

**GUIDELINES AND PROCEDURES
FOR
HOME AND COMMUNITY BASED
ENHANCED FAMILY TREATMENT**

(Formerly the Children's Mental Health Home and Community Based Waiver)

January 1, 2016



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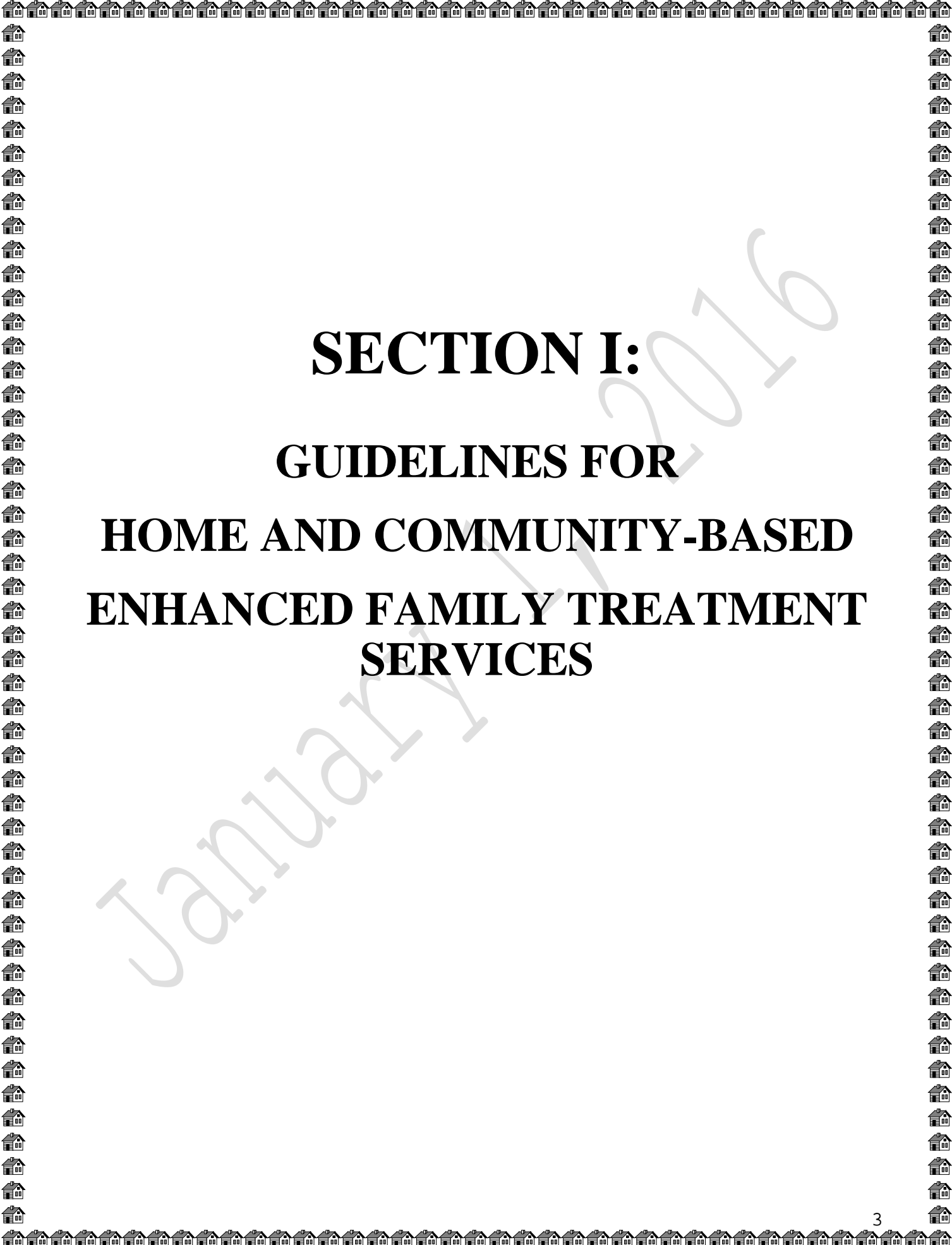
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SECTION I:
GUIDELINES FOR
HOME AND COMMUNITY-BASED
ENHANCED FAMILY TREATMENT
SERVICES

January 2016

**BACKGROUND AND PURPOSE OF THE
CHILDREN'S MENTAL HEALTH, HOME AND COMMUNITY-BASED
ENHANCED FAMILY TREATMENT SERVICES (EFT)
THE DEPARTMENT OF MENTAL HEALTH**

Section 2176 of the Omnibus Reconciliation Act of 1981 (Public Law 97-35) enables states to offer a wide variety of non-medical home and community-based services to individuals who, without such services, would require more expensive institutional care or less cost-effective community care. States qualify to provide these services if the Federal Center for Medicare and Medicaid Services (CMS) grants a Waiver of Medicaid regulations under Section 1915(c) of the Social Security Act. The 1915(c) Mental Health (MH) Waiver is granted on a multi year basis with annual approval required for continuation.

The Child, Adolescent and Family Unit of the Vermont Department of Developmental and Mental Health Services (CAFU/DMH) received approval of its first 1915(c) MH Waiver in July 1982. This 1915(c) MH Waiver was retroactive to April 1, 1982. The Home and Community-Based 1915(c) MH Waiver was renewed for three (3) years for both Mental Health (MH) and Mental Retardation (MR) clients in 1985. Part of the renewal agreement was to separate the mental health and mental retardation waivers into two discrete waivers. The 1915(c) MH Waiver covered children with mental illness under the age of 22 who were institutionalized or were at risk of institutionalization, and persons with autism who live in or were at risk of commitment to an ICF/MR. The 1915(c) MH Waiver renewal was approved June 11, 1985 and covered services from May 16, 1985 to May 15, 1988. A subsequent five-year renewal covered services from May 16, 1988 to May 15, 1993.

A renewal application was submitted in 1993 to cover services for the period May 16, 1993 to June 30, 1998. At that time, authority for 1915(c) MH Waiver services provided to individuals with autism with an IQ of less than 70 was moved from the Mental Health (MH) 1915(c) MH Waiver to the Developmental Services Waiver. ***Since then, the 1915(c) MH Waiver has provided home and community-based services to individuals below the age of 22 who have a mental illness and are at risk of institutionalization. For the purposes of eligibility DMH/CAFU considers institutionalization to mean a JCAHO accredited inpatient psychiatric facility for children.***

In the fall of 2005 the State of Vermont entered into an agreement with the Center for Medicaid Services that allowed the creation of a statewide waiver called Global Commitment. This waiver eliminated many of the current waivers including the 1915(c) Children's Mental Health waiver. However the agreement with the Center for Medicaid Services included the need for Vermont to continue to offer these services within current rules but allowed for changes to procedures. The 1915(c) Children's Mental Health waiver is now known as Enhanced Family Treatment (EFT). No changes to criteria have been made but documentation is being revised to reflect this change..

The Child Adolescent and Family Unit (CAFU) of DMH is responsible for programmatic and financial review of the Enhanced Family Treatment, collecting data on the EFT clients to assess its impact, and providing information to the Department of Vermont Health Access acting at the State of Vermont's Managed Care Organization under Global Commitment. The EFT definitions, policies and procedures have been updated.

