

New Hampshire Division of Health and Human Services
Bureau of Developmental Services Budget Template
Frequently Asked Questions

2017

The following questions were presented at the Budget Template Training on February 17, 2017. Please note that answers are provided for budget related questions only. Questions related to billing, interpretation of regulations or rules are not answered in this format.

Traditional Budget Template Questions:

1. HRST and SIS Scores are required on the budget template. These assessments have a number of scores and we are unsure as to which score to use. Will BDS indicate which score to use by hovering over the cell?
 - For the HRST score, please use the “Healthcare Level Score”. For the SIS, please use the “Standard Scores Total”.
2. The limit for transportation is \$5,000. This limit may be indicated on various tabs within the budget template, putting the final cost for transportation over the \$5,000 cap. Please clarify if the \$5,000 cap is per individual or per service.
 - The \$5,000 cap is per individual. If the cap must be exceeded justification will be required.
3. Staffed Residence: How do we account for Room and Board? Should it be included on the budget, if so which line should it be included within?
 - The expenses are to be listed on the room and board tab, using the expense categories listed.
4. Justifications are required if an agency must exceed a recommended limit. If justifications are included, where should they be documented? Should we attach a separate document, or should we have a narrative template issued by BDS to ensure consistency?
 - BDS will not be issuing a template for justifications of exceeding a cap. Agencies should work with their business offices to develop a format that works best for their agency.
5. For individuals with different rates / hours for SEP / CSS – it is not clear how to differentiate the staff. What if there are two different vendors? Why not have two different tabs – one for SEP and one for CSS?
 - Individual tabs for SEP and CSS have been added.
6. How do we account for training costs prior to a placement? Until a person is placed, an agency cannot bill. How do we factor these costs in?
 - Include the hours that staff spends in training in the staffing box. The cost of trainers should be included on the Staff Development line. Over the course of the year, these costs average out.

7. How do we differentiate between staff wages and staff training?

- The wages paid for staff to attend training are to be included in the staffing box. The cost of providing trainers is to be entered on the staff development line.

8. Are caps automatically tracked on the template?

- Most are but the \$15 per hour limit is not tracked / reported.

9. What format do we use for a crisis budget? Do we use the residential tab, or is there a specific format that should be used for crises? Typically a crisis is a 6 month PA, and a budget is a 12 month projection. Some agencies use a simple rate (per diem) and narrative for crises is this acceptable? Is there ever a situation in which per diem is acceptable?

- Crisis budgets that are \$20,000 or more for 6 months will require a budget in the template format for the service that is being requested. The Bureau will accept a narrative with hours, rate and duration for requests that are less than \$20,000 for six months.

10. Will this budget template be used for 521 programs?

- Yes. Use the residential and or the CPS tabs as appropriate

11. For traditional renewals, will we have to move into this format? If yes, on what schedule?

- Yes. Upon the PA's renewal date.

12. Utilization guidelines came out regarding OT/PT supplementing Medicaid: What does the State Plan cover? What does this budget cover?

- The budget can only cover items not included in the State Plan. It is up to the Agency to determine what is covered or not covered.

13. Specialty Services: Is it allowable to have a behaviorist as well as a program manager providing these clinical services?

- If a program manager is qualified to provide specialty services and is the actual provider of the specialty service, then their time should be recorded as specialty services.

14. The "date prepared" under specialty is formatted as a dollar amount, not a date.

- This will be fixed in the next release.

15. There is only a finite amount of specialty services. How does an agency proceed when these services are exhausted?

- This should be discussed at the Agency level. The availability will be dependent on available funding.

16. Therapeutic services should be added to the budget template to account for those clinical services that fall outside of the SS1 and SS2 rates (i.e. horseback riding, etc.)

- Services such as these should be reflected under 7500 “assistance to individuals” or other appropriate line, depending on the service. The Agency may also include a comment for further clarification.

17. Will the Bureau please provide clarification on the definitions of Specialty Services 1 and Specialty Services 2? Please be aware that there are numerous people who provide clinical services whose educational level falls under Master Level.

- Please see the memo issued by the Bureau of Developmental Services to Area Agencies on April 10, 2017 for clarification.

18. How do we update the budget with an enhancement?

- Develop the complete budget including the prior services and the enhancement.

