



# STEP-VA Cost Report Training

Actual Expenses and Future Needs



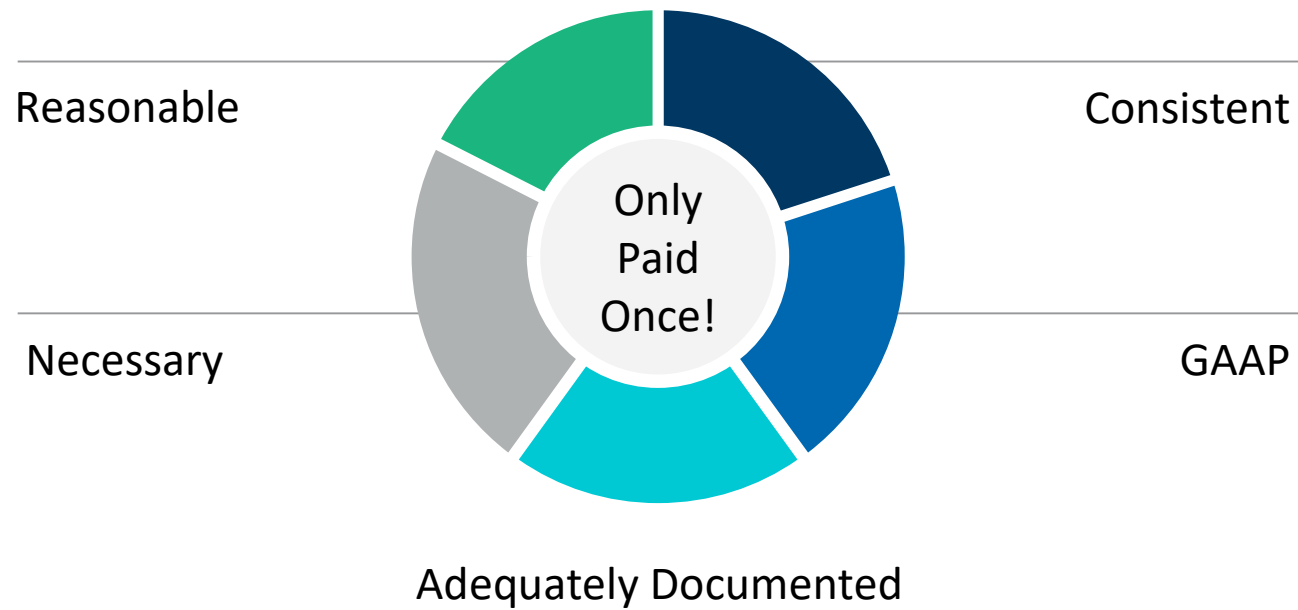
# Template Overview and Guiding Principles

## Purpose

The purpose of this exercise is to provide information to guide budget requests with cost-driven data designed to inform the state of the needs and demands of CSBs for STEP-VA services using actual and projected costs that meet federal and state cost reporting principles.

# Guiding Principles for Cost Reporting: 2 CFR 200 Subpart E

403: FACTORS AFFECTING ALLOWABILITY OF COSTS



## Direct and Indirect Costs

45 § 75.413 AND 414

**Direct STEP-VA Expenses:**  
Costs for Services On the Service List,  
Included in the rate such as wages,  
benefits, supplies, and dedicated  
resources

**Direct Non-STEP-VA Expenses:**  
Costs for Services reimbursed outside of  
the rate such as wages, benefits,  
supplies, and **unallowable costs**

**Indirect Costs:**  
Costs allocable to either direct category including site costs and administrative costs

# What You'll Need to Complete the Cost Report

## Documents helpful and necessary to complete the cost report and support the audit process

### Additional information will be needed for 25-26 needs

- Documentation for new costs incurred in the time between now and the end of the reporting period.
- Documentation for new costs not yet incurred but expected during the Rate period
- Explanations for anomalies and justification for additional staffing needs (aligned with needs assessment)

