



## Companion Guide for Using the Child and Family Support Services Fiscal Model

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### **Purpose:**

The CFTSS fiscal model is an Excel based template that can be used by your clinical and financial team working together to design a CFTSS service delivery system that will allow you to meet your clinical outcome goals in a financially responsible and sustainable fashion. The model asks you to collect, or make assumptions about, key volume, service type, cost and revenue variables to:

- Estimate the amount of staffing you will need for the service volume you anticipate
- Analyze the financial ramifications of your assumptions
- Try different scenarios by changing input values to determine the optimal relationship between your anticipated costs and anticipated revenues.

Given that the model focuses on how service delivery, volume and cost intersect, it is highly recommended you take a team approach including clinical, financial and program management staff when building your scenarios. It is only through the direct involvement of these staff that you can build a service delivery model in a financially responsible fashion.

### **How to use this guide:**

It is suggested that your first open the excel model consistent with your region in the state (upstate/downstate) and start with the template that has examples in it. Read through the guide and follow along on the actual excel model. This review will give you a firm foundation and understanding of the model design and help you determine how you want to use it. Take the list of input fields and collect the data you need and the assumptions you are going to make. Once you understand the model purpose, structure and inputs, select the appropriate blank model and build your inputs and scenarios.

### **Structure:**

Tab structure:

The spreadsheet has eight (8) tabs along the bottom:

- OLP – data input and analysis for the Other Licensed Practitioners program. This tab takes into consideration the unique services that are not available to the other program types. It also has the rates for each service pre-loaded.



- CPST – data input and analysis for the Community Psychiatric Supports and Treatment program. This tab takes into consideration the services that can be provided under this program type and has the rates for each for each service pre-loaded.
- PRS - data input and analysis for the Psychosocial Rehabilitation program. This tab takes into consideration the services that can be provided under this program type and has the rates for each for each service pre-loaded.
- FPSS - data input and analysis for the Family Peer Support Services program. This tab takes into consideration the services that can be provided under this program type and has the rates for each for each service pre-loaded.
- YPSS - data input and analysis for the Youth Peer Support Services program. This tab takes into consideration the services that can be provided under this program type and has the rates for each for each service pre-loaded.
- Summary – summarizes the data from the “Ongoing” column from each of the different program types. If you are going to implement more than one program type you can model each program and then analyze the financial implication for the agency. You may find that you may be able to generate a profit in one program type that can be used to cover a loss in a different program type.
- OLP vs 822 – The range and type of services that can be provided under OLP is similar to the range and types of services that can be provided under an 822 clinic. Some organizations that have 822 clinics want to be able to evaluate the financial implication of switching their 822 services to the new 823 OLP service model. In this tab the data entered into the “Ongoing” column is brought forward and the same cost and volume data is used to estimate revenues the difference between the OPL model and the existing 822 model. The expense and volume data are the same, variance exists in the amount of revenue that can be generated under each model. The primary difference between the amount of revenue that can be generated is related to:
  - Reimbursement rates for each service type
  - Reimbursement for each 15 minutes of service under OLP, and
  - Enhanced rate for services provided off-site under OLP

**There is no data input required in this Tab**

- Data Elements – The tab has the cell reference, the data input title and the operational definition of each input field. In the description you will also find suggestions on where you might be able to find some of the financial data necessary to do your modeling. This data will be repeated in this companion document.

**Data Input:**

The five tabs that require input are; OLP, CPST, PRS, FPSS, YPSS and correspond to different program types. The design of each tab is the same with one small exception; the OLP model allows you to provide an estimate of the % of hours that you will be providing evaluations and



crisis services. These service types are not allowed in the other program types so you will find that they are blacked out.

Input fields are highlighted in Yellow, calculated fields are highlighted in Blue or have no highlights at all. Please note: the cells are NOT protected. Please input only in the yellow highlighted cells. If you input in a blue cell or a non-highlighted cell you will invalidate the model.

Column B in each of the program tabs has a description of the input fields up to row 41. Below row 41 are a series of calculated fields used to generate the summary data for the model. The model allows for three levels of input in columns C: 0-6 mos., column D: 7-12 mos., and Col E ongoing. In designing the model, we thought it would be helpful to model out the first 6 months of a new program (col C) and then the second 6 months of a new program (col D). These two columns are designed to be used in combination to allow you to better estimate the costs and revenues associated with starting a new program. By modeling in six month increments you will be better equipped to understand staffing requirements and revenue generation as you ramp your program up. You would then use col E to model a fully implemented program with annualized costs and volumes. If you do not want to model in six-month time blocks just hide columns C and D and enter data into Col E (Ongoing).

To the right of the input section you will find the results section. The results section is broken into four categories: col H – I corresponding to your input in col C (0 – 6 mos.), col K – L corresponding to your input in col d (7-12 mos.) and a first year summary display in col N – P. Columns Q – R gives you the summary for your input in col E (Ongoing). The summary data sections summarize your costs, hours of service, cost per hour, revenue, revenue per hour with a calculation demonstrating if your input will result in a surplus or a deficit (financial loss).

