MAINE STATE LEGISLATURE

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Rate Review for Personal Care and Related Services

Final Rate Models

- prepared for -

Maine Department of Health and Human Services

- prepared by -

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Comparison of Current and Final Rates

Service				Unit	Final		(Current Mai	neCare F	Rates		Cu	rrent Stat	e-Only Rat	es
				Rate	Section	ı 12	Section	ı 19	Section	96	OADS N		OADS N		
												Ch. 5, Se	ec. 63 ^{2,3}	Part 2, 0	Ch. 11 ³
						Code	Rate	Code	Rate	Code	Rate	Code	Rate	Code	Rate
			<u> </u>	15 min.	\$5.13										
		Short- Term	2 Person 3 Person	15 min.	\$2.82			1							
		S	3 Person	15 min.	\$2.05			m		F1010		27/1	0.1.10	·····	
			<u> </u>	15 min.	\$4.54			T1019	\$4.10	T1019	\$4.10	N/A	\$4.10	·····	
vcs		Long- Term	2 Person	15 min.	\$4.54 \$2.50			1							
re/ rt S		L	3 Person	15 min.	\$1.82]							
Z G		t		Visit	\$21.57										
nal Sup		Visit	2 Person	Visit	\$11.87					S5125 TF ¹	\$19.25	N/A	\$19.25		
Personal Care/ Personal Support Sves.			3 Person	Visit	\$8.63										
	Respite	ŁΕ		15 min.	\$5.13 \$2.82										
		Short- Term	2 Person	15 min.										······	
		<i>V</i> ₂ .	3 Person	15 min.	\$2.05			T1005	\$3.75			N/A	\$3.75	·····	
		-g-H	<u> </u>	15 min.	\$4.54				40				40		
		Long- Term	2 Person	15 min.	\$2.50			,							
		<u> </u>	3 Person	15 min.	\$1.82										
Personal Support - Consumer- Directed		Short- Term	2 B	15 min.	\$3.73										
		Short- Term	2 Person	15 min.	\$2.05										
			3 Person	15 min.	\$1.49	S5125 U2	\$2.93	S5125	\$3.21	S5125	\$3.71	N/A	\$3.71	N/A	\$2.61
		Long- Term	2 D	15 min.	\$3.23 \$1.77										
t - (Long- Term	2 Person	15 min.											
upport - Directed		ъ ф	3 Person	15 min.	\$1.29 \$3.73									 	
ju Di		Short- Term	2 Person	15 min. 15 min.	\$2.75			 							
ਫ	Respite	Sh Te	2 Person 3 Person	15 min.	\$2.05 \$1.49										•••••
son	esb		3 1 013011	15 min.	\$3.23			T1005 U7	\$2.93			N/A	\$3.39		
Per	R	Long- Term	2 Person	15 min.	\$1.77			1							•••••
		Äμ	3 Person	15 min.	\$1.29			1							
		.i. c		15 min.	\$5.50										
		Short- Term	2 Person	15 min.	\$3.03			1						·····	
		S	2 Person 3 Person	15 min.	\$2.20			T1004/	\$4.30	T1004	¢4.20	NT/A	¢4.20		
				15 min.	\$2.20 \$4.89			G0156	\$4.30	T1004	\$4.30	N/A	\$4.30		
le/ \sst		Long- Term	2 Person	15 min.	\$2.69]							
Aid 1g 4		L	3 Person	15 min.	\$1.96										
lth rsir		.t:		Visit	\$22.91			G0152							
Jea Nu		Visit	2 Person	Visit	\$12.60			(0571)	\$39.84						
Home Health Aide/ Certified Nursing Asst.			3 Person	Visit	\$9.16			(00/1)		 				 	
lon rtifi		# E	ļ	15 min.	\$5.50 \$3.03									ļ	
Cel	ę	Short- Term	2 Person	15 min.	\$3.03			m1007						ļ	
	Respite	ļ	3 Person	15 min.	\$2.20			T1005	\$4.30	 		N/A	\$4.30	ļ 	
	Re	-gu	10 D	15 min.	\$4.89			(0669)		ļ				ļ	
		Long- Term	2 Person	15 min.	\$2.69					ļ				ļ	
	:		3 Person	15 min.	\$1.96			1							