ELIGIBLE PROVIDERS

Home and Community-based EFT Services can only be provided or administered by the following:

- A. Designated Agency (DA/SSA) or Specialized Services Agency (SSA) in Vermont.
- B. Other Vermont Agencies approved by the Department of Mental Health and sub-contracted by the DA or SSA in accordance with 18 VSA; 8901-8903.

All providers agree to comply with Vermont's approved EFT Application. Staff must meet the qualifications for delivering the defined services as described in the Department of Mental Health Title XIX Medicaid manual.

SERVICE DEFINITIONS

Individuals eligible for EFT may receive a variety of the services listed below to meet the individual's and family's needs. The EFT-eligible individuals must receive one or more of these EFT services as described in the Department of Mental Health (DMH) EFT Medicaid manual.

SERVICE PLANNING AND COORDINATION

Assists individuals and their families in planning, developing and coordinating the provision of services and supports needed for a specific individual.

FLEXIBLE SUPPORTS

Community Supports (Individual or Group): Specific, individualized and goal-oriented services which assist individuals in developing skills and social supports necessary to promote growth.

Respite (hourly): In-home or community based care for the purpose of providing a planned break for parents/guardians or foster care providers for children in foster care/therapeutic foster care.

Respite (overnight): Care for the purpose of providing a planned overnight break for parents/guardians. It is a supportive service for non-custody children/youth that are living in their own home/residence, be it a biological, adoptive, or kin-care home. This is not a service for children/youth in DCF custody living in their own home, or for any child/youth living in a foster home (therapeutic foster care or DCF foster care).

Family Education: In home support and treatment for the purpose of enhancing the family's ability to meet their child's emotional needs.

Clinical Assessment: Psychiatric and/or psychological evaluation of the child's current level of functioning, mental health, social, and family history, and a Diagnostic Statistical Manual (DSM) diagnosis.

Individual, Family and Group Therapy: Treatment that uses the interaction between the therapist and the individual, family and/or group to facilitate emotional or psychological change.

Medication and Psychiatric Consultation Services: Evaluation for, prescribing and monitoring of medication and providing medical observation and support.

Emergency/Crisis Assessment and Support: Outreach crisis intervention and/or telephone support for children and their families.

Transitional Living: Short-term out of home care for adolescents requiring intensive supports. The goal of this care would be a transition to independent living.

Foster Care: Therapeutic Foster Care (TFC) TFC is short-term out-of-home care for children/youth (in DCF custody or in a DMH out-of-home placement) that have higher needs for treatment and require services to address serious mental, behavioral, or emotional problems. TFC also addresses the family's need for enhanced parenting skills. Child/youth must have a DSM-V diagnosis and meet the [out-of-home placement criteria](#). Treatment and support services are provided in the TFC home, home of origin, and community settings and the therapeutic foster parents are actively engaged with the team supporting the child/youth. TFC is a part of the child's plan and the goal of this care is for reintegration back home. If there is need for a planned overnight break for the primary foster home, the child will stay at a secondary foster home. All foster homes must be licensed.

Environmental Safety Devices: Items necessary to insure the physical safety of the individual, family, and/or staff. These are not structurally permanent modifications. They can be removed should the child or adolescent change placements. Examples include smoke alarms, fire extinguishers, door alarms, window alarms, etc.

EXCLUSIONS

EFT funding cannot be used for the following:

Room and Board expenses

Transportation

Purchase of land, buildings or capital improvements for individuals

Psychiatric Hospitalization

Partial Hospitalization

Residential Treatment Facilities for more than four (4) individuals

Educational Services that are the legal responsibility of the school

Vocational Services

Services delivered outside the state of Vermont

Camp Services

Substance Abuse Treatment

Paying Family as respite

ELIGIBILITY CRITERIA

The goal of the EFT services is to maintain children in their home and/or community or return children to their home and/or community. All alternative resources must have been explored and determined to be inappropriate or unavailable before an application of EFT services is submitted for consideration.

Services included under the EFT may be provided only to persons who:

- A. Are otherwise eligible Medicaid recipients; or will become eligible for home and community-based services under 42 CFR 435.232 *and*
- B. those services prescribed in the Individualized Plan of Care (IPC) cannot be provided by any other means; *and*
- C. are children and youth who have not yet reached the age of 22 years and are still enrolled in school; *and*
- D. have a primary diagnosis of mental illness (other than Autism and Conduct Disorder) *and*
- E. are currently receiving the level of care provided in an inpatient psychiatric facility individuals under age 22 which is reimbursable under the State Plan, and for whom home and community-based services are determined to be an appropriate alternative; or are likely to receive the level of care provided in an inpatient psychiatric facility for individuals under age 22 which would be reimbursable under the State Plan in the absence of home and community-based services which are determined to be an appropriate alternative.

SERVICE PRIORITIES

Once eligibility has been determined, initial and continued EFT services will be prioritized in the following manner:

- Priority 1:** Youth in the custody of their biological or adoptive family who require an intensive level of mental health treatment in order to remain safely in their home.
- Priority 2:** Youth in the custody of their biological or adoptive family who currently reside out of their home and will require an intensive level of mental health treatment in order to return safely to their family.
- Priority 3:** Youth in the custody of their biological or adoptive family, who require a short-term out-of-home stabilization in therapeutic foster care. The goal of this level of care is intensive mental health treatment and skill building for both the child and the family in order to achieve reunification.
- Priority 4:** Youth in the custody of their biological or adoptive family who require intensive amounts of mental health treatment as they transition to adulthood.
- Priority 5:** All other eligible requests for services.

AUTHORIZED OR DENIED SERVICES

- CAFU staff will collaborate with local DA/SSA to determine whether a request is appropriate for application to EFT services. CAFU staff will collaborate with the local DA/SSA to determine the eligibility and service priority of each approved referral.
- If the request for EFT eligibility is approved *and* is determined to be a service priority, DMH will work with the DA/SSA to provide the services. Each DA/SSA will be responsible for maintaining a current triage list at the local level
- If the request meets eligibility and service priority, the DA/SSA will be notified that the request will be approved.

If the request does not meet eligibility and service priority, it will be denied within 14 calendar days (or 28 if extension requested) and returned to the DA/SSA. The parent(s)/guardian(s) and DA/SSA will be notified in writing by the DMH. Further explanation of Grievance and Appeals can be found in the next section.

