



**Purchase of Therapeutic Services for Children
(100806 Funds) Guidance Document**

Effective September 2020

**Office of Child Welfare
&
Office of Substance Abuse and Mental Health**

I. Overview

The General Appropriations Act (GAA) appropriates the Purchase of Therapeutic Services for Children (100806 funds) from general revenue funds. The Purchase of Therapeutic Services for Children funds is allocated statewide to Community-Based Care Lead Agencies (CBC) and used to purchase allowable services and supports for eligible children.

Program Goals & Objectives:

The goal of the 100806 funds is to promote social and emotional well-being and resilience among children with a mental, emotional or behavioral 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, strengths 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.

Program Eligibility:

Eligible children must meet all of the following:

- Are birth to 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 (12) months sufficient to meet diagnostic criterion specified in the DC 0-5, DSM-5 or ICD-10 equivalent (or most recent editions); or have a DSM-5 V code or ICD-10 Z code within the previous twelve (12) months. The diagnosis can come from an evaluation or from a licensed clinician providing behavioral health therapy services.

However, 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 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 multidisciplinary 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: Thorough 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:

- Evidenced based screening, assessment and treatment services appropriate to the diagnosis, age and individual needs of children served;
- Integrated services for co-occurring disorders;
- Wrap-around services and supports;
- Early childhood services, such as: screening and assessment or early childhood mental health consultation (specific to the eligible child); and
- Family focused treatment (Multisystemic Therapy, Parent-Child Interaction Therapy, Child Parent Psychotherapy, Functional Family Therapy) for the benefit of the child.
- 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, respite care, 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 to provide services (contracted services are acceptable); and
- Payment for services unrelated to the child's behavioral health condition (such as dental).
- Payment for one on one 24-hour supervision due to a child's behaviors.

II. Community Based Care Provider Responsibilities and Expectations

Purchase of Therapeutic Services for Children (100806) funds provided to the CBCs in their Annual Schedule of Funds must be spent in accordance with this Guidance Document. The CBC

is responsible for ensuring that the 100806 funds are spent on allowable community-based services and supports for eligible children.

Billing Requirements:

The CBC providers must use OCA 19MCB or OCA 19MCF to process payments.

Note: OCA 19MCF is only utilized when processing payments through FSFN.

Documentation of Services:

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, care plan or case plan for the identified child prior to the initiation of services purchased with 100806 funds.

The CBC has oversight responsibility and must monitor the use of the 100806 funds through documentation review to include all requirements of the funding.

The Purchase of Therapeutic Services for Children Eligibility Form (Appendix A) must be signed by the Chief Executive Officer or designated staff. The Eligibility Form must be completed and supporting documentation gathered **prior to initiating services. A new Eligibility Form is required when adding a new service that was not included in the previous eligibility form.** The eligibility form must be completed annually for each state fiscal year if services are ongoing. CBCs may add additional information and their logo to the Eligibility Form but the questions on the DCF Eligibility Form shall be the first questions and shall be in that order for audit purposes.

The CBC must maintain documentation supporting the service. 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.)
- 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
- 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, emotional or behavioral 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

Please see Appendix B for qualified supporting documentation. Appendix B is also a checklist to be used when providing documentation for an audit. CBCs shall print Appendix B, completed the checklist, and submit it to the auditor.

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

Reporting Requirements:

The CBC shall submit the Semi-Annual Therapeutic Services for Children Purchases (100806) expenditure report (Appendix C) to their department region contract manager by February 21st of each year for reporting period of July 1 – December 31; and by August 21st of each year for reporting period of January 1 – June 30.

- The Semi-Annual report shall include at minimum the name of the CBC, total funds allocated to the CBC, total funds expended, unduplicated count of total children served, child's person ID, description of service or support provided, the oca# used for billing, the amount billed, date/period funds were utilized, name of payee/vendor, date of diagnosis, and if the service or support is covered by Medicaid.
- The total number of unique person ID shall match the unduplicated number of children.
- The total expended amount shall match the total transaction amount for the reporting period.
- . Each service shall be identified on an individual row. When a child receives more than one service during a reporting period, there will be a row for each service.

