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Date: February 1, 2016 DMHSAS Numbered Memo 2016-01

To: Area Administrators / Human Service Area Coordinators
Bureau Directors / Section Chiefs
County Departments of Community Programs Directors
County Departments of Developmental Disabilities Service Directors
County Departments of Human Services Directors
County Departments of Social Services Directors
County Mental Health Coordinators
Tribal Chairpersons / Human Services Facilitators

From: Patrick Cork, Administrator
Division of Mental Health and Substance Abuse Services

Community Mental Health Allocation

Document Summary
This memo references Profile #516 of the State and County Contract for Social and Community Programs, outlines the reporting requirements for the Community Mental Health Allocation for Calendar Year 2016 (CY 2016), and includes expenditure requirements for the use of CY 2016 funds. Counties must comply with the reporting requirements in the Mental Health Program Participation System (PPS) data system including the reporting of consumer functional outcomes every 6 months through the Consumer Status Data Set in PPS. **Return the County Reporting Form (F-01684) no later than March 31, 2017.**

The County Reporting Form is an online Select Survey which will be available on the Department of Health Services (DHS) Website at: http://4.selectsurvey.net/DHS/TakeSurvey.aspx?SurveyID=SCMHAReport. The survey will be live for data entry in 2017.

Background
Wisconsin 2015 Act 55 included a provision to consolidate base funding for several community mental health program funding allocations to a single allocation for community programs under the state's community aids program. The bill combined two mental health institutional relocation programs, one psychosocial rehabilitation program (CSP Waitlist), and one program supporting development and operations of certified CSP, CCS, CRS, and/or Crisis services into a community aids program for community mental health services. In addition, funding will be transferred from the Community Options Program (COP), in an amount that approximates the annual use of COP funding for program participants receiving community-based mental health and substance abuse services.

The Department of Health Services (DHS), Division of Mental Health and Substance Abuse Services (DMHSAS) convened an advisory group to review and comment on DMHSAS internal workgroup documents and consolidation plans, and inform DMHSAS on how the consolidation plans may impact counties and constituents. The group consists of various community stakeholders who are interested in the consolidation of contracts and its impact on mental health services.

DMHSAS, as required by State statute 46.40 (7m) annually obligates up to $24,348,700 of the Community Mental Health funding to all counties within the state. This memo describes the county reporting requirements and expenditures for 2016.

Community Mental Health Reporting for 2016
The funding carries reporting requirements on how the allocation is spent. As a result, DMHSAS requires counties to report how much of their formula allocation was spent and for what purposes. Counties' deadline for reporting expenditures and outcomes for the 2016 Community Mental Health Allocation is March 31, 2017. Use the **County Reporting Form F-01684 (01-2016)** to record county expenditures in the twenty-two allowable expenditure categories and record the associated outcomes for those expenditures on page two. Mental Health COP reporting requirements are no longer valid due to the consolidation of funds; however counties should carefully review and consider each program priority area and the reporting requirements below. Should counties have additional questions related to Mental Health COP after reviewing the instructions they should contact the Contract Administrator. **Counties must use the instructions in this memo to complete the County Reporting Form F-01684 correctly.**

Community Mental Health Allocation Expenditures for 2016
DMHSAS will allocate an estimated $24,348,700 in funding for Federal Fiscal Year 2016. Counties' allocations for CY 2016 must be spent *by December 31, 2016* and the associated expenditure reports are due to the Community Aids Reporting System (CARS) within 90 days of the expenditure deadline. Please check your current expenditure level to ensure your county is on track to spend its formula allocation *by December 31, 2016*. If you have questions contact Maura Klein at the Department of Health Services.

The federal and state requirements associated with the expenditure of the Community Mental Health funds for CY 2016 are described in detail below.

