The CSH Services Budgeting Tool 2.0

USER GUIDE

For MN Housing Stabilization Services

A tool to support agencies, communities, and project planners in estimating the total cost of care for providing quality supportive housing services that are evidence based and can achieve positive outcomes for individuals, families, communities and systems.

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The CSH Services Budgeting Tool User Guide

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Introduction

The purpose of the CSH Supportive Housing Services Staffing and Budget tool is to support agencies, communities, and project planners estimate the costs for supportive housing services. The tool uses a template that has built in assumptions around best practice staffing models, caseload sizes, and program budget considerations unique to scattered site and project based supportive housing models. The tool allows each agency or community to input their average staffing costs, budget assumptions, and productivity expectations to determine rates needed by agencies for a fiscally sustainable program. For supportive housing agencies that are negotiating with managed care, the tool gives you the rates you need to sustain your quality supportive housing program over time. The tool that can be used whether you are working on one project with 30 tenants or across a community serving thousands of tenants.

Start with Service Plan & the Tenant Needs

When thinking about creating a service budget, it can be tempting to start with the service funders and what service funding might be available rather than **what it might cost to provide high quality supportive housing services**. **The true starting place for creating a budget is to begin with prospective tenants and their needs**. At this stage it can be really helpful to sketch out a service plan, with a list of which services you hope supportive housing providers to directly deliver, and which services already exist in the community that supportive housing staff will refer and connect to their tenants.

About the Housing Stabilization Services Staffing Model for housing-related services and supports:

The core services in supportive housing are tenancy supports that help people access and remain in housing. Sometimes referred to as housing case management in homeless system funded programs, tenancy supports or Housing Stabilization Services (HSS) are delivered at staff-to-client ratios of 1:10 for scattered site supportive housing and 1:15 for clustered and single-site supportive housing serving individuals with the most intensive service needs. Caseload sizes can be adjusted based on acuity levels and housing stabilization.

Tenancy Support Specialists are responsible for assisting with housing search, documentation, and subsidy applications; helping to acquire furnishings, cleaning supplies, and household items; ensuring rent is paid and recertification's are completed; safeguarding that lease obligations are met and tenancy rights are upheld; providing conflict resolution and supporting moves to different apartments when necessary; and helping tenants to make connections in their communities. Tenancy supports also include varying degrees of transportation to appointments, assistance with medication adherence, health and safety education, substance use disorder supports, nutritional counseling, and money management. Tenancy support specialists help tenants access other community-based services such as peer supports, out-patient mental health services, substance use disorder treatment and services, primary care, and education and employment. They also make connections with staffs of hospitals, health clinics, and hospice when tenants receiving acute medical and/or palliative care are in need of support at home.

It is recommended that you review each section of the guide as you begin to use the tool. The guide follows the steps taken to utilize the tool, as well as the considerations mentioned above.

Services Budget Components

Services Personnel – Majority of Budget

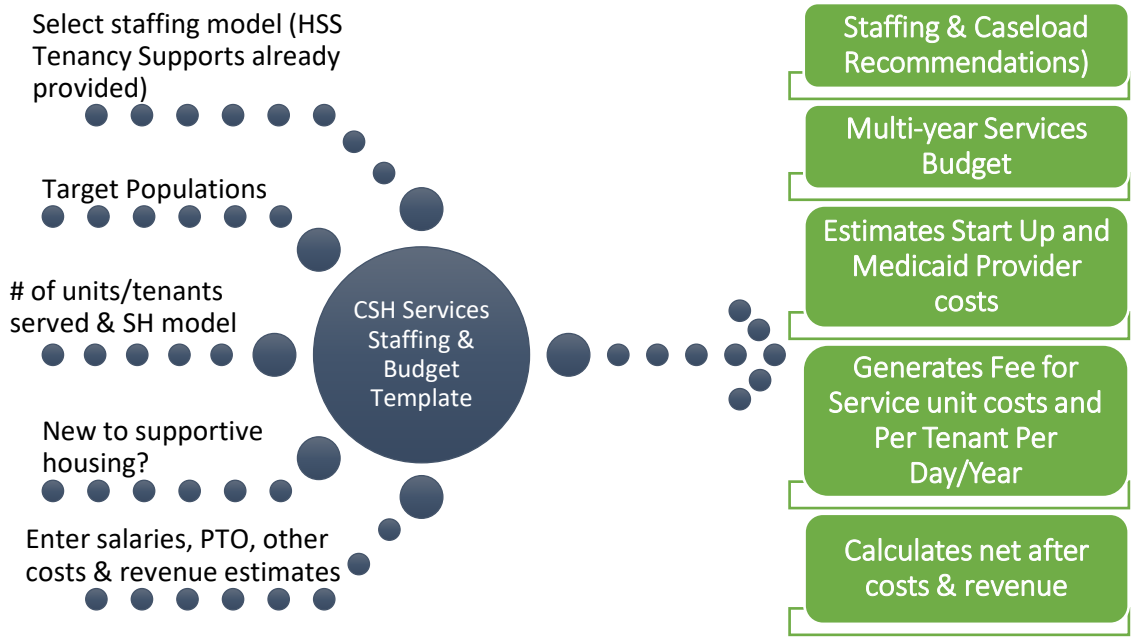
The largest percent of most service budgets are the costs to employ or contract with the staff providing the services. This includes salaries, benefits and fringe costs and should include not only direct service staff but supervisory staff and necessary administrative staff to get the work done. The tool will allow you to enter in less than a full time salary so that you can share an administrative staff person or director across multiple programs if needed. For now, know that much of the program budget will be salaries and benefits.