### Document:

<p><b>1</b></p> <p><b>Audited Financial Statements</b></p>
<p><b>2</b></p> <p><b>Working Financial Summary for the reporting period</b></p>
<p><b>3</b></p> <p><b>Utilization data from the reporting period and current period</b></p>
<p><b>4</b></p> <p><b>Needs assessment (revised for future needs)</b></p>

### Description:

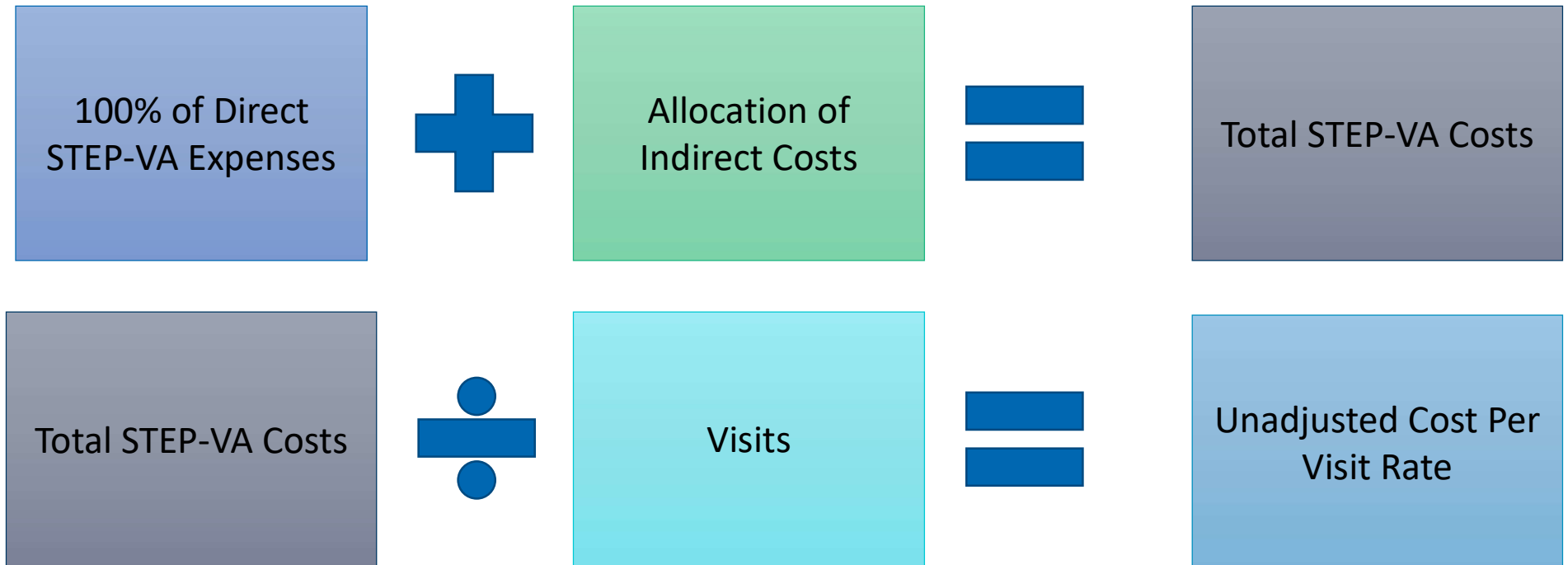
- For this cost report, use 2022-2023 data to start. You'll also need 23-24 data to reflect changes.
- Map your audited financial statements to the line items in the Financial Summary tab of the STEP-VA Cost Report Template, paying close attention to Part 1 Direct Costs for STEP-VA, Part 2 Indirect Costs and Part 3 Direct Costs for Non-STEP-VA and Unallowable Costs.
- From EHR: Service utilization detail and visit count data by patient for each STEP-VA service category. (Except Care Coordination)
- Justification for additional needs based on client needs or market demand. Further guidance from DBHDS is forthcoming.

