



Michigan Department of Health and Human Services (MDHHS)
Community Mental Health Service Programs (CMHSP) Standard Cost Allocation (SCA) Model Instructions
SFY 2022 Reporting Period

Overview

The purpose of this document is to provide instructions for understanding and completing each worksheet of the Excel-based Standard Cost Allocation (SCA) model. Each of the following sections provide instructions for each of the worksheet tabs in the SCA model Excel workbook. Please provide information for all the requested fields. The inputs sub-section below provides more information on what is required, and each tab that requires an input is identified in header with a *CMHSP input required*.

As you prepare your submission, if you have any questions that have not been addressed in these instructions, or if you need any other clarification on what is required for your submission, please contact MDHHS at HainesK@Michigan.gov.

Inputs

There are several key inputs needed from the CMHSP to successfully allocate expenses using this SCA model Excel workbook.

The first step is to summarize expense and other information from your CMHSP's adjusted trial balance for the reporting period into the *Standard Summarized TB Excel* workbook tab. This will require reporting and organizing all expenditures recorded in your CMHSP's adjusted trial balance into a spreadsheet and assigning each expense account to a prescribed Standard Expense Category, and a prescribed Standard Cost Center. **This reporting must be done by assigning to each trial balance expense account a *Standard Expense Category Code*, a *Standard Cost Center Code*, and the associated adjusted trial balance accumulated Cost. It will be necessary to report all three of these elements in the provided SCA model Excel worksheet columns in this tab for the SCA model workbook to directly assign your CMHSP's expenses.** The CMHSP should input (i.e., cut and paste) its adjusted trial balance information into the SCA model Excel workbook using the format provided, and then assign the appropriate *Standard Expense Category Code* and *Standard Cost Center Code* for each line, also using the format provided. The *Trial Balance Validation* tab provides some checks to ensure the trial balance is filled out correctly. If any of the red highlighted cells have a non-zero value in them, the cost centers were incorrectly assigned in the trial balance.

The next step in the input process will require the input of various allocation statistics into the *CMHSP Inputs* tab. The CMHSP must report, by *Standard Cost Center Code*, the number of FTEs that are associated with the salaries and wages reported in each Standard Cost Center, the square footage associated facility use for each *Standard Cost Center*, mileage for vehicles used related to each cost center, and cost centers that include support staff, and any offsetting revenue for each cost center. If CMHSPs are able to directly assign the facility and vehicle expense allocation in their accounting records and select the option to directly assign costs to cost centers, the square footage and mileage inputs are not required.

Offsetting revenue amounts reported should include any revenues received by the CMHSP related to each of the "non-encounterable" *Standard Cost Centers*, such as revenues received for providing training programs to network providers, or for other purposes, as well as County of Financial Responsibility (COFR) revenue. COFR revenue is attributable to direct-run services provided to COFR individuals where the attributable encounter is not included on the *Service UNC* tab of the EQI.

The final step is to report CCBHC related information. Note, these additional tabs are only required for CCBHCs participating in the Section 223 CCBHC Demonstration. CMHSPs should report CCBHC daily visits in the *CCBHC Daily Visits* tab and CCBHC expenditures and MEI in in the *CCBHC PPS-1 Rate* tab. Lastly, CMHSPs should report number of FTEs and CCBHC services provided in the *CCBHC FTEs & Services Provided* tab.

Model Layout & Objectives

The *Model Layout & Objectives* tab provides an overview of each tab included in the model. It contains details on the type of tab (Informational, User Input, Checks, Summary, Allocation, Data) and the objective of the tab. Much of this information is included in these instructions but is also included in the model for ease of access.

List of Cost Centers

The workbook tab titled *List of Cost Centers* provides a list of the 52 *Standard Cost Centers* and related standard codes, which are categorized into the following groups:

- Direct-Run Clinical
- Non-encounterable
- Direct Allocation
- Excluded Service

The *Standard Cost Centers* are provided in this tab for reference purposes, and should be used as shown for purposes of preparing the *Standard Summarized TB* tab. The *Standard Cost Centers* are numbered using the first digit to define which category the cost center falls under, and the second and third digits count numerically.