Some of these requirements include:

- Funds must be used for activities associated with community mental health services.
- Funds must be used for services to adults or children with a mental health diagnosis who have or at risk of having a serious mental illness (SMI) or a serious emotional disorder (SED).
- DMHSAS has identified twenty-two program areas to which counties can apply these funds including Certified Community Support Program (CSP), Certified Comprehensive Community Services (CCS), Community Recovery Services (CRS), Crisis Intervention, Certified Peer Specialists, Case Management, Counseling/Therapeutic Resources,

Medication Management, Day Treatment-Medical, Outreach, Information and Referral, Intake Assessment, Supported Employment, Day Center Services-non Medical, Work Related Services, Supportive Community Services (excluding Case Management), Adult Family Home, Group Home, Community-Based Residential Facility, Transportation, Assistance for people relocating from an IMD/Medicaid-certified skilled nursing facility to community placement and Coordinated Services Teams Initiatives (CST).

Action Summary
This Memo outlines a reporting process with information on allowable services and county allocations. Counties are required to report data.

Submit the completed form F-01684 (01-2016) no later than March 31, 2017

Summarize activities, expenditures, and outcomes related to the Community Mental Health Funding in CY 2016.

Community Mental Health Allocation Requirements for CY 2016

Counties must follow the requirements below for the expenditure of funds and the reporting of their expenditures and activities on form F-01684 (01/2016).

A. Definition Of Adults With A Serious Mental Illness (SMI) And Children With Serious Emotional Disorders (SED)
"Adults with a serious mental illness" are persons: (1) age 18 and over and (2) who currently have, or at any time during the past year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-5 or their ICD-10 equivalent (and subsequent revisions) with the exception of DSM-5 codes, substance use disorders, and developmental disorders which are excluded, unless they co-occur with another diagnosable serious mental illness, and (3) that has resulted in functional impairment, which substantially interferes with or limits one or more major life activities. **Federal Register** Volume 58 No. 96 published Thursday May 20, 1993, pages 29,422 through 29,425. Pursuant to Section 1911(c) of the Public Health Service Act, children with a serious emotional disorder are (1) from birth up to age 18, and (2) currently have, or at any time during the last year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-5. (**Federal Register,** Volume 58 No. 96 published Thursday, May 20, 1993, pages 29,422 through 29,425).

B. Allowable Services
The purpose of these funds is to expand the county-operated or contracted system of community-based services for adults with SMI and children with SED. These funds must be used to initiate new programs or significantly strengthen existing programs for these population categories.

Program Priority Areas
These funds shall be used by the County only to pay for the cost of community-based care and services provided to any person who has a mental illness in the following program priority areas:

1. Certified Community Support Program (CSP)
2. Certified Comprehensive Community Services (CCS)
3. Community Recovery Services (CRS)
4. Crisis Intervention
5. Certified Peer Specialists
6. Case Management
7. Counseling/Therapeutic Resources
8. Medication Management
9. Day Treatment-Medical
10. Outreach
11. Information and Referral
12. Intake Assessment
13. Supported Employment
14. Day Center Services-non Medical
15. Work Related Services
16. Supportive Community Services (excluding Case Management)
17. Adult Family Home
18. Group Home
19. Community-based residential facility
20. Transportation
21. Assistance for people relocating from an IMD/Medicaid-certified skilled nursing facility to community placement
22. Coordinated Services Teams Initiatives (CST)

The following section defines allowable uses of the funds for each of the twenty-two priority areas and presents information on how funds may be used. Use of the funds in these priority areas should be reported through the Mental Health PPS data system as a service. Each of the descriptions of the program priority areas below is followed by its associated Standard Program Category (SPC) code which counties should use when recording data in the Mental Health PPS data system.

For further descriptions of each allowable use of funds, refer to the online PPS Mental Health Module Handbook at: https://www.dhs.wisconsin.gov/sites/default/files/legacy/pps/mh-aoda/MHHandbook.pdf. Service definitions are listed in 'Appendix 2'.

1. Certified Community Support Program (CSP)
The provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and chronic alcoholic clients in a natural or supportive service setting by an identified provider and staff to ensure ongoing therapeutic involvement and individualized treatment in the community for the purpose of reducing the disabling effects

of their mental illness or alcoholism and assisting clients to access and participate in the community.

