

MILLIMAN

# Instructions:

# Behavioral Health Provider Cost and Wage Survey

2022

Washington State Health Care Authority

September 29, 2022





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## I. Overview

The Washington Health Care Authority (HCA) behavioral health provider cost and wage survey (“the survey”) is necessary for HCA to meet a legislative requirement to develop behavioral health comparison rates that will provide transparent payment rate benchmarks reflecting reasonable and appropriate costs for Medicaid-funded behavioral health services (2021-2023 State Operating Budget, Section 215, proviso #98 of Engrossed Substitute Senate Bill 5693). HCA’s website regarding this initiative (<https://hca.wa.gov/billers-providers-partners/program-information-providers/contractor-and-provider-resources>) provides additional information on work performed to date (Phase 1) on this important initiative, which has involved extensive stakeholder engagement and the development of initial comparison rates.

**Who should complete the survey?** Providers delivering services under Section 13d Rehabilitative Services of Washington’s Medicaid State Plan. These include mental health and substance use disorder outpatient providers, substance use disorder and mental health residential providers, and WISe and PACT service providers. For purposes of this survey announcement, the term “provider” refers to an individual or entity engaged in the delivery, ordering, or referring of the above-mentioned services. Only one survey needs to be submitted regardless of different types of services a provider may deliver. For example, if a provider has five substance use disorder residential facilities and an outpatient clinic, the provider would only need to submit one cost survey. If a provider prefers to submit separate surveys, that is allowed.

**Why is my participation important?** The data that you and other providers submit will provide important insights into behavioral health provider costs and wages and inform the payment rate assumptions used to refine the behavioral health comparison rates developed in Phase 1.

**When is the survey due?** November 10, 2022

**How do I submit the survey?** After completion, save the file with your provider name in the file name, e.g., 2022 Provider Survey Tool – [provider name].xlsx. Once the workbook is complete, please email it as an attachment to [AppleHealth.Info@Milliman.com](mailto:AppleHealth.Info@Milliman.com).

**Who will have access to the survey data?** Information reported by providers will not be available to HCA or any other providers or related entities. Individually reported information will be used and maintained only by Milliman and not externally shared with additional parties. Any information shared with HCA may become public record and subject to *Freedom of Information Act (FOIA) requests*. Therefore, Milliman will not be sharing the individual workbooks or provider-specific information with HCA.

**What if I need help completing the survey?** There are a variety of avenues to obtain support when completing the survey:

- Recorded training available on-demand on HCA’s website regarding this initiative:  
<https://hca.wa.gov/billers-providers-partners/program-information-providers/contractor-and-provider-resources>
- Dedicated email for questions ([AppleHealth.Info@Milliman.com](mailto:AppleHealth.Info@Milliman.com))
- Live Q&A session offered two weeks after survey distribution
- FAQs posted on the HCA website as needed (<https://hca.wa.gov/billers-providers-partners/program-information-providers/contractor-and-provider-resources>)

Figure 1 on the following pages provides a high-level summary of the worksheets included in the survey and indicates which providers should complete each worksheet. Some worksheets are specific to a particular service or provider type and will not need to be completed by every provider. For example, providers that do not offer residential services would not be required to complete the worksheets specific to those services.

