

CHILDREN'S MENTAL HEALTH BUREAU

Policy Manual

PROCEDURE MANUAL FOR REGIONAL SERVICE MANAGERS

Supplemental Services **Program (SSP)**

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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.

Regional Service Managers will have an annual budget of \$60,000 for the State fiscal year of July 2007 through June 2008. Additional funding of \$50,000 is available to be allocated across the five regions if or when a Regional Service Manager expends his/her budget before the end of the state fiscal year.

2. **These funds are for short-term use and cannot exceed four months in a twelve month federal fiscal year (October 1-September 30th), 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.

If the youth is at home, and the SSI and/or adoption/guardianship subsidy is NOT being used to pay for the supplemental service requested, it must be documented why that money is not available.

Before SSP services are authorized for kids on CHIP Extended Mental Health Benefit, the RSM will contact Charity Christofferson to discuss the request.

Social Security considers "income" anything a person gets that can be used for food, clothing or shelter. It includes cash, checks and "gift" items received, such as food and shelter. Unearned income includes Social Security benefits, workers' or veteran's compensation, pensions, support and maintenance in kind, annuities, rent, interest, and other income not earned. In 2007, a person must have less than \$642 a month in unearned income to receive SSI benefits.

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.

At this point, we will consider the application and authorization letter 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.

The feedback forms will be mailed to the CMHB at the end of each quarter. A copy of the form will be maintained in the youth's file maintained by the RSM.

At least quarterly, RSM will offer every family who has completed SSP services within that quarter the opportunity to complete the survey. Send the survey to the guardian in a self-addressed stamped envelope.

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 18th birthday, unless they attend secondary school; then they may be eligible up to their 20th birthday.
 - Youth receiving CHIP are eligible up to their 19th birthday.
 - Youth receiving CMHSP are eligible up to their 18th 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.

A youth who is under court-ordered probation is considered adjudicated.

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. 30th).** 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.

Room and board rates will be: Intensive group home: \$43.87/day; Moderate group home: \$33.64/day; Campus based: \$39.16/day and Therapeutic foster care: 31.11/day. A higher room and board rate may be requested for a youth when all other appropriate placement options have been exhausted and the youth is ready to be discharged from a higher level of care.

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.

In-home support services will either be billed at the Medicaid rate for therapy (if provided by a licensed therapist) or the hourly rate for CBPRS. The hourly rate for a bachelor's level person working with the family to increase their skills in interacting with the youth will be \$39.00/hour. (based on the rate paid by Developmental Disabilities Program for a family support specialist whose role is similar to therapeutic family care). The request should be very specific as to what will be taking place during the in-home supports.

- b. **Training and education**, such as parenting classes, parental education on mental illness, or Wellness Recovery Action Plan (WRAP) training.

Payment will be based on the actual cost of the training (or a negotiated rate). SSP will not pay higher than the advertised rate for the training. Efforts should be made by the requesting party to ensure that the family has explored and applied for any scholarship-type program is available. These efforts will be documented when they are known.

- 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.

If there is a Medicaid established rate for the specific evaluation, we will use that rate. If there is no established rate, it may be negotiated.

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.

Reimbursement will be based on actual costs. Include documentation of what assistance/coverage in the community was explored before SSP funds were requested. Recreational activities, after-school activities, sporting events, season passes, music, art, dance, gymnastics, swimming – any activity that promotes positive behavior, provides a healthy outlet for energy, and also exposes youth to a positive/normal social setting AND is indicated in and tied back to the youth's treatment plan. Get further consultation if the community based service is a healing practice that requires the purchase of "supplies" such as tobacco to secure culturally appropriate healing practices for native children.

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.

Reimbursement will be based upon actual costs for the service.

If hard services require installation/maintenance of equipment, make sure to include this cost in the plan.

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.**

Use same procedure as state employees use to request travel out-of-state. DPHHS Fiscal Division must approve.

Reimbursement will require original receipts, and will be no higher than the state travel rates. In some situations it may be possible to assist the traveler with pre-purchased travel arrangements (airline and hotel reservations), but **an advance** for meals, mileage or related travel expenses **is not available**.

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.

For youth on Medicaid, the SSP request for travel must include documentation of denial for travel reimbursement from Medicaid.

Requests for travel reimbursement, the RSM must get additional authorization from the CMHB Chief, Bonnie Adee.

In-State Travel:

- Travel request must be related to the youth's treatment plan.