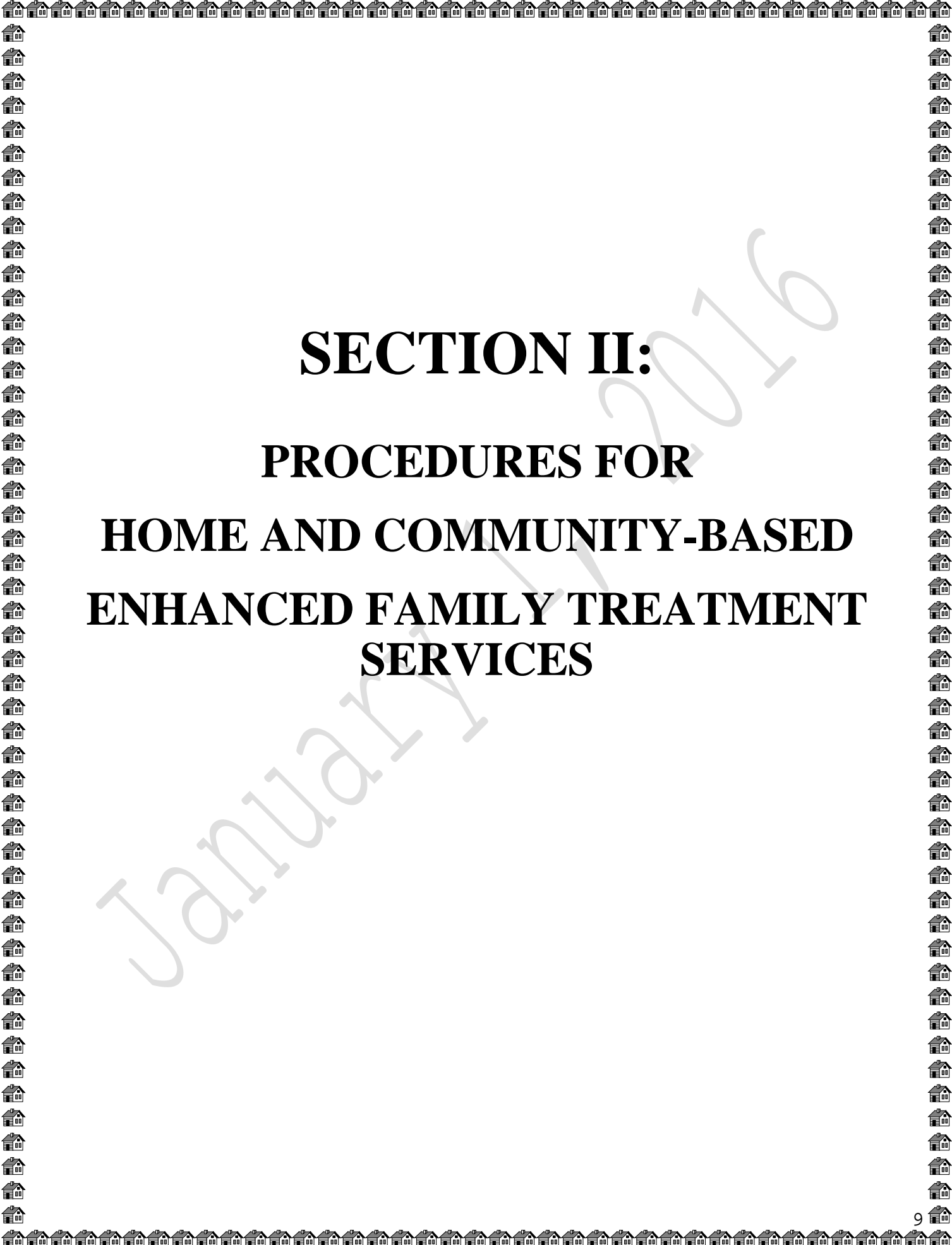
GRIEVANCE AND APPEALS

APPEAL PROCESS FOR ELIGIBILITY

- If a child is determined to be eligible for the EFT, the child and guardian will be notified of the approved plan by the providing DA/SSA.
- If the child is determined to be ineligible for the EFT, DMH will notify the child and their guardian in writing and explain how and where to file an appeal. The DA will be copied on the written ineligibility determination. The DA will identify what other Medicaid covered services the child/family is eligible to receive.
- If a child or guardian chooses to appeal the eligibility decision, the processes outlined in the **Grievance and Appeals Procedures Under Vermont's Global Commitment to Health** will be followed.

The full document of the Grievance and Appeals Procedures Under Vermont's Global Commitment to Health can be found at:

<http://mentalhealth.vermont.gov/sites/dmh/files/About/2010GAManualaddendum082312.pdf>



SECTION II:
PROCEDURES FOR
HOME AND COMMUNITY-BASED
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DETERMINING INITIAL ELIGIBILITY

- Home and Community Based EFT eligibility is distinct from categorical Medicaid eligibility. Children who are not categorically eligible for Medicaid (e.g., medically needy, TANFC, SSI) may be eligible for reimbursement of EFT services under Medicaid due to a waiver by CMS of parental income as available to the child. For the families whose income and resources preclude Medicaid eligibility, individual youth in need may be “Deemed” eligible for Medicaid EFT funding. Deeming assumes that the youth does not have income or accounts that exceed the Medicaid income and resource test. The applicant's local treatment team is responsible for submitting to CAFU its one-page Form 100-R to CAFU with the EFT request. The local team must also submit Economic Services Division forms 201, 202, and 202a to the local Economic Services Division Office. These forms must be on file at the Economic Services Division. See appendix D for more information.
- Clinical staff of the DA/SSA will complete or review an existing primary assessment for information that indicates the individual may meet the eligibility criteria for the EFT. The DA communicates in advance with the DMH Children’s Mental Health Care Manager about all cases where a waiver is being considered and developed. If a child is being placed out of their home, the criteria from the [Out of Home Placement Guidelines](#) must also be met. A recent assessment should be a formal assessment done within 6 months of the EFT start date. This could be a Psychological or Psychiatric assessment, a discharge summary from a hospital or hospital diversion program, a discharge summary from a residential setting, the Psychological component of an IEP evaluation, etc. It should contain the clinical information justifying EFT criteria. Information should stress child and family strengths as well as natural supports and resources. If child is placed out-of-home, assessment should detail the family and child needs that must be developed for successful reintegration (See Appendix B for Initial Eligibility Checklist).
- Supporting documents, such as other relevant assessments, can be used to supplement the primary assessment. These secondary assessments should be less than two (2) years old. Once the assessment findings are documented, the community mental health professional describes eligibility in a cover letter to DMH
- The DA/SSA must provide a current (less than 60 days) Child Behavioral Check List (CBCL), which indicates significant mental health needs and competencies. A syndrome scale or the total score must be in the clinical range in order to meet criteria.
- The DA/SSA must submit an EFT packet, complete with all required documentation, to DMH for final approval (See Appendix B for Initial Eligibility Checklist). EFT paperwork is due 30-days prior to the start of services for Initial and Continuation requests. By nature of the children served through this funding mechanism, there are times when a package of services is pulled together in response to a crisis situation and thus may not have 30-day advanced notice. Exceptions to this timeframe are typically granted when the DA staff person communicates the situation with their DMH Children’s Mental Health Care Manager.
- CAFU will review the initial eligibility cover letter and packet to determine if it is complete and includes the necessary supporting documents. The DA/SSA Children’s Program Coordinator and case manager should sign the signature page. The DA/SSA business manager and DCF District Director should sign if the child is in DCF custody. The parent/guardian should sign **ONLY** if their signature is not present on treatment plan. If the client is 18 or older, or turns 18 during the waiver period, he/she must sign all documentation requiring a signature including the IPC.