Comparison of Current and Final Rates

				:				Current Main	necare r					
					Rate	Section		Section	ı 19	Section		OADS N		OADS Manual
												Ch. 5, Se	ec. 63 ^{2,3}	Part 2, Ch. 11 ³
						Code	Rate	Code	Rate	Code	Rate	Code	Rate	Code Rate
		f E		15 min.	\$13.74					T1002	\$10.58			
	,	Short- Term	2 Person	15 min.	\$7.56					T1002 TT	\$6.94			
		<i>y</i> , .	3 Person	15 min.	\$5.50			G0154 TD	\$11.06	T1002		N/A	\$11.06	
		-gr		15 min.	\$11.70					T1002	\$10.58			
	١,	Long- Term	2 Person 3 Person	15 min.	\$6.44					T1002 TT	\$6.94			
۰ ۵			******************		\$4.68									
ing		Visit	2 Person	Visit	\$53.60 \$29.48			T1005	\$84.10					
Skilled Nursing, Registered Nurse		5		Visit	\$21.44			(0551)	ψ04.10					
d N ere			3 1 013011	15 min.	\$13.74	•••••				T1000 TD	\$8.17			
ille		Short Term	2 Person	15 min.	\$7.56			1						
Sk Re	± 5	∑ <u>⊢</u>	3 Person		\$5.50	•••••		G0154 FF	00.45	T1000 TD TT		27/4	A0.45	
į	Independent			15 min.	\$11.70			G0154 TD	\$8.17	T1000 TD	\$8.17	N/A \$8.17		
	ben	Long- Term	2 Person	15 min.	\$6.44					T1000 TD TT	\$6.13			
- 5	jage ,	T	3 Person	15 min.	\$4.68					11000 1D 11	\$0.13			
1	ㅋ	ī		Visit	\$53.60									
		Visit	2 Person	Visit	\$29.48									
			3 Person	Visit	\$21.44									
Se		tΕ		15 min.	\$9.75					T1003	\$6.32			
ži Z	,	Short- Term	2 Person	15 min.	\$5.37					T1003 TT	\$4.74			
sing cal	ļ`		3 Person	15 min.	\$3.90 \$8.23			G0154 TE	\$6.32	T1003		N/A	\$6.32	
Vur icti		ong- erm		15 min.	\$8.23					11003	\$6.32			
ed] Pra	,	` _	2 Person 3 Person	15 min. 15 min.	\$4.53 \$3.29					T1003 TT	\$4.74			
Skilled Nursing, insed Practical N) reison	Visit						ļ				l
Skilled Nursing, Licensed Practical Nurse		Visit	2 Person		\$39.05 \$21.48			T1005	\$58.88					
Ľ		>	3 Person	Visit	\$15.62			(0559)	Ψ20.00					

¹Current rate is billed in 15-minute increments, but is presented as an hourly amount (as providers are permitted to bill four units per visit) for comparative purposes.

²Nursing services are currently billed in half-hour increments, but are presented as quarter hours for comparative purposes.

³PSS and Home Health Aide services are currently billed in hourly increments, but are presented as quarter hours for comparative purposes.

Personal Support Services - Agency-Directed

		Short-Term	Long-Term	Visit
	Unit of Service	15 Minutes ¹	15 Minutes ¹	Visit ²
	Wages			
fits	Direct Staff Hourly Wage	\$10.28	\$10.28	\$10.28
Direct Support Staff Wages and Benefits	Employee Benefits			
d B	Benefit Rate (as a percent of wages)	46.4%	46.4%	46.4%
ano				
ges	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$15.05	\$15.05	\$15.05
Wa	Productivity Assumptions			
aff	Total Hours	40.00	40.00	40.00
St	- Travel Time (Between Consumers)	2.00	-	8.00
port	- Employer and One-on-One Supervision Time	0.50	0.50	0.50
ldn	- Training	0.50	0.50	0.50
ct S	- Missed Appointments	0.50	-	0.50
ire	"Billable" Hours	36.50	39.00	30.50
Д	Productivity Adjustment	1.10	1.03	1.31
	Staff Cost After Productivity Adjustment	\$16.49	\$15.44	\$19.74
စ္	- Number of Miles Traveled per Week	60	0	250
Mileage	- Amount per Mile	\$0.575	\$0.575	\$0.575
Mil	Weekly Mileage Cost	\$34.50	\$0.00	\$143.75
	Mileage Cost per Billable Hour	\$0.95	\$0.00	\$4.71
Overhead/ Operating		617.44	015.44	¢24.45
rhe	Cost per Billable Hour Before Operating and Overhead - Operating and Overhead Rate	\$17.44 15.0%	\$15.44 15.0%	\$24.45
Overhead/ Operating	Operating and Overhead Costs per Billable Hour	\$3.08	\$2.72	15.0% \$4.31
0 0	Operating and Overnead Costs per Billable Hour	#3.00 <i>///</i>	φ2.12 <i>////</i>	\$4.31
	Total Cost per Billable Hour	\$20.52	\$18.16	\$28.76
	Rate per 15 Minutes	\$5.13	\$4.54	
	Rate for a Visit (Based on 0.75 Hours)			\$21.57
tes	2 Consumers			
Ra	Rate Premium	10%	10%	10%
ner	Total Billing per Hour (Visit)	\$22.57	\$19.98	\$23.73
snr	Rate per Consumer per 15 Minutes (Visit)	\$2.82	\$2.50	\$11.87
Multiple Consumer Rates		,		,
le (3 Consumers	200	200	2004
ltip	Rate Premium	20%	20%	20%
Mu	Total Billing per Hour (Visit) Rate per Consumer per 15 Minutes (Visit)	\$24.62 \$2.05	\$21.79 \$1.82	\$25.88 \$8.63
	Nate per Consumer per 15 Minutes (VISIL)	\$2.05	\$1.82	\$8.03