- The service of case planning, monitoring and review as well as the activities involved in case management/service coordination are a required part of this program for every client.
- Funds may be used only by certified CSP for the following activities: assessment/diagnosis, eligibility determination, advocacy, education/training, counseling/psychotherapy, person locating, medical support, referral and transportation. Includes identifying persons in need of services, assisting with and training clients in all aspects of community functioning, crisis consultation, assistance with learning and performing daily living tasks, supervision of community work or educationally related activities, assistance with obtaining health care, assistance with acquiring and maintaining adequate housing, social/recreational activities, and coordinating services delivered by both CSP and other human service programs such as the Division of Vocational Rehabilitation, General Relief and Supplemental Security Income.

All services delivered as a component of a CSP with these funds should be reported using the following standard program category code in PPS:

509 Community Support

2. Certified Comprehensive Community Services (CCS)
Comprehensive Community Services (CCS) are certified per the requirements of DHS 36 and provide a flexible array of individualized community-based psychosocial rehabilitation services authorized by a licensed mental health professional under DHS 36.15 and provided to consumers with mental health or substance use issues across the lifespan who qualify based on level of need through a completed MH/AODA Functional Screen.

- Funds may be used only by certified CCS counties for the following activities: assessment, recovery/service planning, service facilitation, and individually authorized psychosocial rehabilitation services when such services are not covered by MA.

All services delivered as a component of a CCS benefit with these funds should be reported using the following standard program category code in PPS:

510.10 Comprehensive Community Services – hours
(per diem code is no longer available)

3. Community Recovery Services (CRS)
CRS is a non-waiver, state Medicaid plan amendment benefit provided by a certified County or Tribe or vendor. The goal of CRS is to provide services which enable mental health consumers to live in the least restrictive community environment available. CRS offers three services: Community Living Supportive Services (activities necessary to allow individuals to live with maximum independence in community integrated housing), Supported Employment (activities necessary to assist individuals to obtain and maintain competitive employment), and Peer Supports (advocacy, information and support provided by certified Peer Specialists).

- Funds may be used only by certified CRS counties for the following activities: Funds may be used to cover the county match of the Federal Financial Participation (FFP) for the CRS program.
- Funds may be used to cover administrative county overhead to support CRS, to include CRS Coordinator role, Quality Assurance activities in support of CRS, and Fiscal activities in support of CRS.
- Funds may be used to cover costs associated with Targeted Case Management in support of clients within the CRS Program, or case management activities from CSP case managers in support of CRS.
- Funds may be used to cover Room and Board for the CRS program.

All services delivered as a component of the CRS benefit these funds should be reported using the following standard program category code in PPS:

511 Community Recovery Services

4. Crisis Intervention
The provision of services to individuals in the general public who are experiencing emergencies which require an immediate response by the human service system (including those activities necessary to prepare for responding to conditions which are an immediate threat to a person's life or well-being) for the purpose of removing or ameliorating these conditions and linking the individual with appropriate human services.

- Funds may be used for: counseling/psychotherapy, supervision, general physical health, transportation, and referral. Includes 24 hour hot lines, crisis response teams and extra hour staffing for handling emergencies only when the program provider is specially organized for this purpose, and are designed to serve the general public rather than specific client groups.
- The provision of services following an initial crisis contact which are follow-up responses described on a Response Plan or Crisis Plan. These can include linkage and coordination or follow-up services provided in-person, in a mobile contact, or over the telephone.
- Excludes services delivered under emergency conditions which are an integral, but subordinate, part of other standard programs (e.g., emergency inpatient care is to be classified as part of the inpatient program).

