Psychiatric Residential Treatment Facilities (PRTF) and Intensive Residential Treatment (IRT)*

March 6, 2024

Survey Due Date: March 27, 2024

Submit completed survey to:
sdratestudy@guidehouse.com

Prepared by:



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A. Introduction

The South Dakota Department of Social Services (SD-DSS) is conducting a provider cost and wage survey (“survey”). The goal of the survey is to provide SD-DSS with crucial insights into evolving facility costs, workforce shortage issues, and how the department can strategically allocate resources to bolster Psychiatric Residential Treatment Facility and Intensive Residential Treatment Facility services (PRTF/IRT) delivered in South Dakota. This document contains instructions to assist providers in completing the survey.

A “provider” is defined as a controlling entity, agency, or corporate organization that provides PRTF/IRT and generally possesses a Primary National Provider Identification (NPI) number. All providers are strongly encouraged to complete the survey.

PLEASE NOTE THAT INDIVIDUALS COMPLETING THIS SURVEY MUST HAVE A WORKING KNOWLEDGE OF PROVIDER OPERATIONS, AND A THOROUGH UNDERSTANDING OF THE ACCOUNTING RECORDS OF THE ORGANIZATION.

Broadly, the survey is designed to collect information in five primary areas. All agencies should complete the following forms:

1. Organizational Information – Information to identify your organization, provide contact information, and report annual revenues.
2. Staffing Time & Wages – Information regarding direct care staff wages, time worked, and training time.
3. Benefits – Information regarding employee benefits to understand the types and costs facilities are currently able to offer.
4. Staffing Ratios – Information on staffing ratios for waking and sleeping time that are currently being offered as well as facility feedback on the adequacy of those ratios.
5. Qualitative Questions – Clarifying questions and feedback not covered in other sections.
6. Throughout the survey, fields in which users may record data are shaded in light blue. Blue shaded fields are where the user will specify further on the answers. Examples are shaded in light orange. Gray fields are automatically calculated based on other responses. Green text marks the time-period in which the survey is asking.

3. Survey Color Legend	
Color	Description
<i>Light Blue or White Cell</i>	Cell or response box should be populated by provider organization.
<i>Blue - "(Specify)"</i>	Cell or response box should be populated by provider organization with descriptive or alternative responses.
<i>Gray</i>	Cell is autopopulated based on calculations or responses in other cells; cell should not be populated by provider organization.
<i>Orange</i>	Example data for illustrative and clarification purposes.
<i>Green Text</i>	Dates marked in green text specify the time period for the data requested in each Worksheet.

A.1 Accessing the Survey

The survey has been built in Microsoft Excel, in a version compatible with Excel 97 and more current versions. If you are experiencing issues accessing the survey or if you have any

additional questions or concerns, please contact Guidehouse at sdratestudy@guidehouse.com.

A.2 Reporting Period

Providers should provide information from State Fiscal Year (SFY) 2023 - 2024. Table 1 lists each worksheet name and the requested time period.

Table 1 Requested Time Period for Each Worksheet

Worksheet Name	Requested Time Period
1. Organizational Information	SFY 2023, SFY 2024 (Quarter 1 & 2)
2. Staffing Time & Wages	SFY 2024 (Quarter 1 & 2)
3. Benefits	SFY 2024 (Quarter 1 & 2)
4. Staffing Ratios	SFY 2024
5. Qualitative Questions	SFY 2024

A.3 Completing and Submitting the Survey

When saving the forms, please add your agency's name to the beginning of the file name, e.g., "SD PRTF_IRT Provider Survey". The deadline for submitting the completed survey is March 27, 2024. Please submit completed forms via e-mail to:

sdratestudy@guidehouse.com

If there are any factors you believe should be considered but were not included in the survey, note those issues (and any other comments) in the transmittal email to us at the email above.

If you have any questions, please contact Guidehouse at sdratestudy@guidehouse.com.

