

	A	B
1	SB147 Y2 - SUD	
2	Final Recommended Outpatient - Individual Model	
3	07/15/2019	
4	Model Calculation	Survey results
5	Salary (Average of Survey Results)	\$ 41,167.45
6	B&T (Average of Survey Results)	\$ 8,914.61
7	Total Personnel	\$ 50,082.06
8		
9	Personnel Cost Percentage (Average of Outpatient)	52.60%
10		
11	Total Personnel	\$ 50,082.06
12	Non Personnel Cost	\$ 45,123.80
13	Cost of 1 FTE	\$ 95,205.86
14		
15	Hours Billable for Service (50%)	1040
16		
17	Individual Model Calculation Results	
18	Modeled Individual Rate (hour unit)	\$ 91.54
19	Modeled Individual Rate (15 min unit)	\$ 22.89
20		
21	2018 CPI-U	2.25%
22	Indexed Modeled Individual Rate (15 min unit)	\$ 23.41

	A	B	C
1	SB147 Y2 - SUD		
2	Final Recommended Outpatient - Group Model		
3	07/15/2019		
4		Group Model	
5		28% of Individual	
6			
7	Indexed Final Individual Rate	\$ 23.41	
8	Group Determined to be 28% of Individual	28%	
9	Modeled Group Rate	\$ 6.55	

	A	B	C
2	Final Recommended Low Intensity Residential Services Model		
3	07/15/2019	All Providers Excluding BMS and VOA	BMS and VOA Only
4			
5	Average Capacity	39.2	15.1
6	Average Number of 24/7 Residential Workers	2.1	2.5
7	Staffing Ratio (Beds per Residential Worker)	18.7	6.1
8			
9	Average Residential Worker Salary and B&T	\$ 35,156.59	\$ 32,774.00
10	Residential Worker Direct Care Hours per Year	1,928	1,888
11	Equivalent Wage per hour	\$ 18.23	\$ 17.36
12			
13	Hours in Year (24 hours/day * 365 days/year)	8,760	8,760
14			
15	Yearly Expense for one 24/7 worker	\$ 159,736.39	\$ 152,065.81
16	Yearly Expense for bed 24/7	\$ 8,533.03	\$ 24,996.63
17	Daily Expense for one bed 24/7	\$ 23.38	\$ 68.48
18			
19	Residential Worker Expense/Day Unit	\$ 23.38	\$ 68.48
20			
21	Percentage of R&B to Total Cost (from 2017 CRs)	20.6%	21.9%
22	Percentage of Admin/Indirect/Other to Total Cost (from 2017 CRs)	34.7%	21.9%
23			
24	R&B Portion (20.6%/21.9% of Total Modeled Rate)	\$ 10.77	\$ 26.69
25	Admin/Indirect/Other Portion (34.7%/21.9% of Total Modeled Rate)	\$ 18.15	\$ 26.69
26	Total Non-Residential Worker Expense/Unit	\$ 28.92	\$ 53.37
27			
28	Total Modeled Rate (Residential Worker + R&B + Admin/Indirect+ Other)	\$ 52.30	\$ 121.85
29	Occupancy	90%	90%
30	Modeled Rate at 90% Occupancy	\$ 58.12	\$ 135.39
31			
32	2018 CPI-U	2.25%	2.25%
33	Indexed Modeled Non treatment daily rate	\$ 59.43	\$ 138.44
34			

A	B	C	D	E	F	G	H	I	J	K	L	
1	SB147 Y2 - SUD											
2	Final Recommended Inpatient Model											
3	07/15/2019											
4												
5	Model based on FY18 Cost Report Information, Averaging Direct Care Wage Expense per Hour and Total Direct Care Wage Expense as a % of Total Allowable											
6	Program	Capacity	Direct Care FTE	Total Paid Direct Care Hours Needed	Direct Care Wage Expense per Hour	Total Direct Care Wage Expense	Total Direct Care Wage Expense as a % of Total Allowable Expenses	Total Expense	*Individual Occupancy	Daily Cost	Average of Individual Provider's Cost	Indexed to SFY19 with 2.25%
7	BMS	6	6.4	13,364	\$ 19.63	\$ 262,389	59.9%	\$ 438,373	88%	\$ 227.96		
8	DCI17 Data	5	2.9	6,043	\$ 19.63	\$ 118,648	59.9%	\$ 198,226	58%	\$ 188.07		
9	Compass Point	9	8.2	17,150	\$ 19.63	\$ 336,724	59.9%	\$ 562,563	59%	\$ 290.88		
10	VOA	3	2.7	5,653	\$ 19.63	\$ 110,991	59.9%	\$ 185,433	88%	\$ 192.76		
11		23	20.3	42,210		\$ 828,752		\$ 1,384,595	73.1%			
12									average			
13												
14	Model based on Lewis and Clark data only, FY18 Cost Report Information											
15	Program	Capacity	Direct Care FTE	Total Paid Direct Care Hours Needed	Direct Care Wage Expense per Hour	Total Direct Care Wage Expense	Total Direct Care Wage Expense as a % of Total Allowable Expenses	Total Expense	*Individual Occupancy	Daily Cost	Indexed to SFY19 with 2.25%	
16	Lewis and Clark	16	13.2	27,516	\$ 32.03	\$ 881,243	65.6%	\$ 1,344,337	75%	\$ 308.48	\$ 315.42	
17												
18												
19	*Due to the small overall capacity of intensive inpatient beds compared to other residential services, occupancy is indirectly related to modeled rate. The modeled rates are based on actual units and expenses.											
20	Not all inpatient programs are represented on this sheet.											

	A	B	C	D	E
1	SB147 Y2 - SUD				
2	Final Recommended PRTF Model				
3	07/15/2019				
4					
5	Model based on CPS PRTF SB147 Y1 Modeled Rate with 2016 data at 90% Occupancy				
6	CPS PRTF Modeled Rate	Indexed to SFY20	Medical Addon CPS Claims Data	Final Rate with Medical Addon	
7	\$ 229.15	\$ 253.79	\$ 23.96	\$ 277.75	
8					
9	Medical Costs Notes				
10	Claims Data CPS Medical Cost Nov. 2018: \$23.96 Per Day				

	A	B	C	D	E	F	G
1	SB147 Y2 - SUD						
2	Final Recommended Detox Model						
3	07/15/2019						
4							
5	Full Base Rate + 5% Medical + 30 Mins Ind Counseling per 48 Hours (0.5 units/12 hour)						
6	Base Rate (50% of 3.1)	5% Medical Addon	Units	Modeled Individual Rate	1/2 Unit of Individual	Total Rate	Indexed to SFY19 with 2.25%
7	\$ 29.72	\$ 1.49	0.5	\$ 23.41	\$ 11.71	\$ 42.91	\$ 43.87