19. If a person is adding a service to a traditional budget, is it required that we submit the entire budget on this new template?

- Yes, it is the intent of the Bureau to have all individual budgets on this format eventually.

20. As the budget templates are updated, please remember to rename each version to 1.5, 1.6, etc. so that the user can ensure that the most up to date version is being utilized.

- Yes

21. Where do interpretation services fall?

- Subcontract services.

22. Is it possible to include the directions on how to complete the budget template in the budget template itself?

- The directions were multiple pages long in Word. They could be pasted in to a separate tab, but that would seem to create an extremely large file. This is not necessary as the directions are on the Bureau’s web site.

Reminder: The budget and line items should lead back to the ISA and needs that are outlined in the individual’s service agreement.

PDMS Budget Template Questions:

1. Is the Participant Directed and Managed (PDMS) template used for In Home Support (IHS) services as well?
 - Yes
2. Please define what is meant by “Family Staff” in the PDMS budget template.
 - This is staff hired and paid directly by a family, as opposed to staff hired and paid by an agency as employer of record.
3. Is respite 15% of the total budget or just services?
 - The total budget.
4. There is a typo in A52 on the PDMS budget template.
 - Corrected
5. What is the requirement for subcontractors? Can we use a per diem rate? Do we want to know what the GM is for a subcontractor who is under \$10,000 so that they do not collect GM twice?
 - For subcontractor budgets that are less than \$10,000 a per diem rate is acceptable. To avoid calculating GM on subcontractor’s GM, GM must be listed for budgets \$10,000 and over. It is recommended for those under \$10,000, but not required.
6. About 25% of PDMS budgets include vendors that exceed the \$10,000 limit. Can we include a tab for vendors on the PDMS budget template? Up to 3 tabs would be appropriate.
 - Yes, these tabs will be added.
7. Can we add a comment box for assisted technology?
 - Yes, an extra line has been added
8. If the family wants to buy CDS, how is this reflected on the PDMS budget?
 - Families are not permitted to buy CDS or any Medicaid services.
9. Is a family signature page required by BDS? Some Liaisons have been requiring this of the Area Agency.
 - This is not required by the Bureau however Agencies may implement this if they prefer.

10. How do we reflect family managed business costs such as payroll, benefits, etc.?

- Use the line items provided. Payroll, accounting, and other administrative costs are covered by the GM percentage.

11. What is the difference between family respite and respite under the home care provider if the family is the home care provider?

- Families may receive stipends, but are not considered Home Care Providers.

12. Refer to guidelines: Question related to client consumables: The guidelines are contrary to the notes in the budget template – please provide clarification.

- Guidelines have been updated in both PDMS and Traditional Budget Templates.

13. Will the Bureau add a line for liability insurance, medical insurance, etc.? This vendor also would like to include production and sales (for their internal business) as well as building and household.

- Blank lines may be added under program costs. Medical Insurance is covered by benefits.

14. Will the Bureau add a line for “family allocation”?

- See the Client Treatment box and use the “Family as Provider” line.

15. Is it possible to break “Medicaid Dollars” out at the top of the PDMS budget so that it is easily referenced by the user?

- The Medicaid Dollars will remain at the bottom of the sheet, line 131.

16. There was a question about where we should put Respite in the budget that is reimbursed to families. It was suggested that we put Respite in the line that says Family Respite Staff (line 13) rather than down in the Treatment Services section (line 37). I tried that out today on one of the budgets I was working on, however when I moved a Respite amount from line 37 to line 13, it changed my budget total, because the Family Staff section calculates Payroll Taxes and Workers Comp Insurance taxes on that amount, whereas it doesn't on line 37.

My question is - Is it correct to assume that any Respite reimbursement or payment that we expect the recipient to pay taxes on should be reflected in line 37 Respite? (Which means it will be family-reimbursed Respite as well as Home Provider Respite?)

- This is an Agency discussion and may be done a number of ways. Ultimately, it is to be determined at the discretion of the Agency.

17. The cost of program liability insurance is often included in traditional budgets if it is specific to the program. For PDMS programs it has been left out of the template as it seemed a minimal cost.

- A line has been added for program liability insurance as this is a legitimate cost for providers.

Going forward, if there are additional questions, please consult the financial staff at the Area Agency.