



Broward Behavioral Health Coalition, Inc.	
Policy Title: Incidental Funds	
Policy Number: BBHC.0094	Contract Section (s): Contract No. JH343
Effective Date: 8/20/2020	Revision Date: 8/4/2023
Responsible Department: Continuous Quality Improvement (CQI)	
Approved by: Caren Longsworth, Director of Quality Improvement	
Signature: <small>DocuSigned by:</small> <i>Caren Longsworth</i> <small>7A4D59B701D0479...</small>	Date: 8/6/2023
Approved by: Silvia Quintana, Chief Executive Officer	
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Policy - Broward Behavioral Health Coalition Inc. (BBHC)'s policy is to ensure adherence to uniform procedures and service delivery in accordance with applicable federal and state laws, rules, and regulations.

Purpose - The purpose of this policy is to ensure that all members of the BBHC provider network are responsible and accountable while expending public funds in the service of the persons served.

BBHC funded persons served within the mental health and substance abuse system and their families often find themselves temporarily in need of certain supports and services which they are unable to afford themselves, and for which there is no other source for payment.

Incidental funds are authorized to be used for BBHC funded persons served to provide short-term and limited wraparound goods or services for the needs of the person served that are consistent with the treatment and service goals of the person served.

Guidelines for Persons-Served Funded by BBHC

Providers are required to develop internal procedures to ensure the appropriate, reasonable, and permissible expenditure of funds for incidental expenses on behalf of persons served. Such procedures must include a requirement that internal approvals and documentation for these

expenditures are included in the provider's file for the applicable person served for whom the expenditure is made.

Expenditures over \$1,000.00 (per person served) within each month require prior authorization by BBHC. Authorization will be obtained by electronically submitting, to the specific BBHC Program Manager, the following documentation required to support the request:

- Specific requested expenditure and justification
- Treatment/service plan
- Lease agreement (when appropriate) or estimate for request
- Client/family budget
- Current bank statement(s)
- Plan for future to avoid additional request

The application must be submitted using the link provided by the Program Manager.

Expenditures under \$1,000.00 will be subjected to review by the Carisk billing team. Supporting documentation shall be made available by the network service Provider, upon request.

Monthly, incidental expenses must be documented on Exhibit O, and uploaded to the applicable SharePoint folder, along with supporting documentation i.e., treatment or service plan, incidental expense approval as applicable, and receipts, etc.

Guidelines for Persons-Served Funded by BBHC's Multidisciplinary Teams and Special Programs

Persons Served funded by a BBHC Multidisciplinary Team and/or a Special Program are eligible for incidentals. However, BBHC reserves the right to implement additional procedures, including preauthorization.

Guidelines for Persons-Served Not Funded by BBHC

Persons Served with no services funded by BBHC within the last 12 months are eligible for incidentals under specific conditions. These conditions include:

- Service from a Multidisciplinary Team
- Service from a Special Program (e.g., BBHC funded grants)
- Special condition (These must be individually preauthorized by BBHC)

All **Special Condition** incidental expenditures require prior authorization by BBHC. Authorization will be obtained by electronically submitting the

following required supporting documentation, to the specific BBHC Program Manager:

- Specific requested expenditure and justification
- Treatment/service plan
- Lease agreement (when appropriate) or estimate for request
- Client/family budget
- Current bank statement(s)
- Plan for future to avoid additional request
- Proof of request to client's funding source
- Proof of complaint placed to client's funding source after unjust denial
- Denial to client's funding source or of exhaustion of approved resources
- Proof of alternative request efforts to other agencies (ex: Broward County for housing assistance)

Request must be entered by using the link provided by the Program Manager. No application will be processed unless all the required documentation is completed. Additionally, all service data not funded by BBHC must be uploaded to the data system, from the start of treatment to completion.

Providers are required to develop internal procedures to ensure the appropriate, reasonable, and permissible expenditure of funds for incidental expenses on behalf of persons served. Such procedures must include a requirement that internal approvals and documentation for these expenditures are included in the provider's file for the applicable person served for whom the expenditure is made.

The Recipient Service Chart shall include the Covered Service; Program (Substance Abuse or Mental Health), Supportive documentation (Person served name and unique identification number) Invoice date; the treatment/service plan goal that supports the expenditure; and authorization documentation date of approval and disbursement).

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 Person served in accordance with service/treatment recommendations.

