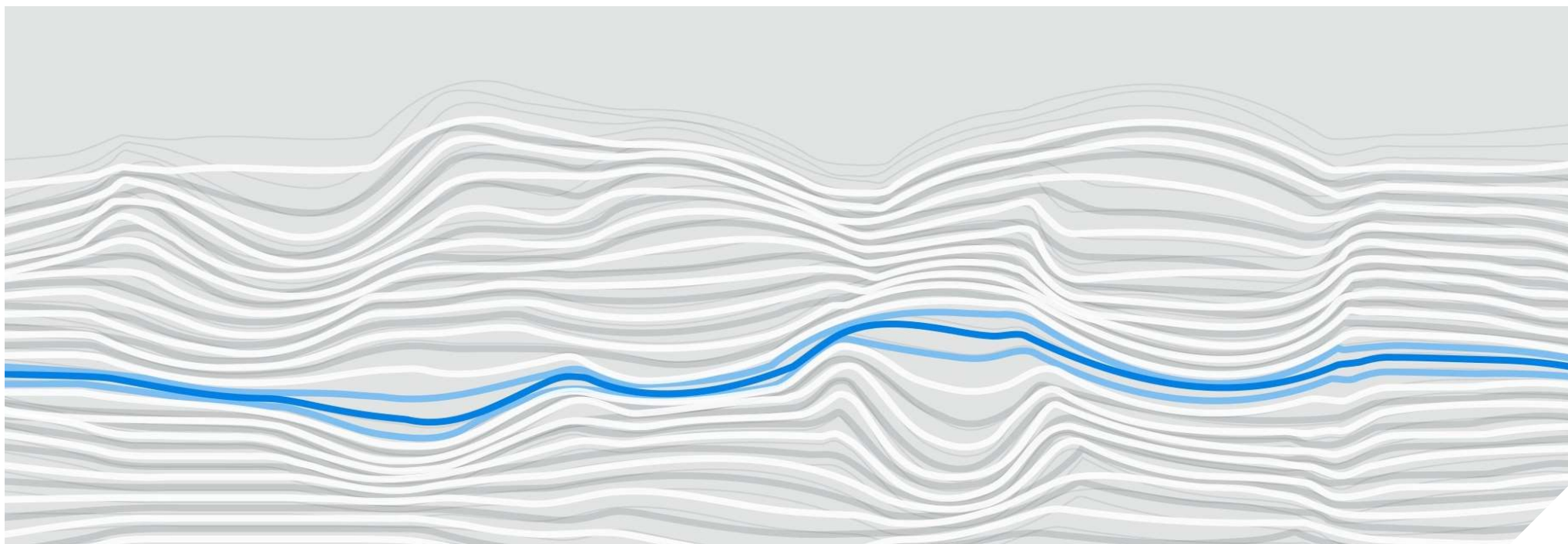


Certified Community Behavioral Health Clinic (CCBHC) Cost Reporting

Rhode Island Executive Office of Health and Human Services

JANUARY 2023




Limitations

This presentation is intended to facilitate live discussion and should not be relied upon as a stand-alone document.

Recipients of this presentation should also have access to the full Rhode Island Supplemental Technical Guidance.

Agenda

- 
- CCBHC Cost Report Overview
 - Supplemental Reporting
 - Cost Report Review
 - Questions

CCBHC Cost Report Overview

Certified Community Behavioral Health Clinic
(CCBHC) Cost Reporting

Cost Report Principles

Regulations

- Consolidates several OMB circulars for Nonprofits (OMB A-122) & State, Local & Tribal Governments (OMB A-87)
- 42 CFR §413 Principles of Reasonable Cost Reimbursement
- 45 Code of Federal Regulations (CFR) §75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for the U.S. Department of Health and Human Services (HHS) Awards

Reporting Cost Principles

- *Reasonable* – Is the cost necessary and is the price at market value?
- *Allowable* – Is the cost permitted within federal regulations?
- *Allocable* – Does the cost benefit the program, or can the cost be distributed to the program using a reasonable cost driver
- *Consistently Treated* – Are costs incurred for the same purpose treated uniformly?

Matching Principles (Revenue & Expense)

- All cost reports have a numerator (costs) and a denominator (service unit of measure) that are needed for filing
- Ensure that you are identifying specific costs that match service revenues
- What costs are or will be incurred to deliver the services/revenue to your clients?