Survey Due Date: March 27, 2024

Submit completed survey to sdratestudy@guidehouse.com

A.4 Confidentiality

Survey responses will be submitted directly to the SD-DSS contractor, Guidehouse. Raw data will not be shared with other parties, and specific providers will not be identified in analysis results. Data collected will only be used in support of the provider cost and wage study.

B. Completing General Survey Worksheets

The following subsections provide a description of the worksheets that should be completed by all providers, regardless of services offered. The Overview tab includes general instructions.

B.1 Worksheet 1: Organizational Information

Use this sheet to record information about your agency under four sections: *Provider Identification, Contact Information, Organizational Details, and Organizational Revenues.*

1. PROVIDER IDENTIFICATION:

Input the following information in the first section:

- The name of your agency and the agency ID number(s) used by your agency to bill for services, and the name of the larger organization or umbrella company which owns your agency if applicable (*lines 1 through 4*).
- The city and county in which your agency is based (*lines 5 and 6*).

2. CONTACT INFORMATION:

Input the following information in the second section:

- The name of the individual responsible for completing the survey, their title, phone number, and email address (*lines 7 through 10*).

3. ORGANIZATIONAL DETAILS:

The third section asks about your agency's operations. If your organization has multiple provider sites and collects cost data individually for each site, you may choose to submit information for each site using separate surveys. Specifically, input the following information in the third section:

- Information relevant to the number of sites operated by your agency and represented in the survey (*line 11*).

4. ORGANIZATIONAL REVENUES:

The fourth section asks about your agency's revenues. **This section differentiates revenues between SFY 2023 and SFY 2024 (Quarter 1 & 2).** Specifically, input the following information in the fourth section for *lines 12 and 13*:

- The fiscal year begin date and end date of the agency's completed fiscal year for which audited financial statements or general ledger data is available (*line 12a and 12b for SFY 2023 and line 13a and 13b for SFY 2024 (Quarter 1 & 2)*).
- *In-State Medicaid Revenue* – include any payments received by your agency for providing services covered under Medicaid for clients whose primary residence is **within South Dakota**. Include revenue from all Medicaid sources including Child Protective

Services, Department of Corrections, Bureau of Indian Affairs, or any other revenue streams ultimately funded with Medicaid dollars (*line 12c* for **SFY 2023** and *line 13c* for **SFY 2024 (Quarter 1 & 2)**).

- *Out-of-State Medicaid Revenue* – include any payments received by your agency for providing services covered under Medicaid for clients whose primary residence is **outside of South Dakota** (*line 12c* for **SFY 2023** and *line 13c* for **SFY 2024 (Quarter 1 & 2)**).
- *Private Pay Revenue* – include any payments received by your agency for providing services paid for by private payers such as insurance and clients paying out-of-pocket (*line 12e* for **SFY 2023** and *line 13e* for **SFY 2024 (Quarter 1 & 2)**).
- *Other Revenues* – input any revenues received by your agency through other fundraising activities, grants, or other funding sources. Please list the funding sources in the blue “Specify” box (*line 12f* for **SFY 2023** and *line 13f* for **SFY 2024 (Quarter 1 & 2)**).
- *Total* – Total agency revenues will automatically be calculated based on the sum of the four previous amounts. The total agency revenue amount should match your reported total gross revenue from the fiscal year you are reporting.

Line 14 allows you to insert any notes or clarifying comments regarding your agency’s organizational information which will help us understand your responses or provide more information that the survey does not allow for in the other blue cells.

B.2 Worksheet 2: Staffing Time & Wages

Lines 1 through 30 in this worksheet include drop-down menus with different job titles which may represent staff at your agency. This Worksheet should reflect **wages and information as of SFY 2024 (Quarter 1 & 2)**.

For each job type you employ, you will complete each Excel column.

Table 2 on the following page includes a list of all job types you might select.

