

**GUIDANCE DOCUMENT FOR USE OF 100806 FUNDS
(PURCHASE OF THERAPEUTIC SERVICES FOR CHILDREN)
JUNE 4, 2015**

This document is 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.

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, strengths and developmental level of eligible children and adolescents;
- Provide innovative and specialized treatment approaches and support services not funded by Medicaid or other funding sources; and
- Provide opportunities to further develop self-regulation and positive relational skills through age appropriate enrichment activities.

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

- Are birth to 18 years old;
- They are in out-of-home care or are at risk of placement in out-of-home care;
- They have a mental, emotional or behavioral disorder diagnosed within the previous twelve months sufficient to meet diagnostic criterion specified in the DC 0-3R, 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 with the previous twelve months.

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);
- Have a functional impairment which interferes with, or limits the child's role or functioning in family, school, or community or would have met the functional impairment criteria during the referenced year had they not had services or supports provided

Ineligible children are those who:

- Have a primary substance use or developmental 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 (33), 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 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: 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
 - Clothing for special occasions (prom, weddings, etc.)
 - Educational materials
 - Athletic teams or activities
 - Expressive arts (music, dance, etc.)
 - Other child centered activities that promote social, emotional, or behavioral development
- 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 model;
 - Early childhood services, such as screening and assessment, (specific to the eligible child) in a day care center or school; and
 - Family focused treatment (Multisystemic Therapy, Parent-Child Interaction Therapy, Child Parent Psychotherapy, Functional Family Therapy), for the benefit of the child.

Expenditures Not Allowable:

The following categories are never reimbursable:

1. 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);
2. Services to obtain the initial documentation of diagnosis;
3. 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 (no Medicaid provider in the area, maximum Medicaid services received, Medicaid does not cover the service, etc.);
4. Purchasing or improving land;
5. The purchase, construction or permanent improvement of a building or home;
6. Inpatient services (crisis units and psychiatric residential treatment facilities);

7. 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.
8. Purchasing major medical equipment;
9. Using as match for other Federal funds without permission of the Office of Substance Abuse and Mental Health;
10. Grant award to a for-profit private entity (contracted services are acceptable); and
11. Making cash payments for health services.

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, 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 funds through documentation review to include all requirements of the funding. At a minimum, documentation must include:

- 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
- 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.

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.

Additionally, the CBC shall report the utilization of 100806 funding bi-annually to the department using the Therapeutic Services for Children Purchases (100806) bi-annual report form.