Cost Report Definitions

Direct Costs

- Costs that can be identified specifically with a particular final cost objective
- Costs incurred to deliver services such as: direct care staffing, supplies, and contract labor

Indirect Costs

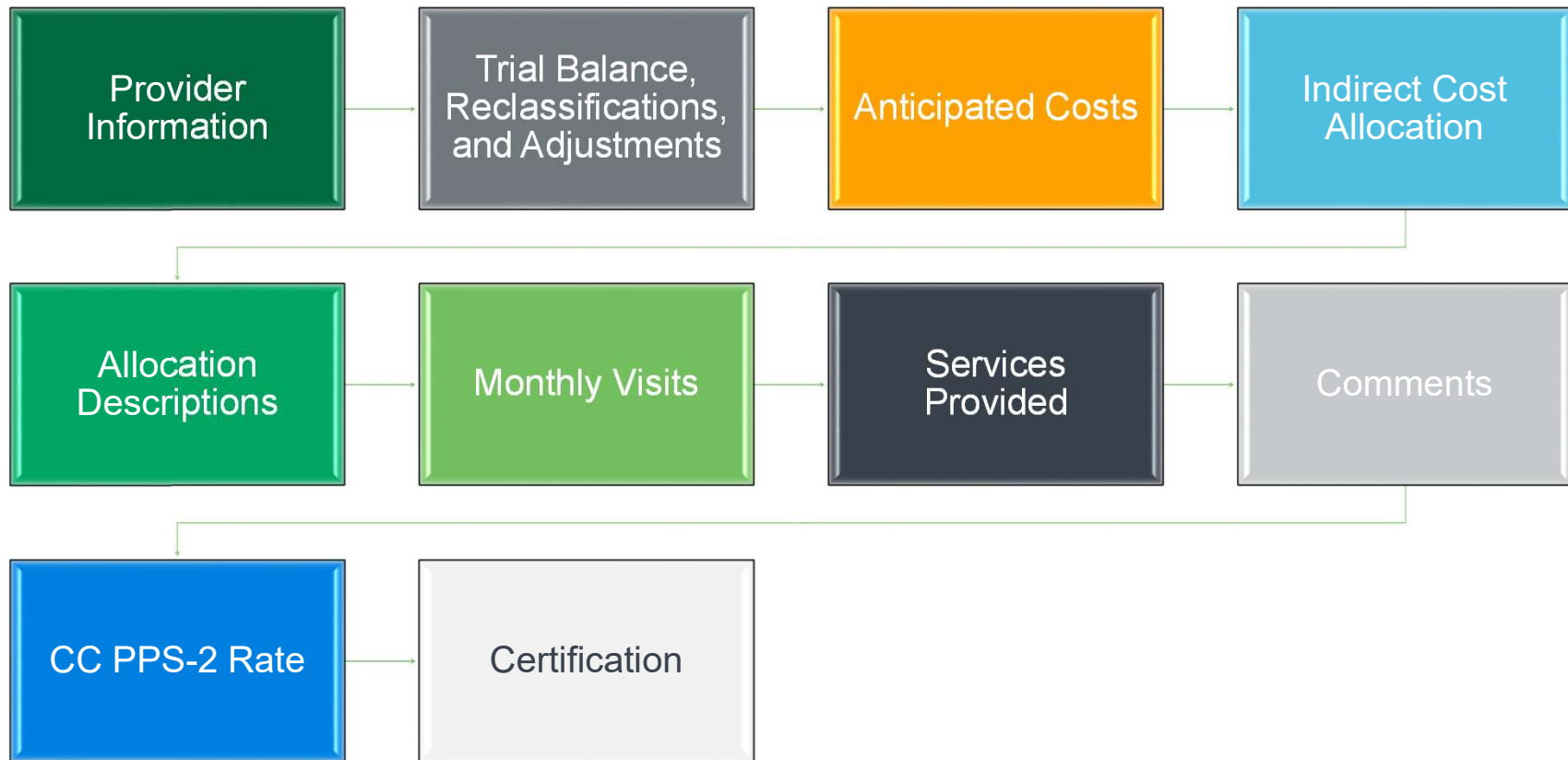
- Costs that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective
- Generally, these are split into two categories – facilities and administration
- May support multiple services lines, not just the CCBHC
- Allocation is required based on a reasonable cost driver

Anticipated Costs

- Costs that are expected to occur in the future for services that are required and not previously offered
- Changes (increases and decreases) in costs that are not captured in the reporting period used to complete the cost report
- Examples may include training/recruitment, additional salaries and benefits, loss of previous grant funding

CCBHC Cost Report Overview

Cost Report Worksheets



Provider Information – Part 1

Provider Information (Consolidated)

Provider Information

- Use the [Provider Information] worksheet to report CCBHC-identifying information for all CCBHC's primary and satellite center locations
- Reporting Period - July 1, 2021 through June 30, 2022
- Part 1 of the [Provider Information] worksheet includes information about single sites or the central office

CCBHC Cost Report			
MEDICAID ID:			
NPI:			
REPORTING PERIOD:	From:	To:	
RATE PERIOD:	From:	To:	
WORKSHEET:	Provider Information		
PPS METHODOLOGY:			
<i>This box for state use only - LEAVE BLANK</i>			
Select type of oversight:	<input type="checkbox"/>	Audited	<input type="checkbox"/> Desk Reviewed
Date reviewed:			
PART 1 - PROVIDER INFORMATION (Consolidated)			
1.	Name:		
2.	Street:		P.O. Box:
3.	City:	State:	Zip Code:
4.	County:		
5.	Medicaid ID:		
6.	NPI:		
7.	Location designation (see Cost Report Instructions):		
8.	Organizational authority (see Cost Report Instructions):		
9.	Behavioral health professionals (see Cost Report Instructions):		
	Name	NPI	
	1	2	
9a			