DETERMINING INITIAL ELIGIBILITY

(CONTINUED)

- A decision will be made within 14 calendar days of receipt of completed official referral. An extension of an additional 14 days may be granted to DMH if there are complicated factors in the decision process. If the forms or documents are incomplete or contain errors, the application is not considered complete and the following will take place:
 1. CAFU will notify the provider of necessary changes and return the paperwork to the DA/SSA for revisions. A decision and/or payment for services will not begin until the paperwork is completed and a final decision is made by DMH staff. If the information requested to complete a referral is *not* provided and the referral remains incomplete by 30 days from receipt of application, the parent/guardian and DA/SSA will be notified that a determination to approve or deny cannot be made. The application will not be processed and will be returned to the DA.
 2. If CAFU denies EFT eligibility, it will notify the parent/guardian in writing with explanation of the Grievance and Appeals Procedures Under Vermont's Global Commitment to Health
 3. If CAFU approves EFT eligibility, CAFU will furnish written confirmation of EFT eligibility to the DA/SSA. The signature page with the Children's Mental Health Care Manager and daily rate/procedure code for billing will be sent to the provider. The DA/SSA will notify the individual and his or her guardian(s). CAFU authorization is required before receiving EFT funding. DMH/CAFU will authorize and notify the DA/SSA of approval of eligibility with a signed Eligibility Form.

DETERMINING CONTINUED ELIGIBILITY

- EFT services are subject to continued eligibility determination and authorization in order for the DA/SSA to receive payment.
- Continued eligibility reviews occur on 6 month cycles for budget periods of July 1 – December 31 and January 1 – June 30.
- Thirty (30) days prior to the end date of the initial eligibility period, the DA/SSA must apply for continued eligibility. If the required continuing eligibility information is not submitted within 14 days of the expiration of the prior authorization or intent to apply for continued eligibility is not communicated by the DA/SSA notice of service denial will be sent to the parent/guardian and the DA/SSA.
- Continuing eligibility information must include one of the following options:
 - A. If the treatment plan and budget **are remaining exactly the same**:
 - A cover letter stating the treatment plan and budget are not changing and should remain the same, the signature page (with required signatures outlined above), a new CBCL and any new evaluations completed that would support the treatment plan remaining the same
 - B. If the treatment plan and budget **are changing**
 - A cover letter stating the changes and why, description of continued eligibility, a new IPC, a new budget, a new signature page (with required signatures outlined above), any new evaluations that support the change, and a new CBCL,(See Appendix C for continued eligibility checklist).
 - If the treatment plan **should be updated at the year anniversary** of the initial eligibility

treatment plan.

CAFU will review all Continued Eligibility information to determine if it is complete and includes the necessary supporting documents.

If the forms or documents are incomplete or contain errors, CAFU will immediately notify the provider of incomplete information and what additional information is required.

Note: If the DA/SSA fails to provide continued eligibility information or complete information necessary to make an authorization determination within 30 days of the prior authorization period, EFT services may be continued if the parent/guardian appeals the planned service denial. As outlined in the Grievance and Appeals Procedures, the DA/SSA may be required to continue services until the appeal is resolved. EFT services that have not been authorized by DMH will not be compensated if the denial notification results from failure to timely submit continued eligibility information or incomplete information on the part of a DA/SSA.

1. If CAFU denies EFT eligibility, it will notify the parent(s)/guardian(s) and DA/SSA in writing with explanation of the Grievance and Appeals Procedures Under Vermont's Global Commitment to Health
2. If CAFU approves EFT eligibility, CAFU will furnish written confirmation of EFT eligibility to the DA/SSA via the signature page. The approved signature page will be sent to the provider in the same manner as outlined for initial eligibility authorization. The DA/SSA will notify the individual and his or her guardian(s).

SUSPENSION, TERMINATION, OR SERVICE ADDENDUMS

Suspension of EFT Funding (not due to a DMH action)

- Funding for EFT services must be suspended temporarily if there are circumstances that do not allow services/supports to be provided. Examples of this include, but are not limited to, a child who is hospitalized, placed in a hospital diversion program, on vacation away from their community, or is otherwise away from EFT services. In brief, the EFT must be suspended anytime a child is not receiving EFT services to the level indicated in the child's Individual Plan of Care and corresponding budget.
- In these circumstances, the case manager must notify the DMH Child Adolescent & Family Unit of the suspension. A copy of this notification must also be provided to the Designated Agency's business office declaring the suspension period.
- Suspension of EFT services requires that an appropriate notation be made on the child's monthly note. The maximum length of a suspension is 21 days. If a child is away from EFT services longer than 21 days, the EFT shall be terminated. As with any action, DMH will provide written notification in advance of the termination date and the person's appeal rights to appeal.

Termination of EFT Services

- If a recipient is no longer requiring EFT services, the DA/SSA must complete and submit to CAFU a Notification of Termination and/or Reduction of Funding Form stating the reason for the action. The DA/SSA must provide notification in writing to DMH, and the recipient and guardian of the reason for the action, the date it becomes effective, and their right to appeal the decision to DMH. (See Appendix E)

- The “Notification of Termination of Funding” form must be signed by either the case manager or the program coordinator, and dated. The completed form must be mailed to the Department of Mental Health within fifteen (15) days of termination of services. Once signed by DMH staff, the Termination Form will be returned to the DA to be filed in the recipient’s record.

Change in EFT Funding (budget adjustments)

- If a child’s treatment team finds that a child requires a different level of support (either an increase or a decrease) than was originally detailed in the EFT treatment plan and budget, the DA/SSA is able to request an Addendum to the EFT budget.
- Clinical review of medical necessity and comparing actual to budgeted service intervention should occur on a regular basis. The DA should review for potential under/over billing and make adjustments.
- Budget adjustments should be made no later than the end of the 5th month in the 6-month budget period, in order for those adjustments to be approved and completed before the 90-day self-audit (See Audit Procedure on page 19). Budgets may be adjusted back to the beginning of the 6-month period if necessary. If a new EFT begins in the 5th or 6th month, revisions to that initial EFT budget may be made up to 45-days past the end of the 6-month budget period (Dec 31st or June 30th). This 45-day period only applies to new EFTs that started in the 5th or 6th month.
- To change an EFT budget within an EFT period, DMH requires a cover letter detailing the reason for the change, a new budget reflecting the changes and a new signature page. If specific services have been added or removed from the child’s plan of care, DMH will also require a new IPC reflecting these changes. Any budget change that represents a decrease in services must include written notification by the DA to the parent(s)/guardian(s) of the action and their rights to appeal the decision to DMH.

Change in Custody Status While Receiving EFT Funding

If a child/youth is receiving EFT services and their custodial status changes, the following steps will be taken to determine if and when fiscal responsibility transfers. The following process should be used to determine the date that funding of EFT services changes:

For children in DMH funded placements who **enter** DCF custody:

1. When a child who is receiving EFT Services enters DCF custody, DCF assumes fiscal responsibility on the date the child enters custody.
2. Once notified that a child has entered DCF custody, the DA staff must follow the steps outlined below in “Documenting of Fiscal Changes.”

For children in DCF funded placements who have a **planned discharge** from DCF custody:

1. If the discharge from custody is planned, the local team (including at least local DCF, MH, and education), should begin planning for the transition at least 3 months prior to the custodial transfer.
2. If the child will remain in a paid out-of-home placement, then there must also be State DMH approval of the placement, so local teams may need to allow time for that process.
3. If DMH approves the placement prior to discharge from custody, then DMH becomes the immediate payee when custody changes.