**FIGURE 1: OVERVIEW OF SURVEY WORKSHEETS AND DATA COLLECTED**

WORKSHEET	TITLE	DATA COLLECTED	WHO SHOULD COMPLETE?
A	General Information and Attestation	Provider's identification and contact information, attestation, and organization-wide information regarding type of services, turnover, and employee raises.	All providers
B	Productivity for Clinical / Direct Care Staff	PTO, training hours, and other productivity-related information	All providers except for providers that only deliver WISe and PACT services OR residential care services
C	Wages for Non-WISe and PACT Clinical / Direct Care Workers	Staffing, wages, training, and payment differential information	All providers except for providers that only deliver WISe and PACT services
D	Wages for WISe and PACT Clinical / Direct Care Workers	Staffing, wages, training, and payment differential information	WISe and PACT providers
E	Bonuses for Clinical/Direct Care Staff	Signing and retentions bonuses information	All providers
F	Administrative and Program Support Costs	Administrative and program support costs that include clinical/direct care workers and supervisors' salaries and wages, employee related expenses, transportation costs, health benefits, and other non-allowable Medicaid costs	All providers
G	WISe Teams and Staffing	Number of WISe teams and corresponding number of WISe recipients served, geographic location and average monthly miles travel. Monthly staffing by provider group for each team.	WISe providers
H	PACT Teams and Staffing	Number of PACT teams and corresponding number of PACT recipients served, geographic location and average monthly miles travel. Monthly staffing by provider group for each team.	PACT providers
I	SUD Residential Services and Staffing	Number of SUD facilities and related facility characteristics, and staffing information for each type of SUD service provided.	SUD residential providers
J	Mental Health Residential Services	Number of mental health residential facilities and related facility characteristics. Total number of mental health technician FTEs and clinical care FTEs.	Mental health residential providers (billing using H0018 and H0019)
K	Group Services	Average mental health and SUD group size, number of clinical staff leading each group, and average number of groups per week	Providers that offer services in a group setting
L	Feedback	Optional tab, to provide additional notes or overall feedback specific to each one of the worksheets.	All providers

The survey workbook also contains two tabs with reference information:

- **Location Reference** – Provides a crosswalk between counties and rural, urban, and frontier geographic designations.
- **Provider Type Crosswalk** – Provides a crosswalk between provider types, SERI Taxonomy Code and Provider Grouping.

The following section provides detailed instructions for preparing and reporting information for each of the worksheets, including what should be reported in each of the requested fields and definitions specific to terms used on each worksheet.

For purposes of this survey, the term **“clinical/direct care staff/employees”** refer to providers that deliver one on one care. This staff includes behavioral health and medical positions in addition to residential care workers such as resident assistants and mental health technicians.

## II. Worksheet Instructions

### WORKSHEET A: GENERAL INFORMATION

This general worksheet tab includes fields for reporting a provider's identification and contact information. It also asks several organization-wide questions regarding type of services, turnover, and raises for clinical/direct care staff.

#### Provider and contact information (Question 1)

**Row (a):** Provider Agency Name– Enter your provider agency name associated with delivering, ordering, or referring behavioral health services.

**Row (b):** Contact Name– Enter the name of the person who should be contacted if there are any questions related to the information reported.

**Row (c):** Contact Phone Number– Enter the phone number of the person listed as the contact name.

**Row (d):** Contact Email Address– Enter the email address of the person listed as the contact name.

**Row (e):** Contact Address– Enter the provider main mailing address.

#### Type of services (Question 2)

Select the type(s) of behavioral health services your organization provides in **Rows (a)** through **(k)**. If your agency provides other behavioral health services not listed, you may type in the other services provided in the corresponding text box for **Row (l)**, separating each service by a comma.

*Your answers to Question 2 determine which worksheets will be necessary to complete. Any worksheets that are not applicable to your organization will be automatically blanked out with a note indicating that completion is not needed.*

#### Claims processing for other network providers (Question 3)

This question asks where or not your organization is responsible for adjudicating claims to pay for other services; select the appropriate answer from the drop-down list.

#### Employee staffing (Question 4)

This section collects data to calculate the clinical/direct-care staff turnover rate for State Fiscal Year (SFY) 2022 (July 1, 2021 to June 30, 2022). Enter a whole number in **Rows (a)**, **(b)** and **(c)** as applicable. **Row (d)** will automatically calculate.

#### Billing National Provider Identifiers for the organization (Question 5)

This question asks providers to list their Billing National Provider Identifier (NPI) number(s). Record each NPI number on a separate row.

#### Clinical/direct care staff raises (Questions 6 to 9)

These questions collect information on recent and anticipated employee wage increases.

#### Attestation

This section requires that organizations complete a certification statement to attest to the information submitted in the survey.

**WORKSHEET B: PRODUCTIVITY FOR CLINICAL/DIRECT CARE STAFF**

This productivity worksheet tab is to be completed by providers for clinical staff that are not employed to provide care at SUD or mental health residential care facilities. Do not include WISE or PACT team members or LEAD or HOST staff in the reported data. Note: Crisis services are excluded.

