

**CHILDREN'S MENTAL  
HEALTH BUREAU**

**Policy Manual**

**Supplemental Services  
Program (SSP)**

**Effective October 1, 2007**

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# CHILDREN'S MENTAL HEALTH BUREAU POLICY/PROCEDURE MANUAL

## Program Name:

### **Supplemental Services Program (SSP)**

**Responsible Agency:** This program is administered by the Children's Mental Health Bureau (CMHB) in the Health Resources Division of the Montana Department of Public Health and Human Services. **All SSP plans must be reviewed and approved by a CMHB Regional Services Manager (RSM).**

**Funding Source:** The funding for SSP is Maintenance of Effort (MOE) dollars for Temporary Assistance for Needy Families (TANF). SSP is considered a non-assistance program by TANF. The use of this funding is tied to the specific purpose of strengthening families and supporting their ability to work.

## Program Characteristics:

1. The Supplemental Services Program is not an entitlement program. It is provided under a capped appropriation. Services will not be authorized beyond available funding.
2. **These funds are for short-term use and cannot exceed four months in a twelve month federal fiscal year (October 1-September 30<sup>th</sup>), regardless of service cost or the service provided. The four months do not have to be consecutive. Services provided on any day in a month make that month count as one of the four allowed.** Initial planning efforts toward family reunification should reflect these limits, with transition planning being essential for youth in out-of-home care.
3. All services must be:
  - a. specified in the youth's integrated treatment plan;
  - b. related to the mental health treatment needs of the youth; and
  - c. prior authorized
4. Funds must be directed at family stabilization or reunification efforts. If the youth is out of the home, the discharge plan for the youth must be to return to his or her family home. An acceptable alternative is the home of a specified caretaker relative within the fifth degree of kinship (See appendix for definition) who is willing to become the youth's legal guardian, referred to hereafter as the relative/guardian.

5. SSP funding is only available when Medicaid, Children's Health Insurance Program (CHIP), or the Children's Mental Health Service Plan (CMHSP) does not cover the service requested. Social Security Income (SSI) and adoption or guardianship subsidies are intended for the support of the youth, and are expected to be used toward room and board costs prior to SSP funds. If the youth is at home, and the family depends on the full SSI payment or subsidy to cover the daily costs of care for the youth, SSP funds may be accessed if the reason SSP is needed instead of the other funds is documented.
6. The youth cannot be considered a family of one for income purposes.
7. Flexible funding within other agencies and from other sources, when available, should be considered prior to, or in conjunction with, SSP funds.
8. When possible, the CMHB regional staff expect that a request for SSP funding will come to a Kids Management Authority (KMA) or local multi-agency planning group where other potential financial partners can also consider the youth's needs and/or the availability of the supplemental services requested.
9. A Cost Plan is required. The Cost Plan requires the signature of the parent/guardian and all responsible parties responsible for expenditures in the Cost Plan.
10. The youth's family or relative/guardian will be asked to complete a feedback form after receiving supplemental services through the CMHB. The form will be used to provide the bureau feedback about the family's satisfaction with the services received, and their perception of the youth's condition. Family participation in the survey is expected. The purpose of this process is for quality assurance and not for evaluation.

### **Eligibility for Supplemental Services Program funds**

1. The SSP is limited to youth with serious emotional disturbance (SED) who are currently receiving Medicaid, the CHIP Extended Mental Health Benefit, or the CMHSP.
  - Youth receiving Medicaid are eligible up to their 18<sup>th</sup> birthday, unless they attend secondary school; then they may be eligible up to their 20<sup>th</sup> birthday.
  - Youth receiving CHIP are eligible up to their 19<sup>th</sup> birthday.
  - Youth receiving CMHSP are eligible up to their 18<sup>th</sup> birthday.
2. To be eligible for SSP, countable family income must be at or below 175% of the Federal Poverty Level (FPL). Youth receiving SSI, adoption or guardianship subsidies, or who are enrolled in a Medicaid waiver may be over income for SSP. Family income in these situations will be assessed.

3. Countable income and family size will be determined according to CHIP rules. Youth who qualify for CHIP are financially eligible for SSP.
4. The family may **not** receive TANF cash assistance and SSP in the same month.
5. Youth must be in the legal custody of a parent or parents (biological or adoptive) or another specified caretaker relative.