¹The 'short-term' rate may be billed for the first 24 units of service in a day (6 hours); all subsequent units will be billed at the long-term rate

²The visit rate can be billed only once per day per client and cannot be billed the same day as a 15-minute rate

Personal Support Services - Consumer-Directed

		Short-Term	Long-Term
	Unit of Service	15 Minutes ¹	15 Minutes ¹
	Wages		
its	Direct Staff Hourly Wage	\$10.28	\$10.28
nef	Employee Benefits		
Be	Benefit Rate (as a percent of wages)	23.9%	23.9%
and	Benefit Rate (as a percent of wages)	23.770	23.770
ses	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$12.74	\$12.74
Direct Support Staff Wages and Benefits	Productivity Assumptions		
l H	Total Hours	40.00	40.00
Sta	- Travel Time (Between Consumers)	2.00	_
oort	- Administrative Activities	1.00	_
ddn	- Training	0.50	0.50
S	- Missed Appointments	-	-
irec	"Billable" Hours	36.50	39.50
D	Productivity Adjustment	1.10	1.01
	Staff Cost After Productivity Adjustment	\$13.96	\$12.90
စ္	- Number of Miles Traveled per Week	60	0
eag	- Amount per Mile	\$0.575	\$0.575
Mileage	Weekly Mileage Cost	\$34.50	\$0.00
	Mileage Cost per Billable Hour	\$0.95	\$0.00
	Total Cost per Billable Hour	\$14.91	\$12.90
	Rate per 15 Minutes	\$3.73	\$3.23
SS	•	φειτε	φε.2ε
Rate	2 Consumers		
er F	Rate Premium	10%	10%
H H	Total Billing per Hour (Visit)	\$16.40	\$14.19
Multiple Consumer Rates	Rate per Consumer per 15 Minutes (Visit)	\$2.05	\$1.77
C	3 Consumers		
ipl	Rate Premium	20%	20%
Tult	Total Billing per Hour (Visit)	\$17.89	\$15.48
2	Rate per Consumer per 15 Minutes (Visit)	\$1.49	\$1.29

¹The 'short-term' rate may be billed for the first 24 units of service in a day (6 hours); all subsequent units will be billed at the long-term rate