FIGURE 2: PRODUCTIVITY WORKSHEET EXAMPLE 1

Clinic/Facility Name	Location	Unique Population Characteristics Impacting Productivity	Time Period Used	
			Start	End
EXAMPLE: Healthcare, Inc.	Urban	Homeless	7/1/2021	6/30/2022

- **Clinic/Facility Name:** List the full name of each behavioral health clinic/facility associated with your organization (mental health and substance use disorder services).
- **Location:** Choose from the drop-down list to select the location for the facility (urban, rural, frontier, or multiple). Refer to the Location Reference tab for geographic designations.
- **Unique population characteristics impacting productivity:** Describe any unique population characteristics that may impact provider billable and non-billable time, e.g., homeless.
- **Time period used:** Record the time period used for the reported information. Use the most State Fiscal Year (July 1, 2021 to June 30, 2022) if possible. If not, use the most recent 12 month time period available.

FIGURE 3: PRODUCTIVITY WORKSHEET EXAMPLE 2

Clinic/Facility Name	Total Hours	Total PTO Hours	Total Training Hours	Total Billable Hours	Non-Billable Hours	Productivity Percentage	Notes
	(A)	(B)	(C)	(D)	E=A-B-C-D	F=D/(A-B)	
EXAMPLE: Healthcare, Inc.	2,080	120	300	1,100	560	56%	<Enter Response>

- Report the total hours for all clinical/direct care staff, total paid time off (including both vacation, sick, and holiday), total training, and total billable in **Columns (A) to (D)**. **Columns E** (non-billable hours) and **F** (productivity percentage) will calculate automatically. Do not include data for WISE or PACT staff.
- The optional notes column is for adding additional details associated with the reported information for each listed facility in the table.

**WORKSHEET C: WAGES FOR NON-WISE AND PACT CLINICAL/DIRECT CARE WORKERS**

This worksheet includes questions about wages, vacant and filled positions, and training for non-WISE and PACT clinical/direct care workers. Exclude data for interns and LEAD or HOST staff.

**Wage Table**

Report information for each of the provider groups listed, leaving blank any rows that do not apply to your organization. For ease of reference, the “Provider Type Crosswalk” reference tab provides a crosswalk between provider types and provider groups, based on provider types listed in the [Washington State Health Care Authority’s IMC Service Encounter Reporting Instructions \(SERI\)](#). Use **Rows 26, 27, and 28** to list any clinical/direct care workers not reflected in the provider groups listed.

Figure 4 following provides a description of how to report hourly wages and full time equivalents (FTEs) for purposes of this worksheet.

**FIGURE 4: DESCRIPTION OF REPORTING HOURLY WAGES AND FTEs**

ITEM	DESCRIPTION
<b>Reporting Hourly Wage</b>	<ul style="list-style-type: none"> <li>The requested salary information should be reported on an hourly wage basis for non-contracted employees, and a rate per hour basis for contracted employee positions.</li> <li>If employees are paid on an hourly basis, consider their regular wage rate (not including overtime adjusted wages) for purposes of reporting averages. 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.</li> <li>Include all wage-based compensation, such as merit bonuses, paid in addition to salaried amounts.</li> </ul>
<b>Identifying Number of Full Time Equivalents</b>	<ul style="list-style-type: none"> <li>Full time equivalents, or FTEs, are a measure of the number of employees for each provider type/position.</li> <li>Reporting FTEs requires the provider entity to <i>consider part-time and full-time positions</i>. For example, an employee working full time would be counted as 1.0 FTEs, and an employee working half time would be considered as 0.5 FTEs.</li> <li><i>For hourly non-contracted employees</i>, consider your organization's standard work week for purposes of determining and reporting FTEs. For example, if your organization's standard work week is 35 hours, hourly employees working 35 hours per week should be considered as 1.0 FTEs, and hourly employees working 21 hours per week should be considered as 0.6 FTEs. Similarly, if your organization's standard work week is 40 hours per week, hourly employees working 40 hours per week should be considered as 1.0 FTEs, and hourly employees working 24 hours per week should be considered as 0.6 FTEs.</li> <li><i>For salaried employees</i>, determine the number of FTEs based on your organization's expectations regarding the number of hours the salaried employee will work. For example, if a salaried employee is expected to work an average of 50 hours per week, the employee should be considered as 1.0 FTEs even though your organization may have a standard work week of 40 hours for hourly employees.</li> <li><i>FTEs for contracted employee positions</i> should be based on the same assumptions applied for determining FTEs for non-contracted employee positions.</li> <li>If a clinical/direct care staff person splits their time between administrative and clinical/direct care functions, only include the time spent on clinical/direct care when calculating the FTE.</li> </ul>

Follow the below instructions for each column in the wage table, excluding any interns and WISe and PACT clinical/direct care workers from the information reported.

