

State of Michigan, Department of Health and Human Services Behavioral Health Provider Survey 1. Information and Attestation Questions and Answers			
Question No.	Issue/Question	Answer	Q&A Release Date
1	How do providers know which worksheets need to be completed based on Medicaid revenue level?	Questions on the Information and Attestation worksheet in the Behavioral Health Provider Survey ("Survey") determines which worksheets must be completed based on the provider's total Medicaid revenue from SFY 2024 and whether they are a Licensed Residential Provider. All behavioral health providers contracting with Community Mental Health Services Programs (CMHSPs) and Prepaid Inpatient Health Plans (PIHPs) are required to complete the Survey regardless of revenue, with the exception of: <ul style="list-style-type: none"> •Providers designated as a Certified Community Behavioral Health Clinic; •Providers who are no longer providing or have yet to provide Medicaid BH services as of the due date of the Survey are not bound by the requirements of Policy 21-39; •Providers already submitting a hospital or FQHC cost report to MDHHS are not required to submit a Survey. •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 Survey. •Providers not delivering Medicaid BH encounterable services. 	1/15/2025
2	Where can I find the Survey?	The Survey was emailed to Michigan behavioral health providers from CMHSPs and PIHPs. You will also find the Survey by visiting the MDHHS website: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting and go to the <i>Policy 21-39 Report Requirements</i> section.	1/15/2025
3	I have questions on the 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.	1/15/2025
4	Can I resubmit a survey that was submitted in error?	Yes, please resubmit the Survey via email and we will exclude the previously submitted Survey from our analysis.	1/15/2025
5	Why did I receive the Survey from the CMHSP/PIHP I contract with?	You were identified as a Medicaid provider from either a CMHSP or PIHP. 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> If you are not the appropriate person within your organization to complete this survey, please forward this to someone who is able to complete this request.	1/15/2025
6	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 Survey are not bound by the requirements of Policy 21-39, and therefore do not need to submit the Survey.	1/15/2025
7	We contract with a Community Mental Health Services Programs (CMHSPs), but we do not bill for Medicaid services, do we need to complete the Survey?	Each individual/organization receiving an e-mail was identified as a Medicaid provider from either a CMHSP or PIHP. 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 Survey are not bound by the requirements of Policy 21-39, and therefore do not need to submit the Survey.	1/15/2025
8	If we work with multiple CMHSPs, do we need to complete one Survey for each contract?	Providers only need to submit one Survey per Tax ID Number (TIN).	1/15/2025
9	We are a small organization and will not be able to meet the due date of March 14, 2025. Will MDHHS consider an extension?	Providers are encouraged to complete the Survey within the requested timeframe. The results of a Survey submitted after the due date are not guaranteed to be used in the comparison rates analysis.	1/15/2025
10	Some of the information in the survey is based upon a snapshot date of January 1, 2025 and others are based upon the state fiscal year (SFY). Is it okay if there is a difference?	Yes, it is okay if there is variation between the FTE information reflected on the snapshot date (January 1, 2025) and the reporting period.	1/15/2025
11	We are a provider that bills through our PIHP. Do we put the PIHP's NPI numbers for Billing NPI?	To report a billing National Provider Identifier (NPI) number, you will enter your primary NPI or Medicaid ID. If there is another entity that is the billing provider for all services provided under your contract with the CMHSP/PIHP (i.e., you responded <i>No</i> for Question 5), list the billing provider NPI(s) and/or Medicaid provider ID(s) who bill for the services covered under your contract. If you are working directly with the CMHSP/PIHP and do not have an NPI or Medicaid ID, you can leave this field blank.	1/15/2025

