

How we'll move beyond Little CARS

1. We've identified an alternate way to report on CSB utilization of state and federal funds that should be more informative for the General Assembly and less burdensome on CSBs.
2. We don't have all the details fleshed out yet but we know enough to share examples with you and to commit to this path forward.
3. State will be putting together a group of CSB CFOs to review the structure. Your input, now and going forward, continues to be critical. Target week for that to commence is 4th week of October
4. This is in harmony with the CCS3 Sunset project and the retirement of the Core Services Taxonomy.

CARS Reporting (Current)

Fiscal side of CARS reports revenue, expenditures, balances for each funding stream.

Programmatic side of CARS reports FTEs and expenditures against Core Services Taxonomic categories.

Revenue Source	Revenue	Expenses	Balance
<u>Other State Funds</u>			
MH Law Reform - Restricted	99,447	99,447	\$0
MH Pharmacy - Medication Supports - Restricted	7,945	7,945	\$0
MH Jail Diversion Services - Restricted	0	0	\$0
MH Rural Jail Diversion - Restricted	0	0	\$0
MH Docket Pilot JMHP Match - Restricted	0	0	\$0
MH Adult Outpatient Competency Restoration Services - Restricted	0	0	\$0
MH Expand Telepsychiatry Capacity - Restricted	0	0	\$0
MH PACT - Restricted	0	0	\$0
MH PACT - Forensic Enhancement - Restricted	0	0	\$0
MH Gero-Psychiatric Services - Restricted	0	0	\$0
MH STEP-VA SDA, Primary Care Screening and Ancillary Services - Restricted	296,108	296,108	\$0
MH STEP-VA Psychiatric Rehabilitation Services - Restricted	47,750	47,750	\$0
MH STEP-VA Care Coordination Services - Restricted	45,000	45,000	\$0
MH STEP-VA Case Management Services - Restricted	50,981	50,981	\$0

Core Services Code	Service Capacity	Number of Consumers	Costs
310 Outpatient Services	8.17 FTEs		\$623,235
312 Medical Services	3 FTEs		\$245,754
320 Case Management Services	3.67 FTEs		\$379,082
425 Mental Health Rehabilitation	20 Slots		\$432,158
610 Prevention Services	0.4 FTEs		\$69,275
Total Costs			\$1,749,504



DATEX Reporting

Fiscal side of DATEX reports revenue, expenditures, balances for each funding stream. No substantial changes here.

Utilization pivots from FTE-based service units to actual services delivered to individuals.

Revenue Source	Revenue	Expenses	Balance
Other State Funds			
MH Law Reform - Restricted	99,447	99,447	\$0
MH Pharmacy - Medication Supports - Restricted	7,945	7,945	\$0
MH Jail Diversion Services - Restricted	0	0	\$0
MH Rural Jail Diversion - Restricted	0	0	\$0
MH Docket Pilot JMHP Match - Restricted	0	0	\$0
MH Adult Outpatient Competency Restoration Services - Restricted	0	0	\$0

MH OP --> Current 100/310	
CPT:HCPCS	Description
59480	Intensive Outpatient
90785	Psychiatry for X Complexity
90832	Psychotherapy Svcs
90834	Psychotherapy
90836	Psychotherapy w/E+M
90837	Psychotherapy 1 hr
90838	60 Min Psycho w/E+M
99202	Outpatient E+M New Patient
124 Different Combos of Procedure Code + Modifiers	

Data Collection:

1. Data are collected via HL7/FHIR
2. Work is underway in CCS3 Sunset Project
3. Will be automatically reported by your EHR

FTE Reporting:

1. Will roll up into the ongoing workforce reporting
2. Is across standardized categories and will be handled by your HR team



CCS3 Sunset brings powerful data

For every encounter and every patient, CPT/HCPCS codes will be transmitted to DBHDS daily.

1. Data and processing lags shorten or cease to exist
2. Person-level information is included, making granular reporting possible
 - All MH service codes filtered to patients over age 65 gives MH Geriatric Services
 - All MH Outpatient codes filtered to patients under age 18 gives MH Children Outpatient Services
 - Any/All service codes filtered on Veteran Status gives Veteran Services.

In the past, this level of detail would have been an ask to CSBs...no longer.

3. CSB's will have reporting access to the DBHDS EDW where they'll be able to see their data directly, as soon as we see it.

DBHDS will not compel business-side changes to CSB operations – but all CSBs are encouraged to review their operations to find positive change in a post-CCS3 universe.