Examples of expenditures for which incidental funds may be used:

- Clothing
- Medical care
- Educational and vocational needs
- Developmental services

- Repairs
- Housing subsidies and other approved costs.
- Transportation

If a person served is enrolled in a plan that covers the requested incidental BBHC will not approve such incidental request.

Compliance with the policy and all applicable regulations will be monitored by BBHC as a component of invoice processing and contract monitoring activities.

Restrictions and Limitations:

- Directly support treatment and service goals of the person served.
- Incidentals can only correspond with the time enrolled in services with the provider requesting the incidental.
- Checks may not be made payable to the person served or their parents/guardians or other family members, except in emergency cases. Checks should be made payable directly to the vendor of the goods or services purchased.
- Checks may not be made payable to provider staff under any circumstances
- Incidental funds may be used for incidental transportation costs, it may not be used toward the purchase of or payment for an automobile for the person served or their family.
- Additional documentation is required for all expenditure of incidental funds, such as registrations or applications, auto repairs, bills for utilities or fines, and receipts or estimates for furnishings, etc.
- The use of gift cards should be used as a last resort to make purchases that are unable to be made through direct purchasing or other traditional means. Gift cards shall be made out for the amount of the item. When this is not possible, the person served shall be made aware the balance shall be returned to the agency. The person served is required to sign a receipt for the gift card which includes the total amount of the gift card and the cost of the item(s) to be purchased, and to provide a receipt for the actual purchase to the agency. Any provider which uses gift cards in this manner is required to have a formal policy for the purchase, maintenance, and the reconciliation of distribution and expenditure of all gift cards used for this purpose.

<p>REFERENCES:</p> <ul style="list-style-type: none"> • Chapter 65E-14 Community Substance Abuse and Mental Health Services - Financial Rules • Florida Administrative Code • Florida Department of Financial Services Reference Guide for State Expenditures https://www.myfloridacfo.com/division/aa/manuals/documents/ReferenceGuideforStateExpenditures.pdf • Florida General Records Schedules: https://dos.myflorida.com/library-archives/records-management/general-records-schedules/

ATTACHMENTS: Exhibit O

DEFINITIONS:

REVISION LOG

REVISION	DATE
Updated policy number, updated request procedure to state that requests should be submitted via Cognito to the designated Program Manager. Added disclaimer that requests under \$1000.00 may be subjected to review by the Carisk billing department, and the Provider should retain supporting documentation for expenses.	7/29/2021
Added verbiage regarding the electronic submission of incidental requests, guidelines for persons-served and special conditions.	8/18/2021
Reviewed, no substantial changes made.	7/28/2022
Added verbiage regarding incidental expense requirements and documentation needed. Added verbiage which states that incidentals can only be requested for individuals currently enrolled in services. Added information about the submission of Exhibit O, which is to be uploaded to SharePoint by providers using incidental expenses monthly.	2/22/2023
Reviewed, no changes made	8/4/2023

The Director of Quality Improvement and Chief Executive Officer are responsible for all content in this policy.

Exhibit O
Incidental Expense Fund Invoice and Expenditure Log

- a. The Provider agrees to use incidental funds allocated under this contract for housing, medication and other emergency expenses for indigent clients.
- b. The Provider agrees to keep in the clients' file a record of all client expenses charged against the funds.
- c. The provider shall keep a record to log all incidental funds expenditures as specified in **Exhibit O**, Incidental Expense Fund Invoice and Expenditure Log
- d. The Provider shall submit as back up to the monthly invoice an expenditure report as specified in **Exhibit O**, Incidental Expenses Fund Invoice and Expenditure Log and all supporting documents.
- e. The ME reserves the right to reduce the contract amount by the incidental funds projected surplus.

Incidental Expense Fund Invoice Expenditure Log										
Reporting Month: <u>June</u> Year: _____						Contract No. _____				
Provider: _____						Cost Center: _____				
Amount Allocated: _____						Amount Remaining: _____				
Recipient Name & ID #	Program	Category	Civil or Forensic	Vendor	Reason	Requisition Date	Status (Date requeste approved/pending denied Staff Name & Title	Amount	Check #	Disbursement Date
Total:								\$	-	
Total Amount for Housing \$ _____ - Total Amount for Medication \$ _____ - Total Amount for Emergency Expenses \$ _____ -										