Table 2: Staff & Supervisor Job Titles to Populate Wages

Staff and Supervisor Job Titles		
Admission Coordinator	Education & Public Awareness	Program Manager
Admissions Manager	EE Growth & Development	Program Specialist
Associate Director	Family Services	Psychiatrist
Case Manager	Group Leader	Psychologist
Child Care Supervisor	Intern	Physician
Child Care Worker	Job Coach	Residential Worker
Clinical Director	Medical Director	Social Worker
Compliance Specialist	Nurse Associate	Therapist
Counselor	Nurse/PA/CNP	Other
Direct Support Professional	Program Director	-

- **Excel Column B: *Job Title*:** In this column, select Job Titles that your organization employs. Only select each Job Title once and report information for all employees with that title in the same row.
- **Excel Column C: *(Specify)*:** If the Job Title “Other” was selected in column B, specify the job title that is represented.
- **Excel Column D: *Employee or Contractor?*:** In this column, for each job type you employ who provides relevant services, select whether the job type is an Employee or contracted.
- **Excel Column E: *Direct Care or Supervisor?*:** In this column, select whether the job type provides direct care (“Direct Care”) or supervises direct care.
- **Excel Column F: *Total Number of FTE Positions*:** Record the number of full-time equivalent (FTE) staff in each job title employed by your agency. For example, if you employ two (2) full-time office assistants and four (4) half-time office assistants, enter “4” in the line for which you selected “Office Assistant” under this column.
- **Excel Column G: *Baseline Hourly Wage, Average*:** Input the average hourly wage for an individual associated with each job title.
- **Excel Column H: *Baseline Hourly Wage, Lowest*:** Input the lowest hourly wage for an individual associated with each job title.
- **Excel Column I: *Baseline Hourly Wage, Highest*:** Input the highest hourly wage for an individual associated with each job title.

- **Excel Column J: *Annual Average Percent Change in Wages, SFY 2022 to SFY 2023:*** Input the average percentage change in wages between SFY 2022 and SFY 2023 for an individual associated with each job title. For example, if on average, wages increased for direct service professionals from \$16.50 per hour in 2022 to \$16.70 in 2023, input “1.01%” in the line for which you selected “direct service professional” under this column.
- **Excel Column K: *Annual Average Percent Change in Wages, SFY 2023 to SFY 2024:*** Input the average percentage change in wages between SFY 2023 and SFY 2024 for an individual associated with each job title.
- **Excel Column L: *Total Regular Paid (Hours):*** Input the total number of non-overtime hours paid **in the first two quarters of SFY 2024** to an individual associated with each job title.
- **Excel Column M: *Total Overtime Hours Paid:*** Input the total number of overtime hours paid to an individual associated with each job title.
- **Excel Column N: *Total Other Supplemental Pay Hours:*** Input the total number of hours paid to an individual associated with each job title *beyond overtime*, for example including premiums, shift differentials, nonproduction bonuses, etc.
- **Excel Column O: *Total Regular Paid (\$):*** Input the total wages earned **in the first two quarters of SFY 2024** by the individual(s) associated with each job title. Note: Only report actual wages paid, rather than salary levels (e.g., if an employee was hired midyear, report the wages that they earned and not their annual salary level).
- **Excel Column P: *Total Overtime Amount Paid:*** Input the **total overtime wages paid the first two quarters of SFY 2024** to the individual(s) associated with each job title.
- **Excel Column Q: *Total Other Supplemental Payments:*** Input the **total supplemental pay paid in the first two quarters of SFY 2024** to the individual(s) associated with each job title.
- **Excel Column R: *Bonus Amount:*** Input the **total bonuses paid in the first two quarters of SFY 2024** to the individual(s) associated with each job title. Bonuses here mean one-time or lump sum premiums.
- **Excel Column S: *Number of Training Hours Received by Staff in their First Year of Employment:*** Input the average number of paid hours per year for training for an individual associated with each job title in their first year of employment.
- **Excel Column T: *Number of Training Hours Received Annually by Staff after their First Year of Employment:*** Input the average number of paid hours per year for training for an individual associated with each job title after their first year of employment. For example, if a direct service professional is paid for ten training hours per year, enter “10” in the line for which you selected “direct service professional” under this column.

B.3 Worksheet 3: Benefits

This worksheet requests information regarding benefits and other employee-related expenses associated with direct service staff and administrative staff. This worksheet asks for **information from SFY 2024 (Quarter 1 & 2)**.