### **Ineligibility Criteria**

1. A youth in the custody of any state or tribal agency. (Refer to appendix for definition of “custody”.)
2. A youth who has been adjudicated as a delinquent youth or youth in need of intervention, under provisions of the Montana Youth Court Act.
3. A youth absent from home greater than 90 consecutive days, *except 1) for the purpose of receiving medical care, including residential treatment or therapeutic group home, or 2) to attend boarding school if they are expected to return to the parent at the end of the school year.*
4. If or when it is determined that a youth will NOT return to a parent or a relative/guardian, CMHB must be notified when this determination is made. SSP funding will be terminated. This applies to youth entering Job Corps, Project Challenge or independent living arrangements.

### **SUMMARY OF SUPPLEMENTAL SERVICES PROGRAM (SSP)**

1. **All services are strictly limited to a four month period in a twelve month federal fiscal year. (October 1-Sept. 30<sup>th</sup>).** SSP may begin any time during the year. There must be a minimum of a one month break between two four month service periods in consecutive federal fiscal years.

2. Services must be directed at the stabilization and preservation of the youth’s family and ultimately at treatment of the youth in the home environment.

3. Services must be integrated into the youth’s treatment plan and be related to the mental health needs of the youth.

4. SSP payment for services will be considered only if other funding sources are not available. Cost sharing with other agencies and parents will be encouraged, and in some cases, expected.

5. SSP funds cannot be used to supplement or replace payments from Medicaid, CHIP, CMHSP or private insurance for covered services.

6. All services must be pre-approved by a CMHB Regional Services Manager.

### **Covered Services may include:**

1. **Room and Board for therapeutic group or therapeutic foster care** when there is a written plan in place to discharge the youth to a parent or relative/guardian.
2. **Services to the family that are directly related to the mental health treatment of the youth.** These may include but are not limited to:
  - a. **In-home support** and/or therapy for the youth and the family, or the family alone if the youth is out of the home. These services will be billed on a fee-for-service basis.
  - b. **Training and education**, such as parenting classes, parental education on mental illness, or Wellness Recovery Action Plan (WRAP) training.
  - c. **Evaluation of the parent** or relative/guardian to assess that person's ability to meet the youth's needs, with an emphasis on making recommendations to support the person in this role.
3. **Community based services**, including developmentally appropriate activities that promote the youth's inclusion and social skills development. This may also include opportunities to strengthen the youth's culture.
4. **Hard services (equipment)** not covered by Medicaid, CHIP or CMHSP that are beyond the ability of the family to provide. Equipment must be part of the treatment plan of the youth and be considered necessary to treat the youth's serious emotional disturbance. Expenses under this category may not include construction.
5. **Transportation related to the youth's mental health needs** when it is not covered by Medicaid, CHIP or CMHSP. (CHIP and CMHSP do not cover transportation). Transportation reimbursement requires additional prior authorization from CMHB bureau chief and fiscal services. **When travel is covered at Medicaid rates, it is not appropriate to pay an additional amount from SSP. That is considered supplanting.**

Efforts must be made to cost share with the parent. **Travel requires additional approval from the Department.**

Unless otherwise stated, SSP will use state travel policy and procedure for both in-state and out of state travel. SSP cannot be used to supplement the rate when travel is reimbursed by Medicaid.

**For more information about Medicaid Transportation and per diem requirements, look at ARM 37.86.2402 and the state travel policies.**

6. **Specialized discharge training** either in the community or at the facility, for caregivers and providers who will serve the child after discharge. Training and travel costs for the parents or other family members responsible for direct care of the youth must be related to preparing for the youth's discharge and eventual return home within one month. Other caregivers, including those employed by a provider or a school, may also be authorized to travel for this purpose. Travel costs may only include transportation costs not covered by Medicaid. (See Transportation for detail).
7. **Case Consultation** when this service is needed from a member of the youth's care team, and that service is not covered by Medicaid, CHIP or CMHSP. For example, when a youth receives therapy from an individual practitioner, that individual may assist the rest of the care team develop treatment goals for the youth. All providers will receive the established fee for the services.
8. **Other services** that meet all of the above eligibility criteria and support the purpose of the SSP may be considered as funding allows.

### **Services not provided under the Supplemental Services Program (SSP):**

The following is a list of services that may be updated from time to time for which SSP funding may not be used:

1. Psychiatric Residential Treatment Facilities (PRTF)
2. Therapeutic Group Care (except for room and board)
3. Therapeutic Foster Care (except for room and board)
4. Inpatient hospitalization
5. Cash assistance
6. Public assistance provided by TANF, e.g. food, rent, utilities, clothing, etc.