Home Health Aide/ Certified Nursing Assistant

		Short-Term	Long-Term	Visit
	Unit of Service	15 Minutes ¹	15 Minutes ¹	Visit ²
	Wages			
fits	Direct Staff Hourly Wage	\$11.24	\$11.24	\$11.24
3ene	Employee Benefits			
I pun	Benefit Rate (as a percent of wages)	44.1%	44.1%	44.1%
Direct Support Staff Wages and Benefits	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$16.20	\$16.20	\$16.20
Į W2	Productivity Assumptions			
taf	Total Hours	40.00	40.00	40.00
t S	- Travel Time (Between Consumers)	2.00		8.00
lodo	- Employer and One-on-One Supervision Time	0.50	0.50	0.50
Ing	- Training	0.50	0.50	0.50
5	- Missed Appointments	0.50	-	0.50
)ire	"Billable" Hours	36.50	39.00	30.50
	Productivity Adjustment	1.10	1.03	1.31
	Staff Cost After Productivity Adjustment	\$17.75	\$16.62	\$21.25
يو	- Number of Miles Traveled per Week	60	0	250
Mileage	- Amount per Mile	\$0.575	\$0.575	\$0.575
VIII	Weekly Mileage Cost	\$34.50	\$0.00	\$143.75
	Mileage Cost per Billable Hour	\$0.95	\$0.00	\$4.71
/pu				
Overhead/ Operating	Cost per Billable Hour Before Operating and Overhead	\$18.70	\$16.62	\$25.96
ver	- Operating and Overhead Rate	15.0%	15.0%	15.0%
0	Operating and Overhead Costs per Billable Hour	\$3.30	\$2.93	\$4.58
	Total Cost per Billable Hour	\$22.00	\$19.55	\$30.54
	Rate per 15 Minutes	\$5.50	\$4.89	Ψ30.54
	Rate for a Visit (Based on 0.75 Hours)	ψυ.υ	Ψ4.02	\$22.91
S	That for a visit (Based on one Hours)			Ψ22.21
ate	2 Consumers			
r R	Rate Premium	10%	10%	10%
me	Total Billing per Hour (Visit)	\$24.20	\$21.51	\$25.20
nsu	Rate per Consumer per 15 Minutes (Visit)	\$3.03	\$2.69	\$12.60
Multiple Consumer Rates	3 Consumers			
əle	Rate Premium	20%	20%	20%
	Total Billing per Hour (Visit)	\$26.40	\$23.46	\$27.49
Mt	Rate per Consumer per 15 Minutes (Visit)	\$20.40 \$2.20	\$1.96	\$9.16
	Time per communer per 15 frimutes (fisit)	ψ μ. μ υ γ////	Ψ1.70////	ψ2.10

¹The 'short-term' rate may be billed for the first 24 units of service in a day (6 hours); all subsequent units will be billed at the long-term rate

²The visit rate can be billed only once per day per client and cannot be billed the same day as a 15-minute rate

Skilled Nursing, Registered Nurse

		Short-Term	Long-Term	Visit
	Unit of Service	15 Minutes ¹	15 Minutes ¹	Visit ²
	Wages			
ïts	Direct Staff Hourly Wage	\$29.79	\$29.79	\$29.79
nef	Employee Benefits			
d Be	Benefit Rate (as a percent of wages)	29.4%	29.4%	29.4%
Direct Support Staff Wages and Benefits	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$38.55	\$38.55	\$38.55
Wa	Productivity Assumptions Total Hours	40.00	40.00	40.00
taff	- Travel Time (Between Consumers)	2.00	-	8.00
t S	- Plan-Writing, Other Documentation	2.50		2.50
ıod	- Employer and One-on-One Supervision Time	0.50	0.50	0.50
Sup	- Training	0.75	0.75	0.75
5	- Missed Appointments	0.50	-	0.50
)ire	"Billable" Hours	33.75	38.75	27.75
	Productivity Adjustment	1.19	1.03	1.44
	Staff Cost After Productivity Adjustment	\$45.69	\$39.79	\$55.57
Mileage	- Number of Miles Traveled per Week	60	0	250
ilea	- Amount per Mile	\$0.575	\$0.575	\$0.575
M	Weekly Mileage Cost	\$34.50	\$0.00	\$143.75
\ b0	Mileage Cost per Billable Hour	\$1.02	\$0.00	\$5.18
Overhead/ Operating	Cost per Billable Hour Before Operating and Overhead	\$46.71	\$39.79	\$60.75
ver] per	- Operating and Overhead Rate	15.0%	15.0%	15.0%
Ó	Operating and Overhead Costs per Billable Hour	\$8.24	\$7.02	\$10.72
	Total Cost per Billable Hour/ Visit Rate	\$54.95	\$46.81	\$71.47
	Rate per 15 Minutes	\$13.74	\$11.70	
	Rate for a Visit (Based on 0.75 Hours)			\$53.60
tes	2 Consumers			
Ra	Rate Premium	10%	10%	10%
ner	Total Billing per Hour (Visit)	\$15.11	\$12.87	\$58.96
sun	Rate per Consumer per 15 Minutes (Visit)	\$7.56	\$6.44	\$29.48
Multiple Consumer Rates	3 Consumers	,,,,,	,,,,,	7
ple	Rate Premium	20%	20%	20%
ulti)	Total Billing per Hour (Visit)	\$16.49	\$14.04	\$64.32
M	Rate per Consumer per 15 Minutes (Visit)	\$5.50	\$4.68	\$21.44
	Time per communer per to minutes (mist)	<u> </u>	y	Ψ=1,11