Provider Information – Part 2

Provider Information for Clinics Filing Under Consolidated Cost Reporting

Provider Information

- If “Yes” is reported on Line 16 of Part 1, fill out the information for additional clinics in Part 2 of the [Provider Information] worksheet
- For each satellite site, copy and paste all of Part 2 into a new tab and complete the form

PART 2 - PROVIDER INFORMATION FOR CLINICS FILING UNDER CONSOLIDATED COST REPORTING (For additional satellite sites, create new tab and copy and paste Part 2 for each additional site included)			
Site-Specific Information			
1.	Was this site in existence before April 1, 2014? (No payment will be made to satellite facilities of CCBHCs established after April 1, 2014).		
2.	Name:		
3.	Street:	P.O. Box:	
4.	City:	State:	Zip Code:
5.	County:		
6.	Medicaid ID:		
7.	NPI:		
8.	Location designation (see Cost Report Instructions):		
9.	Organizational authority (see Cost Report Instructions):		
10.	Is the CCBHC dually certified as a 1905(a)(9) clinic?		
11.	Does the site operate as other than CCBHC?		
12.	If line 11 is "Yes", specify the type of operation (e.g., clinic, FQHC, other):		
13.	Identify days and hours the site operates as a CCBHC by listing the time next to the applicable day		
	Days	Hours of Operation From	Hours of Operation To
13a	Sunday		Total Hours
13b	Monday		
13c	Tuesday		
13d	Wednesday		
13e	Thursday		
13f	Friday		
13g	Saturday		
14.	Identify days and hours the site operates as other than a CCBHC by listing the time next to the applicable day		
	Days	Hours of Operation From	Hours of Operation To
14a	Sunday		Total Hours
14b	Monday		
14c	Tuesday		
14d	Wednesday		
14e	Thursday		
14f	Friday		
14g	Saturday		

Trial Balance – Part 1A

Direct CCBHC Expenses

Part 1A CCBHC Staff Costs

- Columns 1 and 2 should include amounts from the trial balance expense accounts
- Perform the necessary reclassification (Column 4) and adjustments (Column 6) to adhere to Medicare and Medicaid cost principles
- Columns 8 should include estimates of anticipated changes in costs and reconcile to supporting schedules

PART 1 - DIRECT CCBHC EXPENSES									
PART 1A - CCBHC STAFF COSTS									
Description	Compensation	Other	Total (Col. 1 + 2)	Reclassifications	Reclassified Trial Balance (Col. 3 + 4)	Adjustments Increases (Decreases)	Adjusted Amount (Col. 5 + 6)	Adjustments for Anticipated Cost Changes	Net Expenses (Col. 7 + 8)
	1	2	3	4	5	6	7	8	9
1. Psychiatrist			\$0		\$0		\$0		\$0
2. Psychiatric nurse			\$0		\$0		\$0		\$0
3. Child psychiatrist			\$0		\$0		\$0		\$0
4. Adolescent psychiatrist			\$0		\$0		\$0		\$0
5. Substance abuse specialist			\$0		\$0		\$0		\$0
6. Case manager			\$0		\$0		\$0		\$0
7. Recovery coach			\$0		\$0		\$0		\$0
8. Peer specialist			\$0		\$0		\$0		\$0
9. Family support specialist			\$0		\$0		\$0		\$0
10. Licensed clinical social worker			\$0		\$0		\$0		\$0
11. Licensed mental health counselor			\$0		\$0		\$0		\$0
12. Mental health professional (trained and credentialed for psychological testing)			\$0		\$0		\$0		\$0
13. Licensed marriage and family therapist			\$0		\$0		\$0		\$0
14. Occupational therapist			\$0		\$0		\$0		\$0
15. Interpreter or linguistic counselor			\$0		\$0		\$0		\$0
16. General practice (performing CCBHC services)			\$0		\$0		\$0		\$0
17. Subtotal other staff costs (specify details in Comments tab)			\$0		\$0		\$0		\$0
18. Subtotal staff costs (sum of lines 1-17)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Trial Balance – Parts 1B and 1C

Direct CCBHC Expenses

Part 1B Costs Under Agreement

- Row 19 should include costs of CCBHC services under agreement with DCOs
- Row 20 should include any other expenses directly related to CCBHC services under agreement with DCOs

Part 1C Other Direct CCBHC Costs

- Column 2 should include all direct expenses related to providing specified CCBHC-covered services
- Reported costs used to provide both CCBHC and non-CCBHC services should be reclassified in Part 3 of the [Trial Balance] worksheet