Services delivered with these funds should be reported using the following standard program category codes in PPS:

501.00 Crisis Intervention - hours
501.10 Crisis Intervention – days
501.20 Crisis Intervention Follow-up

5. Certified Peer Specialists and Peer Support Services
Individuals with "lived experience" or Peer Organizations provide self-help, peer to peer support or peer support to families of adults with severe mental illness or

children/adolescents with severe emotional disturbance. Certified Peer Specialists function as role models demonstrating techniques in recovery and providing ongoing recovery and resiliency support. Peer Supports lend their unique insight into mental illness and substance abuse and what makes recovery possible. Peer Specialists include parents or other adult family caregivers of children with behavioral health disorders providing peer services to other families with a youth with behavioral health disorders. Funds may be used to:

- Hire individuals with "lived experience" who have personally faced behavioral health challenges to provide peer support including assist in the development of goals; serve as an advocate, mentor, or facilitator for resolution of issues; and teach skills necessary to improve coping abilities to assist consumers and/or families in regaining control over their lives and over their own recovery process.
- Hire individuals with "lived experience" to attend treatment team and crisis plan development meetings to promote consumer's use of self-directed recovery tools; inform consumers about community and natural supports and how to utilize these in the recovery process; and assist consumers in developing empowerment skills.
- Develop peer support and self-help programs, including clubhouses, drop-in centers, supported telephone lines, crisis alternatives, housing referral and support, employment referral, etc.
- Reimburse member's mileage to help them attend meetings, pay for baby sitters, etc.
- Pay expenses to assist members to attend meetings and conferences, including conferences out of state.
- Hire consumers or family members to provide assistance to other clients and family members in dealing with the mental health system during a crisis, when there is a complaint, etc.

No standard program categories are available to record for this program priority area.

6. Case management
The provision of services by providers whose responsibility is to enable clients and, when appropriate, clients' families to gain access to and receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner. Funds may be used for: assessment; case planning, monitoring and review; advocacy; and referral.

Services delivered with these funds should be reported using the following standard program category codes in PPS:

604 Case management

7. Counseling/Therapeutic Resources
The provision of treatment oriented services to clients needing treatment for a personal, social, behavioral, mental, or alcohol and drug abuse disorder to maintain and improve effective functioning.

- Funds may be used for: assessment/diagnosis; case (treatment) planning, monitoring and review; counseling/psychotherapy; therapy services; physical health services; and medical

support services. Includes divorce and family counseling and counseling for students experiencing behavioral problems at school.

- Includes intensive home and community treatment services when provided by persons other than those responsible for probation, juvenile supervision or aftercare supervision. Includes methadone maintenance activities.
- Excludes work related services. Excludes treatment services provided to residents of an alternate living setting or in a day center by staff or providers of those settings.

Services delivered with these funds should be reported using the following standard program category code in PPS:

507 Counseling/therapeutic resources

8. Medication Management
   Includes the prescription, directions on the use of, and review of medication, with not more than minimal psychotherapy. This service should be recorded in PPS regardless of whether provided by a psychiatrist, APNP or any other authorized prescriber.

   Services delivered with these funds should be reported using the following standard program category code in PPS:

   507.10 Medication Management

9. Day Treatment-Medical
   A day treatment program (DTP) is a nonresidential program in a medically supervised setting that provides case management, counseling, medical care and therapies on a routine basis for a scheduled portion of a 24 hour day and a scheduled number of days per week to alleviate those problems.

- Funds may be used for: individual, family and group counseling. Aftercare services are not included under this billing provision.

Services delivered with these funds should be reported using the following standard program category code in PPS:

704 Day treatment – medical

10. Outreach
    The provision of services which are designed to result in the locating of persons likely to have a problem which can potentially be alleviated by the delivery of human services.

- Funds may be used for: case finding and referral.
- Excludes assessment/diagnosis associated with a formal application process which should be classified as Intake Assessment. Excludes assessments that are an integral but subordinate

part of admission to another program. Excludes health screening activities which should be classified under the program of that name. Excludes services for agency clients.

Services delivered with these funds should be reported using the following standard program category code in PPS:

601 Outreach

11. Information and Referral
The provision of public information and referral services to satisfy individual inquiries for specific information about a particular aspect of the human service delivery system or community resources and ensure linkage to needed resources.

- Funds may be used for: referral to legal resources, maintaining and summarizing records of information and referral contacts.
- Excludes public information and referral when provided as a subordinate part of intake process or when part of other programs.

Services delivered with these funds should be reported using the following standard program category code in PPS:

602 Information and referral

12. Intake Assessment
The provision of services in a natural or supportive service setting to persons who are or may become clients for purposes of determining the existence of, and the nature of, a specific problem or group of problems.