¹The 'short-term' rate may be billed for the first 24 units of service in a day (6 hours); all subsequent units will be billed at the long-term rate

²The visit rate can be billed only once per day per client and cannot be billed the same day as a 15-minute rate

Skilled Nursing, Licensed Practical Nurse

_		Short-Term	Long-Term	Visit
	Unit of Service	15 Minutes ²	15 Minutes ²	Visit ¹
	Wages			
its	Direct Staff Hourly Wage	\$20.32	\$20.32	\$20.32
nef	Employee Benefits			
d Be	Benefit Rate (as a percent of wages)	33.4%	33.4%	33.4%
es	Hourly Staff Cost Before Productivity Adj. (wages + benefits)	\$27.11	\$27.11	\$27.11
f Wa	Productivity Assumptions Total Hours	40.00	40.00	40.00
taf	- Travel Time (Between Consumers)	2.00	-	8.00
rt S	- Plan-Writing, Other Documentation	2.50	-	2.50
odo	- Employer and One-on-One Supervision Time	0.50	0.50	0.50
Sup	- Training	0.75	0.75	0.75
şct	- Missed Appointments	0.50	-	0.50
)ir	"Billable" Hours	33.75	38.75	27.75
	Productivity Adjustment	1.19	1.03	1.44
	Staff Cost After Productivity Adjustment	\$32.13	\$27.98	\$39.08
ge	- Number of Miles Traveled per Week	60	0	250
lea	- Amount per Mile	\$0.575	\$0.575	\$0.575
	Weekly Mileage Cost	\$34.50	\$0.00	\$143.75
	Mileage Cost per Billable Hour	\$1.02	\$0.00	\$5.18
Overhead/ Operating	Cost per Billable Hour Before Operating and Overhead	\$33.15	\$27.98	\$44.26
zer;	- Operating and Overhead Rate	15.0%	15.0%	15.0%
ÓÓ	Operating and Overhead Costs per Billable Hour	\$5.85	\$4.94	\$7.81
	Total Cost per Billable Hour/ Visit Rate	\$39.00	\$32.92	\$52.07
	Rate per 15 Minutes	\$9.75	\$8.23	
	Rate for a Visit (Based on 0.75 Hours)			\$39.05
ites	2 Consumers			
. Ra	Rate Premium	10%	10%	10%
neī	Total Billing per Hour (Visit)	\$10.73	\$9.05	\$42.96
ınsı	Rate per Consumer per 15 Minutes (Visit)	\$5.37	\$4.53	\$21.48
Ö	3 Consumers			
iple	Rate Premium	20%	20%	20%
fult	Total Billing per Hour (Visit)	\$11.70	\$9.88	\$46.86
Σ	Rate per Consumer per 15 Minutes (Visit)	\$3.90	\$3.29	\$15.62

¹The 'short-term' rate may be billed for the first 24 units of service in a day (6 hours); all subsequent units will be billed at the long-term rate

²The visit rate can be billed only once per day per client and cannot be billed the same day as a 15-minute rate

Rate Review for Personal Care and Related Services

Appendices of Supporting Documentation for Final Rate Models

- prepared for -

Maine Department of Health and Human Services

- prepared by -

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Appendix A: Wage Assumptions Bureau of Labor Statistics Information for Job Classifications Used in the Rate Models

