

Payment Reform Contract Provider Cost Survey - Instructions

- **Cost Survey Period:** Please complete the survey using your actual costs for the most recently finished fiscal year (SFY 2020-21).
- The aim of this survey is to capture the costs specific to outpatient or Mode 15 services/staff for mental health and SUD services. If a contractor also provides any services listed below, the contractor should exclude the cost of providing those services when completing the cost survey tool.

Please exclude data for contract providers that offer only the following service types:

- Inpatient psychiatric services, including psychiatric health facility services
 - Adult residential treatment
 - Crisis residential treatment
 - Therapeutic Foster Care
 - Day Treatment or Day Treatment Intensive
 - Crisis Stabilization
 - Residential SUD treatment
 - Withdrawal management
 - NTP/OTP services
- Our aim is to develop a fully loaded hourly rate for each practitioner type. The data will be used to develop procedure-code level rates for reimbursement to county BH plans that are either specific to each practitioner type/category, or that account for a mix of practitioner types using weighted averages. Rates will account for time spent on direct client care as well as time spent on documentation and travel.
 - If a contractor provides both Specialty Mental Health Services and Drug Medi-Cal Services, the contract provider will submit a survey completed for Specialty Mental Health Services (SMHS) and a separate survey completed for Drug Medi-Cal (DMC) services or DMC Organized Delivery System (ODS) services. For providers that render both SMHS and DMC or DMC ODS services, FTE should be divided between the two programs, in the same manner used to report staff for network adequacy certification.
 - **All numbers reported on the survey should relate exclusively to SMHS or DMC/DMC ODS services, depending on which survey you are filling out. No number should “cover” both.**
 - Each sheet in the workbook has a ‘Notes’ column on the far right. If you cannot populate a row that you think you should or have any important context to provide about the numbers you put in a row, please use the ‘Notes’ column to describe the situation.
 - You may see red cells as you complete your survey. Be sure to provide values in red cells before turning in your survey.

Worksheet – Direct Service Staff

Column A – Staffing Category:

Column A lists each provider qualified to render specialty mental health or DMC/DMC-ODS services. Please consult Supplement 2 to Attachment 3.1-B of the Medi-Cal State Plan for more information regarding each provider type.

Medical Type Staff

- Psychiatrist/Contracted Psychiatrist: Many counties use Locums or other contracting mechanisms for psychiatry. Even though this is technically a contract the cost and count of FTEs would be included here.
- Physician Assistant
- Nurse Practitioner
- RN
- LVN
- Pharmacist
- Licensed Psychiatric Technician
- MD (typically in SUD system of care)

Clinical / License Eligible

- Psychologist/Pre-Licensed Psychologist
- LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT, LCSW, LPCC)

Non-Clinical

- Occupational Therapist
- Mental Health Rehab Specialist
- Alcohol and Drug Counselor - Registered
- Alcohol and Drug Counselor - Certified
- Peer Recovery Specialist in SUD System of Care
- Other Qualified Providers - Other Designated MH staff that bill Medi-Cal: *This category would factor in all staff not identified in the categories above who are part of the behavioral health system of care. In the mental health system this would include peer employees.*

Provider Leadership/Support Staff: This category is used to reflect indirect administrative only costs. If for example, the provider has an Executive Director who spends 25% of their time providing direct client services and 75% indirect administration, you would enter .75 for the FTE in this section and .25 of the FTE in one of the sections above based on the license of the Executive Director.

- Executive Level staff (Executive Direct/Deputy Director)
- Managers and Supervisors
- Administrative and Clerical Staff
- Medical Assistants

Column B - Number of FTE's:

- For each staff category, please enter the number of FTEs the clinic employed and/or contracted with. One FTE is based upon 2,080 hours for the year.
- If the provider employed someone who provided direct mental health treatment and performed indirect administrative activities, please estimate the proportion of time spent providing mental health treatment.

Column C – Salary + Benefits:

For each occupational category, please enter the total salary and benefit costs to employ and/or contract with the FTE reported in Column B.

Column D – Hiring Bonuses or Other Incentive Costs:

If hiring bonuses or other compensation are used to hire or retain staff, please include this total annual spend.

Column E – Total Costs

This column automatically sums columns C and D to get the total cost for each staffing category.

Column F - Estimated % of Time on Direct Patient Care:

- For each occupational category, please enter the percentage of time the FTE reported in Column B spent providing Direct Patient Care. Time recorded should NOT include documentation and travel time, only direct patient care time.
- The percentage of time spent on direct patient care is a critical data point in this effort. It may not be feasible to meaningfully use data on rows where the percentage of time reported on direct patient care is extremely low.

Column G - Substantiation for value in Estimated % of Time on Direct Patient Care:

Please provide supporting information regarding values below %30 reported in column G.

Column H - Implied Cost per Direct Care Hour

This column automatically calculates an implied cost per hour for each staffing category.

Column I – Vacancy Rate - Point in Time:

For each staffing category, please enter the current point in time vacancy measured in FTEs.

Organization Name, Legal Entity Number, Type of Services, and County Affiliation:

Enter your organization's name, legal entity number, the type of services represented in this survey, and the county this survey is for.

Worksheet – Other Costs

Row 1 – Operating Costs: Please enter all operating costs directly assigned to the provision of direct services in Column B.

Row 2 – Indirect Costs: Please enter the indirect costs that the provider allocated to direct services in Column B.

Be sure that none of the costs entered on the ‘Other Costs’ sheet duplicate any costs entered on the ‘Direct Service Staff’ sheet.