

**SECTION**  
**CASE MANAGEMENT SYSTEM**

**SUBJECT**  
**Year-End Money**

**DEFINITION**

Year-End Money is distributed to the case management teams toward the end of a fiscal year and is used to meet the needs of current individuals or provide one-time or temporary services to individuals waiting for services. When available, year-end money is subject to approval by the Mental Health Service Bureau.

**REQUIREMENTS**

Year-end money can be used for the following purposes:

1. One time purchase of Specialized Medical Equipment & Supplies
2. Temporary increase in existing Person Centered Plan (PCP) e.g., if a family needed extra respite or supervision time and didn't have funds left in their current PCP
3. One-time or temporary services to individuals on the waiting list
4. Other services as approved by Mental Health Services Bureau

**PROCEDURE**

**Individuals Enrolled Only to Access Year-End Money**--A Person-Centered Recovery Plan Short Form (DPHHS-AMDD 135B) and cost sheet must be completed for individuals enrolled into the HCBS program to access Year-End Money. Instructions for the form are in HCBS 899-11B. For individuals enrolled only under the year-end money criteria, the hourly case management rate must be used. This rate covers time spent with the individual, family members, providers, and completing the paperwork. It does not cover travel time to and from the individual's home. Case managers should keep a log tracking their time and total it upon submission of a claim.

**Individuals Currently on HCBS Caseload**-- For individuals already enrolled in the program amend the current Person-Centered Recovery Plan and cost sheet. The hourly case management rate does not apply to this group of individuals.

**Over Cost Person-Centered Recovery Plans**--The Department and the Community Program Officers will already have approved the year-end expenditures. Therefore, prior-authorizations for over cost Person-Centered Recovery Plans resulting from year-end expenditures will not be required.

**SECTION**  
**CASE MANAGEMENT SYSTEM**

**SUBJECT**  
**Year-End Money**

**BILLING**

All CMS 1500s or 837-P claims must have a date-of-service within the fiscal year during which the year-end money was distributed. This should be the date a service was provided, the date an item was ordered, or the date an agreement was signed by the provider to provide services.

**NOTE OF CAUTION**

Individuals enrolled must still meet all eligibility criteria (LOC and financial eligibility for Medicaid). Do not put individuals on the program just for a Medicaid card. Do not put anyone on the program for temporary services that you will not be able to discharge before the end of the fiscal year or incorporate into your current caseload by the end of the fiscal year. All required forms, except the Psychosocial Summary (DPHHS-AMDD 143) and Person-Centered Recovery plan (DPHHS-AMDD 135, long version) must be completed.