Other services-related expenses

Other significant expenses that are common to most service budgets include consultant services, transportation for clients and transportation costs for staff service clients in the community, staff professional development and training, office supplies, technology support, and materials needed for service provision (one example of this is nursing supplies if you select a staffing model that embeds a nurse or psychiatric nurse practitioner onto your service team.

Here is a brief overview of how the tool works:

A user enters the fields on the left ……. So that the tool will generate the summaries on the right.



Overview of Tool Components

When you open up the excel workbook, you will see that there are 6 tabs:

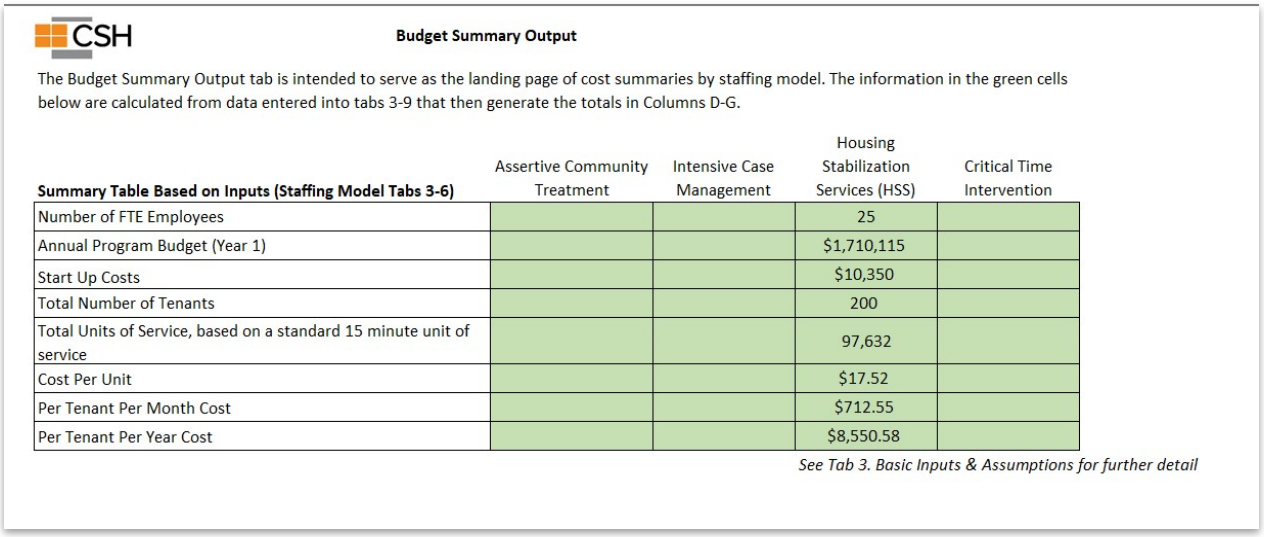
- **Blue tabs** - require the user to input data
- **Grey tabs** - informational and allow the user the opportunity to edit inputs, but do not require inputs.
- **Green tab and Orange tab**- includes both required data to input and information some assumptions or cost estimates

The following sections of the guide will describe how to input and interpret information on each tab.

