

June 22, 2020

TO: North Country CMH Provider Network

RE: Premium Pay Increase

With the release of Medicaid L-Letter 20-28 and additional Direct Care Wage (DCW) guidance (attached), the Northern Michigan Regional Entity (NMRE) and North Country Community Mental Health (NCCMH) is authorized to provide designated direct care workers with a \$2.00 an hour Premium Pay increase and an additional \$0.24 cents per hour for administrative costs for the period of April 1, 2020 to June 30, 2020. The intent of the increase is to support the direct care workers. The Premium Pay must be directed to the residential aides and clinical staff who are providing designated services within these programs. This does not include services provided via telehealth. NCCMH anticipates an increased payment in June to cover the cost of this Premium Pay and will subsequently, if the attached information has been completed and returned, adjust provider rates and pass on these premium payments.

North Country CMH is expected to ensure payment of the \$2.00 per hour, plus the \$.24 cent administrative fee to direct care workers for every hour worked by the caregiver for **only NCCMH clients face-to-face, in-home services provided.** The specific services impacted are identified below: (see attached memo for related HCPCS codes).

- Community Living Supports
- Overnight Health and Safety Supports
- Personal Care
- Prevocational Services
- Respite
- Skill Building/Out of Home Non-Vocational Services
- ABA Adaptive Behavior Treatment
- ABA Group Adaptive Behavior Treatment
- ABA Exposure Adaptive Treatment Crisis Residential Services
- Residential Services -SUD
- Residential Services Co-occurring SUD/MH
- Withdrawal Management SUD

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As with previous DCW and/or premium wage increases, NCCMH will need to both gather and track these increases at the individual employee level and show that their net hourly rate was increased by \$2.00 from April 1, 2020 to June 30, 2020. Attached to this correspondence is a spreadsheet template that NCCMH will need to calculate the rate adjustment and provide to auditors and/or MDHHS as to how the revised rates were calculated.

We suggest that providers get signed assurances from each employee that the \$2.00 hourly wage increase was received. This can be maintained at your site of business and may be audited in the future.

Please return the completed provider rate calculation forms to Kevin Hartley, CFO, khartley@norcocmh.org by the following dates:

June activity- July 6th
April, May activity – July 31st

If you have any questions, please feel free to contact Kevin Hartley or Brian Babbitt, COO, at bbabbitt@norcocmh.org or 231-439-1240.

Sincerely,

Christine Gebhard

Chief Executive Officer

Enclosures:

MDHHS Letter L 20-28, Qualifying Codes of Service NCCMH Excel Based Invoice Form NCCMH Invoice Form Instructions Employee Attestation Form Sample