PART 1B - CCBHC COSTS UNDER AGREEMENT									
Description	Compensation	Other	Total (Col. 1 + 2)	Reclassifications	Reclassified Trial Balance (Col. 3 + 4) 5	Adjustments Increases (Decreases) 6	Adjusted Amount (Col. 5 + 6) 7	Adjustments for Anticipated Cost Changes 8	Net Expenses (Col. 7 + 8) 9
	1	2	3	4					
19. CCBHC costs from DCO			\$0		\$0		\$0		\$0
20. Subtotal other CCBHC costs (specify details in Comments tab)			\$0		\$0		\$0		\$0
21. Subtotal costs under agreement (sum of lines 19-20)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

PART 1C - OTHER DIRECT CCBHC COSTS									
Description	Compensation	Other	Total (Col. 1 + 2)	Reclassifications	Reclassified Trial Balance (Col. 3 + 4) 5	Adjustments Increases (Decreases) 6	Adjusted Amount (Col. 5 + 6) 7	Adjustments for Anticipated Cost Changes 8	Net Expenses (Col. 7 + 8) 9
	1	2	3	4					
22. Medical supplies			\$0		\$0		\$0		\$0
23. Transportation (health care staff)			\$0		\$0		\$0		\$0
24. Depreciation - medical equipment			\$0		\$0		\$0		\$0
25. Professional liability insurance			\$0		\$0		\$0		\$0
26. Telehealth			\$0		\$0		\$0		\$0
27. Subtotal other direct costs not already included (specify details in Comments tab)			\$0		\$0		\$0		\$0
28. Subtotal other direct CCBHC costs (sum of lines 22-27)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
29. Total cost of CCBHC services (other than overhead) (sum of lines 18, 21, and 28)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Trial Balance – Part 2

Indirect Costs

Part 2A Site Costs

- Enter the overhead expenses related to the site

Part 2B Administrative Costs

- Enter the overhead expenses related to administrative and management of the clinic

PART 2 - INDIRECT COSTS									
PART 2A - SITE COSTS									
Description	Compensation	Other	Total (Col. 1 + 2)	Reclassifications	Reclassified Trial Balance (Col. 3 + 4)	Adjustments Increases (Decreases)	Adjusted Amount (Col. 5 + 6)	Adjustments for Anticipated Cost Changes	Net Expenses (Col. 7 + 8)
	1	2	3	4	5	6	7	8	9
30. Rent			\$0		\$0		\$0		\$0
31. Insurance			\$0		\$0		\$0		\$0
32. Interest on mortgage or loans			\$0		\$0		\$0		\$0
33. Utilities			\$0		\$0		\$0		\$0
34. Depreciation - buildings and fixtures			\$0		\$0		\$0		\$0
35. Depreciation - equipment			\$0		\$0		\$0		\$0
36. Housekeeping and maintenance			\$0		\$0		\$0		\$0
37. Property tax			\$0		\$0		\$0		\$0
38. Subtotal other site costs (specify details in Comments tab)			\$0		\$0		\$0		\$0
39. Subtotal site costs (sum of lines 30-38)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PART 2B - ADMINISTRATIVE COSTS									
Description	Compensation	Other	Total (Col. 1 + 2)	Reclassifications	Reclassified Trial Balance (Col. 3 + 4)	Adjustments Increases (Decreases)	Adjusted Amount (Col. 5 + 6)	Adjustments for Anticipated Cost Changes	Net Expenses (Col. 7 + 8)
	1	2	3	4	5	6	7	8	9
40. Office salaries			\$0		\$0		\$0		\$0
41. Depreciation - office equipment			\$0		\$0		\$0		\$0
42. Office supplies			\$0		\$0		\$0		\$0
43. Legal			\$0		\$0		\$0		\$0
44. Accounting			\$0		\$0		\$0		\$0
45. Insurance			\$0		\$0		\$0		\$0
46. Telephone			\$0		\$0		\$0		\$0
47. Subtotal other administrative costs (specify details in Comments tab)			\$0		\$0		\$0		\$0
48. Subtotal administrative costs (sum of lines 40-47)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
49. Total overhead (sum of lines 39 and 48)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Trial Balance – Part 3

Direct Costs for Non-CCBHC Services

Part 3A Direct Non-CCBHC Costs

- Line 50 should include direct costs for non-CCBHC services covered by Medicaid

Part 3B Non-Reimbursable Costs

- Line 51 should include direct costs for non-CCBHC services not covered by Medicaid