Budget Summary Output (Tab2)

The Summary table

Do not spend time reviewing this tab until you have entered in all staffing, salary and budget information in tabs 3-6. This summary table is a result of all of your inputs that you enter into Tabs 3, 4, 5, or 6. Because salaries and housing models vary across the country CSH does not have a recommended services funding total that is one size fits all. Instead, the guide walks through how you can enter in inputs to the staffing model that will then generate this Summary Table for you based on your local salary and cost data.



CSH

Budget Summary Output

The Budget Summary Output tab is intended to serve as the landing page of cost summaries by staffing model. The information in the green cells below are calculated from data entered into tabs 3-9 that then generate the totals in Columns D-G.

Summary Table Based on Inputs (Staffing Model Tabs 3-6)	Assertive Community Treatment	Intensive Case Management	Housing Stabilization Services (HSS)	Critical Time Intervention
Number of FTE Employees			25	
Annual Program Budget (Year 1)			$1,710,115	
Start Up Costs			$10,350	
Total Number of Tenants			200	
Total Units of Service, based on a standard 15 minute unit of service			97,632	
Cost Per Unit			$17.52	
Per Tenant Per Month Cost			$712.55	
Per Tenant Per Year Cost			$8,550.58	

See Tab 3. Basic Inputs & Assumptions for further detail

Basic Input & Assumptions (Tab 3)

The Basic Inputs and Assumptions tab allows the user the option to change certain caseload, staffing, transportation, inflation and other budget assumptions built into the tool. These cells have been pre-filled based on HSS. Rows 11-14 ask about the staffing models to include in the Summary Table. An answer of No to a staffing model hides the outputs for this model and you do not need to enter in budget information to the corresponding staffing model tab.

Basic Inputs

Is this a new supportive housing project or program? (ie. New staff and/or new tenants to supportive housing). This impacts initial case load sizes.	Yes	
Do you want to include general start up costs in your budget summary?	Yes	Link to General Start Up Budget Tab
Do you want to include Medicaid provider costs in your budget summary?	Yes	Link to Medicaid Start Up Budget Tab

Include the Following Service Staffing Models in the Budget Summary Output Tab?		Follow link to Staffing Model Budget Tab	Want to explore the Staffing Models more?
Assertive Community Treatment	No	Link to ACT Staffing Model Budget Tab	About the ACT Staffing Model
Intensive Case Management	No	Link to ICM Staffing Model Budget Tab	About the ICM Staffing Model
Housing Stabilization Services (HSS) also referred to as Tenancy Supports (TSS) outside of Minnesota.	Yes	Link to TSS Staffing Model Budget Tab	About the TSS Staffing Model
Critical Time Intervention	No	Link to CTI Staffing Model Budget Tab	About the CTI Staffing Model

Budget assumptions

Rows 16-22 include assumptions made based on known costs for MN. These can be altered if they differ for an organization. If this information is unknown for an organization, then the information already loaded can be used as a practical guide.

Caseload Assumptions

This section is prefilled based on best practice recommendations for HSS. You can also use column F to compare these models to your current program, if applicable.

Caseload Assumptions Used in Model

Housing Stabilization Services Caseloads

Target population	Scattered Site Case Load	Single Site Case Load	Existing Program
Individuals	10	15	20
Families	10	15	15
Individuals with dual dx SUD/SMI	10	10	15
Individuals with ID/DD	10	10	10
Older adults	10	15	15
Transition Age Youth	10	20	25

Supervisor to supervisee ratio	Recommended 1:8
Number of staff supervised by one supervisor	8