Standard Summarized Trial Balance (TB) *CMHSP input required*

The *Standard Summarized TB* tab is the primary input needed for the Standard Cost Allocation model. We understand that each CMHSP has a unique trial balance and adjustments may be needed to input data on this tab. **Please note that this model primarily relies on expense information only and it is recommended that all non-expense information (e.g., revenue or balance sheet account amounts) be excluded from this tab.** The columns that are precedents to the rest of the workbook are the “Expense Category Code”, “Cost Center Code”, and “Cost” columns. The “Cost” column is the ending adjusted trial balance amount for each general ledger expense line item for the reporting period. All other columns are not required but have been included for convenience of retaining CMHSP specific account and cost center information within this model.

Additional information regarding the methodology to support completing this tab, including definitions for the standard cost centers and standard expense categories, can be found in the *Step 1 Creation of Summarized Trial Balance* section of the *Standard Cost Allocation Methodology* report.

Trail Balance Validation

This tab provides validation to confirm the *Standard Summarized TB* tab was filled out correctly. All of the cells highlighted in red should contain a zero value. If one or more red highlighted cells contain a non-zero value, then there are cost centers assigned to incorrect expense categories on the trial balance. For example, expense category 01 should only contain Direct-Run Clinical cost centers. The user should ensure all red cells are zero before moving on to the rest of the workbook. For expense category 21, all values should be less than or equal to zero. If any cells in expense category 21 are greater than zero, they will be highlighted in orange.

Expense Category Summary *CMHSP input required*

This tab is a table showing the sum of costs for each of the 21 standard expense category codes that are formulaically “rolled up” from the *Standard Summarized TB* tab. This tab illustrates the description and allocation basis of each standard expense category code. The Allocation Basis has been determined by the SCA Workgroup and will be applied consistently for all CMHSPs. There are six CMHSP inputs available for this tab; these inputs allow the CMHSP to tell the model whether certain allocations were done in their accounting system (and directly assigned in the SCA model) or if the model will be used for the allocation process. For example, for the *Pension and Retirement Expenses* Expense Category, CMHSPs will have an option to directly assign in their General Ledger based on salaries and wages or allocate based on salaries and wages within the SCA model. CMHSP users will select their method from the drop-down options in cell E12. Additional information, including the rationale for the allocation basis, can be found in the *Step 2 Direct assignment or standard allocation of expenses to standard cost centers* section of the *Standard Cost Allocation Methodology* report. **Please note that for all expense categories for which the allocation basis is direct assignment, the summarized trial balance is required to have**

expenses split out by cost center. If Column E is identified as Direct Allocation, the expenses will be entirely allocated into a specific cost center for further allocation. This tab also contains further confirmation that the trial balance is filled out correctly (i.e. all expenses are allocated or directly assigned as anticipated).

CMHSP Inputs *CMHSP input required*

This tab contains various inputs that are used in other worksheets in the model. The inputs should all be entered at a cost center level. The first four inputs relate to the allocation basis of costs. CMHSPs should input the total number of FTEs related to the salaries and wages expense reported for each *Standard Cost Center* (column E) since this statistic is used for allocation to service unit costs later in the model. Total facility expenses will be allocated based on square footage functional use. Facility square footage related to each cost center is not required if the CMHSP already allocates facility cost in their internal accounting records in a way that allow for it to be directly assigned. Vehicle expenses should be allocated based on actual recorded vehicle mileage. Finally, if a particular cost center includes services that require use of support staff, the CMHSP should enter a 1 in column I, otherwise it should be left blank or as a 0. Costs associated with support staff will only be allocated to cost centers that have been indicated as needing these types of staff.

This tab also includes inputs for offsetting revenue and COFR revenue for non-direct-run clinical cost centers and direct-run clinical cost centers respectively. These values must be entered as less than or equal to zero.

Expense Category Allocation

The Expense Category Allocation tab is a table used to allocate all expenses that are not directly assigned, which may include the following:

- Employee Insurance Expenses (depending on user input)
- Pension and Retirement Expenses (depending on user input)

Salaries and Wages are summarized from Trial Balance tab. The allocation percentage for salaries and wages is calculated as the amount for each specific cost center divided by the total amount for all cost centers.

For amounts rolled up to *Standard Expense Categories* that are allocated, the amount allocated to each cost center is calculated as the allocation percentage for that particular cost center and expense category multiplied by the sum of all costs identified in the summarized trial balance for that respective expense category. For example, Employee Insurance Expenses are allocated based on salaries and wages, so the Employee Insurance Expenses allocated to the ACT cost center is equal to the total Employee Insurance Expenses multiplied by the allocation percentage found under the qualifying salaries and wages column for the ACT cost center.