- Funds may be used for: assessment/diagnosis and referral; (Intoxicated Driver Program assessments, and Child Abuse and Neglect investigations); activities associated with the process and screenings of prospective nursing home admissions per DHS 132.51 (2)(d)(1); the development of an initial case service or treatment plan if done as part of a general client intake process; intake activities which occur prior to the establishment of client status; and activities of centralized intake units.
- Assessment/diagnosis which is an integral, but subordinate part of another standard program should be classified to that program. Excludes activities of a community agency related to review and screening of current residents of DD centers which should be classified as part of Case Management/Service Coordination. Investigations or assessments for the court are part of the Court Intake and Studies Program.

Services delivered with these funds should be reported using the following standard program category code in PPS:

603 Intake assessment

13. Supported Employment
    Is competitive work in an integrated work setting for individuals who, because of their disability, need ongoing and/or intensive support services to find and perform this work. Integrated work setting is defined as no more than eight people with a disability in one work area.

    Services delivered with these funds should be reported using the following standard program category code in PPS:

    615 Supported Employment

14. Day Center Services-non Medical
    A day treatment program (DTP) is a nonresidential program in a non-medically supervised setting that provides case management, counseling on a routine basis for a scheduled portion of a 24 hour day and a scheduled number of days per week to alleviate those problems.

- Funds may be used for individual, family and group counseling but not aftercare services.

    Services delivered with these funds should be reported using the following standard program category code in PPS:

    706 Day Center Services – non-medical

15. Work Related Services
    The provision of services in integrated community work settings or other settings for purposes of enabling clients to participate in work, develop work and related abilities, improve work performance, and/or remove obstacles to gainful employment.

- Funds may be used for: education/training; transportation (when work related); marketing of products; assessment/diagnosis; case planning, monitoring and review when done by work related service providers; and supervision.
- Excludes Supported Employment as defined in SPC of that name.

    Services delivered with these funds should be reported using the following standard program category code in PPS:

    108 Work related services

16. Supportive Community Services
    Includes Adult day care, Respite care, Housing/energy assistance, Daily living skills training, Family support, Interpreter services and adaptive equipment, Congregate meals, Home delivered meals and Protective payment/guardianship. Note that monies can only be used for the identified purposes if the client is not eligible for the CCS, CRS or CSP programs. Case management is not to be reported as a component of Supportive Community Services for the purposes of this project. Case management should be reported separately under SPC 604.

Adult Day Care: The provision of services to adults in a certified natural or supportive service (day center) setting for the purpose of providing an enriched social experience, protection and supervision during part of the day to enhance or maintain the integrity of families under stress, prevent abuse and neglect and/or prevent their placement into alternate living arrangements.

- Typical services may include, but are not limited to: personal care and supervision.
- Includes certified adult care when provided in a senior center. Senior center activities not provided as part of a certified adult day care program are not eligible to be paid for with these funds.
- Excludes day center services for adults with developmental disabilities which are classified within the Day Center Services.

Respite Care: The provision of services to clients who are either caregivers or their dependents for the purposes of providing the primary caregiver temporary relief, relieving the primary caregiver of the stress of giving continuous support, providing the dependent client adequate care and supervision in a home-like environment (unlicensed) and reducing the need for placement of the dependent person outside of the home. Funds may be used for: Services to the primary caregiver which may include case planning, monitoring and review. Services for the dependent person which may include personal care and supervision.

Housing/energy assistance: The provision of services to clients in a natural or supportive service setting for the purpose of enabling persons to obtain safe, healthful, and affordable housing. Funds may be used for: advocacy, assessment/diagnosis, and referral. Includes working with landlords and others to upgrade substandard housing, improving safety and preventing/reducing health hazards, assessing housing needs, locating appropriate housing, referral to existing resources for housing repairs, and making arrangements for moving (as well as payment of moving expenses). Includes repairs and remodeling, winterization/ weatherization, and the costs of fuel or utilities. Placement of persons into independent living from alternate living settings is classified under programs for those settings.