Housing Stabilization Services Tab 4

The core services in supportive housing are tenancy supports that help people access and remain in housing. Sometimes these services are referred to as housing case management in CoC funded programs or tenancy support services. MN has chosen to call these services, for the purposes of the Medicaid program, Housing Stabilization Services or HSS. This includes the assessment of referral process, called "Housing Consultation Services and the ongoing Housing Transition Services and Housing Sustaining Services. For the purposes of this tool, we focus on Transition and Sustaining services and will call all services HSS. HSS are delivered at staff-to-client ratios of 1:10 for scattered site supportive housing and 1:15 for clustered and single-site supportive housing serving individuals with the most intensive service needs. Caseload sizes can be adjusted based on acuity levels and housing stabilization. Tenancy Support Specialists are responsible for assisting with housing search, documentation, and subsidy applications; helping to acquire furnishings, cleaning supplies, and household items; ensuring rent is paid and recertification's are completed; safeguarding that lease obligations are met and tenancy rights are upheld; providing conflict resolution and supporting moves to different apartments when necessary; and helping tenants to make connections in their communities. Tenancy supports also include varying degrees of transportation to appointments, assistance with medication adherence, health and safety education, substance use disorder supports, nutritional counseling, and money management. Tenancy support specialists help tenants access other community-based services such as peer supports, out-patient mental health services, substance use disorder treatment and services, primary care, and education and employment. They also make connections with staffs of hospitals, health clinics, and hospice when tenants receiving acute medical and/or palliative care are in need of support at home.

Target Population and Caseloads

Column D and F ask to input the number of households that are intended to serve in scattered site and project based supportive housing. The recommended caseload sizes are different for scattered site and site based because transportation can be quite time consuming for service providers working in scattered site and going from apartment to apartment to provide services. Travel to and from sites is not a billable activities, per federal Medicaid.[1]

1. Please complete the blue boxes below for each target population supported through Tenancy Support Services:

	Target Population	*# of tenants in scattered site*	*Recommended caseload in scattered site*	*# of tenants in single site*	*Recommended caseload in single site*
1	Families	30	10	0	15
2	Individuals	100	10	40	15
3	Older adults		10	30	15
4					
5					
	Total clients	130		70	

Another quick way to slightly increase the caseload size but still stay within best practice limits is to ***select that tenants are not new to Supportive housing when on the Project Basics tab***. This automatically increases the recommended case load sizes for most of the staffing models.

[1] https://www.cms.gov/Regulations-and-Guidance/Legislation/DeficitReductionAct/downloads/cm_ta_tool.pdf

Staff size and salaries

Next, you enter HR information for staff including the number of staff expected for each position (2a.). This chart is based on recommended composition Tenancy Support model for HSS. The user is expected to input the salaries for each position. The table already includes the Tenancy Support Coordinator number for HSS.

2a. Please complete the blue boxes below with local HR salary information. Please note the Tenancy Supports Service Coordinator number is calculated for you.

	FTE	*Annual Salary (per FTE)*	
Program Director	0.5	$65,000	*Based on the # of tenants, we recommend 1 FTE*
Administrative Support	2	$36,000	*Based on the # of tenants, we recommend 2 FTE*
Housing Manager (liason with landlord)	1.0	$50,000	
Supervisor	3.0	$48,000	*Based on the # of tenants, we recommend 3 FTE*
Housing Service Coordinator (tenant liason)	18	$42,000	*Based on the # of tenants, we recommend 18 FTE*
Peer Specialist	0	$40,000	*Based on the # of tenants, we recommend 1 peer to 25 tenants. Peers can be included in the total number recommended in D22.*

2b. is the recommended numbers for HSS as it will be reimbursed by a fee for service in 15 minute increments and should be left as is.

Units Of Service (UOS) Assumptions for		
FTE Hrs/Week	40.0	*We recommend 40 hours/week*
UOS/Hour	4.0	*We recommend 4.0 UOS/Hour*
Productivity	75%	*We recommend 75%*
Holiday days	10.0	*We recommend at least the 10.0 Federal holiday days*
PTO days	20.0	*We recommend 20.0 PTO days*
Personal days	3.0	*We recommend 3.0 personal days*
Other days off	1.0	*We recommend estimating for 1.0 other days off (bereavement or other unplanned)*
Calculated UOS per FTE	5,424	
Days worked per year	226	

Other staffing considerations

If it is known that **staff turnover rates** are higher than desired, please be sure to budget in enough for training new staff and staff development.

If an agency is reimbursing staff for gas or mileage, there is the option to enter in the number of full time employees that are traveling and the average number of miles that are traveled each day. Also the mileage reimbursement rate can be edited.

Budget Template- Annual and Multi-Year Budgets

Table 3 allows you to enter a budget for annual Tenancy Support services without Start Up and Medicaid. Annual cost for a HSS program may only be a percent of the total agency costs. When inputs are changed in column D, the multi-year budget on the right will change. Year 1 should match the initial input from column D, Years 2 and 3 change slightly to add in a cost of living increase (or "Assumed annual inflation) that can be selected at the bottom of the chart.