There are separate columns for full-time direct service staff (in **Excel column E**) and part-time direct service (in **Excel column F**). If your agency has a definition of full- and part-time – particularly a definition used to determine eligibility for benefits – use that definition to determine who is full- and part-time. Otherwise, use 30 hours or more per week as the definition for full-time, and less than 30 hours as the definition for part-time.

Following are descriptions of the fields included in this worksheet.

1. STAFFING AND HEALTH, VISION, & DENTAL INSURANCE

- *Line 1:* Input the number of full-time and part-time staff currently employed by your agency. If your agency has a definition of full- and part-time – particularly a definition used to determine eligibility for benefits – use that definition to determine who is full- and part-time. Otherwise, use 30 hours or more per week as the definition for full-time, and less than 30 hours as the definition for part-time.
- *Line 2:* Indicate whether staff are eligible to receive health insurance through your organization. For example, if you offer insurance to full-time staff but not part-time staff, mark “Yes” for *line 2* in **Excel column E** and “No” in **Excel column F**.
- *Line 3:* Report the number of full-time and part-time staff who are currently eligible for health insurance from your organization. This number should be no more than the figure reported on *line 1*.
- *Line 4:* Indicate if your organization contributes to health insurance premiums.
- *Line 5:* Record the number of full-time and part-time staff who are enrolled for the health insurance program with **individual or single coverage**. This number should be no more than the figure reported on *line 3*.
- *Line 6:* Input the average amount a typical employee with single coverage will contribute toward health insurance premiums.
- *Line 7:* Input on average how much your organization contributes toward the monthly plan premium of one typical employee with single coverage. If your organization self-insures any portion of the health insurance, report the premium equivalent of self-insured costs plus any other premiums paid (e.g., stop-loss premiums, Administrative Services only (ASO) fees).

- *Line 8:* Input on average how much the total monthly premium is for a typical employee with single coverage (this number should equal the sum of *lines 6 and 7*).
- *Line 9:* Input the average annual deductible for the health insurance offered for individual coverage.
- *Line 10:* Record the number of full-time and part-time staff who are enrolled for the health insurance program with **family coverage**. This number should be no more than the figure reported on *line 3*.
- *Line 11:* Input the average amount a typical employee with family coverage will contribute toward health insurance premiums.
- *Line 12:* Input on average how much your organization contributes toward the monthly plan premium of one typical employee with family coverage. If your organization self-insures any portion of the health insurance, report the premium equivalent of self-insured costs plus any other premiums paid (e.g., stop-loss premiums, ASO fees).
- *Line 13:* Input on average how much the total monthly premium is for a typical employee with single coverage (this number should equal the sum of *lines 11 and 12*).
- *Line 14:* Input the average annual deductible for the health insurance offered for family coverage.
- *Line 15:* Indicate whether staff are eligible to receive vision insurance from your agency.
- *Line 16:* Record the number of staff who are enrolled in the vision insurance program. This number should be no more than the figure reported on *line 1*.
- *Line 17:* Input your agency's total spending on vision insurance premiums for staff in **Quarter 1 & 2 of SFY 2024**. Do not include employee contributions.
- *Lines 18:* Indicate whether staff are eligible to receive dental insurance from your agency.
- *Line 19:* Record the number of staff who are enrolled in the dental insurance program. This number should be no more than the figure reported on *line 1*.
- *Line 20:* Input your agency's total spending on dental insurance premiums for staff in **Quarter 1 & 2 of SFY 2024**. Do not include employee contributions.

2. RETIREMENT

- *Line 21:* Indicate whether your agency contributes to a 401k, 403b, or other retirement plan for staff.
- *Line 22:* Record the number of staff who are currently receiving retirement contributions from your agency.
- *Line 23:* Input your agency's average retirement contribution (as a percent of wages) for

those staff that participate in the retirement offering. Do not include any employee contributions.

