



Office of
Mental Health

CCBHC Bidders Conference

FISCAL REVIEW

AUGUST 9, 2023

WELCOME



**Office of
Mental Health**

FINANCIAL REQUIREMENTS

The four forms that must be submitted with your Proposal:

- CCBHC Cost Report
- CCBHC Anticipated Cost Detail Report
- CCBHC Uncompensated Care Survey
- Operating Budget (Appendix B)
- Budget Narrative (Appendix B1)

COST REPORT

Is a required Federal document to be completed and submitted with the proposal package. All CCBHC's are required to submit the CCBHC cost report annually. The cost report will report total costs and total visits of individuals receiving CCBHC services (not restricted to Medicaid eligible individuals).

- Document developed by CMS and approved by The Federal Office of Management & Budget.
- No changes may be made to the Cost Report without Federal and State approval.
- The Cost Report must be reported annually, within 6 months of the Demonstration Year for all participating CCBHCs. This requirement will apply to those CCBHCs chosen through this procurement.

COST REPORT - Trial Balance Tab

1a – CCBHC STAFF COSTS

- Columns 1 and 2 will include the total compensation (salaries, fringe benefits, etc.) and other costs associated with all staff that will be part of the CCBHC. These costs should be drawn from the clinics/programs where these staff were reported in the most recent CFR.
- Applications will report the CFR Year staff costs are based on, reporting in comments section of the Cost Report.
- Anticipated Costs come from corresponding tab.

COST REPORT - Trial Balance Tab (cont.)

- Any entries on the following three tabs (Re-Classification, Trial Balance Adjustment, Anticipated Costs) must be included in the Trial balance.
- Line 16 & 17 require details be entered in the Comments Tab.

COST REPORT - Trial Balance Tab (cont.)

1b - CCBHC COSTS UNDER AGREEMENT

- Includes costs associated with anticipated Designated Collaborating Organizations (DCO) agreement(s).
- Applicants currently with executed DCO agreement(s) must provide a copy of the agreement(s).
- Applicants considering and/or negotiating DCO agreement(s) should report on the CCBHC services under consideration.
- All other DCO Costs on line #20, must be entered into the Comments Tab.

COST REPORT - Trial Balance Tab (cont.)

1c - Other Direct CCBHC COSTS

- Other Direct Costs in Column 2 should be drawn from the clinics/programs where these expenditures were reported in the most recent CFR.
- The CFR Year basis needs to be reported in the comments section of the Cost Report.
- Anticipated Costs will be detailed in the corresponding tab.
- Any entries on the following three tabs (Re-Classification, Trial Balance Adjustment, Anticipated Costs) must be included in the Trial balance.
- Details for expenses reported in line #27 must be reported in the Comments Tab.

COST REPORT - Trial Balance Tab (cont.)

2a – SITE COSTS

- These are Other Agency costs, **NOT** CCBHC program costs.

2b - ADMINISTRATIVE COSTS

- These are Agency Administration costs, **NOT** CCBHC program costs.

3a – Direct costs for Services Other than CCBHC Services and

3b – Non-Reimbursable costs

- See Cost report instructions (self-explanatory).

COST REPORT-Trial Balance Re-Classification Tab

- Is used to transfer any cost between lines within the Trial balance.
- All entries on this tab must be indicated on the appropriate lines in the Trial Balance **(will not enter automatically)**.

COST REPORT - Trial Balance Adjustment Tab

- Is used to remove non-allowable costs from the cost report.
- All Entries must be entered on the appropriate line(s) in the Trial Balance (**entries will not enter automatically**) & **MUST BE ENTERED AS A NEGATIVE VALUE.**

COST REPORT - Anticipated Costs Tab

- This tab reflects costs incurred since the CFR period or to be incurred to be compliant with the CCBHC Model.
- All new costs to be incurred in year 1 should only be the expected expenditure during year 1 of CCBHC operations.

Example: A CCBHC expects to fill a new peer position in the 1st year, the CCBHC would only reflect the anticipated year one expenditure for the position.

- Please remember each entry in Column 4 on this tab must be entered in the Anticipated Cost Column in the appropriate line of the Trial Balance Tab.

COST REPORT - Indirect Cost Allocation Tab

- If the provider is using an Indirect Cost Rate from another cognizant agency, a copy of the agreement must be submitted with the application.
- Reminder to use cost basis as defined by the cost agreement.
- If no agreement in hand, then the options are given to calculate the rate on lines 7, 11, 15, if line 15 is used, the methodology must be described in the Comments Tab.

