

# BRS Cost Survey Frequently Asked Questions

July 9, 2025

This document will answer provider questions about the 2025 rate review process for Behavior Rehabilitation Services (BRS). Oregon Health Authority (OHA) will update it as new questions arise and post it at <https://www.oregon.gov/oha/hsd/ohp/pages/policy-brs.aspx>

For BRS program questions, contact both Rusha Grinstead at [RUSHA.GRINSTEAD@oha.oregon.gov](mailto:RUSHA.GRINSTEAD@oha.oregon.gov) and Evelyn Granum at [evelynn.granum@oha.oregon.gov](mailto:evelynn.granum@oha.oregon.gov).

For BRS cost survey questions, please contact Jane Clark at [janeclark@mslc.com](mailto:janeclark@mslc.com).

## Schedule 4 – Service Location

**What is the difference between a bed hold day and normal vacancy rates due to client turnover, etc.? How should they be noted in the Cost Survey?**

A bed hold day is when a bed is held while a member is temporarily absent for a limited time, like a home visit or a hospital stay. Report the total number of bed hold days on Schedule 4 – Service Location, column K.

The operational capacity is the number of beds reported multiplied by the number of days in the reporting period. The vacancy rate is the percentage of unfilled contracted beds.

To calculate the vacancy rate, use this formula:

$$\text{Vacancy Rate} = (\text{Operational Capacity} - \text{Number of BRS Client Days}) / \text{Operational Capacity}$$

## **Schedule 5 – Staffing Costs**

**Which would you recommend? Including a prorated portion of administrative personnel in Schedule 5 - Staffing Costs or include our Administrative Overhead allocation in the Schedule 8 - Non-Staffing Cost?**

We recommend a prorated portion of administrative personnel in Schedule 5 – Staffing Costs. The intention is to include all staffing costs on Schedule 5, including Direct Care Staff, Supervisor Staff, Room and Board Staff and Administrative Staff, so that those expenses are not included on Schedule 8 Non-Staffing Costs.

Include the wages of the administrative staff in the total administrative costs on Schedule 8. If some staff do both administrative and direct care work, split their work among the total FTEs listed for that position using the columns at the end (S-W) of Schedule 5.

**Should we report the actual staffing cost for our reporting period, or the amount required for sustainability?**

Include the actual historical staffing costs for the reporting period in columns H and L. Report the costs necessary for sustainability in columns F and G.

**How do we complete column T, Title IV-E FTE if we can't identify members funded in part by Title IV-E? Which services require this information?**

Only county-based programs contracted directly with OHA need to answer this question. Most providers cannot identify members eligible for Title IV-E. If providers can identify Title IV-E members and allocate their staff expenses, then they should note those in column T. If they cannot do this then they should set column T to zero.

Members covered by Title IV-E funds are in programs like Family First, Foster Care or Adoption Assistance. They typically receive Community Step-Down Proctor BRS services. When determining an appropriate rate that covers members whose services are covered in part by funds from Title IV-E, we must do our best to estimate this extra source of funds that covers some of the expenses in providing the BRS.

**Column P (Non-Worked Hours) captures the annual number of hours for PTO and sick leave. Is the coverage for a person on vacation also added here? There is a replacement cost for people needing to take time off. Is that cost considered in the rate?**

Paid Time Off (PTO) includes vacation. Those hours should be noted in column P. Any extra staff necessary to cover staff absences should be added as staff on an additional line.

**Does column V (Admin Overhead FTE) apply to all aspects of the agency? Some positions have multiple duties and carry out administrative tasks, but they aren't full administrative staff.**

Columns S (Service FTE) and V (Admin Overhead FTE) account for staffing positions that have a mix of direct care and administrative duties. The total number of FTEs is automatically calculated in column E (Number of FTEs). For example, if you had five FTEs who split their time equally between direct care and administration, then you would enter 2.5 in column S and 2.5 in column V.

**In column W (Other FTE), what should be reflected here?**

This column will account for what FTEs are left once all other FTEs are accounted for. That might include FTE for Non-BRS positions.

## **Schedule 7 – Staffing Ratios**

**How should providers note different staffing levels for different shifts (day, evening, overnight)? What about holidays or non-traditional staffing requirements (special needs, danger to self or others, etc.)?**

It makes sense to share non-traditional staffing requirements you can provide that information. Report this information in column G. If there are substantial differences in wages or staff costs for different shifts, you can also list those positions separately on Schedule 5 – Staffing Costs.