III. Department Responsibilities

The Department monitors the expenditure of 100806 funds through contract monitoring and quality assurance activities. Oversight and guidance are provided by the SAMH and Child Welfare Program Offices.

Department region contract managers must forward each CBC's Semi-Annual Therapeutic Services for Children Purchases (100806) report to representatives of the SAMH and Child Welfare Program Offices at the following email: HQW.SAMH.100806@MYFLFAMILIES.COM.

Appendix A

Purchase of Therapeutic Services for Children Eligibility Form

This form shall be completed when initiating services and when adding a new service that was not included in the previous eligibility form. The eligibility form must be completed annually for each fiscal year if services are ongoing.

CBC Name:

CBC Contact #:

Child's Person ID:

Child's Age:

1. Does the child have a mental, behavioral, or emotional diagnosis or Z code?

Yes No *(If no, the child is not eligible. If yes, complete remainder of form.)*

a. Documentation includes the name and credentials of the individual making the diagnosis?
(Note: the diagnosis can come from an assessment or from a licensed clinician providing behavioral health therapy services) Yes No

b. Is the date of the diagnosis prior to initiation of services and within the preceding 12 months of service provision services? Yes No Date of diagnosis: _____

2. Provide a 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.

3. Provide a brief statement to confirm that the child is in out-of-home care or are at risk of placement in out-of-home care (e.g. abuse intake number and/or dependency court case number, etc.)

4. List the name(s) of the direct community-based services and/or supports that will address the child's treatment needs using the 100806 funds.

5. Are the identified services and/or supports Medicaid reimbursable? Yes No

(If yes, please provide an explanation as to why Medicaid is not paying, such as no Medicaid provider in the area, maximum Medicaid services received, etc.)

6. Are the identified services and/or supports able to be separated (i.e., mental health overlay provided at a community residential home) and are not covered by Medicaid? Yes No

(If yes, please provide an explanation as to how the 100806 funds are used to cover those services.)

Appendix B

Checklist of Supporting Documentation for the Purchase of Therapeutic Services for Children 100806		
Below is a listing of approved, but not limited to, documentation to support eligibility of 100806 funding. Complete this checklist and send it to the auditor with the documentation.		Check to confirm included for audit
Requirement	Supporting Documentation	
The child's mental, emotional or behavioral 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) and the evaluator's name and credentials.	<ul style="list-style-type: none"> • Psychological evaluation • Psychiatric evaluation • Assessments (Comprehensive Behavioral health Assessment (CBHA), Biopsychosocial, etc.) 	•
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	<ul style="list-style-type: none"> • Purchase of Therapeutic Services for Children Eligibility Form • Family Functioning Assessment (FFA) • Individualized Education Program (IEP) or 504 plan 	•
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	<ul style="list-style-type: none"> • Purchase of Therapeutic Services for Children Eligibility Form • Court order • Abuse Report Investigative Summary • Family Functioning Assessment (FFA) 	•
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.)	<ul style="list-style-type: none"> • Written communication from the Medicaid provider confirming services and supports are not reimbursable • Documentation from Medicaid Managed Care Plan • Purchase of Therapeutic Services for Children Eligibility Form 	•
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	<ul style="list-style-type: none"> • Case plan • Multi-disciplinary form • Local Review Team form • Case Management Service plan • Mental health treatment plan • Judicial Review 	•
Documentation that the funds were used for direct community-based services and supports addressing the child's mental health treatment needs	<ul style="list-style-type: none"> • Copy of billing invoice or receipt that includes the services/supports rendered • Summary or report from the provider outlining services provided 	•
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	<ul style="list-style-type: none"> • Purchase of Therapeutic Services for Children Eligibility Form 	•

