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6000 APPENDICES

Appendix A	A-1 Glossary of Terms
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Appendix B	List of Service and Unit Codes
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4220 Factors of Eligibility

The case record must document that each eligibility requirement has been met before services may be granted. These points of eligibility include:

- A. Categorical Requirements;
- B. Need for Service; and
- C. Residence.

4230 Categorical Requirements

4231 Applicant Eligibility Status

The following are categories under which applicants may receive SSBG services. SSBG services are directed toward low income individuals. For this reason the income support categories (TEA and SSI) should be utilized first, followed by income eligibility. Without regard to income and Division of Youth Services status eligibility should be used only when eligibility cannot be established in one of the other categories.

- A. Transitional Employment Assistance (TEA) This category refers to recipients of Transitional Employment Assistance, essential persons, and adult relatives whose needs were taken into account in determining the TEA grant. Day Care for Children may be provided under this category for up to three years following closure of the TEA case.
- B. Recipients of Supplemental Security Income (SSI).
- C. Income Eligibles. These are individuals who qualify for specific services but who are not receiving TEA, Title IV-E Foster Care, or SSI if their family's monthly gross income is at or below the income scale applicable to the service received by the client.
- D. Without Regard to Income. Services needed as a result of a protective services case plan designed to prevent the abuse, neglect, or exploitation of a child or adult, may be provided without regard to income if the client cannot be established as eligible under the first three categories listed above. This category may not be used unless documentation exists in the client's case record that the services are being delivered as a part of a protective services case plan. The documentation must be in the form of a written referral from DCFS Protective Services workers, a Domestic Violence Prevention program, or Division of Aging and Adult Services Protective Services workers.

4231 Applicant Eligibility Status
 (Continued)

E. Status Eligibility - Division of Youth Services (DYS).
 This category will be used to establish eligibility for clients of DHS who fall into the priority target population of DHS and who cannot be established as eligible under the first three categories listed above. Youth in this category are eligible regardless of financial status; however, documentation must exist in the provider's case record that the youth is either a delinquent or Family in Need of Services. This category may only be used by DHS providers who provide Substitute Care for Youth and Non-Residential Services for Youth.

The required documentation for the youth's case record to establish status eligibility is a written referral of the youth to the provider for services by the courts, a law enforcement agency or the Youth Services Center. The written referral must include the following information: date, name or ID number of youth, referring justice system agency, statement of problem/reason for referral, signature and title.

4232 Services Income Scale

SSBG eligibility and, if applicable, fee assessments are determined on the basis of income and family size of the eligibility unit of the primary client, using the following income scale (see Section 4210, subsections B, C, and D to determine family size):

<u>Family Size</u>	<u>Annual Income</u>	<u>Monthly Income</u>	<u>Family Size</u>	<u>Annual Income</u>	<u>Monthly Income</u>
1	\$12,018	\$ 1,002	6	\$30,508	\$2,542
2	15,716	1,310	7	31,201	2,600
3	19,414	1,618	8	31,895	2,658
4	23,112	1,926	9	32,588	2,716
5	26,810	2,234	10	33,281	2,773

For over ten family members, add \$693 to the annual income for a family size of ten for each additional member.

4233 Determination and Verification of Income

The amount of any currently available income not specifically excluded under one of the provisions in Section 4210.G. must be determined and considered. The client's statement will normally be sufficient verification of income. However, the provider representative is expected to act as a prudent person and to make additional investigation when the client's statements are unclear, incomplete, or contradictory, or when he/she has reasonable grounds for believing that the

4242 Policy Requirements for a Particular Service
(Continued)

Providers shall maintain sufficient records to show that they have provided services under SSBG only to the persons specified in their contract and eligible for the service under the SSBG Program Manual.

4243 Individual Service Need

Services must be directed toward one of the five national SSBG goals. Goals for individual clients are specified in Form DHS-100.

