

| State of Michigan, Department of Health and Human Services Behavioral Health Provider Salary and Wage Survey Participation Questions and Answers | | | |
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| Question No. | Issue/Question | Answer | Q&A Release Date |
| 1 | It is difficult to aggregate revenue to determine if the provider/entity is subject to the reporting requirements for having more than \$1 Million in Medicaid Revenue. | <p>All behavioral health providers are required to complete the Salary and Wage Survey regardless of revenue. Providers excluded from completing the Salary and Wage Survey are:</p> <ul style="list-style-type: none"> •Providers who are no longer providing or have yet to provide Medicaid services as of the due date of the Salary and Wage Survey are not bound by the requirements of Policy 21-39; •Providers with five or less employees (including contracted), do not need to complete the whole provider survey and only need to complete the General tab and Direct Care Staff/Supervisor tabs (if you do not receive an explicit salary or wage, you can leave those fields blank); •Providers already submitting a hospital or FQHC cost report to MDHHS are not required to submit a Salary and Wage Survey; and, •Individuals providing services directly to a person who acts as the employer of record under a self-directed arrangement are not required to submit a Salary and Wage Survey. •Providers not delivering Medicaid encounterable services. | 1/31/2023 |
| 2 | Where can I find the Salary and Wage Survey? | The salary and wage survey was emailed to Michigan behavioral health providers from CMHSPs and PIHPs. | 1/31/2023 |
| 3 | I have questions on the Salary and Wage Survey, can somebody please call me to discuss? | Please review all instructions and training materials. If you still have questions after reviewing the support materials, please email Milliman (BH.Provider.Survey@milliman.com) and Milliman will schedule a phone consultation once all other options have been exhausted. | 1/31/2023 |
| 4 | Can I resubmit a survey that was submitted in error? | Yes, please resubmit the survey and we will exclude the previously submitted survey from our analysis. | 1/31/2023 |
| 5 | Why did I receive the Salary and Wage Survey from the CMHSP/PIHP I contract with? | <p>You were identified as a Medicaid provider from either a Prepaid Inpatient Health Plan (PIHP) or Community Mental Health Services Program (CMHSP). Consistent with Policy 21-39, all behavioral health service providers contracted/affiliated with CMHSPs/PIHPs (referred to as network providers) must <i>"comply with this requirement, and under the authority of U.S.C. §1396a(a)(30)(A) and 42 CFR. §438.66, the Behavioral Health & Developmental Disabilities Administration (BHDDA) is requiring the reporting of cost and other information from behavioral health service providers beginning December 1, 2021 to be completed annually... All CMHSP/PIHP network providers must report information that includes, but is not limited to: salary and wages, employee related expenses (e.g., fringe benefits), paid time off, training expenses, employee turnover, and other information determined necessary by MDHHS to execute this policy."</i></p> <p>If you are not the appropriate person within your organization to complete this, please forward this to someone who would be able to complete this request.</p> | 1/31/2023 |
| 6 | We are a transportation-only provider. Do we still need to participate in this survey? | Transportation-only providers must complete the Salary and Wage Survey. The requirements of Policy 21-39 state, "behavioral health service providers contracted/affiliated with CMHSPs/PIHPs" are subject to the reporting requirements. Individuals providing transportation should be included within the "Other" provider types (e.g., Other Bachelor's Level Behavioral Health Professionals or Other Mental Health Professional - HS or G.E.D.). | 1/31/2023 |
| 7 | We received this notification but no longer have a contractual arrangement with a CMHSP to provide Medicaid behavioral health services. Are we required to complete this survey? | Providers who are no longer providing Medicaid services as of the due date of the Salary and Wage Survey are not bound by the requirements of MSA Policy 21-39, and therefore do not need to submit the Salary and Wage Survey. | 1/31/2023 |
| 8 | We contract with a Community Mental Health Services Programs (CMHSPs), but we do not bill for Medicaid services, do we need to complete the Salary and Wage Survey? | Each individual/organization receiving an e-mail was identified as a Medicaid provider from either a Prepaid Inpatient Health Plan (PIHP) or Community Mental Health Services Program (CMHSP). Providers who are not providing Medicaid services (i.e., not receiving funding from CMHSPs/PIHPs for Medicaid services) as of the due date of the Salary and Wage Survey are not bound by the requirements of Policy 21-39, and therefore do not need to submit the Salary and Wage Survey. | 1/31/2023 |
| 9 | If we work with multiple CMHSPs, do we need to complete one Salary and Wage Survey for each contract? | Providers only need to submit one Salary and Wage Survey per Tax ID Number (TIN). | 1/31/2023 |

