

## PROCEDURE

---

<b>Series:</b>	<b>Operating Procedures</b>	<b>COA: N/A</b> <b>CFOP: N/A</b>
<b>Procedure Name:</b>	Use of Substance Abuse and Mental Health (SAMH) Funds for Children	
<b>Procedure Number:</b>	OP-1161	
<b>Reviewed Date:</b>	04/08/16, 06/19/2019, 07/09/21	
<b>Revision #/Date:</b>	N/A	
<b>Effective Date:</b>	05/01/2014	
<b>Applicable to:</b>	All Brevard Family Partnership Family of Agencies (BFP FOA) staff, and subcontracted case management agencies.	

---

**PURPOSE:** To provide a guideline for the use of 100806 funds for children served by the Community-based Care Lead Agencies (CBC) and their contracted providers.

### **PROCEDURE:**

#### **Definition**

The goal of the 100806 funds is to promote social and emotional well-being and resilience among children with a mental, behavioral or emotional disorder or other condition that may require clinical attention who have been removed or are at risk of removal due to abuse or neglect.

The 100806 funds are intended to meet the following objectives:

- Provide a comprehensive array of community based formal treatment services and informal; supports tailored to the individual needs, strength and developmental level of eligible children and adolescents;
- Provide innovative and specialized treatment approaches and support services not funded by Medicaid, Managing Entity or other funding sources; and
- Provide opportunities to further develop self-regulation and positive relational skills through age-appropriate enrichment activities.

#### **Eligibility Requirement for using 100806 Funds**

Eligible children are those who meet all of the following criterion:

- Are 0-18 years old;
- Are in out-of-home care or are at risk of placement in out-of-home care;
- Demonstrate an inability to function in their family or placement, school, or community; and
- Have a mental, emotional or behavioral disorder diagnosed within the previous twelve months sufficient to meet diagnostic criterion specified in the DC 0-5, DSM-5 or ICD-10 equivalent (or the most recent editions); **or** they have a DSM-5 V code or ICD-10 Z code given within the previous twelve months. The diagnosis can come from an evaluation or from a licensed clinician providing behavioral health therapy services.
- The following DSM-5 V codes and ICD-10 Z codes are excluded:
  - Problems Related to Access to Medical and Other Health care: V63.9 (Z75.3), V63.8 (Z75.4);

- Nonadherence to Medical Treatment: V15.81 (Z91.19), 278.00 (E66.9), V65.2 (Z76.5), V40.31 (Z91.83), V62.89 (R41.83)

Ineligible children are those who:

- Have a primary substance use, developmental disorder, or autism spectrum disorder unless they co-occur with another primary diagnosable emotional disturbance, **or**
- Are 18 years old or over
- Note: These are children's community mental health funds intended to serve children who meet the children's mental health target population, per ch.394.492, F.S. These funds are not intended to be used for children with a primary developmental disorder or autism spectrum disorder, unless they have a co-occurring primary mental health diagnosis or approved DSM-5 V code or ICD-10 Z code (indicating they are at risk of developing an emotional disturbance) and can benefit from mental health services and supports, as recommended by a service provider as defined in s.394.455 (44), F.S.

#### Allowable Expenditures

The following categories are allowable:

- Non-Medicaid reimbursable community (non-residential) treatment services, identified in the child's mental health treatment plan, multi-disciplinary staffing form, case management service plan or service plan as defined in s. 394.496, F.S., or case plan for the child as described in ss. 39.6011, or 39.6012, F.S. that are not otherwise available to these children. A staffing form from a multi-disciplinary team (MDT) meeting during which the need for and eligibility of the child for these funds was determined may also be used as documentation in addition to a case plan or treatment plan and must be filed in the child's case file.
- NOTE: Documentation must be provided as to the specific reason why the service cannot be funded by Medicaid, which may include: the service is non-Medicaid reimbursable, the client has reached the Medicaid limit for the service purchased prior to the use of the funding or there is no Medicaid provider available to provide the service.
- Non-traditional supports to meet treatment needs specified as part of the child's treatment goals in their treatment plan or case plan including, but not limited to:
  - Outings
  - Recreational clubs
  - Summer camp
  - Clothing for special occasions (prom, weddings, athletic gear or uniforms, etc.)
  - Educational materials
  - Athletic teams or activities
  - Expressive arts (music, dance, etc.)
  - Tutoring and mentoring
  - Child care assistance
  - Other child centered activities that promote social, emotional, or behavioral development
  - Swim lessons
- Use of innovative approaches for the child, including, but not limited to:
  - Evidence based screening, assessment and treatment services appropriate to the diagnosis, age and individual needs of children served;
  - Integrated services for co-occurring disorders;
  - Wraparound services and supports;