BH Section	BH Code Category	BH Transaction Code	BH Code Detail	BH	Type of Co	Mod 1	Mod 2	Mod 3	Mod 4	Rate		
<i>Example: Adult Specialty Services</i>	<i>Example: Assertive Community Treatment</i>	<i>Example: Assertive Community Treatment</i>	<i>Example: Practitioner Level 1, In-clinic</i>	<i>Example: H0039</i>	<i>Example: HCPCS</i>	<i>Example: U1</i>	<i>Example: U6</i>	<i>Example: NA</i>	<i>Example: NA</i>			
	Behavioral Health Assessment	MH Assessment by a non-Physician	Practitioner Level 2, In-Clinic	H0031	HCPCS	U2	U6					
			Practitioner Level 3, In-Clinic	H0031	HCPCS	U3	U6					
			Practitioner Level 4, In-Clinic	H0031	HCPCS	U4	U6					
			Practitioner Level 5, In-Clinic	H0031	HCPCS	U5	U6					
			Practitioner Level 2, Out-of-Clinic	H0031	HCPCS	U2	U7					
			Practitioner Level 3, Out-of-clinic	H0031	HCPCS	U3	U7					
			Practitioner Level 4, Out-of-Clinic	H0031	HCPCS	U4	U7					
			Practitioner Level 5, Out-of-clinic	H0031	HCPCS	U5	U7					
				Practitioner Level 2, Via interactive audio and video telecommunication systems	H0031	HCPCS	GT	U2				
				Practitioner Level 3, Via interactive audio and video telecommunication systems	H0031	HCPCS	GT	U3				
				Practitioner Level 4, Via interactive audio and video telecommunication systems	H0031	HCPCS	GT	U4				
				Practitioner Level 5, Via interactive audio and video telecommunication systems	H0031	HCPCS	GT	U5				
			Behavioral Health Clinical Consultation	Interprofessional Telephone Consultation	Practitioner Level 1	99446	CPT	U1				
					Practitioner Level 2	99446	CPT	U2				
	Community Support	Community Support	Practitioner Level 4, In-Clinic	H2015	HCPCS	U4	U6					
			Practitioner Level 5, In-Clinic	H2015	HCPCS	U5	U6					
			Practitioner Level 4, Out-of-Clinic	H2015	HCPCS	U4	U7					
			Practitioner Level 5, Out-of-Clinic	H2015	HCPCS	U5	U7					
			Practitioner Level 4, Via interactive audio and video telecommunication systems	H2015	HCPCS	GT	U4					
			Practitioner Level 4, In-Clinic, Collateral Contact	H2015	HCPCS	UK	U4	U6				
			Practitioner Level 5, In-Clinic, Collateral Contact	H2015	HCPCS	UK	U5	U6				
			Practitioner Level 4, Out-of-Clinic, Collateral Contact	H2015	HCPCS	UK	U4	U7				
			Practitioner Level 5, Out-of-Clinic, Collateral Contact	H2015	HCPCS	UK	U5	U7				
			Practitioner Level 5, Via interactive audio and video telecommunication systems	H2015	HCPCS	GT	U5					
		Community Transition Planning										

DBHDS plans to use existing billing code structure to define categories.

We will work towards aligning these billing codes to specific funding streams given to the CSBs.

Some areas may have more than 1 funding stream.





CSB was given \$550,000 for STEP VA Outpatient, DBHDS would be able to use this structure to account for all of the services provided underneath this line item.

Web Grants	Billing Convention Codes	Description of Service	Units of Service
STEP VA Outpatient	90791	Psychiatric Diagnostic Evaluation - no medical svcs*	35
STEP VA Outpatient	90832	Psychotherapy w/ patient, 30 min*	0
STEP VA Outpatient	90834	Psychotherapy w/ patient, 45 min*	60
STEP VA Outpatient	90837	Psychotherapy w/ patient, 60 min*	1000
STEP VA Outpatient	90839	Psychotherapy for crisis, first 60 min*	40
STEP VA Outpatient	90840	Psychotherapy for crisis, additional 30 min*	0
STEP VA Outpatient	90846	Family/Couples Psychotherapy w/o patient present, 50 min*	0
STEP VA Outpatient	90847	Family/Couples Psychotherapy w/ patient present, 50 min*	0
STEP VA Outpatient	90853	Group Psychotherapy*	40
STEP VA Outpatient	90785	Interactive Complexity Add-on	10
STEP VA Outpatient	99202	Office Outpatient Visit, New patient, low to moderate severity*	100
STEP VA Outpatient	99203	Office Outpatient Visit, New patient, moderate severity*	30
STEP VA Outpatient	99204	Office Outpatient Visit, New patient, moderate to high severity*	40
SA FBG Prevention 2024	N/A	N/A	?

For items that do not have a billing code, we will need to come up with another requirement for measurement.



Brass Tacks for CSB CFOs

- You still need to do fund accounting and track revenue, expenditure, and balances across the funding streams. This will be reported to DBHDS semi-annually with a spreadsheet.
- You will no longer track or report FTEs against taxonomic categories. Your HR team will report personnel via the workforce reporting.
- You will no longer report costs against taxonomic categories, but against web grant naming and accounting conventions, and existing BH billing roll ups. The agency will need to revise some of the areas that there are NOT billing codes for (for example prevention programs) that the CSBs use funds for.
- CSBs will be evaluated based on services delivered for the state and federal money provided. DBHDS will provide a full accounting of how service codes aggregate up toward your current taxonomy for your awareness and to assist in future CSB-side process improvement.
- This will go into effect for FY26.