Initial Direct-Run (DR) Clinical Cost Center (CC) Summary

This tab provides a summary of the initial expenses for each of the direct-run clinical cost centers, excluded services cost centers, and other temporary cost centers that have been directly assigned or allocated on the prior tab. Directly assigned expense categories may include:

- Salaries and wages for clinical direct service staff
- Salaries and wages, service support staff
- Compensation for contractual clinical direct service staff
- Federal and state payroll taxes and fees
- Employee Insurance Expenses (depending on user input)
- Pension and Retirement Expenses (depending on user input)
- Client related travel expenses
- Clinical program and support expenses
- Facility and Equipment-Related Expenses (depending on user input)
- Vehicle expenses

Note, we have grayed out expense category and cost center combination rows on this tab that also appear on the Non-Encounter CC Summ tab.

These directly assigned expenses are added to the allocated expenses from the previous tab to determine the total initial directly assigned and allocated expenses.

Non-Encounterable Cost-Center Summary

The *Non-Encounter CC Summ* tab is similar to the previous tab, except that it summarizes the expenses for all non-direct-run cost centers. The expense categories that have been directly assigned to the non-direct-run cost centers include the following. Note, some of these expense categories are consistent with the prior tab (i.e. the expenses that can be directly assigned to both direct-run and non-direct-run cost centers) while others are different (i.e. some expenses can only be directly assigned to direct-run cost centers while others can only be directly assigned to non-direct-run cost centers).

- Salaries and wages for clinical first- and second- line supervision
- Compensation for contractual clinical first- and second- line supervision
- Salaries and wages for administration
- Federal and state payroll taxes and fees
- Employee Insurance Expenses (depending on user input)
- Pension and Retirement Expenses (depending on user input)
- Administrative Contracted Services
- Other Contracted Services
- Board of Directors expenses
- Administrative travel expenses
- Facility and Equipment-Related Expenses (depending on user input)
- Vehicle expenses
- Other Expenses
- Wages paid to individuals receiving services
- Offsetting revenues received and attributable to a cost center

In this tab, all supervision salaries and wage expense categories will be directly assigned only to the supervision cost center. Similarly, all board of directors' expenses will only be allocated to the general administration cost center. **The offsetting revenue is pulled in from the CMHSP inputs tab.** This revenue accounts for activities that the cost center may do that benefit other entities (e.g. revenues associated with CMHSP trainers providing training to network providers and revenues from network providers paying to use the CMHSP EHR). More information can be found in the *Accounting for offsetting revenues* section (within Step 3) of the *Standard Cost Allocation Methodology* report.

The directly assigned expenses and offsetting revenue reductions are then added to the allocated expenses from the *Expense Category Allocation* tab to arrive at an initial directly assigned and allocated expenses total for non-encounterable cost centers.

Non-Encounterable Cost-Center Allocation

This tab allocates the total directly assigned and allocated expenses for certain non-encounterable cost centers from the previous tab. This tab includes allocation percentages, like those that were calculated on the *Expense Category Allocation* tab. The following non-encounterable cost centers are allocated to all other cost centers using a standard allocation basis that is identified in Row 1 of this tab above each cost center name.

- Finance
- General Administration
- HR
- IT
- Trainers Net Expense
- Supervision
- Medical Records
- Salaries and Wages, Service Support Staff for Allocation
- Facility and Equipment Related Expenses for Allocation
- Vehicle Expenses for Allocation

More information can be found in the *Allocation basis for certain non-encounterable cost centers* section (within Step 3) of the *Standard Cost Allocation Methodology* report.

Final Direct-Run Clinical Cost Center Summary *CMHSP input required*

This tab sums the directly assigned expenses from the *Initial DRClinical CC Summ* tab, the allocated expenses from the *Expense Category Allocation* tab, the allocated expenses from the *Non-Encounter CC Allocation* tab, and COFR revenue. **COFR revenue is pulled in from the CMHSP inputs tab.** The table shown in columns O and P on this tab document the expense categories and cost centers that are completely or partially included in the total direct-run clinical cost centers and which component of unit cost they represent. These total expenses are then divided by the number of total direct minutes from the *Service UNC* tab to get to a composite cost per minute for each of the clinical cost centers.

More information can be found in the *Step 4 Summarize direct-run clinical costs* section of the *Standard Cost Allocation Methodology* report.