- Early childhood services, such as: screening and assessment or early childhood mental health consultation (specific to the eligible child);
- Family focused treatment (Multisystemic Therapy, Parent-Child Interaction Therapy, Child Parent Psychotherapy, Functional Family Therapy) for the benefit of the child; and
- Therapeutic Supervised Visitation

**Expenditures Not Allowable:**

The following categories are never reimbursable:

- Individual services for the identified child’s parents, caregivers, family members, siblings or other person’s residing in the child’s home that do not include the eligible child (e.g., parenting classes, adult mental health or substance abuse counseling);
- Services to obtain the initial documentation of diagnosis;
- Medicaid or other third-party reimbursable services for the identified child unless thorough documentation is provided that the Medicaid service is not available to the child and why it is not available (i.e., denial of authorization from the third-party, no Medicaid provider in the area, maximum Medicaid services received, Medicaid does not cover the service, more than a two-month waiting list for the Medicaid provider, etc.);
- Purchasing or improving land;
- The purchase, construction or permanent improvement of a building or home;
- Inpatient services (crisis units and psychiatric residential treatment facilities);
- Room and board payments. Note: These funds may be used however to pay for allowable services and supports in community residential homes (foster homes and group homes), provided the child meets the eligibility criteria and the services are not covered by Medicaid;
- Paying rent, electricity, phone for a child going into independent living;
- Purchasing major medical equipment;
- Using as match for other Federal funds without permission of the Office of Substance Abuse and Mental Health;
- Providing a grant award to a for-profit private entity (contracted services are acceptable);
- Payment for services unrelated to the child’s behavioral health condition (such as dental); and
- Payment for one on one 24-hour supervision due to a child’s behaviors.

**Documentation of Services:**

The documentation of services for the child specific to their behavioral health need(s) must be identified in the mental health treatment plan, multi-disciplinary staffing form, case management service plan, case plan, FTC care plan or STC written plan for the identified child prior to the initiation of services purchased with 100806 funds.

BFP has oversight responsibility and must monitor the use of funds through documentation review to include all requirements of the funding. BFP will maintain the child’s 100806 file. At a minimum, documentation must include:

- Brief description of the child’s functional impairment in family, school, or community activities, or a list of treatments or other supports provided to prevent functional impairment.

- Brief statement indicating that the child is a victim of abuse or neglect, is in the physical care and custody of the state or is at high risk for out-of-home placement.
- Documentation and verification that the service and supports are not Medicaid reimbursable, or that the needed Medicaid service is not available to the child and why (no Medicaid provider in the area, maximum Medicaid services received, etc.).
- The child's mental health treatment plan, multi-disciplinary staffing form, case management service plan, care plan or case plan must include the specific services and supports purchased with the Therapeutic Services for Children (100806) Funding. A team meeting to discuss and review child's service needs must be held every **90** days.
- Documentation that the funds were used for direct community-based services and supports addressing the child's mental health treatment needs.
- Services and supports that can be separated (i.e., mental health overlay provided at a community residential home) and are not covered by Medicaid require documentation of how the 100806 funds are used to cover those services.
- Signed Purchase of Therapeutic Services for Children Eligibility Form.
- The child's mental, behavioral or emotional diagnosis **and/or** V/Z code including:
  - The date of the evaluation (prior to initiation of services and within the preceding 12 months of service provision).
  - The evaluator's name and credentials.

This documentation must be made available upon request for any monitoring or quality assurance activities. The documentation must show that each child served using these funds during a given fiscal year meets the eligibility requirements stated above.

Additionally, BFP shall submit the Semi-Annual Therapeutic Services for Children Purchases expenditure report..

BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:



PHILIP J. SCARPELLI  
Chief Executive Officer  
Brevard Family Partnership Family of Agencies

APPROVAL DATE: 8/30/21