Provider staff are expected to provide under SSBG only those services which are needed to meet one of these goals. A narrative entry or a statement by the provider on the DHS-100 stating the national goal and the services needed shall be regarded as sufficient verification of individual service need.

Beyond this requirement, the judgment of service need shall be left to the judgment of the individual provider. It is preferable from a program standpoint to provide services in borderline cases rather than risk denying services to clients who could benefit from them.

Clients who have voluntarily requested SSBG services and meet financial eligibility requirements should not be denied services on the basis of service need unless it is obvious that the individual could receive no possible benefit from the services requested.

4244 Service Goals for SSBG

Service need must be established in accordance with the following federally mandated goals:

1. Self-Support - achieving or maintaining economic self-support to prevent, reduce or eliminate dependency;
2. Self-sufficiency - achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
3. Prevention of Neglect, Abuse, or Exploitation - preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families;
4. Prevention of Unnecessary Institutionalization - preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and

4244 Service Goals for SSBG
(Continued)

5. Appropriate Institutionalization - securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

4245 List of Service Codes

Please refer to **Appendix B - List of Service and Unit Codes** and **Appendix C - Service Chapters** for a complete listing of unit codes, service definitions, methods of delivery, eligible categories, descriptions of service activities, goal(s) for which services are rendered, objective(s), and the geographic area in which each service is available.

The following are the "Service Codes."

- 01 Adoption Services
- 02 Case Management Services
- 03 Chore Services
- 05 Day Care for Adults
- 06 Day Care for Children
- 12 Home Delivered Meals
- 13 Homemaker/In Home Care Services
- 17 Protective Services for Adults
- 18 Protective Services for Children
- 20 Non-Residential Services for Youth
- 21 Socialization/Recreation Services
- 22 Supportive Services for the Blind
- 23 Special Services for the Disabled
- 24 Substitute Care for Children
- 25 Supervised Living Services
- 26 Training and Education Services
- 27 Transportation Services
- 29 Mental Health Services
- 30 Day Services for DD Children
- 34 Interstate Compact on the Placement of Children
- 35 Coordinated Court Services
- 36 Congregate Meals
- 38 Supportive Services for Children and Families
- 42 Substitute Care for Youth
- 43 Mental Health Services, Additional Units
- 46 Developmentally Disabled Services
- 50 Supported Living Services
- 52 Substitute Care for Youth, Additional Units
- 53 Developmentally Disabled Services, Additional Units
- 54 Community Integration Services

5513 Restrictions on Billings for Absentee Clients

A. Programs For Which Billing for Absentee Clients Is Not Permitted

Billing for absentee clients is not permitted for those providers whose service programs are planned to serve different clients on different days. Absentee billing is also not permitted when a facility has negotiated a unit rate based on average daily attendance, or when a utilization factor has been added with the intent of offsetting absences.

B. Client Must Be Expected To Return

Billing for absent clients is allowable only when there is a reasonable expectation the client will return to the program following the specified period of necessary absence. If the client is either discharged or leaves a facility and is not expected to return, billing must cease on the date the client leaves the facility.

C. Subcontracted Services

If a subcontractor performs some or all of the contracted services for a provider, absentee billing will be permitted only to the extent that the provider is required to and actually does make payment to the subcontractor.

5514 Required Documentation for Absentee Billing

The provider must document the reason for each instance of billing for an absent client. The client's name, and days absent are minimum requirements. Furthermore, certain programs may require additional documentation.

5520 Inclement Weather Billing Policy

Since providers delivering services on a daily basis may suffer financial losses when centers do not open because of inclement weather, a policy has been developed allowing the provider to submit billing for these situations. The policy may be applied when particular circumstances exist (as outlined below) and specified conditions are met. The policy differs from absentee billing policy in that it is applied when the center must close, while absentee billing takes place when the center is open and one or more clients fail to attend.

The policy may be applied by providers delivering a service to clients who must travel to and from a center on a daily basis. For providers serving clients on a fixed enrollment basis, billing will be for the total number of contracted program slots; for those with average daily attendance programs, billing will be for the average number of slots normally billed.