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12	Our organization has a variety of funding streams. For the purpose of this Survey, are we only reporting the information that is associated with Medicaid and Medicare funded programs or with all of our direct care and supervisory staff?	Revenue and expense related information 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 behavioral health encounterable services.	1/15/2025
13	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 use 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).	1/15/2025
14	What is the difference between contracted staff and non-contracted employees?	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). 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. 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	1/15/2025
15	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.	1/15/2025
16	For reporting revenue, if we are receiving payment from the county for services, would that be listed under "other"? We understand that the county bills both Medicaid and Medicare, but our organization does not.	If you are unclear on your revenue source due to billing through the county, you can report that revenue under "Other". Please use the <i>Survey Feedback</i> worksheet to document the circumstances you used to make that assumption.	1/15/2025
17	When will we receive notification of the comparison rates?	The Behavioral Health Fee Schedule Comparison Rates Report is scheduled to be completed by July 2025.	1/15/2025
18	In what format should I submit my Survey?	Please submit your organization's 2025 Behavioral Health Provider Survey in Excel format. Per the instructions, please send your completed Survey to BH.Provider.Survey@milliman.com with your entities name saved in the file name (e.g., BH Provider Survey – ABC Provider).	1/15/2025

State of Michigan, Department of Health and Human Services Behavioral Health Provider Survey 2. Direct Care Staff Questions and Answers			
Question No.	Issue/Question	Answer	Q&A Release Date
1	How should Fiscal Intermediaries (FI) handle reporting on the Survey?	FI providers should report staffing and expense information for staff for whom they complete payroll. FI providers should follow the provider group modifier guidance used for encounter reporting.	1/15/2025
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 severance pay and tuition reimbursement.	1/15/2025
3	If a full-time employee provides both direct care (services reported as encounters) and contracted or grant funded services (not reported as encounters), how should providers report the portion that is applicable to 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.	1/15/2025
4	If we pay temporary bonuses (e.g., signing bonuses after 90 days from hire), how do we include this in the hourly wage rate?	Wages on the <i>Direct Service Staff</i> worksheet should reflect an hourly wage, exclusive of any sign-on or retention bonuses. The <i>Additional Compensation</i> worksheet will be used to report this information and is required for providers with \$5 million or more in Medicaid revenue.	1/15/2025
5	Should we exclude wages, benefits, etc., for HR, payroll, billing, and other administrative staff? Is this report only for direct care workers / clinical staff 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 Survey should primarily be responsible for supervising direct care and clinical staff delivering encounterable services.	1/15/2025
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.	1/15/2025
7	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: 01 – Salaries and Wages, Clinical Direct Service Staff under the Non-Contracted Full-Time Employees column, and 04 – Compensation, Contractual Clinical Direct Service Staff under the Contracted Employee Positions column?	Yes, there should be general alignment between expense categories 01 (Salaries and Wages, Clinical Direct Service Staff) and 04 (Compensation, Contractual Clinical Direct Service Staff) of the Standard Cost Allocation methodology and the Non-Contracted Full-Time Employees and Contracted Employee Positions within the Survey.	1/15/2025
8	We pay all of our staff the \$3.40 per Direct Care Worker (DCW) pay increase. Does this change the modifier? Does it change where we report our direct care and clinical staff?	Please include the additional \$3.40 DCW wage increase in your response. This does not change where the workers should be reported in the Survey or the modifier. It should be noted that wage increases due to the minimum wage increase, effective February 21, 2025, should be excluded from your wage responses. There is a separate worksheet to account for the minimum wage increase "2a. Minimum Wage Increase".	1/15/2025
9	Where should bachelor level Direct Support Professionals go in the <i>Direct Care Staff</i> worksheet?	All reported staff should align with the provider's scope of practice. Please submit information for all Direct Support Professionals with a bachelor's level education or lower under the Direct Support Professional provider type in the Behavioral Health Clinical Staff - Associate's or Below.	1/15/2025
10	How do we know if someone is a contractor?	Contractual 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. Information for contracted employees should be reported in reference columns (D), (E), and (F) of the <i>Direct Care Staff</i> and <i>Supervisors</i> worksheets.	1/15/2025
11	Why does the Survey not capture administrative support and overhead costs?	Administrative support and overhead costs should be excluded from the <i>Direct Care Staff</i> and <i>Supervisors</i> worksheets, but the costs are captured in the <i>Expenditure</i> worksheets.	1/15/2025
12	Should staff members that only work with Non-Medicaid payers be included in the Survey?	Reported staff and values within the Survey should be limited to staff providing encounterable Medicaid services.	1/15/2025
13	If there is an open position (i.e., vacancy), how should we report that information?	The Survey captures wage, benefits, training, and paid time off for filled positions. Vacancies can be reported in reference columns (C) and (F) of the <i>Direct Care Staff</i> worksheet.	1/15/2025
14	Do you want information on CLS / residential technicians? If so, what category do they belong in?	Yes, please enter information for the CLS / Residential Technicians under the <i>Residential Care Specialist</i> category.	1/15/2025
15	What is a Provider Group Modifier?	Provider Group modifiers are modifiers to service codes for SFY 2025 and forward to be reported on the majority of non-team based encounters. The purpose of provider modifiers is to identify which type of worker is associated with delivering the service. Details on these modifiers are included on the SFY 2025 Behavioral Health Code Charts which are posted on the MDHHS website: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting	1/15/2025
16	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, 2025 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 at the top of worksheet <i>Direct Care Staff</i> .	1/15/2025