COST REPORT - Allocation Tab

- Any methods used to allocate costs within the Trial Balance Tab must be described in detail.

Example: square footage, staff time study.

COST REPORT - Daily Visits Tab

- **SCHEDULE REFLECTS ALL VISITS TO ALL INDIVIDUALS NOT JUST MEDICAID**
- Only total daily visits entered **NOT** procedures **Example:** The EHR reflects procedure codes, you must convert into individual days of service.
- Reference the Daily Visits Tab section in the cost report instructions to see how to report services by DCO staff and CCBHC staff in the same day for the same individual.

COST REPORT - Services Provided Tab

- Services are defined as the number of procedures provided by each job title, **NOT** daily visits.
- FTEs are to be calculated by the total hours worked in the year divided by the standard number of hours per year for the position.
- Use the Comments Tab to enter detail for line 17 (FTE's and services provided by job title).

COST REPORT - Comments Tab

- Critical that all explanations be as detailed as possible and in the order of each line being referenced in this tab.

UNCOMPENSATED CARE SURVEY

- The document must detail the projected daily visits by payer for each proposed CCBHC site.
- The total daily visits reported in this document must equal the total daily visits detailed in the CCBHC Cost Report, including total daily visits provided directly by employees, total daily visits projected to be provided by DCO employees and total additional daily visits anticipated to be provided.
- This information is to be reported by anticipated payer, not the coverage the person receiving CCBHC services has, keeping in mind that CCBHC is “carved-out” of Medicaid Managed Care so no daily visits should be identified in the Medicaid Managed Care lines.

ANTICIPATED COST DETAIL REPORT

- The additional items of expense incurred since the base year CFR used in the CCBHC Cost Report and anticipated costs which will be incurred in the first year of operation if the CCBHC is selected.
- An explanation for the anticipated costs is also required in the Cost Report. Details for information reported on Lines 17, 27, 38 and 47 must be provided in the Tabs of the Report identified for each of these lines.

COMPLETED BUDGET

When completing the budget template (Appendix B in Grants Gateway), note the following:

- **“Total Operating Costs Funded by State Grant”** represents the total net deficit funding (start-up) that is being requested.
- Administrative costs cannot be more than 15%. The indirect cost/administrative overhead rate is capped 15%.
- Providers must follow Consolidated Fiscal Reporting Ratio-Value guidance which excludes equipment/property from the direct cost base. **Federal Negotiated Indirect Cost Rate Agreements are not allowable in this budget document.**

COMPLETED BUDGET (cont.)

- Any travel costs included in the Budget must conform to New York State rates for travel reimbursement.
- Applicants must list staff by position, full time equivalent (FTE), and salary.

Applicants must also complete a **Budget Narrative** (Appendix B1 in Grants Gateway) which must include the following:

- Describe how your agency manages its operating budget.
- Provide detailed expense components that make up the total operating expenses.
- Provide the calculation of intended use of startup funds or logic with detail of each expense.

CCBHC MEDICAID RATE

- CCBHCs are reimbursed by Medicaid using a CCBHC specific all-inclusive daily rate.
- The CCBHC Medicaid rate is calculated by dividing total allowable costs by total daily visits from the CCBHC Report. The rate reflects ALL CCBHC costs and visits, regardless of payer.
- The initial Medicaid rate for a CCBHC is based on historical costs and visits plus anticipated costs and visits, as reported on the initial CCBHC cost report. Subsequent rates are calculated either by trending the prior rate by the Medicare Economic Index or by re-basing the rate using information from the CCBHC cost report, reflecting an actual year of operating the CCBHC.
- In addition to Medicaid, CCBHCs are expected to seek reimbursement from all other applicable payers, including having a sliding fee scale for private pay arrangements.

UNCOMPENSATED CARE POOL

- The Enacted FY 2024 State Budget and associated statute allows for the establishment of an Uncompensated Care Pool for CCBHCs participating in the Demonstration.
- The support for this funding recognizes the Demonstration requirement that a CCBHC “**provides services to everyone regardless of the ability to pay.**”
- Current plans are for the CCBHC Uncompensated Care Pool to “mirror” the methodology used for the current MH Clinic Safety Net Pool.

UNCOMPENSATED CARE POOL cont.

- NYS is currently in the process of developing a Medicaid State Plan Amendment to support Federal funding for the pool.
- Information from the Uncompensated Care Survey, and eventually the CFR, will be used to determine eligibility for funding and funding amounts to be paid to each CCBHC.