5520 Inclement Weather Billing Policy
(Continued)

Billing for inclement weather is not allowable for Division of Developmental Disabilities.

When fees are charged, the policy provides for full unit rate reimbursement for those units billed on inclement weather days. This will avoid charging fees to a client for days when the center is closed.

Billing may be submitted for a maximum of five (5) days in a calendar month, for up to fifteen (15) days in a calendar year. The policy may only be applied when public schools in the provider's area of service have been forced to close because of inclement weather. (This should not be taken to mean that a provider must close when local schools close.)

If the provider's service area covers more than one public school district and not all of those districts close because of inclement weather, the provider will still have the option of closing the center; however, if clients are able to travel to and from the center, the provider is expected to open the center.

Before closing, every effort should be made to discuss the situation with the contract officer to determine alternatives to closing.

5521 Policy for Additional Inclement Weather Billing in Special Cases

In certain cases, it may be necessary for a provider to close because of inclement weather even when local public schools remain open, or the provider may be forced to exceed the limitation on days stated in the above inclement weather policy. In these situations, the provider must request and receive special authorization to bill for additional inclement weather days from the Chief Fiscal Officer or designee.

5600 Billing Instructions to SSBG Providers

5610 Form DHS-0145, Client and Service Data Sheet

Form DHS-0145, Client and Service Data Sheet, is completed at the end of each billing period by the provider. The first page of this form summarizes:

- A. The units of service provided;
- B. The number of clients served by each type of service; and
- C. The rate by service code that is allowed under the contract.

5610 Form DHS-0145, Client and Service Data Sheet
(Continued)

By multiplying units times rate for each and all types of services, the provider can arrive at the gross amount due for services provided during the month. The fees assessed SSBG clients for the billed services should then be subtracted, showing the net amount due from SSBG. The second and subsequent pages of the DHS-0145 detail the services by client and include client data.

Billing forms are included in "Appendix D."

The DHS-0145 is sent to the division/office with which the contractor/grantee has a legal agreement unless the contractor/grantee is given other instructions. (See Chapter twelve of the *Contract Manual* for invoicing procedures.)

5620 Electronic Data Systems

Division of Developmental Disabilities Services' (DDS) providers submit their billing for services electronically to Electronic Data Systems (EDS) utilizing the DDS Non-Medicaid Billing System.

5630 Procedures for Inclement Weather Billing

Inclement weather billing may be submitted for a maximum of five (5) days in a calendar month or fifteen (15) days in a calendar year. If possible, the provider should make every effort to discuss the situation with the contract officer before closing.

The provider will complete monthly billing for each client on a DHS-0145 as usual, with units billed for normal operation entered as usual. Units billed under the inclement weather policy will be shown separately and as follows:

- * enter the service code and description of service again immediately below the line showing normal billing;
- * complete the Number of Units section showing total units billed under this policy; and
- * enter the letter "W" in the Fee column to identify units billed in this manner and to show that no fee will be charged to the client by the provider.

A. When Local Schools Are Closed

When local schools are closed and the number of days (5 days per calendar month not to exceed 15 days per calendar year) have not been exceeded, the following applies:

5630 Procedures for Inclement Weather Billing
(Continued)

- (1) On page one of the DHS-0145, clearly state the dates the facility was closed due to inclement weather and indicate that the local schools were closed those dates;
- (2) Show separately the number of units of each service code billed under the inclement weather policy on the DHS-0145 (Page one summary and on subsequent pages by client) with a "W" in the Fee column;
- (3) Since no fees are charged the client for inclement weather units, enter the fees actually charged the clients on the DHS-0145; and
- (4) Ensure that the units of services billed are based on the daily average number of clients/units normally charged to SSBG.