State of Michigan, Department of Health and Human Services
Behavioral Health Provider Staffing and Expense Survey
2a. Minimum Wage Increase Questions and Answers

Question			
No.	Issue/Question	Answer	Q&A Release Date
	There are no current questions on this worksheet. This will be updated as questions are submitted.		

State of Michigan, Department of Health and Human Services Behavioral Health Provider Staffing and Expense Survey 3. Supervisors Questions and Answers			
Question			
No.	Issue/Question	Answer	Q&A Release Date
1	Should we include supervisors that do not supervise staff providing encounterable Direct Care services?	No, the supervisors included within the Survey should primarily be responsible for supervising direct care and clinical staff delivering encounterable services.	1/15/2025
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 Survey.	1/15/2025
3	Some of our therapists are both BCBAs and LMSWs. Do we count them in each of those rows, or only select one of their credentials for the purpose of this list?	Please enter each therapist's information only once on the Survey; report someone under the position in which they spend most of their working time.	1/15/2025
4	If my supervisors are not fitting within the Provider Types listed in the Survey, how should I record their role?	Supervisors that do not align with a provider type/position on the Survey should be reported within the <i>Other</i> provider types. For example, "Other Bachelor's Level Behavioral Health Professionals".	1/15/2025
5	Should we report chief executive officer (CEO) or chief operating officer (COO) on the <i>Supervisor</i> worksheet?	Reported staff and values within the Survey should be limited to those staff who provide Medicaid encounterable services or who provide direct supervision to those delivering Medicaid encounterable services. Administrative staff costs should be excluded from the Direct Care Staff and Supervisors worksheets, but the costs are captured in the Expenditure worksheets.	1/15/2025

State of Michigan, Department of Health and Human Services Behavioral Health Provider Staffing and Expense Survey 4. Additional Compensation Questions and Answers			
Question No.	Issue/Question	Answer	Q&A Release Date
1	How should we report overtime in the Survey?	Please include the percentage of hours attributable to receiving overtime for non-contracted FTE's in reference column (A). Example: If you have 1,000 total hours for a provider group modifier, inclusive of 900 regular and 100 overtime hours, you would report 10% for the applicable provider group modifier row.	1/15/2025
2	Can you clarify what a "standard work week" means?	Please enter the hours for your entity's standard work week for full-time regular non-contracted employees. The reported hours should be consistent with how full-time equivalent (FTE) employees are determined and reported on the <i>Direct Care Staff and Supervisors</i> worksheets.	1/15/2025

State of Michigan, Department of Health and Human Services
Behavioral Health Provider Staffing and Expense Survey
5. Training Tab Questions and Answers

Question			
No.	Issue/Question	Answer	Q&A Release Date
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 by selecting the best range in reference columns (B) and (D). If you do not have a reasonable estimate, please leave the default selection of <Select> .	1/15/2025
2	Is onboarding referring to training provided by the CMHSP or training by a provider?	If training by both is applicable to your onboarding estimate, please include both.	1/15/2025

State of Michigan, Department of Health and Human Services
Behavioral Health Provider Staffing and Expense Survey
6. Paid Time Off Questions and Answers

Question			
No.	Issue/Question	Answer	Q&A Release Date
	There are no current questions on this worksheet. This will be updated as questions are submitted.		