PART 3 - DIRECT COSTS FOR NON-CCBHC SERVICES									
PART 3A - DIRECT COSTS FOR SERVICES OTHER THAN CCHBC SERVICES									
Description	Compensation	Other	Total (Col. 1 + 2)	Reclassifications	Reclassified Trial Balance (Col. 3 + 4)	Adjustments Increases (Decreases)	Adjusted Amount (Col. 5 + 6)	Adjustments for Anticipated Cost Changes	Net Expenses (Col. 7 + 8)
	1	2	3	4	5	6	7	8	9
50. Subtotal direct costs for non-CCBHC services covered by Medicaid (specify details in Comments tab)			\$0		\$0		\$0		\$0
PART 3B - NON-REIMBURSABLE COSTS									
Description	Compensation	Other	Total (Col. 1 + 2)	Reclassifications	Reclassified Trial Balance (Col. 3 + 4)	Adjustments Increases (Decreases)	Adjusted Amount (Col. 5 + 6)	Adjustments for Anticipated Cost Changes	Net Expenses (Col. 7 + 8)
	1	2	3	4	5	6	7	8	9
51. Subtotal direct costs for non-CCBHC services not covered by Medicaid (specify details in Comments tab)			\$0		\$0		\$0		\$0
52. Total costs for non-CCBHC services (sum of lines 50-51)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
53. Total costs (sum of lines 29, 49, and 52)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Trial Balance Reclassifications

Explanation of Entry		Increase: Expense Category 1	Increase: Line Number 2	Increase: Amount* 3	Decrease: Expense Category 4	Decrease: Line Number 5	Decrease: Amount* 6
1.							
2.							
3.							

Report Summary

- Use the [Trial Balance Reclassifications] worksheet to report expenses that are applicable to more than one expense category in [Trial Balance] worksheet but are under a single expense category in your accounting records
- Column 1 should list the expense categories affected in the “Description” column of the [Trial Balance] worksheet
- This schedule is a summary only and does not link to the previous trial balance worksheet

Methodology Notes

- The sum of Column 3 and Column 6 should equal the sum of Column 4 on the [Trial Balance] worksheet
- Example would be a Psychiatrist that performs administrative tasks
 - This portion of their expenses would need to be moved from direct costs to indirect administrative costs

Trial Balance Adjustments

Report Summary

- Adjust expenses listed in Column 6 of the [Trial Balance] worksheet
- Use Column 1 to indicate if adjustments are based on cost (A) or amount received (B) if cost cannot be determined
- Record adjustments for each expense category that is affected
- Part 1 (Common Adjustments) should include allowable costs
- Part 2 (Costs not Allowed) should include expenses not allowed from federal funding
- This schedule is a summary only and does not link to the previous trial balance worksheet

Methodology Notes

- The sum of Column 2 should equal the sum of Column 6 on the [Trial Balance] worksheet
- DO NOT remove any Professional Component/Part B costs that would be excludable under Medicare hospital cost reporting principles
- If home office/related party costs are not included in the trial balance amounts, add them here (could impact numerous line numbers)
- If removing expenses, verify they are included in columns 1 & 2 of the trial balance schedules

PART 1 - COMMON ADJUSTMENTS				
Description	Basis for Adjustment*	Amount**	Expense Classification***	Line Number
	1	2	3	4
1. Investment income on commingled restricted and unrestricted funds				
2. Trade, quantity, and time discounts on purchases				
3. Rebates and refunds of expenses				
4. Rental of building or office space to others				
5. Home office costs				
6. Adjustment resulting from transactions with related organizations				
7. Vending machines				
8. Practitioner assigned by National Health Service Corps				
9. Depreciation - buildings and fixtures				
10. Depreciation - equipment				
11. Subtotal of other common adjustments (specify details in Comments tab)				
12. Subtotal of common adjustments (sum of lines 1-11)		\$0		
PART 2 - COSTS NOT ALLOWED (Must be removed from allowable costs)				
Description	Basis for Adjustment*	Amount**	Expense Classification***	Line Number
	1	2	3	4
13. Bad debts	A			
14. Charitable contributions	A			
15. Entertainment costs, including costs of alcoholic beverages	A			
16. Federal, state, or local sanctions or fines	A			
17. Fund-raising costs	A			
18. Goodwill, organization costs, or other amortization	A			
19. Legal fees related to criminal investigations	A			
20. Lobbying costs	A			
21. Selling and marketing costs	A			
22. Subtotal of other costs not allowed (specify details in Comments tab)	A			
23. Subtotal of costs not allowed (sum of lines 13-22)	A	\$0		
24. Total Adjustments (sum of lines 12 and 23)		\$0		

Anticipated Costs

Description	Additional Required Full-Time Equivalent (FTE) Staff	Additional Expense Amount	Reduced Expense Amount	Anticipated Changes in Costs Due to Addition of CCBHC Services* (Col. 2 - 3)
	1	2	3	4
1. Psychiatrist				\$0
2. Psychiatric nurse				\$0
3. Child psychiatrist				\$0
4. Adolescent psychiatrist				\$0

Report Summary

- Line descriptions correspond to the [Trial Balance] worksheet
- Report anticipated costs during the rating period for new required services and expected cost increases
- Report the change in FTE staff (Column 1), additional expenses (Column 2), and reduced expenses (Column 3) as positive for increases or negative for decreases

Methodology Notes

- The sum of Column 4 should equal the sum of Column 8 on the [Trial Balance] worksheet
- Anticipated costs may include either additional or a reduction in expenses as a result of providing required CCBHC services that may not have been offered previously
- Totals in column 4 should reconcile to amounts in column 8 on the trial balance worksheet
 - These will need to be manually input and do not link between worksheets