- Non-Contracted employees as of 8/1/2022
  - Column (A):** Report the number of filled FTEs for each provider group for non-contracted employees (as of 8/1/2022).
  - Column (B):** Report the average hourly wage for each provider group for non-contracted employees (as of 8/1/2022).
- Contracted employees as of 8/1/2022
  - Column (C):** Report the number of filled FTEs for each provider group for contracted employees (as of 8/1/2022).
  - Column (D):** Report the average hourly rate for each provider group for contracted employees (as of 8/1/2022). This hourly rate is all-inclusive as compared to what would be reported for a salaried employee.
- Staffing as of August 1, 2022
  - Column (E):** This column automatically populates the total number of filled FTEs (as of 8/1/2022) for each provider group.
  - Column (F):** Report the total number of clinical/direct care employees with less than 12 months of experience at the agency (as of 8/1/2022) for each provider group.
  - Column (G):** Report the total number of unfilled FTEs (as of 8/1/2022) for each provider group.
- Training
  - Column (H):** Report the average total number of training hours a new hire employee requires for each provider group.



**Column (I):** Report the total estimated training hours (reoccurring annually) per full-time employee for each provider group.

### Question 1: Payment Differentials

Indicate if your organization offers any payment differentials for clinical/direct care workers, such as on-call or overtime payments, and if so, indicate for which provider groups and describe the differential.

## WORKSHEET D: WAGES FOR WISE AND PACT CLINICAL/DIRECT CARE WORKERS

This worksheet includes questions about wages, vacant and filled positions, and training for WISE and PACT clinical/direct care workers only. Exclude any interns from the information reported.

Report information according to the provider groups listed, leaving blank any rows that do not apply to your organization. For ease of reference, the “Provider Type Crosswalk” reference tab provides a crosswalk between provider types and provider groups, based on provider types listed in the [Washington State Health Care Authority’s IMC Service Encounter Reporting Instructions \(SERI\)](#). Use **Rows 24, 25, and 26** to list any clinical/direct care workers not reflected in the provider groups listed.

### Wage Table

Please use the column instructions from Worksheet C to complete the information.

### Question 1: Payment Differentials

Indicate if your organization offers any payment differentials for clinical/direct care workers, and if so, indicate for which provider groups and describe the differential.

## WORKSHEET E: BONUSES

This worksheet collects data on retention and signing bonuses for clinical/direct care staff. Information reported should reflect the first six months of Calendar Year 2022.

- Question 1:** Select from a drop-down list to indicate if your agency pays signing bonuses to new hires. If you select “Yes” or “Sometimes”, report the percentage of new hires receiving these bonuses in **Row (a)**, and the average signing bonus per new hire in **Row (b)**.
- Question 2:** Select from the drop-down list to answer if your agency will continue to pay signing bonuses going forward.
- Question 3:** Select from the drop-down list to indicate if your agency pays retention bonuses. If you select “Yes” or “Sometimes”, report the percentage of employees receiving these bonuses in **Row (a)**, and the average retention bonus in **Row (b)**.
- Question 4:** Select from the drop-down list to answer if your agency will continue to pay retention bonuses going forward.
- Question 5:** Report any other information regarding retention or signing bonuses that might be helpful for HCA to understand.

## WORKSHEET F: ADMINISTRATIVE AND PROGRAM SUPPORT COSTS

This worksheet collects data on administrative and program support costs using the most recent provider fiscal year as the reporting period. Data reported should align with provider financial statements.

Figure 5 provides definitions of allowable and non-allowable costs, and administrative, program support, and room and board costs. Data reported should reflect these definitions.