Daily Living skills: The provision of services to clients whose health or well-being is at risk of deteriorating or for whom development is delayed due to inadequate knowledge or skills in routine daily living tasks. Services are intended to improve a client's or caretaker's ability to perform routine daily living tasks and utilize community resources.

- Services which are educationally focused and are not primarily designed to provide substitute task performance include, but are not limited to: education/training; assessment/diagnosis; and case planning, monitoring and review.
- This category excludes intensive home services, community treatment services, or recreational activities. However, the funds may be used for these purposes for individuals served in psychosocial rehabilitation programs on the allowable service list such as CCS and CSP.

Family support: The provision of a material benefit in the form of cash to the caregivers of disabled children which enable the caregivers to obtain needed material benefits or services, consistent with provisions of the Family Support Plan for the purposes of enabling disabled

children to maintain a natural living arrangement, preventing institutional placement, alleviating family stress and/or preventing family dysfunction.

- Services purchased by caretakers with approval of the county agency include but are not limited to: personal care, household care, assessment/diagnosis, general physical health services (e.g., dental care) and therapy.

Interpreter services and adaptive equipment: The provision of services and material benefits to clients whose ability to access, participate and function in their community or homes is limited by physical, sensory or speech impairments, or lack of ability to effectively communicate in English, in order to maximize their opportunities to fully participate and function effectively in all aspects of community life, and to improve the community by making it fully accessible to all of its members.

- Services include the purchase or direct provision of bilingual interpreters for persons with limited English skills or interpreters capable of facilitating communication for persons with hearing impairments and others.
- Types of items include adaptive household modifications which include ramps, vehicle modifications, prosthetic or orthotic devices, communication devices, telecommunication devices for the deaf, signaling devices, aids and telecommunication devices for the deaf, signaling devices, aids and appliances for blind or visually impaired persons, special safety equipment, special clothing, etc.
- Excludes training of service providers for purposes of developing or improving the ability of their bilingual or signing staff to deliver services. Excludes the activities of staff that possess bilingual or signing skills functioning in other programs.

Congregate Meals: The provision of meals and services related to the provision of those meals to persons in natural or supportive service settings to promote socialization and adequate nutrition. Funds may be used for education/training.

Home delivered meals: The provision of meals to homebound persons at risk with regard to adequate nutrition in their own home to maintain or improve adequate nutrition. Funds may be used for transportation.

Protective Payment/Guardianship: The provision of services to persons who have an agency as a guardian and/or who have demonstrated a lack of ability to use their funds properly by a person or authorized agency responsible for managing the client's money or supervising the client's use of funds. Funds may be used for: case planning, monitoring, and review; and supervision.

- Includes the services of an individual or corporate conservator, temporary guardian, guardian of the person and/or guardian of the estate. Includes the services of a representative payee in SSI/Social Security Administration cases in which representative payees are required.

Services delivered with these funds should be reported using the following standard program category codes in PPS:

102 Adult day care
103 Respite care
106 Housing/Energy Assistance
110 Daily living skills training
111 Family support
112 Interpreter services and adaptive equipment
401 Congregate meals
402 Home delivered meals
406 Protective payment/guardianship

17. Adult Family Home
The provision of a structured residential living arrangement for the purpose of providing care and support to adult clients whose physical, developmental, and emotional functioning is likely to be maximized in a family or other home-like living arrangement for less than five adults. Funds may be used for: supervision, dietary, personal care, and education/training. Note that monies can only be used for the identified purposes if the client is not eligible for the CCS or CRS programs.

Services delivered with these funds should be reported using the following standard program category code in PPS:

202 Adult family home

18. Group home
The provision of services in a community based group living setting to children for whom a living arrangement with peers or siblings is judged to be most beneficial. Funds may be used for: supervision, dietary, personal care, and transportation. Note that monies can only be used for the identified purposes if the client is not eligible for the CCS or CRS programs.

