

INCIDENTALS PRE-AUTHORIZATION PROCESS

December 2015

Incidentals are:

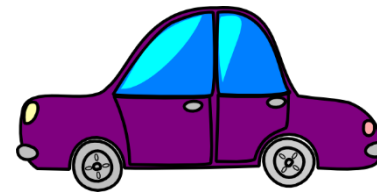
According to 65E-14

- The Covered Service reports temporary, non-renewable, expenses incurred to facilitate continuing treatment and community stabilization when no other resources are available
- Programs
 - *Adult Mental Health*
 - *Children's Mental Health*
 - *Adult Substance Abuse*
 - *Children's Substance Abuse*
- All incidental expenses shall be authorized by the Managing Entity



Incidentals can be used for:

- Transportation
- Childcare
- Housing assistance
- Clothing
- Educational services
- Vocational services
- Medical care
- Housing subsidies
- Pharmaceuticals
- Other as approved by the Managing Entity



Procedure Codes for Department Reporting Only (codes for use with Cost Center 28 only)



| Code | Title |
|-------|----------------------------------------------------------|
| IE001 | Incidental Expenses |
| IE100 | Incidental Expenses - Psychotropic Medications |
| IE101 | Incidental Expenses - IDP Psychotropic Medications |
| IE200 | Incidental Expenses - Medication Management Services |
| IE300 | Incidental Expenses - Mental Health Counseling |
| IE400 | Incidental Expenses - Substance Abuse Services |
| IEA00 | Incidental Expenses - Food |
| IEB00 | Incidental Expenses - Clothing |
| IEC00 | Incidental Expenses - Housing |
| IED00 | Incidental Expenses - Utilities |
| IED01 | Incidental Expenses - Electricity |
| IED02 | Incidental Expenses - Water/Sewer |
| IED03 | Incidental Expenses - Telephone |
| IED04 | Incidental Expenses - Natural or LP Gas |
| IED05 | Incidental Expenses - Heating Oil |
| IEE00 | Incidental Expenses - Transportation and Travel |
| IEF00 | Incidental Expenses - Primary Care Services |
| IEF01 | Incidental Expenses - Dental Services |
| IEF02 | Incidental Expenses - Vision Services |
| IEF03 | Incidental Expenses - Adjunct Health Services |
| IEG00 | Incidental Expenses - Service Animal Support |
| IEG01 | Incidental Expenses - Purchase of Service Animal |
| IEG02 | Incidental Expenses - Service Animal Supplies |
| IEG03 | Incidental Expenses - Service Animal Veterinary Services |
| IEH00 | Incidental Expenses - Employment Support |
| IEH01 | Incidental Expenses - Work Tools |
| IEH02 | Incidental Expenses - Work clothes |
| IEI00 | Incidental Expenses - Crafts and Hobbies |
| IEJ00 | Incidental Expenses - Computers and Related Items |
| IEJ01 | Incidental Expenses - Computer Equipment |
| IEJ02 | Incidental Expenses - Printer |
| IEJ03 | Incidental Expenses - Software |
| IEJ04 | Incidental Expenses - Supplies |
| IEJ05 | Incidental Expenses - Internet Service |
| IEK00 | Incidental Expenses - Furniture and Home Equipment |
| IEL00 | Incidental Expenses - Education/Training |
| IEM00 | Incidental Expenses - Personal Services |
| IEN00 | Incidental Expenses - Entertainment |
| IEP00 | Incidental Expenses - Fees |
| IEP01 | Incidental Expenses - Birth Certificate |
| IEP02 | Incidental Expenses - Identification Cards |
| IEP03 | Incidental Expenses - Guardianship Fees |

Full code definitions and descriptions can be found at:

- <http://www.dcf.state.fl.us/programs/samh/publications/a4.pdf>

AUTHORIZING INCIDENTALS

Incidental Expenses that are:

Less than \$500.00 per “Length of Need”

Length of Need – estimated length of time the service or commodity will be required according to the client’s treatment plan.

