

North Dakota Medicaid Policy and Procedures for Family Support Services

PURPOSE:

To establish a process to assist North Dakota (ND) Medicaid staff in managing Family Support Services requests and documentation.

RATIONALE:

1. To aid in consistency and establish guidelines for the Family Support services request process.
2. To document ND Medicaid Admission Criteria for Family Support Services.
3. To provide consistency in receiving expenditure requests from Family Support Case Managers.
4. To establish ND Medicaid work flow and identify staff responsibilities.
5. To respond to Family Support service requests in a timely manner.
6. To provide documentation on ND Medicaid's procedural process regarding Family Support service requests and admission approval.

FEDERAL CITATIONS:

North Dakota Medicaid is regulated by the following Federal Citation:

- 42 CFR, Subchapter C- Medical Assistance Programs

DEFINITION:

Family Support is a service that provides community-based treatment to help prevent an out of home placement for Medicaid-eligible youth. Support families are specially trained to provide mentoring services to the household and provide relief care to the Medicaid-eligible child.

PROGRAM DURATION:

A child may receive Family Support Services for a maximum of one year unless they qualify for an extension (see #6). A child is allowed to receive Family Support services one time.

POLICY AND PROCEDURES:

- 1) In order for a child to be considered for coverage of Family Support services, the following criteria must be met:
 - a) A child must have a "current" North Dakota Health Tracks Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening completed at a Public Health Unit or by a primary care provider. A current screening is defined as being within six months of the date the child is considered eligible for the service. The screening must accompany the packet submitted to DHS for consideration of coverage for the Family Support program. Comments in the recommendation portion of the EPSDT screening must support and recommend Family Support services.
 - b) The child must be Medicaid eligible on dates of service.
 - c) The child must have expenses* over the most recent 12-month period for which data is available, that exceed the monetary threshold of \$15,000.
 - (1) *Expenses can include Medicaid, other insurance and Voluntary Treatment Program expenditures.
 - (2) If submitting insurance expenses include the medical and pharmaceutical totals on a cover sheet and attach copies of the Explanation of Benefits (EOB) to support the amounts reported on the coversheet.
 - d) ND Medicaid may consider room and board costs paid to a Residential Child Care Facility (RCCF) or a therapeutic foster care home when determining the monetary threshold used for Family Support Services. The Family Support program staff shall notify ND Medicaid of the child's Residential Child Care Facility (RCCF) or therapeutic foster care placement and ND Medicaid will determine whether or not to allow those costs. In order to consider using RCCF or therapeutic foster care expenses to meet the \$15,000 monetary threshold, the following will need to be provided:
 - (1) Dates that a child was in a RCCF or therapeutic foster care and the name of the RCCF or therapeutic foster care program.
 - (2) Discharge summaries from the RCCF or therapeutic foster care where the child has received treatment within the past year. In the event that a discharge plan is not available, progress notes from the most recent 4-6 week period may be submitted.
 - e) North Dakota Medicaid will not consider regular foster care as an eligible expense.
 - f) It is the responsibility of the Family Support program staff to submit all non-Medicaid allowable costs, as noted above.
- 2) If a Family Support Case Manager determines a child may be eligible, the following must be reviewed and considered:
 - a) The Family Support Case Manager sends a request for Medicaid expenditures to the ND Medicaid Point of Contact. The request must include the child's name, ND Medicaid ID and date of birth:

- i) An **initial** expenditure report request can be submitted to ND Medicaid at any time. ND Medicaid will run initial expenditure reports weekly. (Due to claims run-out, these reports may not include the most recent claims data based on when the report is initiated).
 - The ND Medicaid Point of Contact will combine the Medicaid expenditures with other non-Medicaid allowable expenditures submitted by the Family Support program staff.
- ii) A follow up request for an expenditure report may be submitted if:
 - A) The child surpassed 90% of the monetary threshold, based on the previous expenditure reports, and the Family Support Case Manager has reason to believe that the child has incurred expenses that may reach the \$15,000 monetary threshold; OR
 - B) The child has had an inpatient psychiatric admission that will result in meeting the monetary threshold. ND Medicaid will consider approximating the anticipated costs regarding the inpatient admission to enable Family Support program staff to promptly place a child in the program. The Family Support program staff shall provide discharge planning detail for the child (from the facility that is rendering the inpatient psychiatric services) and ND Medicaid will use that information, in addition to the current rate of payment for those services and any other documentation that the Family Support program staff believes should be considered; OR
 - C) The initial expenditure report was prepared 90 days or more from the date of the follow-up request.
- 3) Cases that do not meet the above criteria will not be eligible for consideration by ND Medicaid staff. Any information for Family Support services coverage consideration received by ND Medicaid prior to a child meeting eligibility requirements or 6 (six) months after meeting the \$15,000 threshold will be properly disposed of. Once the monetary requirement has been met, it is valid for 6 (six) months. ND Medicaid must be notified of a support family match within that 6 (six) month period or a new expenditure report will need to be requested and the child will again need to meet the \$15,000 threshold.
- 4) A child may only receive Family Support services for the duration of twelve months (from the time the child is matched with a support family). The twelve months, need not be consecutive but must be within 18 months of the "match" date. It is the responsibility of the Family Support Case Managers to inform ND Medicaid when a child is "matched" with a support family. Failure to do so will imply that the child was matched when their case was approved and the one year duration will begin on the approval date.
 - a) In the event that a child is matched but withdrawn from services either at the parent's discretion or due to needing a higher level of care, they will be allowed to receive services for any months remaining in the 12-month period less the months used (providing the child still meets the minimum eligibility requirements and is within the 18-

month window). For example, if the child was matched for two months and at the beginning of the third month they are withdrawn from services they would have 10 months of Family Support services available.

- b) Any hospital admission of a child receiving Family Support services shall be reported to the DHS Point of Contact.
- 5) Once a child becomes eligible for the Family Support services, the Family Support Program staff has six (6) months to match the child with an appropriate support family. If a support family is not identified within the six (6) month timeframe, steps 1a) through 2a) must be repeated.
- 6) A child is eligible for consideration for an extension of the 12 months of coverage if one of the following criteria is met:
- a) The child and family have displayed value from the program but have not achieved maximum benefit as documented by the Family Support Program. ; or
 - b) The child has a diagnosed psychiatric condition that indicates ongoing psychiatric treatment. Examples: bi-polar, autism spectrum, psychotic disorders, and major depression; or
 - c) The child is displaying behaviors putting them at risk for out-of-home placement.
- 7) If an extension is requested, Family Support Case Managers need to describe, in detail, the need for the extension. An exception submitted by a Family Support Case Manager must include the approval of their supervisor/manager. The complete exception request must be sent to the Medicaid Utilization Review Administrator for consideration.

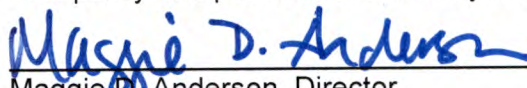
NOTE: The length of an extension will be determined on a case-by-case basis; a three (3) month (quarterly) review is required by ND Medicaid during the extension period in the same manner as the original approval time period. The maximum amount of time allowed for an extension is six months.

- 8) North Dakota Medicaid reserves the right to determine medical necessity when reviewing requests for Family Support services coverage.
- 9) Quarterly Service and Support Plans) will be sent to ND Medicaid by Family Support Case Managers for each child receiving the Family Support services. The Quarterly Service and Support Plans must be submitted to ND Medicaid by the 5th of the month immediately following the end of the child's initial two month assessment period and every three months after that. Any Quarterly Service and Support Plans not received by the last day of the month (immediately following the end of the child's timeframe being evaluated) may result in DHS ending coverage of Family Support services.
- a) It is the responsibility of the Family Support program staff to ensure they are in compliance with reporting requirements.


- b) The plans must include specific mentoring techniques that were taught to the parent(s) and any progress made in the parent's ability to carry out the techniques in the child's home.
 - c) This plan needs to summarize the last quarter and address:
 - i) Description of inappropriate behaviors and specific goals to address the identified behaviors.
 - ii) Description of target behaviors and status of services to address the targeted behaviors.
 - iii) Summary of how households and children are utilizing the support parents and the Family Support Case Managers.
 - iv) Demonstrated outcomes that improve skills of households and child.
- 10) The Family Support program staff must notify ND Medicaid of significant changes such as support parent matches or if services are no longer needed.

The Family Support program staff is responsible for ensuring Protected Health Information is transmitted to ND Medicaid in accordance with all Health Insurance Portability and Accountability Act requirements.

This policy and procedure for Family Support Services is hereby approved:



Maggie D. Anderson, Director
Division of Medical Services
North Dakota Department of Human Services



Date