3. OTHER BENEFITS

- *Line 24:* Indicate whether your agency provides other benefits. If “Yes,” use the blue “Specify” cell in **Excel column C** to list the other benefits provided.
- *Line 25:* Record the number of staff who are participating in the applicable benefit.
- *Line 26:* Input total spending by the organization on these benefits for staff in **Quarter 1 & 2 of SFY 2024**.

4. UNEMPLOYMENT INSURANCE AND WORKERS' COMPENSATION

- *Line 27:* Many agencies make quarterly payments to the South Dakota state unemployment insurance based on an employer-specific tax rate. If your agency makes payments based on a tax rate, report its state unemployment insurance tax rate for **Quarter 1 & 2 of SFY 2024**. Do not include federal unemployment insurance tax.
- *Line 28:* Input your workers' compensation cost for staff under your most recently completed policy period as a rate for each \$100 in wages paid. If your agency has multiple policies, provide a weighted average of the policies associated with staff in your agency's waiver programs.

5. HOLIDAYS, VACATION, SICK TIME, AND PERSONAL DAYS

- *Line 29:* Using the drop-down list, indicate whether full-time and part-time staff are eligible for holiday pay.
- *Line 30:* Record the number of holidays that staff receive. If “No” to *line 30*, record “0” in **Excel columns E and F**.
- *Line 31:* Indicate if direct care staff are eligible for other paid time off in addition to holidays.
- *Line 32:* Indicate the average number of paid time off or vacation days that direct care staff are eligible to receive. If “No” to *line 31*, record “0” in **Excel columns E and F**.
- *Line 33:* Indicate the average number of sick days that staff are eligible to receive.
- *Line 34:* Indicate the average number of personal days that staff are eligible to receive.

B.4 Worksheet 4: Staffing Ratios

This worksheet requests information on your current and ideal staffing ratios. This worksheet asks for **information from SFY 2024**.

Line 1 asks how many units your facility *currently* operates. If a unit is currently furloughed or permanently out of service, do not report that unit in your count. Selecting the number of currently operational units will change the response cells below from grey to blue for the appropriate number of units. Any units beyond the number selected in line 1 should be left blank.

Line 2 asks how many units of your facility are *currently* non-operational. If a unit is currently furloughed or permanently out of service, report that unit in your count.

Line 3 will auto-calculate the sum of the prior two rows.

Subsequent rows are separated by unit. For each currently operational unit:

Unit Name: Input the designation that your organization uses to identify the unit.

How many licensed beds are in this unit? Input the number of licensed beds for this unit in **SFY 2024**.

What are your total bed days in this unit during Quarter 1 & 2 of SFY 2024? Indicate the total number of days beds in this unit were occupied during the **SFY 2024 (Quarter 1 & 2)** period. If the unit housed one youth for 101 days and a second youth for 200 days, the total number of bed days for that unit is 301 days (101 days for the first youth plus 200 days for the second youth).

What is your current staff to client ratio for this unit during waking hours?: input your current staff to client ratio during waking hours. Use the format **staff to client (1 to X)**.

What would be your ideal staff to client ratio for this facility during waking hours?: input your ideal staff to client ratio during waking hours. Use the format **staff to client (1 to X)**.

If your facility is staffed at a different ratio than required by administrative rules during waking hours, please explain why more staff are needed.: Explain the factors that lead to additional staffing needs during waking hours such as acuity or coverage for paperwork.

What is your current staff to client ratio for this unit during sleeping hours?: input your current staff to client ratio during sleeping hours. Use the format **staff to client (1 to X)**.

What would be your ideal staff to client ratio for this facility during sleeping hours?: input your ideal staff to client ratio during sleeping hours. Use the format **staff to client (1 to X)**.

If your facility is staffed at a different ratio than required by administrative rules during sleeping hours, please explain why more staff are needed.: Explain the factors that lead to additional staffing needs during sleeping hours such as acuity or coverage for paperwork.

B.5 Worksheet 5: Qualitative Questions

This worksheet gives providers an opportunity to share additional information with SD-DSS and Guidehouse. The questions provide a framework for discussion, but providers are encouraged to use the question in line 27 to provide any additional information that would help with the rate setting process or be valuable to SD-DSS in general.