The model will predict the number of staff you will need in each of three categories: Direct care staff, Supervisory staff, and Support staff. The direct care calculation is based upon your predicted volume (number of clients served x average session per client per month), the service mix, the average amount of time spent providing each service and the productivity expectation for each staff (direct care staff billable to paid hours). The supervisory staff calculation is based upon your required direct care staff prorated based upon you input for “Clinical staff per 1 supervisor” row 17. Your support staff calculation is directly related to your input in “FTE Front office/support staff” row 18.

Follow the following guidelines below for determining the value for each input field. Please note, these descriptions and operational definitions are also in the **Data Element** tab of the fiscal model.



Cell Refer	Title	Description
C - E 3	Number of clients receiving service in a month	Anticipated number of billable clients that will receive at least one service in a month
C - E 4	Avg number of session per client per month	Average number of services in a month for each client that receives a service
C - E 5	% of services billed to Medicaid	Currently set at 100%
<b>Service Mix</b>		
C - E 8	% of hours providing evaluation - <b>OPL ONLY</b>	% of hours in OLP that will be evaluations - OPL ONLY ALL OTHER SERVICES N/A
C - E 9	% of hours providing crisis services - <b>OPL ONLY</b>	% of hours in OLP that will be crisis services - OPL ONLY ALL OTHER SERVICES N/A
C - E 10	% services individual or family	% of services that will be provided to an individual or an individual family
C - E 11	% Services group - <b>NO INPUT Calculated</b>	% of services that will be provided in group
C - E 30	Average group size	Average group size
C - E 12	% of services off site	% of services that will be provided off site
C - E 13	Avg travel time per offsite visit in min	Average travel time to off-site services (both ways)
<b>Staffing and Cost Inputs</b>		
C - E 15	Work week in Hours	Number of paid hours per week for regular full time staff
C - E 16	Direct care staff billable to paid hours	What percentage of total paid hours do you expected direct care staff to provide billable services
C - E 17	Clinical staff per supervisory staff	Ratio of direct care staff to supervisory staff (example: one supervisor per 5 full time direct care staff)
C - E 18	FTE Front office/support staff	Number of office or support staff necessary to support this program
C - E 19	Fringe Benefit %	Fringe benefits cost as a % of total salary costs (on CFR divide the total fringe costs by total salary costs)
C - E 20	Average operations cost per FTE	Average operating costs per FTE (on CFR add OTPS, equipment and property and divide it by total FTES)
C - E 21	Average salary per clinical FTE	Average salary cost per direct care staff (on CFR sum salary costs for direct care staff position codes and divide it by total FTE for those codes)
C - E 22	Average salary per clinical supervisor	Average salary cost per clinical supervisors (on CFR sum salary costs for your supervisor position codes and divide it by the total FTE for those codes)
C - E 23	Average salary support staff	Average salary cost per support staff (on CFR sum total costs for support staff position codes and divide it by the total FTE for those codes)
C - E 24	Admin and Overhead %	Administration and overhead percentage (on CFR divide A&OH by the sum of Salary, Fringe and OTPS)
<b>Average Time per Service (in minutes)</b>		
C - E 26	Evaluation - <b>OPL ONLY</b>	Average time in minutes for Evaluations for OLP services - ALL OTHER SERVICES N/A
C - E 27	Crisis - <b>OPL ONLY</b>	Average time in minutes for Crisis visit for OLP services - ALL OTHER SERVICES N/A
C - E 28	Individual or family	Average time in minutes for Individual or family services
C - E 29	Group * Maximum 60 minutes	Average time in minutes for each group
I/L/R 17	Other revenue	Amount of additional Revenue you estimate that you have available to support the program

## Scenario Building

As mentioned earlier in this companion guide the model is designed for clinical program staff and financial staff to work together to design a clinical service delivery model that will allow you to reach your clinical outcome goals in a financially sustainable and responsible fashion. Therefore, for best practice would dictate and scenario building is a joint effort taking into consideration clinical need and financial realities. A suggested approach to scenario building:

1. Enter your best estimates, assumptions, and/or requirements for each of the input fields that are outlined in the matrix above
2. Verify that each input field has a value and then ask yourself the simple question, “Does the financial result make sense”. If you find that you are either making a lot of money or losing a lot of money review your input, you probably made an error along the way.
3. Once you have reviewed your input and determined that the financial output makes reasonable sense return to your model, you will want to model different scenarios in all cases.
4. If your model shows that you are making a profit, you may want to look and see if you can enhance program staff salaries, bring on more supervisory time or decrease productivity expectations.
5. If your model shows a loss, don’t just focus on one variable. Make small manageable changes to two or three of the variables. For example: increase productivity expectations by a few percentage points, add one or two more staff to each supervisor,



and decrease your support staff needs by 5 %. You will be surprised on how a few small, manageable changes can have a significant impact on your bottom line.

6. Once you have a model that you think you can implement take your key assumptions related to cost, volume and productivity and manage to these benchmarks. These are the values you will need to achieve to be both clinically and financially successful. If you do not monitor and manage to these values your chance of success is low.