**FIGURE 5: DEFINITIONS FOR USE IN COMPLETING WORKSHEET**

TERM	DEFINITION
<b>Allowable and non-allowable costs</b>	<p>For purposes of this survey, allowable costs based on federal Medicaid regulations are the reasonable costs necessary to provide services to individuals eligible for the approved federal Medicaid waivers. Determinations of allowable costs must be consistent with 2 CFR § 200, and in principle, the term “reasonable” relates to the prudent and cost conscious buyer concept that purchasers of services will seek to economize and minimize costs whenever possible. The term “necessary” relates to the necessity of the service. To be “necessary”, it must be a required element for providing care to individuals as specified by the approved federal waivers.</p> <p>The following are examples of non-allowable costs:</p> <ul style="list-style-type: none"> <li>• Room and board (including all client-related facility and facility maintenance costs, food, and personal expenses)</li> <li>• Other, e.g., bad debts, charitable contributions, fundraising costs, entertainment costs (including costs of alcoholic beverages), and Federal, state, or local sanctions or fines</li> </ul>
<b>Administrative costs</b>	<p>Expenses incurred by the provider entity necessary to support the provision of services but not directly related to providing services to individuals. These expenses exclude transportation, wages and employee-related expenses for clinical care, and may include, but not be limited to:</p> <ul style="list-style-type: none"> <li>• Salaries and wages, and related employee benefits for employees or contractors that are not direct service workers or first- and second- line supervisors of direct service workers</li> <li>• Liability and other insurance</li> <li>• Licenses and taxes</li> <li>• Legal and audit fees</li> <li>• Accounting and payroll services</li> <li>• Billing and collection services</li> <li>• Bank service charges and fees</li> <li>• Information technology</li> <li>• Telephone and other communication expenses</li> <li>• Office and other supplies including postage</li> <li>• Accreditation expenses, dues, memberships, and subscriptions</li> <li>• Meeting and administrative travel related expenses</li> <li>• Training and employee development expenses, including related travel</li> <li>• Human resources, including background checks and other recruiting expenses</li> <li>• Community education</li> <li>• Marketing/advertising</li> <li>• Interest expense and financing fees</li> <li>• Facility and equipment expense for space not used to directly provide services to individuals, and related utilities</li> <li>• Vehicle and other transportation expenses not related to transporting individuals receiving services or transporting employees to provide services to individuals</li> <li>• Board of director-related expenses</li> <li>• Interpreter services</li> </ul>
<b>Program support costs</b>	Supplies, materials and equipment necessary to support service delivery
<b>Room and board costs</b>	Board means three meals a day or any other full nutritional regimen. <sup>1</sup> Room means hotel or shelter type expenses including all property related costs such as rental or purchase of real estate and furnishings, maintenance, utilities, and related administrative services. <sup>2</sup>

There are two sections in this tab, the first section aims to collect data regarding administrative, program support, and employee-related costs. The second section contains additional questions regarding administrative cost drivers for WISE and PACT services.

<sup>1</sup> State Medicaid Manual, Chapter 4, 4442.3, B.12. Accessed online (July 25, 2022): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927>

<sup>2</sup> *Ibid*

### Administrative, Program Support and Employee-Related Expense Costs

Data for this section should be reported using data from the most recent provider fiscal year. Enter the start and end date of the relevant time period in **Row 12**.