- Contractually authorized – No form required
- Expenditures can only be for the procedure codes listed on Exhibit E.
- Incidental expenses as described in the provider’s CFCHS approved Program Description, incorporated herein by reference, are authorized if the expenditure is reported to cfchsdata.org using one or more of the procedure codes listed on Exhibit E.
- CFCHS will pay for expenditures meeting the criteria listed in paragraph C on Exhibit E.

Incidental Expenses that are:

\$500.00 or more per “Length of Need”

Length of Need – estimated length of time the service or commodity will be required according to the client’s treatment plan and indicated on the preauthorization form.

- **REQUIRES** pre-authorization form
- Requests can only be for the procedure codes listed on Exhibit E.
- Requests must be submitted using the Incidental Expense Preauthorization Form.
- CFCHS will not pay for expenditures that are not preauthorized using this process.

INCIDENTAL EXPENSE
PRE-AUTHORIZATION FORM



CLIENT INFORMATION

Client Name: Arthur Read DOB: 1/1/1995 SS #: 12-345-6789
Primary Diagnosis: F32.9/296.2 Secondary Diagnosis: N/A

PROVIDER INFORMATION

Provider Name: Elwood Community Treatment Contact Person: Dora Winifred
Contact Number: 555-555-5555 Email: D.W.@ect.org

REQUEST FOR SERVICE FUNDING

Total Amount requested : \$ 1800 # of items/units N/A Length of Need 3 months
(If requesting a service, list rate per hour)

Description of goods/services requested (Include procedure code and narrative):

IEC00 - Amount requested is for 3 months worth of rent.

General reason for request/benefit to client (Include treatment goal being addressed):

Housing will provide the client with the opportunity to work on emotional constraints that affects his ability to work on everyday stressors without worrying about shelter.

Alternatives explored:

Relatives housed clients, but that option proved to exacerbate his symptoms.

| Vendor Name | Vendor Address |
|--------------------------|---------------------------------------|
| Elwood Apartment Complex | 12 Lake Road Elwood City, FL 55555 |

Dora Winifred
Provider Representative Signature

12/2/2015

Date

TO BE COMPLETED BY CENTRAL FLORIDA CARES:

Incidental Expense Request: Approved Denied

Amount Approved: \$ _____ Authorization Expiration Date: _____

Reason For Denial: _____

System of Care Signature: _____ Date: _____

Contract Manager Signature: _____ Date: _____

DISCLAIMER: This authorization does not guarantee available funds in the subcontractor's contract.

DATA SUBMISSION

Data Submission

- Submit data <https://cfchsdata.org>
- Each month by the 10th
- Report as a client specific service even following PAM 155-2 guidelines
 - Covered Service (CovrdSvcs) = 28 (Incidental Expense)
 - Procedure Code (ProCode) selected from the list of valid Incidental Expense Procedure Codes shown on Slide 4



PAYMENT

Payment

- Reimbursed dollar-for-dollar
- Up to the pre-negotiated allocation in the contract
- Allocation adjustments can be requested to your contract manager
- CFCHS will not pay for expenditures that are not preauthorized using this process

DOCUMENTATION

Onsite

Data Elements for Incidentals:

According to 65E-14

- Service Documentation – Census Log:
 - *Covered Service*
 - *Program*
 - *Recipient name and identification*
 - *Receipt for incurred incidental costs*
 - *Authorization from the Department or appropriate managing entity*
 - *Invoice date*

- Audit Documentation – Recipient Service Chart:
 - *Covered Service*
 - *Recipient name and identification number*
 - *Invoice date*
 - *Receipt for incurred incidental costs*
 - *Associated treatment plan goal*
 - *Authorization documentation*

Implementation

- January 1, 2016
- Amendment of contracts to include:
 - *Exhibit E*
 - *Pre-Authorization Form*





Contact Information

Anna Lowe, MBA, CHC
Chief Operating Officer
alfedeles@cfchs.org
407.985.3563

Trinity Schwab, MBA
Contract Manager
tschwab@cfchs.org
407.985.3564

Anita M. Tulloch, LMFT
UM Specialist
atulloch@cfchs.org
407.985.3577
Fax 321.732.7046