Indirect Cost Allocation and Allocation Descriptions

Indirect Cost Allocation

- Identify the method of calculating indirect costs
- CCBHCs without indirect rate agreements or a minimum rate may allocate indirect costs as:

$$\frac{\text{Direct CCBHC Costs}}{(\text{Total Allowable Costs} - \text{Indirect Costs})}$$

- Line 16 should equal total indirect expenses allocable to CCBHCs

Allocation Descriptions

- Describe calculations and methods used to allocate direct and indirect costs
- Provide information on occupational grouping, allocation statistics, and allowable adjustments or reclassifications as applicable
- Describe Line 15 of the [Indirect Cost Allocation] worksheet in detail if applicable

Description	
1. Does the CCBHC have a indirect cost rate approved by a cognizant agency (see Cost Report Instructions)? If no, go to line 7.	
2. Which cognizant agency approved the rate?	
3. Describe the base rate with respect to the indirect cost rate.	
4. Enter the basis amount subject to the rate agreement	
5. Enter the approved rate amount	
6. Calculated indirect costs allocable to CCBHC services (line 4 multiplied by line 5)	\$0
7. Does the CCBHC qualify to use the federal minimum rate and elect to use the rate for all federal awards? See instructions for qualifications. If no, go to line 11.	
8. Direct costs for CCBHC services (Trial Balance, column 9, line 29)	\$0
9. Minimum rate	10.0%
10. Calculated indirect costs allocable to CCBHC services (line 8 multiplied by line 9)	\$0
11. Will the CCBHC allocate indirect costs proportionally by the percentage of direct costs for CCBHC services versus total allowable costs less indirect costs? If no, go to line 15.	
12. Percentage of direct costs versus total allowable direct costs (Trial Balance, column 9, line 29 divided by the sum of Trial Balance, column 9, line 29 and Trial Balance, column 9, line 52)	0.0%
13. Indirect costs to be allocated (Trial Balance, column 9, line 49)	\$0
14. Calculated indirect costs allocable to CCBHC services (line 12 multiplied by line 13)	\$0
15. If none of the lines 1, 7, or 11 are entered as Yes, provide a thorough description of the cost allocation method used. Include attachments for descriptions and calculations. Include references to line items included in the Trial Balance tab. Enter the amount of indirect costs allocated to providing CCBHC services here:	
16. Total indirect costs allocated to CCBHC services	\$0

Monthly Visits

PATIENT DEMOGRAPHICS CONSOLIDATED						
Patient demographics should be analyzed to identify Certain Conditions. Because CC PPS-2 requires monthly detail, patient d						
Description	Standard Population Visit Months All 1a	Standard Population Visit Months Above the Outlier Threshold 1b	Certain Conditions 1 Visit Months All 2a	Certain Conditions 1 Visit Months Above the Outlier Threshold 2b	Certain Conditions 2 Visit Months All 3a	Certain Conditions 2 Visit Months Above the Outlier Threshold 3b
1. Describe population						
2. Number of months patients received CCBHC services directly from staff						
3. Number of months patients received CCBHC services directly from DCO (not included above)						
4. Number of additional anticipated months patients received CCBHC services (not included above)						
5. Total months patients received CCBHC services (sum of lines 2-4)	0	0	0	0	0	0

Report Summary

- Summarize unique patient visit months for CCBHC services including Medicaid-covered and non-Medicaid-covered recipients
- Columns are based on patient conditions and whether costs are above the outlier threshold
- Use Line 1 to describe patient conditions
- If a patient receives services from a DCO and the CCBHC, count the unique patient visit on Line 2

Methodology Notes

- A patient with multiple visits at multiple locations in the same month should only be counted once for that applicable month
- Totals used in the denominator of PPS-2 on Part 2
- Detail patient census logs will be extremely important!
- Summarize monthly visits by the following:
 - Standard population and Special population with certain conditions
 - Separately identify all visits about the outlier threshold
- Services provided by CCBHC staff directly or DCO
- Include visits furnished by your health care staff and by physicians under agreement
- Include all payor types in these totals
- Include additional anticipated visits

Services Provided – Parts 1 and 2

PART 1 - SERVICES PROVIDED (Consolidated)				
PART 1A - CCBHC STAFF SERVICES				
Description	Number of Full-Time Equivalent (FTE) Staff	Total Number of Services Provided for CCBHC Services	Direct Cost (from Trial Balance, Col. 9)	Average Cost per Service by Position (Col. 3 divided by Col. 2)
	1	2	3	4
1. Psychiatrist			\$ -	\$ -
2. Psychiatric nurse			\$ -	\$ -
3. Child psychiatrist			\$ -	\$ -
4. Adolescent psychiatrist			\$ -	\$ -
5. Substance abuse specialist			\$ -	\$ -
6. Case manager			\$ -	\$ -
7. Recovery coach			\$ -	\$ -
8. Peer specialist			\$ -	\$ -
9. Family support specialist			\$ -	\$ -
10. Licensed clinical social worker			\$ -	\$ -
11. Licensed mental health counselor			\$ -	\$ -
12. Mental health professional (trained and credentialed for psychological testing)			\$ -	\$ -
13. Licensed marriage and family therapist			\$ -	\$ -
14. Occupational therapist			\$ -	\$ -
15. Interpreters or linguistic counselor			\$ -	\$ -
16. General practice (performing CCBHC services)			\$ -	\$ -
17. Subtotal other staff services (specify details in Comments tab)			\$ -	\$ -
18. Subtotal staff services (sum of lines 1-17)	0	0	\$ -	\$ -