For children in DCF funded placements who have an **unplanned discharge** from custody:

1. If there is an unplanned discharge from DCF custody while a child/youth is using EFT services and the team wishes to continue with the current plan, DCF and DMH must communicate immediately about

the status of the case and need for placement. Except for situations with extreme extenuating circumstances, DCF will not pay for a placement after custody has been discharged.

2. If DMH approves the placement, then fiscal responsibility will transfer from DCF to DMH on the date of discharge from custody.
3. Without DMH approval of the funding, the plan is not guaranteed and placement may end.

Documentation of fiscal changes

- Once the date that fiscal responsibility changes is determined, the DA needs to provide written notification to the Department of Mental Health, Child, Adolescent and Family Unit.
- If there are no changes to the EFT services, then the DA simply needs to submit a short letter explaining the change in fiscal responsibility with the date of the change, and a new signature page.
- If there is a change in the EFT services, then the DA needs to follow the process outlined above for requesting a “Change in EFT Services.”

CONSISTENT APPLICATION OF ELIGIBILITY AND CONTINUED STAY CRITERIA

The application for EFT services is provided by the DA or SSA to the Department of Mental Health, Child, Adolescent and Family Unit. The DA or SSA is delegated the authority to apply the criteria for EFT services and request service authorization from DMH. The CAFU Children’s Mental Health Care Managers are responsible for reviewing and approving complete applications (all required supporting documentation is present) for EFT services. The Children’s Mental Health Care Manager review requests to authorize EFT services within 14 calendar days or request an extension with documented reason for extension. At the end of the 14 days (or 28 with extension) the Children’s Mental Health Care Manager will either approve or deny the request for authorization. If the EFT services are approved, the Children’s Mental Health Care Manager signs the signature sheet, with approved daily rate and billing code that is sent to the DA/SSA and DMH’s business office. If a Children’s Mental Health Care Manager denies the authorization request, DMH sends a denial letter to the parent(s)/guardian(s) and the DA/SSA. In order to assure consistent application of eligibility and continued stay criteria the Operations Chief will review all approvals and denials during regularly scheduled supervisory meetings held with each Children’s Mental Health Care Manager. Verbal and written feedback (if needed) will be provided to each Children’s Mental Health Care Manager.

DOCUMENTATION REQUIRED FROM DA/SSA

- A. Client Records should follow the same policy of any other treatment record at the DA/SSA.**
- B. Initial Assessment** must be less than six (6) months old and must contain the information necessary to develop an Individualized Plan of Care. The required elements of an assessment include descriptions of:
 - The client's current needs and functioning;
 - Client’s skills, resources, and strengths;
 - Level of supports currently available to and needed by the client to function successfully in particular community living, social or work settings; and
 - Psychiatric, psychological, medical, and social and environmental evaluations as appropriate.
 - Evaluation material, submitted in support of primary assessment **must** be less than two (2) years old. **Reassessments must be completed on eligible recipients prior to their twenty fourth (24)**

month of eligibility.

- Examples of acceptable assessments include Psychological or Psychiatric assessments, discharge summaries from a hospital or hospital diversion program, discharge summaries from a residential setting, the Psychological component of an IEP evaluation, etc. The assessment must contain the clinical information justifying EFT criteria.
- CBCL must be less than 6 months old.

C. Individualized Plan of Care (IPC): Whereas the eligibility cover letter summarizes eligibility information, the IPC indicates the specific clinical goals and the desired outcomes determined for individual, family, and generic service providers. The IPC details goals, objectives, and strategies as well as the individuals responsible for implementing each part of the plan. If a non-DA clinician is providing clinical services concurrent to EFT services, it must be clearly documented that the services are not duplicative to what is included in the EFT/waiver. The IPC can identify that the specific clinical services is provided by a non-DA provider and should indicate coordination of care.

The IPC must be rewritten when the service plan has changed due to increase or decrease in needs or at the yearly review and have the same timelines as the accompanying eligibility form. In determining continued eligibility, the IPC will serve as a baseline for assessing effectiveness of interventions and, hence, any necessity to modify the plan. New IPCs should reflect progress in relation to the goals of the previous IPC.

The IPC is an essential source document for tracing services provided. If the case file is audited, the IPC (in conjunction with staff time sheets and reports in the Management Information System) will document agreement between planned services and actual services delivered. The IPC and supporting documents must be maintained within the DA/SSA files for a minimum period of 3 years.

The IPC must be signed by a staff member qualified to do a Diagnosis and Evaluation (as defined in the *Department of Mental Health Fee-For Service Medicaid Procedures Manual*), the individual(s) who prepared it, parent/guardian or the recipient as appropriate, and a Psychiatrist or Psychiatric Nurse Practitioner. If the client is over 18 or turned 18 during the waiver period, he/she must sign the IPC.

IPC Service Ranges and Budget Review

In order to decrease the necessity to complete a revision, DMH would suggest a range on the treatment plan. The budget should specify a number from within the range (see below).

<u>TABLE: Examples of Ranges for Services Type of Service:</u>	<u>Examples of Ranges:</u>
Service Planning and Coordination	<i>Range should not span greater than 5 hours</i> Weekly (e.g., 1-3 hours per week) Monthly (e.g., 8-12 hours per month) Quarterly (e.g., 2 hrs 2-3 times per quarter)
Community Support (Individual, Group)	<i>Range should not span greater than 5 hours</i> Daily (e.g., 3-6 hours per week) Weekly (e.g., 15-20 hours per month) Monthly (e.g., 2 hrs 3-5 times per month)
Clinical Interventions (individual/ family/ group therapy)	<i>Range should not span greater than 2 sessions</i> Weekly (e.g., 1hr 1-2 times per week) Monthly (e.g., 1½ hrs 3-4 times per month)
Medication Evaluation, Management, and Consultation	<i>Range should not span greater than 2 sessions</i> Weekly (e.g., 30-60 min 1 time per week)

Services	Monthly (e.g., 30 min 1-2 times per month) Quarterly (e.g., 15 min 2-3 times per quarter)
Medication/Psychotherapy	<i>Range should not span greater than 2 sessions</i> Monthly (e.g., 1hr 1-2 times per month) Quarterly (e.g., 1hr 3-4 times per quarter)
Concurrent to Education Rehabilitation & Treatment (C.E.R.T.)	Weekly (e.g., 6 hrs 5 times per week during school year)
Consultation, Education, Advocacy	<i>Range should not span greater than 2 sessions</i> Weekly to Monthly (e.g., 1hr 1-2 times per month) Monthly to Quarterly (e.g., 2hrs 1-2 times per quarter)
Crisis Service	*Range not required as nature of crisis services precludes planned services.