## Scope of Services List: Service Participation Tab

STEP	Sub Step	Service	Code	Taxonomy	Time Factor	Description
outpatient	Various	MH Outpatient	90791	310	5.00	Psychiatric Diagnostic Evaluation - no medical svcs*
outpatient	Various	MH Medical Services	90792	312	7.00	Psychiatric Diagnostic Evaluation - w/ medical svcs*
outpatient	Timed	SUD Outpatient	99408	310	1.00	Alcohol/SA structured screening and brief intervention 15-30 min
outpatient	Various	MH Medical Services	96116	312	2.00	Neurobehavioral status exam, by physician or other QHP, both face-to-face
outpatient	Timed	MH Outpatient	90832	310	2.00	Psychotherapy w/ patient, 30 min*
outpatient	Timed	MH Outpatient	90834	310	3.00	Psychotherapy w/ patient, 45 min*
outpatient	Timed	MH Outpatient	90837	310	4.00	Psychotherapy w/ patient, 60 min*
outpatient	Timed	MH Outpatient	90839	310	4.00	Psychotherapy for crisis, first 60 min*
outpatient	Timed	MH Outpatient	90840	310	2.00	Psychotherapy for crisis, additional 30 min*
outpatient	Timed	MH Outpatient	90846	310	3.33	Family/Couples Psychotherapy w/o patient present, 50 min*
outpatient	Timed	MH Outpatient	90847	310	3.33	Family/Couples Psychotherapy w/ patient present, 50 min*
outpatient	Various	MH Outpatient	90853	310	5.00	Group Psychotherapy*
outpatient	Various	MH Outpatient	90785	310	2.00	Interactive Complexity Add-on
outpatient	Various	MH Medical Services	90792	312	7.00	Psychiatric Diagnostic Evaluation - w/ medical svcs*
outpatient	Timed	MH Medical Services	90833	312	2.00	Psychotherapy w/ patient, 30 min, w/ E&M svc*
outpatient	Timed	MH Medical Services	90836	312	3.00	Psychotherapy w/ patient, 45 min, w/ E&M svc*
outpatient	Timed	MH Medical Services	90838	312	4.00	Psychotherapy w/ patient, 60 min, w/ E&M svc*
outpatient	Various	MH Outpatient	99202	310	2.00	Office Outpatient Visit, New patient, low to moderate severity*
outpatient	Various	MH Outpatient	99203	310	3.00	Office Outpatient Visit, New patient, moderate severity*
outpatient	Various	MH Outpatient	99204	310	4.00	Office Outpatient Visit, New patient, moderate to high severity*
outpatient	Various	MH Outpatient	99205	310	5.00	Office Outpatient Visit, New patient, moderate to high severity*
outpatient	Various	MH Outpatient	99211	310	1.00	Office Outpatient Visit, Established patient, minimal*

# The Cost-Rate Math

HOW THE RATE IS CALCULATED







# Provider Information and Service Participation Tabs

# Demographic Information

COLLECTS ACCESS AND PROGRAM INTEGRITY DATA

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.	Save for future use.		
10.	Is the STEP-VA dually certified as a 1905(a)(9) clinic?		
11.	Does the site operate as other than STEP-VA?		
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 STEP-VA by listing the time next to the applicable day:		
	Days	Hours of Operation From	Hours of Operation To
13a	Sunday		
13b	Monday		
13c	Tuesday		
13d	Wednesday		
13e	Thursday		
13f	Friday		
13g	Saturday		
14.	Identify days and hours the site operates as other than a STEP-VA by listing the time next to the applicable day:		
	Days	Hours of Operation From	Hours of Operation To
14a	Sunday		
14b	Monday		
14c	Tuesday		
14d	Wednesday		
14e	Thursday		
14f	Friday		
14g	Saturday		
15	List any excluded satellite facilities and reasons for exclusion. Use the Comments Sheet for additional details.		
16.	Is this site filing a consolidated cost report for multiple locations? If yes, see Cost Report Instructions.		
17.	How many sites are reported for the consolidated entity?		