Standard Provider Weights

The *Standard Provider Weights* tab creates a standard weighting factor for each of the proposed SFY 2022 provider groups, which is described below. This table also includes the costs for SUD residential to support allocating costs for each ASAM level.

The provider groups represented in this tab cover the full range of the various types of providers expected to be providing billable services under Michigan's Medicaid behavioral health program. The salaries and wages, employer taxes, insurance, and retirement values will be updated on an annual basis based on the new CMHSP salary survey information to be collected in future reporting periods. The total annual compensation expenses for an employee in each level are divided by 100,000 to calculate a weighting factor for that provider group. The weighting factor is used in the following tab separately for each cost center.

Weighted Cost per Minute by Provider

The *Wtd Cost per Minute by Provider* tab uses the composite cost per minute calculated on the *Final DRClinical CC Summ* tab, direct minutes adjusted for group services from the *Service UNC* tab separated by provider group, and the provider group weights from the *Standard Provider Weights* tab to calculate a weighted cost per minute by provider.

In this tab, the direct minutes adjusted for group services are summed up by provider grouping and cost center. They are then multiplied by the provider weights and normalized so the direct minutes adds up to the original total direct minutes. Next, the weighted and normalized minutes are multiplied by the composite cost per minute to determine total expenditures. Finally, these expenditures are divided by the original unweighted direct minutes to determine a final weighted cost per minute for each cost center and provider grouping. The provider group weighted cost per minute will be multiplied by the direct minutes adjusted for items such as group services included for direct-run services on the *Service UNC* tab of the Encounter Quality Initiative (EQI) template to determine the total cost for each row.

More information can be found in the *Step 5: Apply provider group weighted cost per minute method to allocate pooled direct-run clinical cost center total costs to individual services* section of the *Standard Cost Allocation Methodology* report.

Service UNC **CMHSP input required**

The *Service UNC* tab from the EQI template is currently included within this model for two purposes: (1) for CMHSPs to input the total direct minutes for each row (service, modifier, program, and population combination) and (2) to illustrate the application of the provider group weighted cost per minute, which is multiplied by the direct minutes adjusted for group services, to determine the total cost applicable for each row. It is yet to be determined whether the final Standard Cost Allocation Model will be embedded within the EQI template, or if the *Weighted Cost per Minute by Provider* tab from the Standard Cost Allocation Model will be an input tab of the EQI template.

More information can be found in the *Step 5: Apply provider group weighted cost per minute method to allocate pooled direct-run clinical cost center total costs to individual services* section of the *Standard Cost Allocation Methodology* report.

Administrative Cost Summary **CMHSP input required**

The *Administrative Cost Summary* tab summarizes all costs, including administration costs not allocated to services, direct-run clinical costs, and contracted network provider clinical costs. This tab provides a summary of the various components of administrative costs, separated out by the administrative cost categories defined in Step 3 of the

Standard Cost Allocation Methodology report, including the direct-run clinical provider administrative percentage and the managed care administrative percentage resulting from the standard cost allocation methodology. Additionally, it includes an approach for allocating administrative costs to the various fund sources and populations included in the EQI report *Non-Benefit Expense* tab. For purposes of this, the model attributes total expenses, and the CMHSP should input in the summary what portion of total administrative costs are retained (performed by CMHSP staff) or delegated to subcontractors.

CCBHC Daily Visits *CMHSP input required*

The *CCBHC Daily Visits* tab summarizes the total daily visits for patients receiving CCBHC services. The CMHSP should input their Medicaid ID, NPI, and the number of daily visits for patients receiving CCBHC services directly from staff, DCO, and any additional anticipated daily visits.

CCBHC PPS-1 Rate *CMHSP input required*

The *CCBHC PPS-1 Rate* tab uses total CCBHC visits and CCBHC and DOC direct costs, as well as any anticipated expenditures and allowable CCBHC costs to calculate the CC PPS-1 rate. The CMHSP should input any anticipated expenditures for additional patients that receive CCBHC services as it corresponds to any additional CCBHC daily visits. The CMHSP should also input the Medicare Economic Index (MEI) adjustment from the midpoint of the cost period to the midpoint of the rate period.

CCBHC FTEs & Services Provided *CMHSP input required*

The *CCBHC FTEs & Services Provided* tab is for the CMHSP to input their number of CCBHC FTEs and the total number of CCBHC services provided by provider group.