### **Requirements for Supplemental Services Program Requests**

1. Electronic forms can be obtained on our website at:  
<http://www.dphhs.mt.gov/mentalhealth/children/index.shtml> .

**Do not email completed requests. Email does not meet Health Insurance Portability and Accountability Act (HIPAA) standards. Faxes must be HIPAA compliant.**

2. Requests must be submitted on the SSP application form available online or requested from the CMHB Regional Services Manager.
3. Requests that cannot be easily read or are incomplete may be returned to the applicant for correction.
4. Medicaid coverage is verified by the youth's case manager before the application is submitted; CHIP Extended Benefit and CMHSP enrollment is verified by the CMHB Regional Services Manager.
5. The family's financial eligibility must be determined if the youth is on Medicaid. Upon the written request of the Regional Services Manager, a completed attestation will be used to verify the family's financial eligibility.

Requests for SSP must provide enough information to help the CMHB understand how the funding will support the youth and family to remain or return home and to manage or recover from the symptoms of the youth's illness.

**Placement Goals consistent with the purpose include:**

- a. Prevent youth placement at a higher level of care
- b. Step the youth down from residential treatment to a lower level of care.
- c. Return the youth to his/her home and/or stabilize the family to increase the likelihood that the youth can return home.

**Expectations of Parents and/or Guardians**

1. The SSP application must outline how the parent or relative/guardian will be involved. Description of the family's past involvement is helpful.
2. Parental contributions, including child support, are expected whenever possible. The youth's SSI, and adoption or guardianship subsidies are expected to be used toward the cost of room and board if the youth is out of the home.
3. CMHB staff may request additional information before approving or denying the request for SSP.

**How to Request the Supplemental Services Program (SSP)**

1. Requests for SSP funds are submitted by the youth's case manager to the CMHB Regional Services Manager. When a youth does not have a case manager, the request may be submitted by a KMA Coordinator, a mental health provider, or a family member.

- a. For room and board requests, prior authorization from First Health Services for therapeutic youth group home or therapeutic family care services (in a foster care placement) must be in place.
- b. Requests are processed on a first come first served basis.
- c. Requests are either **faxed or mailed** to Regional Services Managers:

|   |                |                |
|---|----------------|----------------|
| Region I – Miles City<br>Novelene Martin<br>219 North Merriam<br>Miles City MT 59301            | (406) 234-3071 | (406) 234-3070 |
|   | FAX            | PHONE          |
| Region II – Great Falls<br>Sharon Odden<br>201 1st Street South Suite 3<br>Great Falls MT 59405 | (406) 454-6087 | (406) 454-6083 |
| Region III - Billings<br>Walt Wagenhals<br>175 North 27th St. Suite 1210<br>Billings MT 59101   | (406) 252-3476 | (406) 252-3436 |
| Region IV - Helena<br><br>316 North Park, Room 285<br>Helena MT 59623                           | (406) 444-1681 | (406) 444-1323 |
| Region V - Missoula<br>Cynthia Erler MSW<br>2677 Palmer, Suite 300<br>Missoula MT 59808         | (406) 523-4150 | (406) 544-6528 |

### **Approvals/Denials**

1. CMHB will provide a written decision within fifteen (15) work days after the receipt of a completed application.
2. When the request is approved, either a contract addendum (for Medicaid providers with contracts for Room and Board and Targeted Youth Case Management) or a letter of approval (for all other providers and services) setting forth the conditions, limits, rates, etc. will be sent to the provider identified for the

service requested. Copies will also be sent to the youth case manager or referral source, and to the parent/guardian.

3. Approval may be provided for all, or only a portion, of the requested services at the discretion of CMHB.
4. If the request is denied, a letter will be sent to the parent/guardian with a copy to the case manager, provider or other referral source. The letter will include a rationale for the denial.

### **Appeals:**

1. If the provider, the referral source or the parent disagrees with the determination, that party may request reconsideration from the CMHB.
2. The request for reconsideration must be submitted in writing. Requests for reconsideration must be sent to the CHMB, P.O. Box 202951, Helena, MT 59620-2951
3. The request for reconsideration must be submitted within 30 days of the date of the written notification of denial.
4. There is no further appeal right if the request for reconsideration is denied.
5. When the reason for the denial is lack of available SSP funds, the applicant may not request reconsideration.

### **Billing and Payment for SSP**

1. Billing for all services is submitted to CMHB (**not through Medicaid or CHIP**). Address billing to the Regional Services Manager who approved the services. (See chart for addresses).
2. The Provider must have a contract addendum or a letter of approval from CMHB to receive payment under the SSP. Once the contract amendment or letter of approval is signed and the service has been provided, the provider is able to submit a monthly billing to CMHB based upon approved rates, limits, etc. as set forth in the contract addendum or letter of approval.
3. Invoices for services must include:
  - The name of the service being billed
  - The dates and amount of the service provided.
  - The rate (fee) for service.
  - The name and social security number of the identified youth receiving services.
  - The name of the provider of the service.