State of Michigan, Department of Health and Human Services Behavioral Health Provider Staffing and Expense Survey 7. Direct and Indirect Minutes Questions and Answers			
Question No.	Issue/Question	Answer	Q&A Release Date
	There are no current questions on this worksheet. This will be updated as questions are submitted.		

State of Michigan, Department of Health and Human Services Behavioral Health Provider Staffing and Expense Survey 8. Licensed Residential Hours Questions and Answers			
Question No.	Issue/Question	Answer	Q&A Release Date
1	What codes should be utilized to capture billed and staff hours within the <i>Licensed Residential Hours</i> worksheet?	The hours reported on this worksheet are limited to procedure codes H2016 and T1020. Please note that only staff who regularly are face-to-face with individuals residing in the facility should be reported in the staff hours.	1/15/2025
2	How should staffing hours be reported in the <i>Licensed Residential Hours</i> worksheet?	Total annual staff hours should be recorded for each LARA ID and staffing type. If staff utilize both procedure code H2016 and T1020 you should record their hours once; do not double count the hours if both codes are utilized.	1/15/2025
3	What is a LARA ID?	The LARA ID is the Licensing and Regulatory Affairs License Number assigned to each of your organization's facilities providing licensed residential care. For more information about LARA, please visit the Michigan website: https://www.michigan.gov/lara	1/15/2025

State of Michigan, Department of Health and Human Services Behavioral Health Provider Staffing and Expense Survey 9. Expenditure Summary < \$5 Million Questions and Answers			
Question			
No.	Issue/Question	Answer	Q&A Release Date
1	What costs belong in the expense categories (e.g., transportation and Direct Staff and Supervisory Salaries, Wages, and Employee Related Expenses) within the two <i>Expenditure</i> worksheets?	Figure 2 within the Provider Staffing and Expense Survey Instructions provides a mapping of these expense categories to the major cost categories.	1/15/2025
2	If a procedure code an organization delivers is not listed on the MDHHS website, should the costs related to those codes be captured on the <i>Expenditure</i> worksheets?	The information on the MDHHS website includes procedure codes covered by Michigan's Medicaid behavioral health program, which may not include all procedure codes a reporting organization delivers. All payor costs associated with procedure codes not listed on the website should still be included on the <i>Expenditure</i> worksheets.	1/15/2025

State of Michigan, Department of Health and Human Services Behavioral Health Provider Staffing and Expense Survey 10. Expenditure Summary > \$5 Million Questions and Answers			
Question No.	Issue/Question	Answer	Q&A Release Date
1	Could a Full Code listing be provided to help complete the <i>Expenditure</i> worksheets?	A listing of the Full Codes (HCPCS/Hospital Type/Revenue Code combinations) has been posted to the MDHHS website: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting .	1/15/2025

State of Michigan, Department of Health and Human Services
Behavioral Health Provider Staffing and Expense Survey
11. Survey Feedback Questions and Answers

Question			
No.	Issue/Question	Answer	Q&A Release Date
	There are no current questions on this worksheet. This will be updated as questions are submitted.		

State of Michigan, Department of Health and Human Services
Behavioral Health Provider Staffing and Expense Survey

Limitations:

This document has been prepared solely for the internal business use of and is only to be relied upon by the management of Michigan Department of Health and Human Services (MDHHS) and their consultants and advisors. This document will be shared with Michigan's Medicaid Behavioral Health providers to support the collection of 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. The owners of this document are members of the American Academy of Actuaries, and meet the qualification standards for performing the analyses in this report.