D. Monthly Progress Note

- Flexible Supports other than individual therapy, family therapy, group therapy, and psychiatric services can be combined into a single monthly progress summary note.
- The monthly progress note should summarize a chronological listing of the client's activities, progress, and services provided. The description of the types of services provided should reflect those listed in the treatment plan.
- Monthly progress notes should reflect the specific clinical interventions provided to assist the child in making progress towards their clinical goals.
- Monthly progress note should relate to assessment data, address the goals outlined in the treatment plan, build upon information from previous progress notes, and identify either overall outcomes or progress in relation to the individual treatment plan.
- The monthly summary should describe what the clinician observes, provide an assessment of observations/perspective of progress towards goals, and summarize action steps with client participation. *The note must indicate how the services provided are related to the treatment goals as stated on the IPC.*
- Must be present for each month that services were delivered and reimbursed
- Denotes progress or change in the objectives and interventions
- Specifies current skill and resource level
- Records minor changes in the IPC
- Signed by the case manager

E. Clinical Notes

Individual therapy, group therapy, family therapy, and medication evaluation/management/consultation (chemotherapy) requires documentation of services separate from the monthly progress note. Documentation for these services must be consistent with the guidelines in the *Department of Mental Health Fee-For Service Medicaid Procedures Manual*.

F. Management Information System for DA/SSA

All DA/SSA's providing services to EFT recipients must adhere to all DMH requirements for submission of demographic, service, and financial information.

G. Success-Beyond-Six Medicaid

There may be times when it is clinically appropriate for a child to receive services funded through Success-Beyond-Six Medicaid, concurrently with EFT supports. Success-Beyond-Six is the only fee-for-service or case rate Medicaid that can be billed concurrently with EFT services. In these

situations, Success-Beyond-Six documentation must adhere to the guidelines as outlined in the *Department of Mental Health Fee-For Service Medicaid Procedures Manual*. A separate progress note must be completed summarizing clinical services billed to Success-Beyond-Six Medicaid.

PROCEDURE TO IMPLEMENT AND GATHER OUTCOME/PROGRESS DATA

The Department of Mental Health Services (DMH) is committed to providing children and their families' comprehensive mental health services. Assessing progress and gathering information about continued treatment needs are crucial components for successful outcomes. The Child, Adolescent, and Family Unit at DMH have implemented a procedure with the goal of improving mental health services to children and families.

DMH requires a completed CBCL be included in all applications for EFT funding.

- This includes all requests for EFT services including both initial and continued EFT eligibility and is required regardless of funding source.
- The submitted CBCLs will be scored by DMH. All results will be returned to the child's DA/SSA. Results should help local teams gauge progress and identify ongoing treatment needs. In addition, aggregate data can identify trends and may assist in advocating for additional resources.

BILLING

- A. The DMH, in conjunction with the Fiscal Agent, has assigned provider numbers for Medicaid billing to each provider. These numbers will be used for billing of EFT services.
- B. DMH/CAFU will authorize and notify the provider of the rate of reimbursement for each client and the applicable procedure code, via EFT Eligibility Forms.
- C. The applicant DA will submit invoices for reimbursement of the EFT services that are actually provided, using the standard Physician and Ambulance Invoice. In addition to needing an assigned EFT provider number and client procedure code, the provider must be certain that each client is an eligible Medicaid recipient.
- D. The DA/SSA cannot bill separately for any Mental Health Medicaid services provided to an EFT recipient. The daily reimbursement rate includes payment for all mental health Medicaid services provided by the DA/SSA to the recipient. "Success Beyond Six" is an exception to this rule and is allowable.
- E. In the case of a DA sub-contracting for services through the EFT, the services provided by sub-contracted entity will be identified on the EFT plan of care and budget. The applicant DA will be responsible for ensuring all rules are followed, including eligible providers, documentation, billing, and auditing procedures.
- F. In the case of clients, who begin or stop receiving services during a month, the provider shall bill for the actual number of days that services were delivered. DMH must be notified in writing if a child's EFT is suspended or terminated. A day of service includes the day a child/youth enters the program,

but does not include the day the child leaves the program.

- G.** DA/SSA's will use electronic/paper adjustment forms with HP to correct all errors in billing.
- H.** The fiscal agent responsible for billing services and receiving payments will be responsible for reporting all Management Information Systems information.

RATE SETTING

- A.** CAFU will calculate the daily reimbursement rates for individual clients based on the service projections contained in the eligibility forms (submitted semi-annually.)
- B.** CAFU will assign procedure codes for billing that corresponds to the authorized reimbursement rates. Reimbursement rates, procedure codes, and the dates of eligibility will be communicated to the provider by CAFU on the approved EFT Eligibility Forms.
- C.** If a child is residing in a therapeutic foster care setting, EFT funding will support up to a total of 30.42 TFC nights per month, to include the primary therapeutic foster home and any secondary therapeutic foster care.
- D.** CAFU will review fiscal data and service data consistent with the process detailed in the Audit Procedure of this manual. Actual payments for EFT services will correspond to the level of services that were actually delivered.
- E.** During the course of a fiscal year, a provider may wish to change the type or intensity of services provided to one or more clients. In such cases, the provider must document the need for such changes and submit new eligibility form(s) to CAFU (see Suspension, Termination, and/or Reduction of Funding section of this manual).

MONITORING

The annual Title XIX Medicaid Audit will include a review of the following:

1. Client Eligibility Determination Records (See Section II).
2. Initial Assessments (See Section II).
3. Individualized Plan of Care (See Section II).
4. Monthly Progress Summary Notes (See Section II).
5. If Medication Management (Chemotherapy) was provided, a separate Med Management note must be kept in the client record.
6. If Individual, Family, or Group Therapy was provided, a separate Therapy Note must be kept in the client record.
7. EFT Termination form signed by the EFT Services Coordinator.
8. Management Information System (See Section II).

AUDIT PROCEDURE

Self-Audits

- Each waiver will be subject to a self-audit once per fiscal year. Within 90 days of completion of the 7/1-12/31 waiver period, the DA will complete a self-audit of each individual EFT budget that was in place during that waiver period and notify DMH of the results. If a child has multiple budgets during the 6-month period, the total budgeted amount across all budgets in that 6-month period should be compared to the total actual services for that 6-month period. The DA will inform DMH of what individual budgets were reviewed, whether there was an error rate (defined as the cost of *services* being under provided) that exceeded three percent (3%) of the specific child's individual EFT *budget(s)*, and what action was taken, using template memo (attached). Any new EFT budgets that were initiated during the subsequent period, 1/1-6/30 waiver period, will be subject to self-audit within 90-days of completion of that period.
- If the self-audit determines that the cost of *actual services* provided by the DA is within the allowable error rate of three percent (3%) of the child's individual EFT *budget(s) for the 6-month period*, no reconciliation is required.
- If the self-audit determines that the cost of *actual services* provided by the DA is in excess of the allowable error rate of three percent (3%) of the child's individual EFT budget(s) for the 6-month period, the DA must refund the full amount of the error. Prior to reconciliation, the DA will inform DMH of the details of the reconciliation (child's name, service period of recoupment, amount of recoupment). See attached Memo template. This form should be submitted through secure email or file transfer to CAFU Operations Chief (Laurel Omland) and DMH Business Office Financial Administrator (Bill Snyder). Once DMH reviews the details and confirms the amount of reconciliation,

the DA will initiate reconciliation with the fiscal agent (HP). *The child's individual budget will be reconciled in full. The amount of the error, in its entirety, will be refunded directly to HP, notifying HP that this is a waiver refund to be applied to their DMH waiver provider number.* The DA will notify DMH when a refund check is issued to HP.