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| 10 | We are a small organization and will not be able to meet the due date of March 31, 2023. Will MDHHS consider an extension? | <p>Providers are encouraged to complete the Salary and Wage Survey within the requested timeframe. The results of a Salary and Wage Survey submitted after the due date are not guaranteed to be used in the comparison rates analysis.</p> <p>Providers with five or less employees (including contracted), do not need to complete the whole provider survey and only need to complete the General tab and Direct Care Staff/Supervisor tabs (if you do not receive an explicit salary or wage, you can leave those fields blank).</p> | 1/31/2023 |

| State of Michigan, Department of Health and Human Services Behavioral Health Provider Salary and Wage Survey General Tab Questions and Answers | | | |
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| Question No. | Issue/Question | Answer | Q&A Release Date |
| 1 | Some of the information is based upon a snapshot date of January 1, 2023 and others are based upon our cost reporting year. Is it ok if there is a difference? | Yes, it is ok if there is variation between the FTE information reflected on the snapshot date (January 1, 2023) and the reporting period. | 1/31/2023 |
| 2 | Should we calculate the percentage of total revenue using MI payers only or all payers? | Revenue should be associated with all payers. However, information related to your direct care and clinical staff and supervisions should be limited to individuals providing Medicaid encounterable services. | 1/31/2023 |
| 3 | Should we include administrative staff (human resources, finance, executive director, etc.) in the FTE counts? | You do not need to report information for HR, payroll, billing, and other administrative staff. | 1/31/2023 |
| 4 | How do we know if our NPI number is a "Billing" NPI number? | For purposes of billing, if the individual provider is associated with a group practice or other organization, then the group practice NPI must be used for purposes of billing. By contrast, if the individual provider is not a part of a group practice, then the individual provider would utilize their own individual NPI as the billing provider, and they presumably would have a network provider agreement with the PIHP (or CMHSP subcontractor, as applicable). | 1/31/2023 |
| 5 | What is the difference between contracted and non-contracted employees? | <p>A regular or non-contracted employee is a person employed by the provider receiving a salary or wage and a W-2 for tax purposes, and where the work performed by the person is under the control of the provider entity (i.e., how and where the work is done).</p> <p>Contracted direct care and clinical staff are not W-2 employees of the provider entity, and generally are not eligible for employee benefits. These employees generally provide services that are billed by the employing provider entity under the employing provider entity's NPI number for billing/encounter submission, and they perform work under the control and direction of the provider entity, i.e., what will be done and how it will be done.</p> <p>For more information about designating a worker as an employee or contractor, please visit the IRS website: https://www.irs.gov/newsroom/understanding-employee-vs-contractor-designation</p> | 1/31/2023 |
| 6 | We are a provider with multiple locations across the country, should we report staff in Michigan only or all locations? Should we only report staff working with Medicaid clients? | You are only required to report information for provider entities that are contracted/affiliated with Michigan's CMHSPs/PIHPs. | 1/31/2023 |
| 7 | How should we report staff that separated from our organization over the course of the reporting period? | Reported information should reflect employed or contracted staff on either the snapshot date of January 1, 2023 or during the reporting period. Staff that separated from your organization during the reporting period should be excluded from the survey, but should be considered when calculating the turnover rate (see question 8 on the <i>General</i> tab). | 1/31/2023 |
| 8 | We provide an array of services, in addition to a Medicaid funded skill building program for adults with Developmental Disabilities. We have minimal Medicaid funded services. Should we report only our Behavioral Health related program (which is only the CMH contracted skill building program)? | Yes, please only enter the information relating to the staff delivering encounterable services under your contract with a CMHSP or PIHP for Michigan's Medicaid behavioral health program. | 1/31/2023 |

