1.0 General Report Overview

Effective October 1, 2017, the Michigan Department of Health and Human Services (MDHHS) has modified the functionality of the Financial Status Report (FSR) bundle. The modification to the FSR bundle is designed to increase reporting efficiency for the Community Mental Health Services Programs (CMHSPs) and the Prepaid Inpatient Health Plans (PIHPs). The FSR bundle will now allow FSR reporting specific to the needs of the reporting board. There are three FSR report types; CMHSP (Non-Medicaid reporting), PIHP (Medicaid/Affiliate CMHSP reporting) and Stand Alone (Detroit-Wayne, Oakland, Macomb). The selected FSR will only display the applicable report tabs, columns and rows.

Please note that the report tabs, columns and rows that are not applicable are hidden or relabeled to condense the FSR bundle. Additionally, the financial reporting instructions for each form within the FSR bundle have not been modified. All column, row, cell and formula references remain intact and should only be considered if applicable to the selected FSR.

The Financial Status Report (FSR) – CCBHC Supplemental is a report of all activity for the Prepaid Inpatient Health Plan (PIHP) or the Regional Authority that holds the Medicaid Managed Specialty Supports and Services Concurrent 1115 and 1915(c)/(i) Waiver Program Contract (Medicaid Contract) with the Michigan Department of Health and Human Services (MDHHS) for the provision of the Certified Community Behavioral Health Clinic (CCBHC) Demonstration services. Section 223 of the federal Protecting Access to Medicare Act of 2014 (PAMA) requires states and their certified CCBHC sites to provide a robust set of coordinated, integrated and comprehensive services to all persons with any mental illness or substance use disorder diagnosis. The FSR – CCBHC Supplemental summarizes the number of eligible daily visits and revenues related to the provision of CCBHC services.

Section 1 of the FSR - CCBHC Supplemental will calculate the total CCBHC Demonstration supplemental funding, the total Medicaid and Healthy Michigan Plan base funding, and the overall total CCBHC funding for the Prepaid Inpatient Health Plan (PIHP) for the provision of the CCBHC Demonstration services. The CCBHC Demonstration funding will be calculated based on the Medicaid and Healthy Michigan Plan base/supplemental rate per eligible daily visit for SUD/SMI and mild to moderate consumers reported by the affiliate CMHSP/CCBHC.

Note: The Medicaid and Healthy Michigan Plan supplemental funding is equal to the CCBHC Demonstration supplemental rate per eligible daily visit for the Medicaid and Healthy Michigan Plan SUD/SMI consumers and the full PPS-1 rate per eligible daily visit for the Medicaid and Healthy Michigan Plan mild to moderate consumers.

The Medicaid and Healthy Michigan Plan base funding is equal to the CCBHC Demonstration base rate per eligible daily visit for the Medicaid and Healthy Michigan Plan SUD/SMI consumers. **When the projected CCBHC supplemental rate is zero, the Medicaid and Healthy Michigan SUD/SMI base funding is calculated using the lesser of the projected CCBHC base rate and projected CCBHC PPS-1 rate.**

Section 1 of the FSR - CCBHC Supplemental also includes Non-Medicaid CCBHC Demonstration reporting. This data is being collected for informational purposes only and will assist in identifying the overall funding associated to the cost of providing services to consumers for the CCBHC Demonstration.

The PIHP/CMHSP/CCBHC shall comply with Generally Accepted Accounting Principles, along with any other federal and state regulations as defined in the Medicaid Contract and Certified Community Behavioral Health Clinic Demonstration Handbook. With the exception of the GF Contract - Special Fund Account – Section 226(a) of the Mental Health Code (MHC), all revenue and expenditures are required to be reported on an accrual basis of accounting, unless otherwise directed by MDHHS policy. As such, the revenue and expenditure amounts reported must include all earned reimbursements and/or obligations regardless of whether they have been billed or collected. Additionally, any adjustments for uncollectible amounts or write-offs should be included. The FSR - CCBHC Supplemental must reconcile to the PIHP's general ledger.