- The Montana Government In-state Travel reimbursement rates will be used. Those rate are found at: <http://doa.mt.gov/doatravel/travelmain.asp>
- The letter of approval needs to outline the travel reimbursement rates and what documentation will be required. Required documentation can include a non-employee travel voucher, any motel receipts, receipts for ground transportation, and a W-9 (if the person is not currently a vendor with DPHHS). A W-9 can be obtained at: <http://medicaidprovider.hhs.mt.gov/pdf/w9.pdf>
- Documentation that supports the person attended the activity/training, etc. must also be available if requested by the RSM.
- Upon completion of travel, a RSM must receive a completed and signed non-employee travel voucher, any hotel receipts, and a signed W-9. The RSM will sign the non-employee travel voucher, attached the receipts, review the W-9. If all are completed correctly, the RSM will then submit to the Julie Frickel for reimbursement. A copy of the information is also kept in the youth's file.

Out-of-State Travel:

- All out-of-state travel will require prior authorization. DPHHS Fiscal Division must approve out-of-state travel. Work with the CMHB administrative assistant to get this authorization and to make the reservations.
- Travel requested must be related to the youth's treatment plan.
- The Montana Government Out-of-state travel reimbursement rates will be used (see link in In-State travel section).
- The letter of approval needs to outline the travel reimbursement rates and what documentation will be required. Required documentation can include a non-employee travel voucher, any motel receipts, ground transportation receipts, and a W-9 (if the person is not currently a vendor with DPHHS). A W-9 can be obtained at: <http://medicaidprovider.hhs.mt.gov/pdf/w9.pdf>
- If traveling with the youth, the RSM should remind the family and case manager that they need to ensure enough prescription medication is available for the duration of the travel. For example, a family driving back from Texas with a youth will likely not be given enough medications at the discharge to last for the entire trip home.
- Documentation that supports the person attended the activity/training, etc. must also be available if requested by the RSM.
- Upon completion of travel, a RSM must receive a completed and signed non-employee travel voucher, any hotel receipts, and a signed W-9. The RSM will sign the non-employee travel voucher, attached the receipts, review the W-9. If all are completed correctly, the RSM will then submit to Julie Frickel for reimbursement. A copy of the information is also kept in the youth's file.

Pre-Paid Travel:

- Pre-paid travel must be pre-approved by Bonnie Adee, Bureau Chief.
- Pre-paid travel can include airline tickets and/or hotel reservations.
- Rates will follow the State travel policy rates.
- If pre-paid travel approved, a letter will be sent to the requesting party and the guardian. The letter must indicate what information will be needed to pre-pay the travel (see below) along with a need for a W-9 and a non-employee travel voucher to be submitted immediately.
- Upon approval, the RSM will submit the CMHB Administrative Assistant (Lorrie) the following information:
 - ✓ exact names of person(s) travel arrangement are being made for (this information needs to be based on the picture I.D. the person will be using such as a driver's license or passport).
 - ✓ information needed for airline tickets: departure city, arrival city, departure date, return date, etc.
 - ✓ information needed for hotel reservations: preferred hotel or location, arrival and departure dates, number of people in room, smoking/non-smoking.
- Upon receipt of information, Lorrie will make requested travel arrangement on PERQS system with a travel system (like Expedia).
- Documentation that supports the person attended the activity/training, etc. must also be available if requested by the RSM.
- Upon completion of the travel, a non-employee travel voucher must be submitted for any costs that were not prepaid such as meals, mileage, or ground transportation.
- Upon receipt of the non-employee travel voucher, the RSM will sign the voucher, attached the required receipts, and submit to Julie Frickel. A copy of the information also needs to be kept in the youth's file.
- Family needs to be informed in writing as part of the authorization for travel that they will become responsible for the cost if they do not complete the travel.

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).

The request for reimbursement must include documentation of attendance and participation in the training.

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.

Case consultation will be reimbursed at the rate of \$30.00 per hour for a person such as an individual therapist. Case consultation by a Psychiatrist will be reimbursed at \$120 per hour and for mid-level practitioners (a prescriber) the reimbursement will be \$80 per hour. Actual hours only will be reimbursed. If this becomes a reimbursed service by either Medicaid or CHIP in the future, the provision of case consultation as a supplemental services will be discontinued.

8. **Other services** that meet all of the above eligibility criteria and support the purpose of the SSP may be considered as funding allows.