# Header Information: Consolidated Provider Information

## TRACKS THROUGH ALL SCHEDULES

- **MEDICAID ID:** Enter the primary center's Medicaid Identification Number. This will be either the Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN) or other ID assigned.
- **NATIONAL PROVIDER IDENTIFIER:** Enter the primary center's National Provider Identifier (NPI). Note: The purpose of the Medicaid ID and NPI is to identify the cost report information for each individual STEP-VA, regardless of the number of satellites or services associated with that clinic.
- **REPORTING PERIOD:** After "From:" enter the beginning date of the reporting period for which the current information is being provided. Use the MM/DD/YYYY format (e.g., 01/01/2023). After "To:" enter the ending date of the period for which the current information is being provided. Use the MM/DD/YYYY format (e.g., 12/31/2023).

# Part 1: Consolidated Provider Information

## HEADQUARTERS

- Name & Address of Headquarters. This may also be a place where services are provided.
- Location Designation is Urban, Rural, or Unknown
- Organizational authority is a code:
  - 1 Nonprofit
  - 2 Local government behavioral health authority
  - 3 Indian Health Service organization
  - 4 Indian tribe or tribal organization
  - 5 Urban Indian organization
- If non-STEP-VA covered services are provided, the site operates other than a STEP-VA.
- List operating times when STEP-VA services are available and when other services are available.
- List the number of sites included and consolidated for this cost report.

## Part 2: Site by Site Location

### NOT HEADQUARTERS

- Copy Part 2 and add additional tabs for each site reported. Do not include the site listed in Part 1. The number of sites should also correspond to the number of sites reported on the Services Provided tab.
- Location Designation is Urban, Rural, or Unknown
- If non-STEP-VA covered services are provided, the site operates other than a STEP-VA.
- List operating times when STEP-VA services are available and when other services are available.
- List the number of sites included and consolidated for this cost report.

# Service Participation Tab

## UTILIZATION ACTIVITY

PLEASE INDICATE WHICH SERVICES ARE PROVIDED BY THE CSB

STEP	Sub Step	Service	Code	Taxonomy	Time Factor	Description	Time Factor Units	1 Quantity of Units
outpatient	Various	MH Outpatient	90791	310	5.00	Psychiatric Diagnostic Evaluation - no medical svcs*	0	
outpatient	Various	MH Medical Services	90792	312	7.00	Psychiatric Diagnostic Evaluation - w/ medical svcs*	0	
outpatient	Timed	SUD Outpatient	99408	310	1.00	Alcohol/SA structured screening and brief intervention 15-30 min	0	
outpatient	Various	MH Medical Services	96116	312	2.00	Neurobehavioral status exam, by physician or other QHP, both face-to-face	0	
outpatient	Timed	MH Outpatient	90832	310	2.00	Psychotherapy w/ patient, 30 min*	0	
outpatient	Timed	MH Outpatient	90834	310	3.00	Psychotherapy w/ patient, 45 min*	0	
outpatient	Timed	MH Outpatient	90837	310	4.00	Psychotherapy w/ patient, 60 min*	0	
outpatient	Timed	MH Outpatient	90839	310	4.00	Psychotherapy for crisis, first 60 min*	0	
outpatient	Timed	MH Outpatient	90840	310	2.00	Psychotherapy for crisis, additional 30 min*	0	
outpatient	Timed	MH Outpatient	90846	310	3.33	Family/Couples Psychotherapy w/o patient present, 50 min*	0	
outpatient	Timed	MH Outpatient	90847	310	3.33	Family/Couples Psychotherapy w/ patient present, 50 min*	0	
outpatient	Various	MH Outpatient	90853	310	5.00	Group Psychotherapy*	0	
outpatient	Various	MH Outpatient	90785	310	2.00	Interactive Complexity Add-on	0	