**Will the state reimburse only for the minimum required staffing levels per program rules?**

If circumstances require additional staffing, note them in the Notes section of the cost survey. The more information you provide, the better we can understand how to calculate the rate. Report all additional costs associated

with providing services. Rates are set based on all reasonable costs to provide services, not how providers specifically staff to provide services.

## **Schedule 8 – Non-Staffing Costs**

Providers mentioned liability insurance was an administrative burden. Providers must carry liability insurance of \$1 million per occurrence/\$3 million total. However, no insurance company will write a policy for more than \$1M/\$1M. There are two current pathways for programs to maintain this standard:

One insurer approves umbrella coverage to apply to any individual type of insurance carried which could meet the \$3M aggregate

Providers attain insurance through multiple insurance agencies.

### **Is this amount of insurance necessary? Are there any programs available to health care providers to help them obtain mandated insurance?**

Oregon Youth Authority (OYA) and Oregon Department of Human Services (ODHS) Child Welfare cannot reduce the minimum insurance requirements of \$1M/\$3M.

In 2023, the Department of Administrative Services (DAS) offered [a list of brokerage agencies that specialize in physical abuse and molestation insurance](#). OYA and ODHS continue to use this list to ensure providers have access to consistent brokerage support.

After discussions across relevant state agencies and partners, OYA and ODHS plan to support with temporary bridge funding. The process and standards for getting this funding are listed on the [OYA Financial Grants page](#). OYA and ODHS will have differing funding mechanisms but require the same documentation/standards listed on OYA's page.

If you have additional questions about the [bridge funding](#), please contact your assigned ODHS Program Analyst or OYA CRU Tech.

### **How do we report insurance costs on the BRS Cost Report?**

Report insurance costs on Schedule 8 - Non-Staffing Costs. Use line 23 Insurance under the Administration section. If you want to break out

different types of insurance, you can use line 30 Other (specify). List your actual insurance costs during the reporting period in column D (Historical). If you expect substantially different insurance costs in the future, report those costs in column E (Required Cost for Sustainability).

#### **What do we enter on Line 4, Cultural and linguistic services?**

This line is to report the cost of providing interpretive and translation services. This cost will count as part of the overhead costs of providing BRS.

#### **Do Aftercare costs reflect only the aftercare that occurs in the 180 days after the member exits the facility? Or can this include services that occur when the member is still at the facility as the providers are covering aftercare?**

Aftercare services are services that take place after the member has left the facility. Services while the member is still at the facility are called Aftercare Planning services if they are related to planning or preparing for Aftercare services. Ideally, we would like to see a breakout for each of these. There should be Aftercare Planning while an individual is in BRS. The 180 days of Aftercare service should start once they return to the community. Please provide a breakout of both BRS Aftercare Planning and Aftercare services if possible. If not, at least provide an estimate of the costs for Aftercare services. You can also provide additional details in the notes.

### **Schedule 9 – Allocation Schedule**

#### **Do I need to enter any data on Schedule 9? Do I need to indicate what allocation method we use?**

Lines 1-6 on Schedule 9 - Allocation Schedule are completed by formula using information either from Schedule 4 - Service Location or Schedule 5 - Staffing costs. If you need to allocate some costs using Miles Travelled or some other method not listed in lines 1-6, enter that information on line 7 or below. Remember, white cells have formulas in them, yellow cells are ones that you can fill in.

For example, if your accounting system has a built-in method to allocate those expenses:

- Enter the allocation on line 8 of Schedule 9. Enter the total amount that is being split, the amount that should go toward administrative portion and the amount that should go toward direct care for BRS. Then the remainder from the total would be allocated to Other Programs and percentages would be automatically calculated.
- Indicate the allocation method you would use on Schedule 8 Non-Staffing Costs. To do this, select the allocation basis for each cost in column F of Schedule 8. This column links to the allocation basis in Schedule 9. By default, all options are filled with N/A – BRS Direct Care. This means that 100% of the listed expense should be allocated to BRS. With this default allocation 100% of the costs in column D (Trial Balance Amount, Historical) will be shown in column G (Behavioral Support Services, BRS). If you choose a different allocation method in column F (Allocation Basis) the amount in column D will be split between columns G and H.