- If at the end of the original 90 day period, the DA has not completed its self-audit and submitted a report to DMH, the DMH may suspend all Medicaid EFT payments. Resumption of payment will require DMH approval.
- DMH may perform an audit on any budget at any time it is determined necessary to verify the results of the self-audit and the effectiveness of the DA's self-audit process.
 - If DMH performs an audit, desk audits will be performed by CAFU staff on all units of service billed to the EFT. For each EFT client, the cost of actual *units* of service provided will be compared to the cost of *budgeted units*.
 - EFTs will be audited and results calculated on an individual child-by-child basis.
 - DMH shall issue written findings and corrective action and recommendations if required, within forty-five (45) days of completion of the desk audit. The provider may, within ten (10) work days, request a meeting with the Director of CAFU to discuss the findings and to attempt to negotiate an amicable settlement if there is a discrepancy.

DMH may return to do a complete audit. If warranted, DMH will send their findings to the Medicaid Provider Fraud Unit, the Economic Services Division, and the Agency of Human Services.

Errors in Relation to Services Provided

- A post-audit reconciliation with the fiscal agent (HP) must be completed within 30 days unless a formal appeal is in progress.

Errors in Relation to Billing

- If the self-audit reveals *billing* errors of any amount, as defined by *payment* in excess of the *budget*, DMH will advise the DA to immediately correct the situation. DMH will initiate a recoupment *or* request the provider to initiate the recoupment. All billing errors must be corrected immediately upon realization that a billing error has occurred. All billing errors will be reconciled in full. The amount of the error, in its entirety will be recouped.



SECTION III:
APPENDICES

January 1, 2016

APPENDIX A

INITIAL ELIGIBILITY EFT CHECKLIST

Submitted to DMH 30 days prior to the start date.

Cover letter:

Frames the clinical rationale and how the child meets the EFT eligibility. What are the child's specific clinical issues that are leading the team to apply for EFT funding? What are the child's and family's goals? In what way does the family wish to be involved in treatment? What services have already been tried? What is the long-term plan? What are the expected outcomes? How will the team know when the child and family are making progress? What other circumstances are impacting the child and the treatment? If the child is living in therapeutic foster care, where and with whom?

Signature page (Appendix C) *Parent/guardian signature does not need to be present on signature page if it is present on the individualized plan of care/treatment plan*

Children's Director Signature

Case Manager's Signature

Parent/Guardian Signature *(If not present on treatment plan)*

Other signatures as applicable – DA/SSA business manager, DCF District Director or Supervisor, other service agencies....

Recent Assessment

A recent assessment should be a formal assessment done within 6 months of the EFT start date. This could be a Psychological or Psychiatric assessment, a discharge summary from a hospital or hospital diversion program, a discharge summary from a residential setting, the Psychological component of an IEP evaluation, etc. It should contain the clinical information justifying EFT criteria. Information should stress child and family strengths as well as natural supports and resources. If child is placed out-of-home, assessment should detail the family and child needs that must be developed for successful reintegration.

Child Behavior Checklist (CBCL)

Completed within 60 days prior to EFT start date.

Intake Form – DSM-5 version

IPC with appropriate signatures

- Dates should match the budget
- IPC should reflect services in budget

Budget Page

Dates should be consistent with the fiscal year. Budget periods should not cross fiscal years. Budgets should be rotated onto a July 1 - December 31 or January 1 - June 30 period whenever possible. Budget should reflect services indicated IPC.

DMH EFT Medicaid Deeming Form (Appendix D)

Only needed if child has been determined to be ineligible for Medicaid.

Date complete official referral received: _____ Date decision made: _____

Decision approved or denied: _____

APPENDIX B

CONTINUED ELIGIBILITY EFT CHECKLIST

- Submitted to DMH 30 days prior to the start date.**
- Cover letter**
- A. stating that the treatment plan and budget will continue as is and the child still meets clinical eligibility (please describe)
 - B. Frames the clinical rationale and how the child meets the EFT eligibility. What are the child's specific clinical issues that are leading the team to apply for EFT funding? What are the child's and family's goals? In what way does the family wish to be involved in treatment? What services have already been tried? What is the long-term plan? What are the expected outcomes? How will the team know when the child and family are making progress? What other circumstances are impacting the child and the treatment? If the child is living in therapeutic foster care, where and with whom? And the changes being made to the plan and why.
- Signature page (Appendix C)** *parent/guardian signature does not need to be present on the signature page if it is present on the individualized plan of care/treatment plan*
- Children's Director Signature
 - Case Manager's Signature
 - Parent/Guardian Signature *(If not on treatment plan)*
 - Other signatures as applicable – DCF District Director or Supervisor, other service agencies....
- Recent Assessment**
- If a child has been on a EFT for 24 months, a recent assessment is required. An assessment should be a formal assessment done within 6 months of the EFT start date. This could be a Psychological or Psychiatric assessment, a discharge summary from a hospital or hospital diversion program, a discharge summary from a residential setting, the Psychological component of an IEP evaluation, etc. It should contain the clinical information justifying EFT criteria. Information should stress child and family strengths as well as natural supports and resources. If child is placed out-of-home, assessment should detail the family and child needs that must be developed for successful reintegration.*
- Child Behavior Checklist (CBCL)**
- Completed within 60 days prior to EFT start date.
- IPC with appropriate signatures if treatment plan & budget changed or 1 yr since initial eligibility**
- Dates should match the budget
 - IPC should reflect services in budget
- Budget Page if applicable due to change in treatment plan**
- Start date should coincide with end date from previous budget. Dates should be consistent with the fiscal year. Budget periods should not cross over fiscal years. Generally, budgets should be rotated on a July 1 - December 31 or January 1 - June 30 period whenever possible. Budget should reflect services indicated IPC.
- Deem EFT Medicaid Deeming Form (Appendix D)**
- Only needed if child has been determined to be ineligible for Medicaid.

Date complete official referral received: _____ Date decision made: _____
Decision approved or denied: _____

APPENDIX C

EFT/Waiver and Individualized Service Budget Signature Sheet – Initial and Renewal

Child Name: _____ Date of birth: _____
 Date submitted: _____ Date determined eligible: _____ Budget period: _____ to: _____
 Submitting Agency: _____
 Address: _____

 MSR#: _____ SS#/Medicaid #: _____
 DA/SSA#: _____ DCF# _____

	Office or Print name	Signature	Date:
<u>DCF</u>	<u>District Office:</u>		
	<u>District Director:</u>		
	<u>Placement Coordinator:</u>		
<u>DA/SSA</u>	<u>DA/SSA:</u>		
	<u>Case Manager:</u>		
	<u>Children's Director:</u>		
	<u>Business Manager:</u>		
<u>Other</u>	<u>Name of Agency:</u>		
	<u>Authorized signature</u>		
<u>Family</u> If not present On treatment plan	<u>Parent(s)/guardian(s):</u>		
	<u>Client (if appropriate)</u>		

DMH Authorization by:

 Children's MH Care Manager

 Signature

 Date

Technical Reviewer initials: _____ Date: _____

Procedure code: _____

Daily rate: _____

DMH or DCF: _____

Effective date: _____

Expiration date: _____

Comments: _____

APPENDIX D

HOME AND COMMUNITY BASED EFT

DEEMING PROCESS

The local Department of Mental Health (DMH) designated agency is responsible for verifying Medicaid eligibility and to take appropriate steps to make recipients eligible. When requesting EFT funded services for youth whose family's income and resources do not meet Medicaid eligibility, individual youth in need may be "Deemed" eligible for DMH child and adolescent EFT funding only. Deeming assumes that the identified youth does not have income or other resources that exceed the Medicaid income & resource test. The local DMH designated agency is responsible for submitting both Economic Services Division (formerly PATH) and DMH information using the procedures outlined below. This process is ONLY used when the parental income exceeds Medicaid eligibility and intensive service funding via DMH EFT is required.