B. When Local Schools Are Open

When local schools are open and the provider determines that due to the weather conditions, closure of the facility is required or the number of days (5 days per calendar month not to exceed 15 days per calendar year) have been exceeded, the following procedure is followed:

- (1) Complete steps (1) - (4) above; and
- (2) Attach a written request for approval of the inclement weather billing to the billing being submitted. Include the dates the facility was closed, a statement as to whether the local schools were open or closed, and a statement justifying the closure. This request should be addressed to the Chief Administrative Officer or designee.

5640 Actual Cost Billing and Payment Process

In addition to the DHS-0145 described above, a provider billing under actual cost reimbursement must submit a letter bill indicating what allowable expenditures were made during the month and the number of service units provided for each service. The total allowable expenditure for each service is divided by the number of units of that service to determine the unit rate. The unit rate is then multiplied by the number of units to compute the amount of reimbursement due the provider for that month. The provider will sign and date the letter and submit it to the division/office with which the contractor/grantee has a legal agreement unless the contractor/grantee is given other instructions. The billing and payment process is the same as described in Section 5610. For example, if a contractor provided 482 units of service in

5640 Actual Cost Billing and Payment Process
(Continued)

month X and the contract provides for a unit rate reimbursement of \$22.50 per unit, then the total amount for the letter invoice should be \$10,845.00 (482 X \$22.50). Or, if the actual operational costs for the provider for month X was \$22,792.45 and they serviced 823 units, the unit rate is calculated to be \$27.69 (\$22,792.45/823). Please see the Financial Guidelines for Purchased Services, Appendix C, for more examples of the Unit Rate Calculation.

5650 Third Party Payment to SSBG Providers

If Medicare, Medicaid, private insurance, or any other source of third party payment for a SSBG client is available, those sources must first be exhausted. Every effort must be made by service providers to utilize Medicaid whenever possible. Documentation of the exhaustion of such benefits must be included in the client's case record. (Protective Service cases are exempt.)

If the source of third party recovery reimburses only a portion of the cost of a SSBG service, then only that portion not covered by the third party source may be billed to SSBG.

5660 Overpayment

If an SSBG service provider receives an overpayment or duplicate payment for service to a SSBG client, the error must be promptly reported to CSS. An adjustment may be made on the next month's billing. Recoupment and/or appropriate audit activity will then be initiated.

NON-RESIDENTIAL SERVICES FOR YOUTH
SERVICE CODE 20

20.C UNITS OF SERVICE

10. Casework Management: Significant communication, either directly or by correspondence, with or on behalf of a client. These communications must be in relation to the development of individualized case plans or the delivery of services based on a case plan. Services to specific individuals may include: gathering and processing social and medical information; developing an individualized case plan, including establishment of time-framed and measurable objectives; problem solving; consultation with youth and family; arrangement with other appropriate services; advocacy on behalf of the youth; supportive services; transportation; and follow-up. Each quarter hour expenditure of time, with or on behalf of the client, constitutes one unit of service.
20. Therapy: Therapeutic relationship between a client and a qualified therapist (as defined by the individual's professional license in the State of Arkansas) for the purpose of accomplishing changes that are identified as goals in the treatment plan. May include individual therapy or group therapy and consultation with the referral source as needed. Each quarter hour expenditure of time, with or on behalf of the client, constitutes one unit of service.
30. Diagnosis and Evaluation: Assessment of the nature and extent of a youth's emotional and/or behavioral problems and recommendations for treatment strategies to remedy the identified problems. The specific diagnostic services provided and/or the level of sophistication of reports produced for the referring agency in any individual case would be based on an assessment of the youth and information needs of the referring agency. Services to specific individuals may include educational evaluation, social assessment, psychological evaluation, psychiatric evaluation, and consultation with the referring/treatment agency. Assessment and planning may also include medical evaluation, if one of the above assessments indicates a physical association with the emotional and/or behavioral problem(s). Each quarter hour expenditure of time, with or on behalf of the client, or as specified in an individual contract, constitutes one unit of service.

Web Site Location

The entire Social Services Block Grant Program Manual may be found at the following web site:

http://www.state.ar.us/dhs/webmanuals/ssbg/ssbg_toc.htm