Services delivered with these funds should be reported using the following standard program category code in PPS:

204 Group home

19. Community-Based Residential Facility
The provision of services to clients in a Community Based Residential Facility (CBRF) for purposes of providing needed care or support and/or ameliorating personal, social, behavioral, mental, developmental, or alcohol and drug Abuse disorders. Funds may include: supervision, dietary, counseling/psychotherapy. Note that monies can only be used for the identified purposes if the client is not eligible for the CCS or CRS programs.

- Excludes residential care for the primary purpose of detoxification. Excludes unlicensed living arrangements even if supervision is provided or live-in staff are present. Excludes AODA residential care in nursing homes. Excludes AODA residential inpatient programs in CBRFs. Excludes homes serving three or four residents which are licensed as CBRFs when the home is also the residence of the sponsor and homes certified under Ch. DHS 82.

Services delivered with these funds should be reported using the following standard program category code in PPS:

506 Community-based residential facility

20. Transportation
The provision of transportation and transportation related supervision to the elderly, handicapped, or other persons with limited ability to access needed community resources (other than human services). Includes provision of tickets or cash for their purchase designed to provide safe, comfortable, and accessible conveyance. Limited to that transportation which assists in improving a person's general mobility and ability to perform daily tasks such as shopping, visiting with friends, competitive employment, etc., independently.

Services delivered with these funds could be reported using the following standard program category code in PPS as appropriate:

107 Specialized Transportation and Escort

21. Assistance for people relocating from an IMD/Medicaid-certified skilled nursing facility to community placement

The provision of community-based care and services provided to any person who has a mental illness and is 22 up through 64 years of age at the time the person is relocated from an institution for mental diseases (IMD) or a Medicaid-certified nursing facility (NF).

- These funds may be used for services that assist in the recovery process of the individual, and are not billable under Medical Assistance.

No standard program categories are available to record a relocation from an IMD or nursing home, but any of the other allowable services in this list of program priority areas may be funded and reported for relocated clients.

22. Coordinated Services Teams Initiatives (CST)

The Coordinated Services Team (CST) Initiative is based on the traditional wraparound philosophy emphasizing a collaborative system change approach for youth. CST is an intervention/support model that offers a collaborative, team-centered, strengths-based assessment and planning process.

No standard program category exists for a CST, but any services in the list of allowable services should be recorded in the PPS mental health data system if provided to youth. For example, case management (SPC 604) and counseling (SPC 507) would be typical mental health services provided to youth in a CST.

In addition, enrollment in a CST must be recorded in the PPS Mental Health Participation module. Within this module, "CST" must be selected as the "program" in which the youth is enrolled followed by an enrollment date, disenrollment date, and disenrollment reason.

C. Guidance on Uses of Expenditures:

1. Agencies may not expend the Community Mental Health Allocation to pay for the federal share of the FFP for MA programs when billing has, or will be, claimed for the federal share. Monies may be used to cover the county match to the federal share.
2. Agencies may not utilize funding for Comprehensive Community Services (CCS) for clients receiving MA or private insurance with the exception of services associated with CCS which are not eligible for MA reimbursement. Funding may be utilized to provide services to CCS clients who are in the process of being approved for MA, private insurance, or insurance via the Marketplace.
3. Funds may be utilized to provide non-MA reimbursable services approved by DHS.
4. Funds may be used for development (start-up costs), expansion or build-out of certified programming (such as CSP, CCS or Crisis services). Sources and uses of funds must be clearly identified and reported in the Cost Reporting Tool if using funds to pay the non-federal share of Medicaid services.
5. County/agency shall not expend the monies to provide inpatient or IMD/nursing facility services.

For additional information and questions regarding this memo:

REGIONAL OFFICE CONTACT:

Area Administrators

CENTRAL OFFICE CONTACT:

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Attachments:

Attachment 1: Community Mental Health Allocation for Calendar Year 2016

Attachment 2: State Community Mental Health Allocation Report – F-01684 (01/2016)

Memo Websites:

DLTC / DMHSAS Memo Series web page.
The Division information and numbered memos are distributed electronically via a Listserv. The Listserv is free, but does require an active e-mail address. The memos are posted in PDF format.

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