2.0 Report - Due Dates

Refer to the reporting grid incorporated in Schedule E of the Contract for identification of report due dates. Reporting requirements can be found on the MDHHS website: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html

3.0 Report Submission

3.1 Report Submitted via US Mail

This is no longer applicable. Electronic report submission required.

3.2 Report Submission – Electronic

The report should be submitted electronically to the department by the due date identified in 2.0 above at MDHHS-BHDDA-Contracts-MGMT@michigan.gov.

The report's file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission. Example: For the FY XX Year End Interim submitted from network180 for the Autism Benefit, the file name should read **FYXX Year End Interim Northcare FSR Bundle MM-DD-YYYY.**

Note: The CCBHC Supplemental is included in the FSR Bundle. It is not a stand-alone report.

Refer to the Electronic Report Submission Guidelines for report submission specifications.

4.0 Report Specific Navigation or Terminology

Within this document the terms used in these instructions shall be construed and interpreted as defined below:

Medicaid Contract: The Medicaid Managed Specialty Supports and Services Concurrent1115 and 1915(c)/(i) Waiver Program Contract with selected PIHPs to manage the Concurrent 1115 and 1915(c)/(i) waiver and Healthy Michigan Plan Programs in a designated service area and to provide a comprehensive array of specialty mental health and substance abuse services and supports.

Healthy Michigan Plan: The Healthy Michigan Plan is a new category of eligibility authorized under the Patient Protection and Affordable Care Act and Michigan Public Act 107 of 2013 that began April 1, 2014.

MI Health Link: MI Health Link is a new demonstration health care option authorized under Section 2602 of the Patient Protection and Affordable Care Act for Michigan adults, age 21 or older, who are enrolled in both Medicare and Medicaid (dual eligible).

Substance Use Disorder (SUD): A combination of the federal grant received by the State from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the general fund dollars appropriated by the legislature for the prevention and treatment of SUD.

Certified Community Behavioral Health Clinic (CCBHC): A new demonstration health care option authorized under Section 223 of the federal Protecting Access to Medicare Act of 2014 (PAMA) and the federal Cares Act of 2020 for all persons with any mental illness or substance use disorder diagnosis.

GF Contract: MDHHS/CMHSP Managed Mental Health Supports and Services Contract.

PIHP: A CMHSP or Regional Authority that holds the Medicaid Managed Specialty Supports and Services Concurrent 1115 and 1915(c)/(i) Waiver Program Contract with MDHHS and acts as the Prepaid Inpatient Health Plan.

CMHSP: Community Mental Health Services Program that holds the GF Contract with MDHHS.

Regional Authority: An entity, jointly governed by the sponsoring CMHSPs, that has met the MDHHS requirements for selection to be certified to the Center for Medicare and Medicaid Services as a PIHP.

DCO: Designated Collaborating Organization. An entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC and delivers services under the same requirements as the CCBHC.

Medicaid Consumer: A Medicaid beneficiary who requires the Medicaid services included under the 1115 and 1915(c)/(i) waivers or who is eligible for the Healthy Michigan Plan.

IPA: Insurance Provider Assessment Act. Public Act 175 of 2018 created the Insurance Provider Assessment Act. The legislation mandates that effective October 1, 2018, certain insurance providers are required to pay an assessment on certain paid health care revenue.

PPS-1 Rate: The Certified Community Behavioral Health Clinic (CCBHC) Prospective Payment System 1 (PPS-1) methodology in which CCBHC Demonstration Sites receive a daily clinic-specific rate for providing approved CCBHC services to eligible individuals with a mental health and/or substance use disorder diagnosis.

The Financial Status Report – CCBHC Supplemental includes cell shading to assist the end user with completion of the form.

Report headers are shaded in light green.

Cells requiring data entry are shaded in yellow.

Cells that are formula driven and should not have data entered are shaded peach or light turquoise. The cells shaded in light turquoise represent sub-totals or totals.

Select cells have conditional formatting applied so that if an erroneous entry is made the cell will turn orange.

Worksheet protection has been enabled.