Assumed annual inflation	2.50%

Column G provides the user with the total costs for all three years combined.

Lastly, there is an opportunity to enter in Revenue from a variety of service funding sources that then add to your program costs and tell you the organization's net.

Startup cost (Tab 5)

Startup Costs

General instructions

- **Light blue cells**: user fills in the information.
- **White cells**: These cells have formulas that will auto-calculate for you. Do not type into these cells or you will lose the formulas.
- Red text = over budget
- Green text = under budget.

The expenses outline on this tab are those that your organization might incur when preparing to begin a new service delivery program. This will vary depending on an organizations existing structure. For example, if an organization already has a EHR, then costs my only include adding users or licenses. Thus, the user should take some time to review which costs are applicable and which cost need to be removed or altered if the cost is different from what is known to the organization or user.

In addition, some organizations choose to increase these costs as part of the Year 1 budget, it may also be helpful to create a distinct startup budget. If your organization has not yet hired or trained staff for supportive housing services, you will want to identify which of these costs below you expect to incur in your first year. Some startup costs may also be incurred in future program years if you are continuing to add staff and serve additional tenants beyond Year 1. Please include only those expenses that are relevant for your organization along with estimated costs. You may also use the blank lines in each section to add additional expenses not listed. Costs that you list in this section are aggregated and included in each service model budget under the "StartUp" Column.

	Basis	Cost	# of Units	Total	Notes
A. PERSONNEL EXPENSES					
Other Personnel Expenses					
Advertising/Posting		$500	1	$500	Costs of posting on hiring websites or search firms
Signing Bonuses	Per/emp	$2,000	2	$4,000	If necessary given local market conditions, per employee signing bonuses
Background Checks	Per/emp			$0	used
Bonuses or overtime pay for				$0	
Other				$0	
Other				$0	
Staff Development and Training					
Training	Per/emp				Costs for training as new staff are being onboarded
Other				$0	
Other				$0	
Other				$0	
Sub-total Startup Personnel				$4,500	
B. OPERATING EXPENSES					
Rent	per/month	$1,500	3	$4,500	services beginning, generally only relevant for new
Utilities				$0	Utilities prior to services beginning
Building Insurance				$0	Insurance for new building or space prior to services beginning
Communications, Cell Phones				$0	Purchase of cell phones for newly hired employees, ongoing service costs will be included in each annual budget
Office Supplies, Misc.				$0	Paper, staplers, pens, other items necessary to prepare workspaces for new staff

Medicaid startup costs (Tab 6)

This worksheet is set up for an organization that plans to convert to a Medicaid reimbursement model. The chart also outlines which components are required by CMS, state plans or are optional. This will allow the user to prioritize costs, especially when working with a limited budget. All costs are prepopulated based on national averages, or costs known to CSH. These should be adjusted to match local costs and/or costs already known to the organization.

To start calculating the Medicaid startup costs for your agency, use the following steps:

1. You must answer yes to the question “Do you want to include Medicaid provider costs in your budget summary?” on the Basic Input and Assumptions Tab (cell D8 on Tab 3)
    a. This will ensure the total row is appropriately calculated, otherwise the row will show an error message or $0.
2. Make sure E5 is selected for Apply to all so it can link back to Tab 4.
3. Familiarize yourself with these budget considerations and select YES to any you will need to include in your estimates.

4. Adjust any cost estimates in Column E to local estimates as needed. This is especially important for salaries.

Transition to Medicaid Reimbursement Timeline

This chart is designed to show how an organization can project the transition from grant funding to Medicaid billing over time. The chart calculates reimbursement estimation and grant expenditures across a 15-month timeline based on an agency's estimate of Medicaid reimbursement that is feasible and reasonable to expect based on the staffing model selected, target populations served and local Medicaid benefits. CSH does not recommend planning an organizational budget with more than 75% of services funded by Medicaid, as it is best practice to also braid in CoC funding along with and private grants and donations to help support services not covered by Medicaid, like transportation and hospital discharge coordination. This chart is just an example.