- Row (A):** Report total costs related to LEAD and HOST program, including staffing, transportation administrative and program support costs. Do not include any LEAD and HOST program costs elsewhere.
- Row (B):** Report total clinical/direct care staff and supervisor salaries and wages.
- Row (C):** Report costs associated with clinical/direct care staff and supervisor health and dental insurance
- Row (D):** Report all other employee-related expenses for clinical/direct care staff and supervisors (e.g., federal and state taxes and retirement benefits)
- Row (E):** Report transportation vehicle costs for clinical services, recording costs related to vehicles owned by the provider on **(E.i)**, and mileage costs or other transportation costs paid to clinical/direct care employees on **(E.ii)**. Row **(E)** will automatically sum **(E.i)** and **(E.ii)**.
- Row (F):** Provide a breakdown of administrative and program support costs as follows:
- F.i:** Salary and wages for administrative and program support staff
  - F.ii:** Health and dental insurance costs for administrative staff
  - F.iii:** All other employee-related expenses for administrative staff
  - F.iv:** Facility costs related to clinical and direct care services, and administrative and program support costs. For example, for substance use disorder residential services, these costs would include facility space where individual and group therapy sessions are delivered, and facility space for administrative staff. Facility space related to shelter type expenses (e.g., where an individual sleeps) would be recorded under room and board costs in Row G.
  - F.v:** All other non-personnel administrative costs, using the text box below this row to provide a description in addition to reporting costs.
  - F.vi:** Program support costs, using the text box below this row to provide a description in addition to reporting costs
- Row (G):** Report room and board costs, e.g., for mental health and SUD residential care services
- Row (H):** Report bad debt and other Medicaid non-allowable costs
- Row (I):** Report any additional costs on this row, using the text box below this row to provide a description in addition to reporting costs
- Row (J):** This row automatically calculates total costs reported using the information reported in the previous rows.
- Row (K):** Report the percentage of total administrative costs in **Row E** that are attributed to WISe and PACT services
- Row (L):** Indicate the percentage of total transportation vehicle costs (reported in **Row E**) associated with the different services listed in **(L.i)**, **(L.ii)**, and **(L.iii)**. **(L.iv)** populates All Other costs percentage automatically, using **(L.i)**, **(L.ii)**, and **(L.iii)**.
- Row (M):** Report additional information related to health insurance, specifically:
- M.i:** This row populates automatically, using the total clinical/direct care filled positions reported on **Worksheets C and D**.
  - M.ii:** Report the number of clinical/direct care staff eligible for health insurance as of 8/1/2022.

- M.iii:** Report the number of clinical/direct care staff that take up health insurance as of 8/1/2022.
- M.iv:** This row calculates the provider health insurance take up rate automatically (**M.iii** divided by **M.ii**).
- M.v:** Report the employer share of the average individual health insurance premium for your organization.
- M.vi:** Report the employer share of the average family of four health insurance premium for our organization.

### WISe and PACT Administrative Cost Drivers

Only WISe and PACT service providers need to complete this section, which asks providers to indicate the biggest drivers of administrative costs for PACT and WISe services. **Row (A)** should be completed by WISe services providers. **Row (B)** should be completed by PACT services providers.

## WORKSHEET G: WISE TEAMS AND STAFFING

This worksheet collects information on WISe teams and related staff. Only WISe providers need to complete this worksheet.

### Overall Information on Teams

For each WISe team, report the number of WISe recipients served on average, geographic location of the individuals served (drop down box), and the average monthly miles traveled by each team to provide service. The "Location Reference" tab provides a crosswalk between counties and rural, urban and frontier geographic designations to support the identification of geographic location.

### Monthly Staffing by Provider Group

For each WISe team, report the number of FTEs by the provider groups listed in **Rows 1 to 6**. Use **Rows 7 to 9** to report additional provider types. For ease of reference, the "Provider Type Crosswalk" reference tab provides a crosswalk between provider types and provider groups, based on provider types listed in the [Washington State Health Care Authority's IMC Service Encounter Reporting Instructions \(SERI\)](#).

The last question in this tab allows the user to type in information about the clinical supervisor time and how it is allocated (e.g., when one clinical supervisor is responsible for more than one WISe team).

## WORKSHEET H: PACT TEAMS AND STAFFING

This worksheet collects information on PACT teams and related staff. Only PACT providers need to complete this worksheet.

### Overall Information on Teams

For each PACT team, report the number of PACT recipients served on average, geographic location of the individuals served (drop down box), and the average monthly miles traveled by each team to provide service. The "Location Reference" tab provides a crosswalk between counties and rural, urban and frontier geographic designations to support the identification of geographic location.

### Monthly Staffing by Provider Group

For each PACT team, report the number of FTEs by the provider groups listed in **Rows 1 to 11**. Use **Rows 12 to 14** to report additional provider types. For ease of reference, the "Provider Type Crosswalk" reference tab provides a crosswalk between provider types and provider groups, based on provider types listed in the [Washington State Health Care Authority's IMC Service Encounter Reporting Instructions \(SERI\)](#).

The last question in this tab allows the user to type in information about the clinical supervisor time and how it is allocated (e.g., when one clinical supervisor is responsible for more than one PACT team).

## WORKSHEET I: SUD RESIDENTIAL SERVICES AND STAFFING

This worksheet collects information on SUD residential services and related staffing.