Report Summary

- Report information about number of FTE staff (Column 1) and number of CCBHC services provided (Column 2)
- Report CCBHC services provided by a DCO in Part 1B
- Complete Part 2 for each satellite site
- Services provided should reflect the actual number of CCBHC services provided from all encounters and is a total quantity unlike the visit counts used to set the PPS rates

PART 1B - CCBHC SERVICES UNDER AGREEMENT				
Description	Number of Full-Time Equivalent (FTE) Staff	Total Number of Services Provided for CCBHC Services	Direct Cost (from Trial Balance, Col. 9)	Average Cost per Service by Position (Col. 3 divided by Col. 2)
	1	2	3	4
19. CCBHC services from DCO			\$ -	\$ -
20. Subtotal other CCBHC services (specify details in Comments tab)			\$ -	\$ -
21. Subtotal services under agreement (sum of lines 19-20)		0	\$ -	\$ -
22. Total services (sum of lines 18 and 21)	0	0	\$ -	\$ -

CC PPS-2 Rate – Parts 1 and 2

Report Summary

- Calculates a preliminary PPS rate for CCBHC services
- Columns are based on patient conditions and whether costs are above the outlier threshold
- Charges for IHH and ACT services should reflect the charges for the actual services provided and should be consistent with the fee schedule used for all other charges, as opposed to reporting the bundled rate
- Part 2 is automatically populated with total allowable costs and unique patient months to calculate the CC PPS-2 rate
- Outlier costs and visits will be withheld from the initial PPS-2 rate development
- Upon review of the cost report submission, EOHHS will determine an outlier cost retention percentage
 - Final PPS-2 rates will include provision for the retention percentage

PART 1 - COST-TO-CHARGE RATIO ALLOCATION				
Description	Standard Population Charges and Costs for CCBHC Services: At or Below the Outlier Threshold 1a	Standard Population Charges and Costs for CCBHC Services: Above the Outlier Threshold 1b	Certain Conditions 1 Charges and Costs for CCBHC Services: At or Below the Outlier Threshold 2a	Certain Conditions 1 Charges and Costs for CCBHC Services: Above the Outlier Threshold 2b
1. Actual charges				
2. Anticipated additional charges (DY1 only)				
3. Total charges (sum of lines 1-2)	\$0	\$0	\$0	\$0
4. Total direct costs (Trial Balance, column 9, line 29)				
5. Indirect cost applicable to CCBHC services (Indirect Cost Allocation, line 16)				
6. Total allowable costs for CCBHC services (sum of lines 4-5)				
7. Cost-to-charge ratio services (line 6 divided by line 3)				
8. Total cost of CCBHC services (line 3 times line 7)	\$0	\$0	\$0	\$0

RI CCBHC Program Demonstration Year 1 Outlier Thresholds	
Population/Condition Group	Annual Per-Member Value
General	\$15,000
High Acuity Adults	\$20,000
High Acuity Children and Youth	\$25,000
High Acuity Substance Use Disorder	\$7,500

Comments and Certification

Comments

- Explain any considerations used to justify reported expenses impacting the payment rate

Certification

- Prepare and sign the certification statement after the worksheets have been completed
- Signature must be provided by an officer or other authorized administrator

Supplemental Reporting

Certified Community Behavioral Health Clinic
(CCBHC) Cost Reporting

Detailed Visit Report

Claim Number	Recipient ID	Date of Service	Procedure Code	Payer	Line of Business	Billed Amount	Paid Amount	CCBHC/DCO Flag (1=CCBHC, 2=DCO)

Report Summary

- Located in Appendix F 'Detailed Visit Reporting' worksheet of Cost Report Technical Guidance
- Report contains detailed information on patient visits supporting the [Monthly Visits] worksheet of the cost report
- Report should contain all visits for covered CCBHC services in the base data period, including those provided by a DCO (delineated by CCBHC/DCO flag)

Methodology Notes

- Individual visits with multiple procedure codes may be reported on separate lines, with a singular claim ID
- Total unique recipient months in the report should equal the number of visits reported in the [Monthly Visits] worksheet
- Total billed amount should equal the actual charges reported in the [CC PPS-2 Rate] worksheet

DCO Support

CCBHCs establishing a formal relationship with a Designated Collaborating Organization (DCO) must provide additional details for each DCO arrangement.