Expense considerations for new Medicaid providers	Necessary?	Frequency of Expense	Basis	Cost	# of Units per year	Select Yes to include line item in Start Up or Annual Budget	Total
A. PERSONNEL EXPENSES							
Wages and Salaries							
Quality Improvement (QI) Manager	Required-CMS	Ongoing- Annual	1 per agency	$65,000	1	No	$0
Additional QI administrative support	Not Required (optional)	Ongoing- Annual	1 per agency	$45,000	1	Yes	$45,000
Compliance Officer	Required-State Medicaid	Ongoing- Annual	1 per agency	$48,000	1	No	$0
Contract Personnel							
Medicaid Consultant	Not Required (optional)	Start Up	1 per agency	$20,000	1	Yes	$20,000
Billing Support Subcontract	Not Required (optional)	Ongoing-monthly	1 per agency	5-8% of Medicaid reimbursement received		Yes	$0

Total Program Budget				
$ 500,000.00	Percent of Budget covered by Grant Funding	Percent of Budget covered by Medicaid Reimbursement	Anticipated Grant Funding	Anticipated Medicaid Reimbursement
Month 1	100%	0%	$ 500,000.00	$ -
Month 2	99%	1%	$ 495,000.00	$ 5,000.00
Month 3	97%	3%	$ 485,000.00	$ 15,000.00
Month 4	95%	5%	$ 475,000.00	$ 25,000.00
Month 5	90%	10%	$ 450,000.00	$ 50,000.00
Month 6	85%	15%	$ 425,000.00	$ 75,000.00
Month 7	80%	20%	$ 400,000.00	$ 100,000.00
Month 8	70%	30%	$ 350,000.00	$ 150,000.00
Month 9	60%	40%	$ 300,000.00	$ 200,000.00
Month 10	50%	50%	$ 250,000.00	$ 250,000.00
Month 12	40%	60%	$ 200,000.00	$ 300,000.00
Month 14	30%	70%	$ 150,000.00	$ 350,000.00
Month 15	25%	75%	$ 125,000.00	$ 375,000.00

References

SAMHSA Program Profile

"Critical Time Intervention." NREPP: National Registry of Evidence-Based Programs and Practices, Substance Abuse and Mental Health Services Administration (SAMHSA), 25 July 2017.

https://nrepp.samhsa.gov/ProgramProfile.aspx?id=1278

The SAMHSA's National Registry of Evidence-based Programs and Practices outlines a guide to CTI implementation here. In this guide, a caseload of 20 clients per CTI worker is recommended.

CSH Toolkit

"Services and Staff Roles." CSH, 2018

http://www.csh.org/toolkit/supportive-housing-quality-toolkit/supportive-services/services-and-staff-roles/

On this resource page, CSH notes that staffing requirements for supportive services within the more traditional housing tenancy support model depends on the population being served, the goals of the project, the number of tenants, and available resources. Typically, the caseload ranges from 10 to 25 tenants per supportive service staff. This page also details a number of supportive services that may be offered to tenants, including case management/service coordination, mental health services, alcohol and substance abuse services, independent living skills, employment services, health/medical services, and peer support services. This list is not exhaustive, but may provide a framework for supportive service planning.

Society for Human Resource Management Guidelines

Sammer, Joanne M. "Updating Salary Structure: When, Why and How?" Society for Human Resource Management, 21 May 2013.

https://www.shrm.org/resourcesandtools/hr-topics/compensation/pages/updating-salary-structure.aspx

This article from the Society for Human Resource Management provides recommendations for salary scale review in the local labor market. The article recommends conducting regular reviews on a specific schedule, at least every three to five years but as often as every 18 to 24 months is common as well. The article also recommends conducting a salary review when there are major events that impact the organization. The article also suggests garnering feedback from employees and managers about salary satisfaction and being intentional about linking the salary structure to the overall HR strategy and the market. Some questions to ask include: (i) Has the organization established appropriate pay grades and maintained updated job descriptions with require skills?; and (ii) Does the company have a clear idea of whether it is paying for the position or for the skills that people bring to it and the organization?

Comparison of Case Management Interventions

Ponka D, Agbata E, Kendall C, Stergiopoulos V, Mendonca O, Magwood O, et al. (2020) The effectiveness of case management interventions for the homeless, vulnerably housed and persons with lived experience: A systematic review, 26 July 2019

https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0230896&type=printable

This article provides a systematic review to examine the effectiveness and cost-effectiveness of case management interventions on health and social outcomes for homeless populations. Case

management approaches were found to improve some if not all of the health and social outcomes that were examined in this study. The important factors were likely delivery intensity, the number and type of caseloads, hospital versus community programs and varying levels of participant needs.