Other services may only be authorized after receiving permission from the CMHB Bureau Chief, Bonnie Adee. Example of “Other services” may include:

- Coverage of medication needed at discharge when the facility does not provide enough to cover the child until he/she gets home and can fill the prescription. (Only after effort to secure Medicaid coverage and/or provider for medication refill have been exhausted.)
- Respite beyond the 144 allowed annually with current respite benefit.
- Non-therapeutic placements or other unusual needs that require some type of payment.

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.

RSM must take the following additional steps to verify eligibility for SSP:

- Contact Deanna Albert (either by email or phone) to determine what type of Medicaid the family/child receives IF the Medicaid eligibility of the youth has been determined already. (**444-4543 or dalbert@mt.gov**) *For a youth to have a targeted case manager, the youth must be open to Medicaid AND have SED.* The question Deanna can be asked is "Since I have proof that ____ is Medicaid eligible, can you tell me what type of Medicaid is in place for this youth?" Document on the SSP application the type of Medicaid eligibility the youth has.
- Contact Carol Carpenter (either by email or phone) to verify that family is not already receiving TANF cash assistance. (**444-9291 or ccarpenter@mt.gov**). Document on the SSP form that this step has been taken (date of contact).
- Provide a copy of the Attestation form to the family (through the case manager) IF the youth's Medicaid eligibility is NOT based on Family Medicaid.

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.

All applicable requirements listed above (1-5) must be met before the application is considered completed. Any additional information requested must be documented and the request will not be considered complete until that information is received by the RSM.

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 Novelene Martin 219 North Merriam Miles City MT 59301	(406) 234-3071	(406) 234-3070
	FAX	PHONE
Region II – Great Falls Sharon Odden 201 1st Street South Suite 3 Great Falls MT 59405	(406) 454-6087	(406) 454-6083

Region III - Billings (406) 252-3476 (406) 252-3436
Walt Wagenhals
175 North 27th St. Suite 1210
Billings MT 59101

Region IV - Helena (406) 444-1681 (406) 444-1323

316 North Park, Room 285
Helena MT 59623

Region V - Missoula (406) 523-4150 (406) 544-6528
Cynthia Erler MSW
2677 Palmer, Suite 300
Missoula MT 59808

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.

- **use standardized letter for approval process**
- **letter sent to provider, requesting party and to guardian**
- **if additional documentation will be required, this needs to be included in the letter.**
- **copy of authorization letter to fiscal**
- **copy of letter for our file**
- **Copy of authorization to CMHB Central Office.**

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. (PUT A LINK INTO THIS FOR THE FORM)
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.

REGIONAL SERVICE MANAGER DOCUMENTATION

➤ **What type of records do RSM need to keep for this fund?**

- ✓ **Original signed SSP Application and Attestation**
- ✓ **Copy of contract amendment or letter of approval sent to provider and family..**
- ✓ **Copy of Cost Plan, signed by all participants**
- ✓ **Any additional information requested by the RSM.**
- ✓ **The completed feedback sheet if parent/guardian does it.**
- ✓ **Documentation of any of communications.**

WHAT DOCUMENTATION ALSO NEEDS TO GO TO CMHB?

Copy of contract amendment or letter of approval

Copy of cost plan, if there is one

Copy of feedback sheet if returned

REGIONAL TRACKING: Electronic Tracking Sheet which lists all youth who have been authorized to receive SSP funds. This is submitted monthly to CMHB

➤ **TANF demands a quarterly report which needs to include the following:**

- ✓ **# of clients served**
- ✓ **# of \$ spent per client, as well as cumulative sum**
- ✓ **SS # for each child and/or client (suggest we include child and parent SS# if parent is focus of service)**
- ✓ **Who determined eligibility (Medicaid, CHIP)**

- **TANF wants this report at least 10 days after the end of the federal fiscal quarter. It goes to their fiscal people: Wendie Fredrickson or Brenda Falconer, fax# 444-2547. Completion of this report will be the responsibility of the CMHB financial specialist when hired.**
- **Need to use the monthly log for all SSP services authorized/delivered. Send log to CMHB and to fiscal MONTHLY.**
- **Need way to define and track feedback from services provided. It is important to be able to separate out each service as much as possible. CMHB Behavioral Analyst will assist with way to use this data to understand impact of SSO**
- **Need to maintain records for three years for TANF purposes.**