## Financial Summary Tab

# Financial Summary Tab

WHERE ALL THE DATA GOES

Part 1: Direct STEP-VA  
Expenses (100%)

Part 2: Indirect Costs  
(Allocated Portion)

Part 3: Direct Costs  
for Non-STEP-VA  
Services (0%)



# Financial Summary Tab

WHERE THE ACTUAL FINANCIAL DATA GOES

**PART 1 - DIRECT STEP-VA EXPENSES**

PART 1A - STEP-VA STAFF COSTS											
Description	FTE Counts	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total (Col. 1 - 9)
	0	1	2	3	4	5	6	7	8	9	10
1. Psychiatrist											\$0
2. Psychiatric nurse											\$0
3. Child psychiatrist											\$0
4. Adolescent psychiatrist											\$0
5. Substance abuse specialist											\$0
6. Case manager											\$0
7. Recovery coach											\$0
8. Peer specialist											\$0
9. Family support specialist											\$0
10. Licensed clinical social worker											\$0
11. Licensed mental health counselor											\$0
12. Mental health professional											\$0
13. Licensed marriage and family therapist											\$0
14. Occupational therapist											\$0
15. Interpreters or linguistic counselor											\$0
16. General practice (performing STEP VA services)											\$0
17. Other											\$0
18.. Subtotal Salaries and Wages (sum of lines 1-17)	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
19. Benefits											\$0
20. Other											\$0
21. Subtotal staff costs (sum of lines 18-20)	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

# Financial Summary Tab

WHERE THE ACTUAL FINANCIAL DATA GOES

PART 1B - STEP-VA COSTS UNDER AGREEMENT											
Description	FTE Counts	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total (Col. 1 - 9)
	0	1	2	3	4	5	6	7	8	9	10
22. STEP-VA costs outsourced											\$0
23. Subtotal other STEP-VA costs (specify details in Comments tab)											\$0
24. Subtotal costs under agreement (sum of lines 22-23)	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PART 1C - OTHER DIRECT STEP-VA COSTS											
Description	FTE Counts	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total (Col. 1 - 9)
	0	1	2	3	4	5	6	7	8	9	10
25. Medical supplies											\$0
26. Transportation (health care staff)											\$0
27. Depreciation - medical equipment											\$0
28. Professional liability insurance											\$0
29. Telehealth											\$0
30. Subtotal other direct costs not already included (specify details in Comments tab)											\$0
31. Subtotal other direct STEP-VA costs (sum of lines 25-30)	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
32. Total cost of STEP-VA services (other than overhead) (sum of lines 21, 24, and 31)	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
% of Cost by Service		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%



# Financial Summary Tab

WHERE THE ACTUAL FINANCIAL DATA GOES

## PART 3 - DIRECT COSTS FOR NON-STEP-VA SERVICES

PART 3A - DIRECT COSTS FOR NON STEP-VA SERVICES											
Description	FTE Counts	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total (Col. 1 - 9)
	0	1	2	3	4	5	6	7	8	9	10
53. Subtotal direct costs for non-STEP-VA services (specify details in Comments tab)											

PART 3B - NON-REIMBURSABLE COSTS											
Description	FTE Counts	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total (Col. 1 - 9)
	0	1	2	3	4	5	6	7	8	9	10
54. Subtotal direct costs for non-STEP-VA services not allowed (specify details in Comments tab)											
55. Total costs for non-STEP-VA services (sum of lines 53-54)	-										\$0
56. Total costs (sum of lines 32, 52, and 55)	-										\$0