| State of Michigan, Department of Health and Human Services Behavioral Health Provider Salary and Wage Survey Direct Care Staff Tab Questions and Answers | | | |
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| Question No. | Issue/Question | Answer | Q&A Release Date |
| 1 | Should a therapist (e.g., physical, occupational, behavioral, etc.) fall under "Direct Care and Supervisory Staff" or "Other Professional Service" as defined in the waiver system? | Therapists generally deliver services and they should be included under "Direct Care and Supervisory Staff." | 1/31/2023 |
| 2 | How should workers who do not get paid by the hour be reported? | If employees are salaried workers, their hourly wage should be reported equal to their annual salaries divided by the number of hours expected to be worked for their position for the year. Please exclude additional compensation paid to salaried amounts, such as merit bonuses. | 1/31/2023 |
| 3 | If a full-time employee does both Direct Care (services reported as encounters) and contracted or grant funded services (not reported as encounters), is the FTE shown only that portion that is Direct Care? | To make it easier to report FTE counts and wages, you do not need to prorate the FTE counts or wages based upon encounterable time. Generally, you will want to include someone within the report if their primary job duty is to provide encounterable services. | 1/31/2023 |
| 4 | How should I fill out the survey if my direct care workers are not paid by the hour? I am adult foster care provider, where should I report my staff? | If employees are salaried workers, their hourly wage should be reported equal to their annual salaries divided by the number of hours expected to be worked for their position for the year. Please include all wage-based compensation, such as merit bonuses, paid in addition to salaried amounts. If your direct care workers are providing activities of daily living (ADLs), prompting and/or other guiding tasks, their wages and all other requested information should be reported under Provider Type Staff less than Associate's or Below - line 79 "Direct Support Professional". Providers with five or less employees (including contracted), do not need to complete the whole provider survey and only need to complete the General tab and Direct Care Staff/Supervisor tabs (if you do not receive an explicit salary or wage, you can leave those fields blank). | 1/31/2023 |
| 5 | Should we exclude wages, benefits, etc., for HR, payroll, billing, and other administrative staff? Is this report only for Direct Care Workers and their direct supervisors, not for a complete operational snapshot? | Yes, you are correct that you do not need to report information for HR, payroll, billing, and other administrative staff. Supervisors included within the Salary and Wage Survey should primarily be responsible for supervising Direct Care Staff delivering encounterable services. | 1/31/2023 |
| 6 | Our staff consists of Direct Care Workers, but this section seems to be referring to clinical staff. How do I fill out this section for Direct Care Workers? | The staffing information can capture both direct care and clinical staff. You will report the requested information by provider type. Direct Care Workers will typically be reported as Direct Support Professionals to align with their scope of practice. | 1/31/2023 |
| 7 | If a full-time employee provides both Direct Care (services reported as encounters) and contracted or grant funded services (not reported as encounters), is the FTE shown only that portion that is Direct Care? | To make it easier to report FTE counts and wages, you do not need to prorate the FTE counts or wages based upon encounterable time. Generally, you will want to include someone within the report if their primary job duty is to provide encounterable services. | 1/31/2023 |
| 8 | We pay all of our staff the \$2.35 per hours hazard pay increase. Does this change the modifier? Does it change where we report our direct care and clinical staff? | Please include the additional \$2.35 DCW wage increase in your response. This does not change where the workers should be reported in the survey or the modifier. | 1/31/2023 |
| 9 | Why does the survey not capture administrative support and overhead costs? | Administrative support and overhead costs should be excluded from the Salary and Wage Survey. However, these expenses will be captured in other reporting requirements, such as through the Provider Expense Template. | 1/31/2023 |
| 10 | If our standard annual hours for a full-time employee is 1950 and not 2080, should we use 1950 hours for reporting purposes? | Please report the number of hours expected to be worked for each position for the year. In the example provided, you should report 1950 hours and not 2080. | 1/31/2023 |
| 11 | Should we report information for part-time employees? | Yes, part-time employees should be reported on the Direct Care Staff tab. Please reference the instructions for guidance on calculating full-time equivalent employees. | 1/31/2023 |
| 12 | Should staff members that only work with Non-Medicaid payers be included in the survey? | Reported staff and values within the Salary and Wage Survey should be limited to staff providing encounterable Medicaid services. | 1/31/2023 |
| 13 | I am a small provider with no employees and do not have an hourly wage. How should I report my wages? | If you have five or less employees (including contracted), you do not need to complete the whole provider survey. We ask that you complete the <i>General</i> tab and <i>Direct Care Staff/Supervisor</i> tabs. If you do not receive an explicit salary or wage, you can leave those fields blank. | 1/31/2023 |
| 14 | Do you want information on CLS / group home staff? If so, what category do they belong in? | Yes, please enter information for the CLS / group home staff under the Direct Support Professional category. | 1/31/2023 |