Precision as displayed functionality has been enabled. As such, Excel will utilize the displayed value instead of the stored value when it recalculates formulas.

The term “Submission Type” on the worksheet refers to the reporting period, i.e., Projection, Interim, and Final.

4.1 CCBHC Demonstration PPS-1 Rates

The PIHP should report the number of CCBHC T1040 eligible daily visits. MDHHS will calculate the CCBHC Demonstration funding based on the number of CCBHC T1040

eligible daily visits and the rates published in Appendix 8: CCBHC Supplemental Expenditure Development of the State Fiscal Year Behavioral Health Capitation Rate Certification.

The Medicaid and Healthy Michigan Plan supplemental funding is equal to the CCBHC Demonstration supplemental rate per eligible daily visit for the Medicaid and Healthy Michigan Plan SUD/SMI consumers and the full PPS-1 rate per eligible daily visit for the Medicaid and Healthy Michigan Plan mild to moderate consumers.

The Medicaid and Healthy Michigan Plan base funding is equal to the CCBHC Demonstration base rate per eligible daily visit for the Medicaid and Healthy Michigan Plan SUD/SMI consumers. **When the projected CCBHC supplemental rate is zero, the Medicaid and Healthy Michigan SUD/SMI base funding is calculated using the lesser of the projected CCBHC base rate and projected CCBHC PPS-1 rate.**

5.0 Instructions for Completion of the Report

The PIHP name, Fiscal Year, Submission Type and Submission Date have been brought forward from the FSR - Medicaid.

The name of the CCBHC will auto populate based on the PIHP name brought forward from the FSR - Medicaid.

5.1 Section 1 – Number of Daily Visits by CCBHC

This section represents the number of T1040 eligible Medicaid and Healthy Michigan Plan SUD/SMI and Medicaid and Healthy Michigan Plan mild to moderate visits to a Certified Community Behavioral Clinic (CCBHC). This section will also include CCBHC Demonstration Non-Medicaid reporting. **The non-Medicaid data is being collected for informational purposes only.**

The number of visits entered will be used to calculate the total Medicaid/Healthy Michigan base funding and the total Medicaid/Healthy Michigan supplemental funding required per the PPS-1 rate table prior to a reduction for 1st & 3rd party collections. The total funding calculated in Section 1, will be utilized in the calculation of the CCBHC Demonstration settlement.

Each CCBHC has a column to enter the total number of visits for the SUD/SMI and Mild to Moderate eligible consumers. For ease in identifying the CCBHC columns, each column is labeled (A through F). Column G (Total) is formula driven and represents the total funding for all CCBHCs.

Note: The Medicaid and Healthy Michigan Plan supplemental funding is equal to the CCBHC Demonstration supplemental rate per eligible daily visit for the Medicaid and Healthy Michigan Plan SUD/SMI consumers and the full PPS-1

rate per eligible daily visit for the Medicaid and Healthy Michigan Plan mild to moderate consumers.

The Medicaid and Healthy Michigan Plan base funding is equal to the CCBHC Demonstration base rate per eligible daily visit for the Medicaid and Healthy Michigan Plan SUD/SMI consumers. **When the projected CCBHC supplemental rate is zero, the Medicaid and Healthy Michigan SUD/SMI base funding is calculated using the lesser of the projected CCBHC base rate and projected CCBHC PPS-1 rate.**

Section 1.a – Medicaid

This section represents the number of eligible visits to a CCBHC by Medicaid Beneficiaries.

Enter the number of CCBHC eligible visits for each CCBHC.

Section 1.b – Healthy MI Plan

This section represents the number of eligible visits to a CCBHC by Healthy Michigan Plan beneficiaries.

Enter the number of CCBHC eligible visits for each CCBHC.

Section 1.c – Non-Medicaid

This section represents the number of CCBHC eligible visits by non-Medicaid beneficiaries.

Enter the number of CCBHC eligible non-Medicaid visits for each CCBHC.

Note: The non-Medicaid data is being collected for informational purposes only and is not included in the MDHHS CCBHC Demonstration cost settlement.