# Allocating Costs: Reclassification Example

	Allocated by:					
	Billed charges, time studies, billed time,					
Employee ID	Position	Wages	STEP-VA	Indirect	Non-STEP-VA	
13421	Psychiatrist	\$ 246,600.00	77%	23%	0%	
14110	RN	\$ 76,900.00	53%	0%	47%	
15123	LCSW	\$ 59,580.00	100%	0%	0%	
14857	Counselor	\$ 47,310.00	82%	0%	18%	
13598	Peer Specialist	\$ 74,250.00	100%	0%	0%	
14046	SUD Counselor	\$ 84,840.00	90%	0%	10%	
16885	Technician	\$ 29,640.00	100%	0%	0%	
14858	Housing Coordinator	\$ 46,850.00	0%	0%	100%	
13747	Accountant	\$ 78,780.00	20%	80%	0%	
13589	DBA	\$ 99,300.00	27%	50%	23%	



# Personnel Changes, Personnel Needs & Projected Needs

# Personnel Changes 23-4

WHERE THE ACTUAL FINANCIAL DATA THAT CHANGED GOES

## PART 1 - PERSONNEL COMPENSATION CHANGES IN 2023-24 DIRECT STEP-VA EXPENSES

### PART 1A - STEP-VA STAFF COSTS

Description	FTE Counts	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total (Col. 1 - 9)
	0	1	2	3	4	5	6	7	8	9	10
1. Psychiatrist											\$0
2. Psychiatric nurse											\$0
3. Child psychiatrist											\$0
4. Adolescent psychiatrist											\$0
5. Substance abuse specialist											\$0
6. Case manager											\$0
7. Recovery coach											\$0
8. Peer specialist											\$0
9. Family support specialist											\$0
10. Licensed clinical social worker											\$0
11. Licensed mental health counselor											\$0
12. Mental health professional											\$0
13. Licensed marriage and family therapist											\$0
14. Occupational therapist											\$0
15. Interpreters or linguistic counselor											\$0
16. General practice (performing STEP VA services)											\$0
17. Other											\$0
18. Subtotal salaries and wages (sum of lines 1-17)	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
19. Benefits											\$0
20. Other											\$0
21. Subtotal staff costs (sum of lines 18-20)	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0





# Personnel Needs 25-6

## PROJECTED STAFFING CHANGES

### PART 1 - PERSONNEL COMPENSATION CHANGES IN 2025-26 DIRECT STEP-VA EXPENSES

#### PART 1A - STEP-VA STAFF COSTS

Description	FTE Counts	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total (Col. 1 - 9)
	0	1	2	3	4	5	6	7	8	9	10
1. Psychiatrist											\$0
2. Psychiatric nurse											\$0
3. Child psychiatrist											\$0
4. Adolescent psychiatrist											\$0
5. Substance abuse specialist											\$0
6. Case manager											\$0
7. Recovery coach											\$0
8. Peer specialist											\$0
9. Family support specialist											\$0
10. Licensed clinical social worker											\$0
11. Licensed mental health counselor											\$0
12. Mental health professional											\$0
13. Licensed marriage and family therapist											\$0
14. Occupational therapist											\$0
15. Interpreters or linguistic counselor											\$0
16. General practice (performing STEP VA services)											\$0
17. Other											\$0
18. Subtotal salaries and wages (sum of lines 1-17)	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
19. Benefits											\$0
20. Other											\$0
21. Subtotal staff costs (sum of lines 18-20)	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0



# Projected Needs

WHERE THE ACTUAL FINANCIAL DATA THAT CHANGED GOES

## PART 1 - PROJECTED ADDITIONAL DIRECT STEP-VA EXPENSES NEEDED

### PART 1A - STEP-VA STAFF COSTS

Description	FTE Counts	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total (Col. 1 - 9)
	0	1	2	3	4	5	6	7	8	9	10
1. Psychiatrist	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
2. Psychiatric nurse	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
3. Child psychiatrist	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
4. Adolescent psychiatrist	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
5. Substance abuse specialist	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
6. Case manager	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
7. Recovery coach	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
8. Peer specialist	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
9. Family support specialist	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
10. Licensed clinical social worker	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
11. Licensed mental health counselor	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
12. Mental health professional	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
13. Licensed marriage and family therapist	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
14. Occupational therapist	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
15. Interpreters or linguistic counselor	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
16. General practice (performing STEP VA services)	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
17. Other	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
18. Subtotal salaries and wages (sum of lines 1-17)	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
19. Benefits	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
20. Other	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
21. Subtotal staff costs (sum of lines 18-20)	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