BLS Code and Title	Description	Typical Education	Typical Work Experience	Typical On-The- Job Training	Wages (from May	2014 BLS e	stimates fo	r Maine)	Used in Rate Models
		Requirement	-	Needed To Attain Competency	10th %-ile	25th %-ile	50th %-ile	75th %-ile	90th %-ile	
Registered Nurses (29-1141)	Assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients. May advise patients on health maintenance and disease prevention or provide case management. Licensing or registration required. Includes Clinical Nurse Specialists. Excludes "Nurse Anesthetists" (29-1151), "Nurse Midwives" (29-1161), and "Nurse Practitioners" (29-1171).	Associate's degree	None	None	\$21.85	\$25.43	\$29.79	\$35.34	\$40.88	Skilled Nursing, Registered Nurse
Licensed Practical and Licensed Vocational Nurses (29-2061)	Care for ill, injured, or convalescing patients or persons with disabilities in hospitals, nursing homes, clinics, private homes, group homes, and similar institutions. May work under the supervision of a registered nurse. Licensing required.	Postsecondary non-degree award	None	None	\$15.85	\$17.78	\$20.32	\$22.34	\$23.82	Skilled Nursing, Licensed Practical Nurse
Home Health Aides (31-1011)	Provide routine individualized healthcare such as changing bandages and dressing wounds, and applying topical medications to the elderly, convalescents, or persons with disabilities at the patient's home or in a care facility. Monitor or report changes in health status. May also provide personal care such as bathing, dressing, and grooming of patient.	Less than high school	None	Short-term on-the- job training	\$8.66	\$9.75	\$10.94	\$12.90	\$15.44	50% of Wage for Home Health Aide/ Certified Nursing Assistant
Nursing Assistants (31- 1014)	Provide basic patient care under direction of nursing staff. Perform duties such as feed, bathe, dress, groom, or move patients, or change linens. May transfer or transport patients. Includes nursing care attendants, nursing aides, and nursing attendants.	Postsecondary non-degree award	None	None	\$9.31	\$10.18	\$11.54	\$13.57	\$14.96	50% of Wage for Home Health Aide/ Certified Nursing Assistant

Appendix A: Wage Assumptions Bureau of Labor Statistics Information for Job Classifications Used in the Rate Models

BLS Code and Title	Description	Typical Education	Typical Work Experience	Typical On-The- Job Training	Wages (from May	2014 BLS e	stimates fo	r Maine)	Used in Rate Models
Title		Requirement N		Needed To Attain Competency	10th %-ile	25th %-ile	50th %-ile	75th %-ile	90th %-ile	Wiodels
Personal Care Aides (39-9021)	Assist the elderly, convalescents, or persons with disabilities with daily living activities at the person's home or in a care facility. Duties performed at a place of residence may include keeping house (making beds, doing laundry, washing dishes) and preparing meals. May provide assistance at non-residential care facilities. May advise families, the elderly, convalescents, and persons with disabilities regarding such things as nutrition, cleanliness, and household activities.	Less than high school	None	Short-term on-the- job training	\$8.16	\$9.03	\$10.28	\$11.41	\$13.17	Personal Support Services

Appendix B: Benefits Assumptions

	% of Er	nployees wit	th Access	0000	ployees Whe			Benefit I	Level for Par Employees			Effective Benefit Level (Accounts for Participation)			
	BLS Data ¹	Rate	Model	BLS Data ¹	Rate	Model		BLS Data ¹	Rate	Model	BLS Data ¹	Rate	Model		
		Agency-	Consumer-		Agency-	Consumer	- 🎆		Agency-	Consumer-		Agency-	Consumer-		
		Directed	Directed		Directed	Directed			Directed	Directed		Directed	Directed		
Mandatory Benefit	s														
FICA ²												7.65%	7.65%		
Federal UI ³											1000	0.60%	0.60%		
State UI ⁴												2.20%	2.20%		
Workers' Comp.												3.20%	3.20%		
Paid Time Off⁵									Days per yea	r		Days per yea	r		
Holidays	77%	100%	0%	77%	100%	0%		8.0	10.0	0.0	6.2	10.0	0.0		
Vacation Leave	75%	100%	0%	75%	100%	0%		10.0	15.0	0.0	7.5	15.0	0.0		
Sick Leave Total	65%			77% 75% 65%				7.0 25.0	25.0	0.0	6.2 7.5 4.6 18.2	25.0	0.0		
10001	1111						1000	25.0	25.0	0.0	10.2	20.0	0.0		
Health Insurance ⁶								Employer	contribution	per month	Employer	contribution	per month		
	70%	100%	0%	56%	100%	0%		\$392	\$400	\$0	\$219	\$400	\$0		
Retirement								Employer o	contribution (% of salary)	Employer co	ontribution (S	% of salary)		
	65%	100%	0%	50%	100%	0%		NR	0.0%	0.0%	NR	0.0%	0.0%		
Other Benefits ⁷								Employer	contribution	per month	Employer	contribution	per month		
		100%	100%		100%	100%			\$25	\$200		\$25	\$200		

Notes

BLS' 2013 National Compensation Survey (http://www.bls.gov/ncs/ebs/benefits/2013/ownership_private.htm); data reported is for private employers in the New England region.

