

PRE-AUTHORIZATION REQUEST FORM
DECIPTIONS FOR REQUIRED FIELDS

Funding Requested

Request Type: Select the service being requested from the drop-down list.

Procedure Codes: See Attachment.

Rationale for request (Including the Treatment Goal being addressed): Provide a brief description of what the funding will be used to purchase and how providing this assistance will help the client with meeting Treatment Goals.

Alternative Funding Explored: Statement of other local program services searched/contacted to assist in funding requested item.

Total Amount Requested: Total amount of funds being requested for approval for length of service up to a max of 90 days

- *Example:* Requesting 3 months of rental assistance- rent is \$600 per month → Input \$1800

Description of Goods/Services: Provide specific details on what is being purchased to support the individual's treatment.

Date of Service From and To: Select beginning date that service will begin and end.

Housing Type

Please select the option from the drop down which would best describe the housing type the funds will be used for:

- **Adult Family Care Home:** A licensed private residence where the owner or caregiver lives and provides housing, meals, and personal care services for a small number of adults.
- **Apartment/Property Management:** A self-contained housing unit within a larger residential area.
- **Assisted Living Facility (ALF):** Long term care services that provides a combination of housing, personal care services, and health care designed to respond to individuals who need assistance with normal daily activities in a way that promotes maximum independence.
- **Hotel:** A temporary housing solution for individuals lacking a permanent place to reside.
- **Independent Landlord:** Client is paying (through any source of income) either all costs of living or an equal share of the total costs with others.
- **Residential Treatment Facility:** A live-in 24-hour state-licensed program providing therapy for substance use, mental illness, or other behavioral problems.
- **Nursing Home:** A public or private residential facility providing a high level of long-term personal or nursing care for persons (such as the aged or the chronically ill) who are unable to care for themselves properly.
- **Sober Living:** Certified sober living housing through the Florida Association of Recovery Residences (FARR) or Oxford House.

Vendor Name: First and last name of the owner.

Vendor Address: Business address to which the check will be made out.

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Housing Name: The business or facility name of the selected housing type.

Housing Address: The address the individual will physically be residing in. *This will likely differ from the vendor's address.*

SIGNATURES

The staff member completing the form will enter their signature and date. They will provide their supervisor's name and email address. Cognito will notify them that their signature is required to complete the authorization.

Attestation *For Supervisors Only*

An attestation is required if the housing type selected is an independent landlord. As the supervisor, you must attest that an agency representative has visited this independent landlord within the last six months and that it appears to be clean and safe. The attestation is for the safety of individuals served.

The following procedure codes are for Department reporting only, and are not reportable to any other funding or payer source. The codes are for use with Cost Center 28 only and the funding source should be SAMH with a valid department contract.

IE001: Incidental Expenses.

Where use of more detailed reporting of Incidental Expense purchases is *not* required by the contract nor desired by the agency, this procedure code is to be used. Where more detailed reporting is required by the contract or desired by the agency, this code is to be used for Miscellaneous Purchases where no other code is available.

IE100: Incidental Expenses - Psychotropic Medications.

Use for costs of psychotropic medications purchased from funds other than IDP Credit or Cash. Approved for use by Self Directed Care. Not to be used for medications for physical ailments.

IE101: Incidental Expenses – IDP Psychotropic Medications.

Use exclusively for costs of psychotropic medications purchased through Cash IDP funds (not Credit IDP). Approved for use by Self Directed Care. Not to be used for medications for physical ailments.

IE200: Incidental Expenses - Medication Management Services.

Use for the costs of Medication Management Services. Code purchase of psychotropic drugs as IE200. Approved for use by Self Directed Care.

IE300: Incidental Expenses - Mental Health Counseling.

Use when a state funded program purchases non-residential MH services such as Outpatient Therapy, In-Home/On-Site, Supported Housing, Supported Employment through Incidental Expenses, esp. as in Self Directed Care. May NOT be used to purchase Case Management Services for Self Directed Care clients. Approved for use by Self Directed Care.

IE400: Incidental Expenses - Substance Abuse Services.

Use when a state funded program purchases non-residential MH services such as Outpatient Therapy or Intervention. Approved for use by Self Directed Care.

IEA00: Incidental Expenses – Food.

For purchase of consumable items such as prepared food or items used to prepare meals. Excludes alcoholic beverages or tobacco products. Code for mixed purchases where food items make up the majority of the cost of the total purchase.

IEB00: Incidental Expenses – Clothing.

Use for any garment or apparel intended for personal or employment use. Safety items as hard hats or safety goggles for employment are to be reported as tools. Classify seasonal costumes such as Halloween costumes as Entertainment. Code for mixed purchases where clothing items make up the majority of the cost of the total purchase. Clothing for employment may also be coded under IEH02 as Work Clothes.

IEC00: Incidental Expenses – Housing.

For the costs of acquiring, retaining and maintaining a stable residential situation. Includes rental deposits, emergency rent support.

IED00: Incidental Expenses – Utilities.

Use for costs related to costs of utility services, such as electricity, water, telephone, sewer or garbage collection, including deposits. Bundled utility service costs should be reported under this code.

IED01: Incidental Expenses – Electricity.

Applies exclusively to costs of electrical service or deposits to acquire electrical services. Bundled utility costs should be coded IED00.

IED02: Incidental Expenses – Water/sewer.

Applies exclusively to costs of water or sewer service or deposits to acquire water or sewer services. Bundled utility costs should be coded IED00.

IED03: Incidental Expenses – Telephone.

Applies exclusively to costs of telephone service or deposits to acquire telephone services. Bundled utility costs should be coded IED00.