- The authorized signature of the provider.
  - W-9 form must be submitted with the billing or be on file with CMHB. RSM are responsible for making sure these are sent with the bill or already on file. RSM should have copies of W-9 forms to distribute to providers if needed.  
<http://medicaidprovider.hhs.mt.gov/pdf/w9.pdf>
4. Because timely information is essential to the management of this limited benefit, billing is expected to be submitted within 10 workdays following the month in which services were provided.
  5. Once CMHB approves the bill, it is processed for payment.
  6. CMHB may withhold payment if requested information, reports, etc are not provided in a timely manner.
  7. Payment is limited to the services provided and to the terms set forth in the contract addendum or letter of approval provided by CMHB.
  8. When a bill is received and approved by CMHB, payment will be made within 30 days of the date the bill was approved.
  9. If the bill is not accepted, written notice will be sent to the provider requesting correction. The 30 day time period for payment will begin with the date the corrected bill is approved.
  10. If the authorized service will not be used for any reason, either the case manager or the provider should notify the CMHB Regional Services Manager **in writing** within five work days.

## APPENDIX

### **DEFINITIONS:**

**Youth means:** a person residing in the State of Montana who has not yet attained 18 years of age.

**EXCEPTIONS:** A youth may be an individual who has not yet attained age 19 if the person is enrolled in a secondary school program or is enrolled in CHIP. A youth may be an individual who has not yet attained age 20 if still in secondary school and covered by Medicaid.

**Custody means:** the individual (parent, relative) or entity (Child and Family Services (CFS), Department of Corrections (DOC), the District Court, or Tribal Court or Social Services, etc. who has the legal authority and responsibility to provide for the day to day needs of the youth and to authorize treatment or placement.

**Month means:** any day in the month. For example, services provided on July 25<sup>th</sup> constitutes one of the four allowable months. The four month period does not have to be consecutive.

**Federal fiscal year means:** October 1<sup>st</sup> through September 30<sup>th</sup>.

**Specified Caretaker Relative to the fifth degree of kinship means:** any relation by blood, marriage or adoption that is within the fifth degree of kinship to the youth. A specified caretaker relative may be one of the following individuals:

- a.) Father, mother, grandfather, grandmother, brother, sister, uncle, aunt, first cousin, nephew, niece; or
- b.) Great grandparent, great-great grandparent, great-great-great grandparent, great-aunt, great-uncle, great-great aunt and uncle; or
- c.) Stepfather, stepmother, stepbrother, stepsister; or
- d.) One who legally adopts the youth or his/her parent as well as the natural and other legally adopted children of such persons, and other relatives of the adoptive parents; or
- e.) Spouses of anyone named in the above groups even after the marriage is terminated by death or divorce; and
- f.) First cousin once removed.

## Frequently asked questions:

**1. Q: Does using SSP impact the TANF five year time clock?**

A: No. The use of these funds does not impact the five year time clock. Only “assistance” funds impact the time clock.

**2. Q: Can a family use SSP for a one month period and then six months later, use the remaining three months?**

A: Yes, as long as six months later still falls within the federal fiscal year. (October 1 through September 30). Four months of eligibility begins each federal fiscal year.

**3. Q: If a family accesses SSP funds late in the month, does that constitute a month?**

A: Yes. Any day in a month constitutes a month. For that reason, it may be preferable to begin the service early in the month.

**4. Q: Medicaid transportation reimbursement rates are much lower than actual costs. Can SSP funds be used to assist with these additional costs?**

A: No. SSP funds cannot be used to supplement Medicaid transportation rates. However, the SSP may be accessed for transportation, meals and hotel costs if the travel has been denied by Medicaid Transportation AND meets other SSP criteria. For example, Medicaid Transportation may cover airfare and hotel costs for one night when a parent picks up a youth discharging from a treatment facility. If Medicaid Transportation does not reimburse for the day of parent training at the facility, the uncovered meals, hotel and transportation may be covered at Montana state travel rates by SSP if the travel has been pre-approved.

**5. Q: What if a family has more than one child with SED?**

A: TANF rules allow a maximum of four months of service per family per federal fiscal year. In this case, the referral source should anticipate the needs of **all** SED youth in the family for the four month period.

**6. Q: A family has two children in out of home care. When figuring the maximum family income for this program, are the youth in residential treatment centers counted in the family size?**

A: Include these children in the family size if they've lived in the home 50% of the time during the last twelve months.