# Projected Needs

WHERE THE ACTUAL FINANCIAL DATA THAT CHANGED GOES

PART 1B - PROJECTED ADDITIONAL STEP-VA COSTS UNDER AGREEMENT											
Description	FTE Counts	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total (Col. 1 - 9)
	0	1	2	3	4	5	6	7	8	9	10
22. STEP-VA costs outsourced											\$0
23. Subtotal other STEP-VA costs (specify details in Comments tab)											\$0
24. Subtotal costs under agreement (sum of lines 22-23)	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

PART 1C - PROJECTED ADDITIONAL OTHER DIRECT STEP-VA COSTS											
Description	FTE Counts	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total (Col. 1 - 9)
	0	1	2	3	4	5	6	7	8	9	10
25. Medical supplies											\$0
26. Transportation (health care staff)											\$0
27. Depreciation - medical equipment											\$0
28. Professional liability insurance											\$0
29. Telehealth											\$0
30. Subtotal other direct costs not already included (specify details in Comments tab)											\$0
31. Subtotal other direct STEP-VA costs (sum of lines 25-30)	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
32. Total cost of STEP-VA services (other than overhead) (sum of lines 21, 24, and 31)	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
% of Cost by Service		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%



# Projected Needs

WHERE THE ACTUAL FINANCIAL DATA THAT CHANGED GOES

## PART 3 - DIRECT COSTS FOR NON-STEP-VA SERVICES

PART 3A - PROJECTED ADDITIONAL DIRECT COSTS FOR NON STEP-VA SERVICES											
Description	FTE Counts	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total (Col. 1 - 9)
	0	1	2	3	4	5	6	7	8	9	10
53. Subtotal direct costs for non-STEP-VA services (specify details in Comments tab)											

PART 3B - PROJECTED ADDITIONAL NON-REIMBURSABLE COSTS											
Description	FTE Counts	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total (Col. 1 - 9)
	0	1	2	3	4	5	6	7	8	9	10
54. Subtotal direct costs for non-STEP-VA services not allowed (specify details in Comments tab)											
55. Total costs for non-STEP-VA services (sum of lines 53-54)	-										\$0
56. Total costs (sum of lines 32, 52, and 55)	-										\$0



# Indirect Allocation and Allocation Narrative

# Indirect Allocations

SPREADING DIRECT COSTS

Part 2: Indirect  
Costs (Allocated  
Portion)

Rate Agreement with a Cognizant  
Agency

Minimum Rate of 10%

Percentage of Direct Costs

Approved Method Not Listed





## Slide 33

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**BS0**

Add Examples

Add examples throughout and show how it flows to the end.

Banken, Scott, 2024-04-12T18:29:00.510



# Visits

# Visits tabs

## DAILY VISITS

PART 1: VISIT COUNTS										
Include ALL visits for STEP-VA daily visits; do not limit it to those covered by Medicaid.	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total
1. Number of STEP-VA daily visits provided directly from CSB staff										0
2. Number of STEP-VA daily visits outsourced but billable by STEP-VA clinic										0
3. Total daily visits for patients receiving STEP-VA daily visits	0	0	0	0	0	0	0	0	0	0

Daily visits count as 1 visit per person per day, regardless of the number of STEP-VA services received during the reporting period.