²Combined Social Security tax rate of 6.2% and Medicare tax rate of 1.45%.

³Applies to first \$7,000 in wages.

⁴Applies to first \$12,000 in wages.

⁵BLS data for vacation and sick leave is based on employees with 1-5 years of experience (average for those with 6-10 experience is 14 days of vacation and 8 days of sick leave).

⁶In addition to BLS data, other sources were considered. According to U.S. DHHS' 2012 Medical Expenditure Panel, the average premium across all Maine employers was \$488.75 with an employer share of \$395.50 (Tables II.C.1 and II.C.2). According to Kaiser's review of individual health insurance plans offered through the State's health insurance exchange, the benchmark plan for a 40 year-old non-smoker in Portland is \$282 in 2015 (http://files.kff.org/attachment/analysis-of-2015-premium-changes-in-the-affordable-care-acts-health-insurance-marketplaces-issue-brief).

⁷BLS provides information for a variety of other benefits that cannot be combined.

Appendix B: Benefits Assumptions Benefit Rates by Wage Level

Hourly Wage	Annual Salary		Rate Model Assumption	S ¹
		Agency-Directed Personal Support	Consumer-Directed Personal Support	All Other Services
\$9	\$18,720	49.3%	25.3%	49.3%
\$10	\$20,800	46.4%	23.9%	46.4%
\$11	\$22,880	44.1%	22.7%	44.1%
\$12	\$24,960	42.1%	21.7%	42.1%
\$13	\$27,040	40.4%	20.9%	40.4%
\$14	\$29,120	39.0%	20.1%	39.0%
\$15	\$31,200	37.8%	19.5%	37.8%
\$16	\$33,280	36.7%	19.0%	36.7%
\$17	\$35,360	35.7%	18.5%	35.7%
\$18	\$37,440	34.9%	18.1%	34.9%
\$19	\$39,520	34.1%	17.7%	34.1%
\$20	\$41,600	33.4%	17.4%	33.4%
\$21	\$43,680	32.8%	17.0%	32.8%
\$22	\$45,760	32.3%	16.8%	32.3%
\$23	\$47,840	31.7%	16.5%	31.7%
\$24	\$49,920	31.3%	16.3%	31.3%
\$25	\$52,000	30.8%	16.1%	30.8%
\$26	\$54,080	30.4%	15.9%	30.4%
\$27	\$56,160	30.1%	15.7%	30.1%
\$28	\$58,240	29.7%	15.5%	29.7%
\$29	\$60,320	29.4%	15.3%	29.4%
\$30	\$62,400	29.1%	15.2%	29.1%
\$31	\$64,480	28.8%	15.0%	28.8%
\$32	\$66,560	28.6%	14.9%	28.6%
\$33	\$68,640	28.3%	14.8%	28.3%
\$34	\$70,720	28.1%	14.7%	28.1%
\$35	\$72,800	27.9%	14.6%	27.9%

¹Benefit rates based on the wage assumed in rate models, rounded down to the nearest dollar

Appendix C: Productivity Assumptions

Personal Support Services - Agency-Directed, Visit
Personal Support Services - Agency-Directed
Personal Support Services - Consumer-Directed
Home Health Aide/ Certified Nursing Assistant, Visit
Home Health Aide/ Certified Nursing Assistant
Skilled Nursing, Registered Nurse, Visit
Skilled Nursing, Registered Nurse
Skilled Nursing, Licensed Practical Nurse, Visit
Skilled Nursing, Licensed Practical Nurse

Direct services	30.50	36.50	36.50	30.50	36.50	27.75	33.75	27.75	33.75
Travel Time (Between Consumers)	8.00	2.00	2.00	8.00	2.00	8.00	2.00	8.00	2.00
Missed appointments	0.50	0.50	-	0.50	0.50	0.50	0.50	0.50	0.50
Plan-Writing, Other Documentation	-	-	-	-	-	2.50	2.50	2.50	2.50
Employer and One-on-One Supervision Time	0.50	0.50	-	0.50	0.50	0.50	0.50	0.50	0.50
Training	0.50	0.50	0.50	0.50	0.50	0.75	0.75	0.75	0.75
Administrative Activities	-	-	1.00	-	-	-	-	-	-
Total	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00