Financial Terms

- The full financial terms of the agreement between the CCBHC and the DCO
- Include payment basis (per member, per visit, etc.), payment amount, details on any contingent payments or chargebacks, and other terms necessary to understand the financing mechanism

Documentation and Support

- Appropriate documentation and support for reported DCO costs in the [Trial Balance] worksheet and DCO reported visits in the [Monthly Visits] worksheet
- Information may include budgeting worksheets and narratives describing the assumptions and rationale used in developing the cost report values

Services Provided

- Comprehensive list of services anticipated to be provided by the DCO

Financial Statement Reconciliation

Report Summary

- CMS requires reconciliation of CCBHC cost report and provider financial statements
- Reconciliation should illustrate process of using provider financial information to populate the CCBHC cost report

Methodology Notes

- The reconciliation should start with audited financial statements (if available)
- Adjustments should be documented in a manner understandable to an independent reviewer
- Resulting values should equal compensation and other expenses reported in the [Trial Balance] worksheet
- The graphic provides an example reconciliation process based on FFY financial reporting basis and SFY CCBHC cost report basis



Wage Detail

Base Year				Rating Year			
Number of Full-Time Equivalent (FTE) Staff ²	Wages ³	Taxes ³	Employee Related Expenses ³	Number of Full-Time Equivalent (FTE) Staff ⁴	Wages	Taxes	Employee Related Expenses

Report Summary

- Report provides information on full-time equivalent (FTE) staff, wages, taxes, and other employee related expenses for the base year and rate year
- Report stratifies current (Base Year) and anticipated future (Rating Year) FTEs supporting CCBHC services and corresponding wages
- Information will be used to help EOHHS evaluate the current and anticipated wages for providers and support staff

Methodology Notes

- Provide this information using staff descriptions listed in the template
- Total number of FTE staff for the base year should equal number of FTE staff reported in the [Services Provided] worksheet
- Total number of FTE staff for the rate year should equal the sum of base year FTE and additional required FTE staff in the [Anticipated Costs] worksheet
- Sum of reported wages, taxes, and employee related expenses for the base year should equal compensation in the [Trial Balance] worksheet

Additional Allowable Service Detail

Number of Full-Time Equivalent (FTE) Staff ^{2,3}						
Clubhouse Model	Intensive Outpatient Program (IOP)	Partial Hospitalization Program (PHP)	Home Stabilization	Healthy Families America (HFA)	Home Based Therapy – Specialized Treatment/ Treatment Support (HBTS)	Personal Assistance Services and Supports (PASS)

Report Summary

- Report provides information on the number of full-time equivalent (FTE) staff for additional allowable services
- Information will be used to understand staffing and expense associated with additional allowable services

Methodology Notes

- Provide this information using staff descriptions listed in the template
- Partial FTE values should be used for staff providing both required and allowable services
- Total number of FTE staff should be a subset of number of FTE staff reported in the [Services Provided] worksheet
- If additional allowable services are provided by a DCO, please provide the estimated percentage of DCO costs attributable to these services in the [Notes] worksheet
- Please provide commentary on the [Notes] worksheet detailing any anticipated FTE staffing additions for these services

Cost Report Review

Certified Community Behavioral Health Clinic
(CCBHC) Cost Reporting

Cost Report Review

EOHHS will perform the following activities to review the submitted CCBHC cost reports

Data Review

- Compare CCBHC cost report visits, charges, and service expense to Medicaid claims data
- Compare values submitted in CCBHC cost report and supplemental reporting relative to other CCBHC cost reports
- Check for internal consistency within the CCBHC cost report values
- Review current and anticipated provider and administrative staff wages
- Review financial statement reconciliations

Rate Review

- Review outlier threshold and impact based on CCBHC cost report submissions
- Compare final PPS-2 rates by condition group across CCBHCs

Questions

Limitations and Qualifications

The information contained in this correspondence, including any enclosures, has been prepared for the State of Rhode Island, Executive Office of Health & Human Services (EOHHS) to provide discussion of various aspects of the CCBHC cost report. This presentation is intended to facilitate a live discussion and should not be relied upon as a stand-alone document. The data and information presented may not be appropriate for any other purpose.

The information contained in this presentation has been prepared for EOHHS and their consultants and advisors. We understand this information will be shared the participants of the CCBHC PPS guidance meeting. Milliman's work may not be provided to third parties without Milliman's prior written consent. To the extent that the information contained in this correspondence is provided to any approved third parties, the correspondence should be distributed in its entirety. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman has developed certain models to estimate the outlier threshold values included in this correspondence. 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). The models rely on data and information as input to the models. We have relied upon the data and information for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this correspondence may likewise be inaccurate or incomplete.

The services provided for this project were performed under the contract between Milliman and EOHHS dated March 10, 2022.

Guidelines issued by the American Academy of Actuaries requires actuaries to include their professional qualifications in all actuarial communications. Certain presenters are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

Thank you