PART 2: PATIENTS SERVED										
1. Number of unique patients served during the reporting period by the CSB										0
2. Number of unique patients served by outsourced staff but billable by the CSB not included ab										0
3. Total number of unique patients receiving STEP-VA services	0	0	0	0	0	0	0	0	0	0

Patients served are a count of the unique patients who received STEP-VA services during the reporting period

# Visits Example

Daily Visits Example				
Patient ID	CPT/Mod	Date	CCBHC Cost	Units
A0001	H0046	5/1/2022	I	1 I = Costs included but doesn't trigger a visit
A0001	H2011 UA	5/1/2022	Y	1 Y = Yes this triggers a visit
A0001	H2011 UA	5/1/2022	Y	1 N = No this does not trigger a visit
A0001	H0046	5/9/2022	I	1
A0001	T2003	5/9/2022	N	1
A0001	S9484 UA	5/9/2022	N	1
A0001	H2011 UA	5/9/2022	Y	1
A0001	H0046	5/10/2022	I	1
A0001	S9484 HN	5/10/2022	N	1
A0002	H2011 UA	5/16/2022	Y	1
A0002	H0046	5/16/2022	I	1
A0002	H0046	5/23/2022	I	1

CCBHC Cost	Y								
Sum of Units	Column Labels								
Row Labels	5/1/2022	5/2/2022	5/9/2022	5/10/2022	5/15/2022	5/16/2022	5/23/2022	5/25/2022	Grand Total
A0001	2		1						3
A0002		2				1	1	1	5
A0003			1	2	2			1	6
A0004	1		3	1					5
A0005		2							2
A0006				2	2				4
A0007			1						1
A0008		1				2	1		4
A0009				1	1				2
<b>Grand Total</b>	<b>11</b>	<b>11</b>	<b>18</b>						
Count	75								



# Rates

# Rates Tab – No Data Entry Necessary

## COSTS PER VISIT AND COSTS PER SERVICE DATA

### PART 1 - DETERMINATION OF TOTAL ALLOWABLE COST APPLICABLE TO STEP-VA COST REPORT

Description	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total
1. Total direct cost of STEP-VA services (Financial Summary, line 32)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2. Total direct projected needs of STEP-VA services (Projected Needs, line 32)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3. Indirect cost applicable to STEP-VA services (Indirect Cost Allocation, line 16)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4. Total allowable STEP-VA costs (sum of lines 1-3)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

### PART 2 - DETERMINATION OF STEP-VA SERVICES VISIT RATE

Description	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total
5. Total allowable STEP-VA costs (line 4)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6. Total STEP-VA Visits* (Visits, column 1-10, line 3)	0	0	0	0	0	0	0	0	0	0
7. Unadjusted cost per visits (line 5 divided by line 6)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

\* Total should reflect the total count of STEP-VA visits provided and not be restricted to Medicaid visits

### PART 3 - DETERMINATION OF STEP-VA SERVICES UNIT RATE

Description	Same Day Access	Primary Care Screening	Outpatient Services	Crisis Services	Peer and Family Svcs	Military Svcs	Case Management	Psychiatric Rehab	Care Coordination	Total
8. Total allowable STEP-VA costs (line 4)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9. Total STEP-VA Units* (Services, column 1-10, line 3)	0	0	0	0	0	0	0	0	0	0
10. Unadjusted cost per unit (line 8 divided by line 9)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

\* Total should reflect the total count of STEP-VA visits provided and not be restricted to Medicaid visits



# Certification



# Certification tab

SIGNING YOUR LIFE AWAY

*I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and that to the best of my knowledge and belief, this report and statement are true, correct, complete, and prepared from the books and records of the Provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in the cost report were provided in compliance with such laws and regulations.*

<b>Signature of Officer:</b>	
<b>Title:</b>	
<b>Clinic:</b>	
<b>Medicaid ID:</b>	
<b>From Period:</b>	
<b>To Period:</b>	
<b>Preparer (If other than Officer):</b>	