**7. Q: Is there a maximum dollar amount per child and/or family?**

A: The CMHB Regional Services Manager can authorize up to \$5000 for all the supplemental services per youth without additional approval. Expenditures beyond that dollar amount will be at the discretion of the CMHB and will be based on need and available resources.

**8. Q. Do you count all the adults in the family household?**

A. The adults who are counted in the family size are those related to the youth receiving services by parentage, adoption/ guardianship or marriage to a parent.

**9. Q. Do you include an 18 year old youth living in the home in family size?**

A. All minor children in the family under age 18 are counted if they live in the home 50% of the time or more. Youth under age 23, living in the home at least 50% of the time, and attending school, including college, are also counted in the family.

**10. Q. What if a plan does not call for reunification? For example, a youth is in an out of state RTC, and it becomes apparent after he has been there for a while that he will not be able to return to his family.**

A. Once it becomes clear that a youth cannot return home to his or her family, the child will lose eligibility for the use of the SSP funds.

**11. Q. What else can be done for services after the four month limit?**

A. Supplemental services can be continued by the provider without charge; services can be discontinued; or another agency or the parent/guardian can assume responsibility for reimbursing the services. When supplemental services are no longer available after four months, the youth may still have their other coverage for mental health services through Medicaid, CHIP Extended Benefit or CMHSP.

**12. Q. If you are a current Medicaid provider, do you have to have a separate contract for providing SSP services?**

A. If you are a current Medicaid provider and have a supplemental contract with CMHB, then the CMHB may be able to use an addendum to your current contract to authorize expenses. If not, you will receive an authorization letter from CMHB.

**13. Q. Is the four month limit within the federal fiscal year? Can you use four months at the end of the year and then an additional four months at the beginning of the next fiscal year for a total of eight consecutive months?**

A. No. There must be a one month interval without services between two consecutive federal fiscal years.

**14. Q. The manual states that a family cannot access SSP funds if they are receiving TANF cash assistance, does this include food stamps?**

A. No.

**15. Q. Regarding the four month limit, is there a difference between group home and foster care? Would each have four months of eligibility?**

A. No. There is a four month limit on services regardless of the service provided.

**16. Q. How do SSP and CHIP work together?**

A. A youth who is eligible for the CHIP Extended Mental Health Benefit is eligible for SSP.

**17. Q. Will a rationale for a denial be provided in the appeal process?**

A. Yes.

**18. Q. If a youth loses Medicaid coverage, will SSP pay for case management (under case consultation) for the case manager to find other funding, fill out forms for eligibility, etc?**

A. No. Case management is not the same as case consultation.

**19. Q. Will SSP cover case management services for youth on CHIP? It could be spaced over the fiscal year every 3<sup>rd</sup> month, for example: Oct, Jan, April, July – for treatment monitoring and planning as well as updates. Would it fall under “Case Consultation” for providers to get on the same page?**

A. No. Not at this time.

**20. Q. Could SSP be used to support a summer program, certain socialization activities?**

A. Community based services include developmentally appropriate activities that promote the youth’s inclusion and social skills development. A summer program or other socialization activities must address specific symptoms of the youth’s serious emotional disturbance and be included in the youth’s treatment plan to be considered eligible for SSP. All other eligibility criteria of SSP must also be met.

**21. Q. Could SSP be used for a short stabilization stay at a group home if this is under four months in length—provided the child returns home?**

A. SSP could be used to pay for the Room and Board portion of a group home stay for up to four months if all other eligibility criteria were met.

**22. Q. Would SSP be approved to cover a sex offender evaluation if all other eligibility criteria were met? For example, a child is leaving group care and discloses that he/she offended a sibling. The report may not be substantiated and needs further evaluation.**

A. A sex offender evaluation is not a covered service in this program.

**23. Q. When would a youth with insurance coverage be eligible for SSP?**

A. A youth with insurance coverage AND enrolled in CMHSP or Medicaid is eligible for SSP. A youth with insurance coverage is not eligible for CHIP.

**24. Q. Do all youth on CHIP have access to SSP?**

A. No. Only those on the CHIP Extended Mental Health Benefit.

**25. Q. Can a youth enroll in CHIP, the CHIP Extended Mental Health Benefit and SSP at the same time?**

A. Yes. The three separate applications processes for these benefits could be coordinated for services to begin at the same time. CHIP benefits begin on the first day of a month. Application for CHIP Extended Mental Health Benefit requires an additional clinical assessment of the youth submitted so that a determination of SED can be made. Verification of Extended Benefit eligibility is necessary before SSP can be authorized.