### SUD Residential Services Provided

**Question (1):** Report how many SUD facilities your organization has.

**Question (2):** Use the table below to describe, for each facility, the following general characteristics:

**Facility name**

**Geographic location.** For ease of reference, the “Provider Type Crosswalk” reference tab provides a crosswalk between provider types and provider groups, based on provider types listed in the [Washington State Health Care Authority’s IMC Service Encounter Reporting Instructions \(SERI\)](#).

**Number of beds:** Report the number of licensed beds.

**Average occupancy:** Report the average occupancy of your facility (e.g., in the last year)

**Type of service:** Use the dropdown box to indicate which type of SUD residential or withdrawal management service you provide at the facility listed.

**Integrated Treatment Program for Co-Occurring Disorders (SAMHSA):** Integrated treatment program that is consistent with Substance Abuse and Mental Health Services Administration (SAMHSA)’s Integrated Treatment for Co-Occurring Disorders<sup>3</sup>

### Staffing by Provider Group

Use the tables to report staffing information for each type of service your organization provides. If your organization has more than one facility that provides a particular type of service (e.g., three facilities that provide ASAM 3.5 services to adults), only provide information for one of the facilities. If you do not provide the type of service indicated in the table, leave the table blank.

For each table completed, provide the total number of target FTEs per shift. In some cases, you may find it helpful to review data from prior months to provide a response.

## WORKSHEET J: MENTAL HEALTH RESIDENTIAL SERVICES

This worksheet collects information on mental health residential services and related staffing. Mental health residential services are those billed using H0018 and H0019.

**Question (1):** Report your organization’s number of mental health residential facilities.

**Question (2):** Complete information on up to 10 mental health residential facilities in the table below, specifically:

**Facility name**

**Geographic location.** For ease of reference, the “Provider Type Crosswalk” reference tab provides a crosswalk between provider types and provider groups, based on provider types listed in the [Washington State Health Care Authority’s IMC Service Encounter Reporting Instructions \(SERI\)](#).

**Number of beds:** Report the number of licensed beds.

**Average occupancy:** Report the average occupancy of your facility (e.g., in the last year).

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<sup>3</sup> U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. 2009. Building Your Program: Evidence-Based Practices Kit. Available online (July 28, 2022): <https://store.samhsa.gov/sites/default/files/d7/priv/ebp-kit-building-your-program-10112019.pdf>.

**Population(s) served:** Describe the types of populations served by the facility.

**Total mental health technician FTEs (filled and unfilled):** Report the number of MH technician FTEs for each facility.

**Total clinical FTEs (filled and unfilled):** Report the total clinical FTEs for each facility.

**Question (3):** Indicate if your organization received payment based on a payment tier system, and if so, please describe the tiers used.

**Question (4):** List any unique factors that may drive the reimbursement rate you received to provide services higher or lower than other providers delivering MH residential treatment.

### **WORKSHEET K: GROUP SERVICES**

This worksheet collects information on group services and only needs to be completed by providers that offer these services.

- Questions 1 and 2 are for SUD group service providers. If you answer 'yes' to questions 1 and/or 2, please complete the follow-up questions in **Rows (a), (b), and (c)** as applicable.
- Questions 3 and 4 are for mental health group service providers. If you answer 'yes' to questions 3 and/or 4, please complete the follow-up questions in **Rows (a), (b), and (c)** as applicable.

### **WORKSHEET L: FEEDBACK**

This worksheet allows for reporting optional notes and overall feedback about the survey. There is a row designated for each of the above tabs to add notes specific for each tab as needed.

### III. Limitations

*This survey is subject to the terms and conditions of the Contract Agreement between the State of Washington, Health Care Authority (HCA) and Milliman, Inc. (Milliman) signed on July 14, 2021.*

*This survey has been prepared solely for the internal business use of HCA for purposes of data collection to inform the development of behavioral health comparison rates. This survey will be shared with Washington behavioral health providers. This survey should not be provided to any other party without Milliman's prior written consent. In the event such consent is provided, the survey must be provided in its entirety.*

*Milliman makes no representations or warranties regarding the content of this survey to third parties. Likewise, third parties are instructed that they are to place no reliance upon this survey prepared by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.*

*In performing this work, we relied on data and information provided by HCA and stakeholders. 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.*