IED04: Incidental Expenses – Natural or LP Gas.

Applies exclusively to costs of Natural or LP Gas service or deposits to acquire Natural or LP Gas services. Bundled utility costs should be coded IED00. Use with Cost Center 28 only

IED05: Incidental Expenses – Heating Oil.

Applies exclusively to costs of Heating Oil service or deposits to acquire Heating Oil services. Bundled utility costs should be coded IED00. Use with Cost Center 28 only

IEE00: Incidental Expenses – Transportation and Travel.

Use for costs of transportation including bus passes, gasoline, urgent automotive repair. Not for purchase of automobiles, motorcycles or trucks, but may be used for purchase of a bicycle. If commensurate with the service plan, may be used for emergency air travel. Use with Cost Center 28 only

IEF00: Incidental Expenses – Primary Care Services.

Use for the cost of medical, dental, vision and adjunct care services, including co-pays and other costs not covered elsewhere. Not for purchase of medical or dental insurance, or for coverage of behavioral health co pays or fees.

IEF01: Incidental Expenses – Dental Services.

For the purchase of necessary, non-cosmetic dental services not funded by Medicaid.

IEF02: Incidental Expenses – Vision Services.

For the purchase of necessary, non-cosmetic vision services not funded by Medicaid.

IEF03: Incidental Expenses – Adjunct Health Services.

For the purchase of Adjunct Health Services such as massages, weight control services, stop smoking, or health clubs not funded by Medicaid, as allowed by program guidelines and the client's service plan.

IEG00: Incidental Expenses - Service Animal Support.

For purchase and/or support of registered service animals, if deemed necessary by a client's handicapping condition. Purchases must be supported by service or treatment plan.

IEG01: Incidental Expenses – Purchase of Service Animal.

This code is to indicate the purchase of a service animal in accordance with the client's treatment or service plan. This does NOT apply for acquisition of an animal not registered for therapeutic service.

IEG02: Incidental Expenses – Service Animal Supplies.

This code is to indicate the purchase of supplies and/or equipment necessary for the support of a registered service animal in accordance with the client's treatment or service plan. This does NOT apply for support of an animal not registered for therapeutic service.

IEG03: Incidental Expenses – Service Animal Veterinary Services.

This code is to indicate purchase of necessary and normal veterinary expenses for the support of a registered service animal in accordance with the client's treatment or service plan. This does NOT apply for veterinary expenses for an animal not registered for therapeutic service.

IEH00: Incidental Expenses – Employment Support.

Use this code for purchase of items necessary to becoming employed. Purchases must be supported by service or treatment plan.

IEH01: Incidental Expenses - Work Tools.

For purchase of tools or equipment required for employment, such as carpentry tool, hard hats, goggles or automotive tools. Exclude tools and equipment purchased for regular household use. Purchases must be supported by service or treatment plan.

IEH02: Incidental Expenses – Work clothes.

Use for any garment or apparel purchase required for employment, including uniforms. Safety items as hard hats or safety goggles for employment are to be reported as tools. Include costumes required for employment. Code for mixed purchases where clothing items for employment make up the majority of the cost of the total purchase. Request separate receipts where possible.

IEI00: Incidental Expenses – Crafts and Hobbies.

For materials necessary for the pursuit of hobby or avocational activities in support of service or treatment plan objectives.

IEJ00: Incidental Expenses – Computers and related items.

For use to indicate purchase of computers and related items for personal use as identified in the client's service or treatment plan. May include costs of repair if supported in service plan.

IEJ01: Incidental Expenses – Computer Equipment.

For use to indicate purchase of computer equipment to include the central processing unit, monitor or laptop for personal use as identified in the client's service or treatment plan. May include costs of repair if supported in service plan.

IEJ02: Incidental Expenses – Printer.

For use to indicate purchase of computer printers and related items for personal use as identified in the client's service or treatment plan. May include costs of repair if supported in service plan.

IEJ03: Incidental Expenses – Software.

For use to indicate purchase of computer software for personal use as identified in the client's service or treatment plan.

IEJ04: Incidental Expenses – Supplies.

For use to indicate purchase of computer related supplies such as ink, blank CDs or DVDs for personal use as identified in the client's service or treatment plan.

IEJ05: Incidental Expenses – Internet Service.

For use to indicate purchase of internet service for personal use as identified in the client's service or treatment plan.

IEK00: Incidental Expenses – Furniture and Home Equipment.

Use to indicate purchase of furniture items necessary to make a living space comfortable. May include beds, chairs, tables, TVs, radios, telephone equipment, etc. Restricted to use in client's own living area.

IEL00: Incidental Expenses – Education/Training:

Use to indicate purchase of tuition, fees, books and/or supplies for educational or training taken in compliance with the treatment or service plan.

IEM00: Incidental Expenses – Personal Services.

Use to indicate purchase of personal services such as hair cut, manicure, make-up lessons, etc.

IEN00: Incidental Expenses – Entertainment.

Indicates purchase of entertainment such as movie tickets, eating out, etc. in accordance with the treatment or service plan.

IEP00: Incidental Expenses – Fees.

Use this code to indicate cost of obtaining necessary legal documents and services such as birth certificates, Drivers license, identification card or guardianship court cost. Use this code as a default, but may also be coded to specific cost codes.

IEP01: Incidental Expenses – Birth Certificate.

Use this code to indicate cost of obtaining a birth certificate for purposes related to the client's service or treatment plan.

IEP02: Incidental Expenses – Identification Cards.

Use this code to indicate cost of obtaining necessary drivers license or identification card.

IEP03: Incidental Expenses – Guardianship fees.

Use this code to indicate cost related to providing guardianship services including related court costs.