| State of Michigan, Department of Health and Human Services Behavioral Health Provider Salary and Wage Survey Supervisors Tab Questions and Answers | | | |
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| Question No. | Issue/Question | Answer | Q&A Release Date |
| 1 | Should we exclude supervisors that do not supervise staff providing encounterable Direct Care services? | Yes, the supervisors included within the Salary and Wage Survey should primarily be responsible for supervising Direct Care Staff delivering encounterable services. | 1/31/2023 |
| 2 | We are using the Standard Cost Allocation (SCA) model. Are the staff listed only those that would be considered in the SCA model as the following Standard Expense Category Codes: 03 – Salaries and Wages, Clinical First- and Second-Line Supervision under the Non-Contracted Full-Time Employees column, and 05 – Compensation, Contractual Clinical First- and Second- Line Supervision under the Contracted Employee Positions column? | Yes, there should be general alignment between expense categories 03 (Salaries and Wages, Clinical First- and Second-Line Supervision) and 05 (Compensation, Contractual Clinical First- and Second-Line Supervision) of the Standard Cost Allocation (SCA) methodology and the supervisory Non-Contracted Full-Time Employees and Contracted Employee Positions within the Salary and Wage Survey. | 1/31/2023 |
| 3 | Some of our therapists are both BCBA and LMSWs. Do we count them in each of those columns, or only select one of their credentials for the purpose of this list? | Please enter each therapist's information only once on the survey. Please report someone under the category in which they spend most of their working time. | 1/31/2023 |

State of Michigan, Department of Health and Human Services
Behavioral Health Provider Salary and Wage Survey
Training Tab Questions and Answers

| Question No. | Issue/Question | Answer | Q&A Release Date |
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| 1 | We do not track training hours separately from direct care hours. Should we provide an estimate of how many hours are spent on training? | If you have a reasonable estimate of how many hours are spent on training, please include it in the survey. If you do not have a reasonable estimate, please leave the estimated variation training section of the survey blank. | 1/31/2023 |

| State of Michigan, Department of Health and Human Services Behavioral Health Provider Salary and Wage Survey PTO Tab Questions and Answers | | | |
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| Question No. | Issue/Question | Answer | Q&A Release Date |
| 1 | Our PTO and Holidays are not assigned by job. They are assigned by Managerial Staff versus Direct Service staff and vary by whether the staff is full time or part time. How do I report this? | Please report PTO for staff members based on the average holiday hours and other paid time off by provider group modifier for what was earned in the time-period you are reporting for in the survey. If holiday hours and paid time off cannot be split out , please leave Columns B and C blank, and report the total amount in Column D. Otherwise, split out the information into Columns B and C, leaving Column D empty. | 1/31/2023 |
| 2 | How should we report our paid time off, if our paid time off policy varies by someone's years of service? | Please report the average paid time off for employees that aligns with the reporting time period. Only report paid time off hours if your organization follows a standardized policy that is applicable to the listed provider group modifiers; if you do not have a policy for paid time off, do not report paid time off (you may still report paid holiday hours). | 1/31/2023 |
| 3 | Under paid holidays, all of our full time employees get 97.5 hours each year. Do I put that in all categories that are populated with staff, or do you want the 97.5 amount multiplied by the number of FTE's? | The Salary and Wage Survey Instructions state "List the average number of holiday hours that the provider entity pays its employees. Please report averages based on an FTE basis." Therefore, you would report 97.5 hours in each populated provider group category. | 1/31/2023 |

State of Michigan, Department of Health and Human Services
Behavioral Health Provider Salary and Wage Survey

Limitations:

This survey is subject to the terms and conditions of the Master Services Agreement between Michigan Department of Health and Human Services (MDHHS) and Milliman, Inc. (Milliman) dated September 13, 2019.

This document has been prepared solely for the internal business use of and is only to be relied upon by the management of MDHHS. This document will be shared with Michigan's Medicaid Behavioral Health providers to collect key information related to the provision of services. This information will be used to support the ongoing updates to Michigan's Medicaid Behavioral Health Comparison Rates. This survey should not be provided to any other party without Milliman's prior written consent.

In performing this work, we relied on data and information provided by MDHHS and collected during stakeholder feedback with Michigan's Medicaid behavioral health providers. We have not audited or verified this data and information. If the underlying data or information is inaccurate or incomplete, the results of our assessment may likewise be inaccurate or incomplete.

Milliman has developed certain models to support the data collection process embedded within this survey. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP).

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet the qualification standards for performing the analyses in this report.