PROCEDURES

1. The designated provider must complete DMH EFT Medicaid Deeming form 100-R (Appendix B) and include it with the submission of the EFT request. Simultaneously, the youth and/or his or her parent/guardian must complete Economic Services Division Forms 201, 202 and 202a. When the parental income exceeds Medicaid eligibility, these forms should always be filled out as the *CHILD* as the applicant.
2. Once completed, the full EFT packet with deeming form and the completed Economic Services Division forms must be sent directly to the Operations Office, Children's Mental Health, Department of Mental Health, 280 State Drive, NOB 2 North, Waterbury, VT 05671-2090. These forms must be submitted at least one month prior to the requested start date of services. Packets with missing information will be returned to the DA for completion.
3. If DMH approves the EFT request, DMH program services clerk will forward the authorized form DMH EFT Medicaid Deeming Form 100-R and all Economic Services Division forms to the designated Economic Services Division contact person (currently Janet Pare).
4. If the designated Economic Services Division contact review discovers that forms 201, 202 & 202a are not complete they will immediately notify the local agency contact and the DMH program services clerk.
5. The DMH program services clerk will immediately notify professional staff and EFT processing will be put 'on hold' and child will be placed on wait list until eligibility is complete.
6. Once all application materials have been received and approved by the Economic Services Division and DMH will finalize the budget start date and authorize funding as available.
7. The DMH EFT Medicaid Deeming Form 100-R must be resubmitted every time a continued eligibility is requested through the EFT program.

APPENDIX D
(CONTINUED)

GENERAL CONSIDERATIONS

If client is found ineligible for EFT services, or if the family declines to apply for Medicaid by completing Economic Services Division forms 201, 202 and 202a, the designated Provider will follow their own local agency procedures to set a fee for the family, and/or pursue other third party reimbursement. In this situation services will not be reimbursable using EFT or other DMH intensive service funding options.

It's the responsibility of the facility to know the Medicaid eligibility of a recipient and to follow up with the Economic Services Division if they are not Medicaid eligible for a service. If the facility is receiving denials, the facility should review those denials immediately and contact EDS if appropriate, so re-billing may occur as soon as possible and all claims are paid within the six-month of the date of service.

January 1, 2020

APPENDIX D
(CONTINUED)

HOME AND COMMUNITY BASED EFT SERVICES
DMH EFT MEDICAID DEEMING FORM 100-R

FOR LOCAL DA USE:

Submit To: Operations Office, Children's Mental Health, Department of Mental Health,
280 State Drive, NOB 2 North, Waterbury, VT 05671-2090

1. From: Children's Coordinator: _____
Community Mental Health Center: _____
2. Youth's Name: _____
3. Youth's Date of Birth: _____
4. Youth's Social Security Number: _____
5. Current Address: _____
6. Parent or Legal Guardian: _____
Address: _____
7. Address to send Medicaid Card: _____

The following Economic Services Division Forms have been completed by parent/guardian and are attached: (all forms must be complete)

- _____ Economic Services Division 201, Application for Aid Form
- _____ TH202, Statement of Need Form
- _____ ATH202A, Medicaid Request for Retroactive Assistance

FOR DMH USE:

The above person has been determined eligible for DMH child & adolescent Vermont's Home and Community-Based Services EFT under 1115 (formerly Section 1915(c)) of the Social Security act, as amended. Please accept this individual's Medicaid application and determine his/her eligibility as though he/she is in Medicaid-reimbursed institution.

1. Date of EFT Eligibility Determination: _____
2. Date Services will begin: _____
3. EFT Eligibility Review Date: _____
4. DMH Authorization: _____, _____
Children's Specialist Date
5. Economic Services Division Forms submitted to: _____, _____
Ann Hastings Date

APPENDIX E

**HOME AND COMMUNITY-BASED EFT
NOTIFICATION OF TERMINATION**

1. Client Name: _____

2. Current Residence: _____
Address

City/State/Zip

3. Medicaid Number: _____

4. Provider: _____

5. On _____ Date Home and Community Based EFT services were terminated for the above-referenced individual.

6. The reason for termination was: _____

7. If termination was not voluntary, the service recipient and guardian must be notified of their right to appeal. Please attach a copy of the notification that was sent to the service recipient and his or her guardian.

Signature

Date

APPENDIX F

HOME AND COMMUNITY-BASED EFT POINTS OF INTEREST

The Department of Mental Health (DMH) believes that children and families should have the opportunity to benefit from the array of home and community-based services offered in their community. An active treatment team with a comprehensive coordinated family service plan is the best way to bring about successful outcomes. A referral for Home and Community-Based EFT services should only be one component of a family plan.

Feasible Alternatives: If an individual is determined to be likely to require the level of care provided in an inpatient psychiatric facility, the individual or guardian(s) will be informed of any feasible alternatives under the EFT; and given the choice of either institutional or home and community-based services.

Rights of Appeal: Every applicant for, and recipient of, EFT services has the right to appeal any decision that denies, reduces, or terminates services. Individuals applying for EFT services must be informed of their rights of appeal when applying for the service. Recipients whose services are to be reduced or ended must be reminded of their rights when notified of the changes in the services.

Medicaid Eligibility: To receive Home and Community Based EFT Services, a recipient must be eligible for Medicaid. Many children who are not categorically eligible (e.g., medically needy, TANF, SSI) will be eligible for reimbursement under Medicaid due to a waiver of having to apply parental income as available to the child. This procedure is called deeming. Under the HCBW, the Department for Children & Families, Economic Services Division is authorized to disregard the income and resources of persons normally responsible for the child. The child's own resources (e.g., earned income, savings) affect his or her eligibility.

Other Important Information:

- Medicaid EFT funds cannot be used for room and board expenses or to purchase land or buildings.
- EFT services cannot substitute for educational services.
- Provider cannot bill separately for any clinic Medicaid services provided to an EFT recipient. All DA mental health Medicaid services must be on the EFT, with the exception of Success Beyond Six services.
- Family members cannot be reimbursed for residential habilitation services.
- Provider cannot bill when the recipient is in a psychiatric hospital, a general hospital, hospital diversion, private non-medical institution (PNMI), a detention center, correctional facility, skilled nursing facility or intermediate care facility.
- If the child and family also receive mental health treatment from a private provider, the DA/SSA and private provider must maintain distinct plans of care and effectively coordinate the care.