



Johnston, Villegas-Grubbs and Associates
Terms and Definitions

Acuity	A clinical condition related to a health diagnosis, illness, medical condition, or psychiatric disturbance that increases support costs because of a need for professional supports, and may or may not result in increased need for supervision.
Acuity Differential	The need to create an alternate value of an hour of direct care staff time as a result of the existence of acuity issues that can not be accommodated by increased direct care staff time.
Brick	A term given to the fully loaded value of an hour of direct care staff time - including all the cost component values.
Core Services	Residential Habilitation and Day Supports
Cost Component	A group of cost accounts that are organized together because they relate to each other and describe some aspect of the service being delivered.
Demographic	The economic characteristic(s) of an area or location, such as might differ from other areas or locations.
Demographic Differential	A description of things that influence the cost of services related to where (place) they occur. It is the pressures on costs such as wage, housing, and transportation that result from location (often urban vs rural).
Direct Care Staff	The individual who works face to face with the person using the services for the majority of time (ninety percent as an average) in the furtherance of the objectives of the service.
Employment Related Expenditures	The cost component that includes expenses related to the employee; all benefits and anything that is done to attract and retain the employee.
Funded Percentage	The percentage of the rate system that is affordable in the existing legislated budget.
General and Administrative Costs	The cost component that includes business expenses common to all business and not related specifically to an individual or to service standards.
Individual Budget Impact	A comparison between what a specific provider agency would be paid using the new rate system to what they had been paid in the past for the same service(s).
Program	The Medicaid funding basis: State Plan or Waiver, and all the services covered by them.

Program Support	The cost component that includes all supports provided within the standards of a core service and are not separately billed.
Quality Initiative	A policy decision that is adopted by the state to revise services based on the extent to which services contribute to the quality of life for the people who use them.
Rate	The dollar amount paid for the billable unit of service, often an hour or day that an individual receives the service.
Ratio	A measurement often used for day services that describes the relationship between people using the service and the people supporting them during it.
Scale Effects	The influence on the costs of services specific to an agency that result from the size of the agency. When costs are presented as a percentage, the volume of business an agency experiences can influence percentage calculations.
Supervision	The program support cost related to supervising direct care staff.
Support Services	All ancillary services that support the person enrolled in the programs that are delivered and billed individually.
Universal Budget Impact	A study of the future costs of all services paid at the proposed rate structure and comparing those costs to the appropriated budget amounts for the services.
Utilization Data	The data submitted by providers that describes the amount of awake direct care staff hours they provide to the people using the services.