



Incidental Funds Procedure

Purpose:

Clients with mental health and/or substance abuse issues and their families often find themselves in need of supports and/or services they are unable to afford and for which there is no other method of payment. Incidental funds provide short-term and limited wraparound funding for such needs that are consistent with the individual's treatment/service goals.

Contracted provider agencies are required to develop internal procedures to ensure the appropriate, reasonable, and allowable use of funds for incidental expenses and maintain approvals in the applicable client file. Expenditures in excess of \$1,000.00 require prior authorization by BBHC and as such shall be submitted to BBHC's designated representative for consideration. Contracted provider agencies shall submit justification and documentation to support the need (e.g., treatment/service plan, lease agreement, estimate for repair) and use the attached form to submit requests to BBHC's designated representative. Contracted provider agencies may elect to utilize the attached form as part of its internal procedure. Compliance is assessed as part of contract monitoring activities and monthly sampling of provider invoices.

Reference/Authority: Chapter 65E-14, Florida Administrative Code; Florida Department of Financial Services Reference Guide for State Expenditures

Target Population:

Individuals with a mental health and/or substance abuse diagnosis and his/her family who are at risk of out-of-home placement, have limited resources or have exhausted other financial resources including insurance; and have complex needs requiring multi-agency involvement. The goal of wraparound funding is to ensure client remain with their families in their communities, achieve the highest level of functioning and life satisfaction possible, and meet his/her individualized treatment/service goals.

Documentation:

- Census Log
- Covered Service
- Program
- Client name and unique identification number
- Date of approval and disbursement
- The Recipient Service Chart shall include the Covered Service; Invoice date; and the treatment/service plan goal that supports the expenditure; and authorization documentation.



Approved funding expenditures must be within the context of a family-driven, community-based, culturally competent and strength-based system. Approvals will be granted when family-driven and clinically appropriate for the identified client in accordance with service/treatment recommendations.

Examples:

- Clothing
- Medical care
- Educational needs
- Developmental services
- Repairs
- Housing subsidies and other approved costs.

* Adherence is monitored as part of invoice processing and contract monitoring activities.

Restrictions and Limitations:

- Must be the payer of last resort.
- Directly support treatment/service goals of the client.
- Checks are not made payable to the client or parents/guardians, except in emergency cases. Make checks payable directly to the vendor of goods/services
- Purchase of automobiles is not an allowable item.
- Agency specific petty cash system can be used for emergency situation or small purchases up to \$50.00. Receipts must be maintained and attached to approval documentation.
- Additional paperwork is necessary for registrations or applications, auto repairs, bills for utilities or fines, receipts or estimates for furnishings, W-9's.
- The use of gift cards should be used as a last resort to make purchases that are unable to be made through direct purchasing and/or other traditional means. Gift cards shall be made out for the amount of the item. When this is not possible, the client shall be made aware the balance shall be returned to the agency. The client is required to sign receipt of the gift card and provide a receipt for the purchase to the agency (gift cards are a form of cash requiring the agency to have strict procedures for purchase, maintenance, and reconciliation of distribution and expenditure).



Incidental Request/Approval Form

Shall be submitted for any proposed expense in excess of \$1,000.00 along with documentation and justification for the expense. All costs shall be consistent with the requirements of the Contract, the State of Florida Reference Guide for State Expenditures, and applicable Florida statutes, rules, and regulations.

Case Manager/Requestor: _____ Request Date: _____

Facility/Program: _____

Section A: Request for Service Funding Authorization

1. Recipient's Name: _____ 2. SS #: _____

3. DOB: _____ 4. Sex: M or F 5. Annual Income: _____ 6.
Client Benefits: YES No

7. Description of Goods/Services requested: _____

8. General reason for request/benefit to participant:

9. Alternatives explored:



10. Funding amount requested: \$ _____ for _____ days for the month of: _____

Requestor Signature/Date

Supervisor Signature

Section B: Action Taken: _____ Approved ___ Disapproved _____

Reason for Disapproval: _____

Make check payable to: _____