
 <p style="text-align: center;"><i>State of Connecticut</i> JUDICIAL BRANCH COURT SUPPORT SERVICES DIVISION POLICY AND PROCEDURES</p>	POLICY NO. 7.34	EFFECTIVE DATE: April 25, 2013	PAGE 1 of 8
	SUPERSEDES: FLEXIBLE FUNDING November 1, 2008		
APPROVED BY: William H. Carbone, Executive Director	TITLE: JUVENILE SERVICES WRAPAROUND FUNDING		

1. **Policy** The Court Support Services Division (CSSD) Juvenile Probation Officers will have access to funding resources that will support the success of community-based supervision activities by permitting the purchase of educational, recreational, and therapeutic goods/services outside of the contracted CSSD provider network.

2. **Definitions**

- A. CSSD Wraparound Request Form A standardized form submitted by a JPO to the fiduciary agency managing the CSSD wraparound funding accounts.
- B. Educational Services Services that are intended and designed to support the educational success of clients on probation or supervision including, but not limited to, academic tutoring, support of organized school activities with related costs, job training including books and supplies, school uniforms, job coaching, etc.
- C. Fiduciary Agency (Advanced Behavioral Health Services <http://abhct.com/>) The agency which provides authorization, payment, management and reporting of CSSD wraparound fund usage.
- D. Important Information Regarding Wraparound Funding A resource guide for officers and supervisors regarding frequently asked questions and issues surrounding wraparound funding.
- E. Incentives A system of positive reinforcements used by the JPO to encourage positive behavior, changes, and compliance with court ordered conditions.
- F. Juvenile Probation Officer (JPO) A professional employee whose duties include preparing studies for the court and supervising juveniles under the court's jurisdiction.
- G. Override A decision made by a Regional Manager based on mitigating circumstances, to alter a recommended outcome.
- H. Recreational Services intended and designed to provide pro-social reinforcement and healthy community involvement including but not limited to, recreational/

 <p style="text-align: center;"><i>State of Connecticut</i> JUDICIAL BRANCH COURT SUPPORT SERVICES DIVISION POLICY AND PROCEDURES</p>	POLICY NO. 7.34	EFFECTIVE DATE: April 25, 2013	PAGE 2 of 8
	SUPERSEDES: FLEXIBLE FUNDING November 1, 2008		
APPROVED BY: William H. Carbone, Executive Director	TITLE: JUVENILE SERVICES WRAPAROUND FUNDING		

social support staff services, sporting activities, art, dance, and music lessons, and child and youth association memberships, etc.

- I. Statement of Responsibility (SOR) A written document upon which the child has acknowledged responsibility for a delinquent act.
- J. Support Staff Services Services designed to address the individualized needs of a child in the community who may be exhibiting mild to moderately challenging behaviors in the home, in school, or in the community. This service provides a range of life supports focused on making positive decisions and behavioral choices; assisting with attaining social and emotional gains; connecting with positive peer and other community supports and reinforcing success in school. Support Services will be provided by entities contracted with the Governor's Prevention Partnership. Any exceptions for services provided by a non-contracted provider will require Regional Manager Approval.
- K. Therapeutic Services Services outside the contracted CSSD network including but not limited to, individual and group counseling, family therapy, substance abuse treatment, parent education, therapeutic support staff services, and other rehabilitative interventions for children exhibiting behavioral and/or mental health needs.
- L. Therapeutic Support Staff Services Services designed to address the individualized needs of children with complex behavioral health needs identified by a current diagnosable behavioral health condition that results in moderate to acute functional impairment which substantially interferes with, or limits the child's role or functioning in family, school, or community activities. This service is intended for children whose level of functioning puts them at risk of entering a residential level of care. This service is provided for up to 8 hours per week and includes a combination of structured and enrichment activities consistent with identified treatment plan objectives. This service is intended as a component of a comprehensive treatment plan. As such, the individual providing the service is expected to collaborate with other service providers toward the implementation of the child's individual treatment plan.



State of Connecticut

JUDICIAL BRANCH

COURT SUPPORT SERVICES DIVISION

POLICY AND PROCEDURES

POLICY NO.

7.34

EFFECTIVE DATE:

April 25, 2013

PAGE 3 of 8

SUPERSEDES:

FLEXIBLE FUNDING

November 1, 2008

APPROVED BY:


William H. Carbone, Executive Director

TITLE:

**JUVENILE SERVICES
WRAPAROUND FUNDING**

3. **Allocation of Wraparound Funds** The allocation of funds will initially be determined proportionally by the number of clients served by each Juvenile Probation office. The usage of funds will be reviewed by the Regional Managers on a monthly basis and redistributed if necessary, based on the appropriate use of funds and identified future needs.

4. **Operational Procedures**
 - A. **Qualifying Clients**
 - (1) Children will qualify for wraparound funding if they are:
 - a. On probation.
 - b. On FWSN supervision.
 - c. Under pre-dispositional court-ordered supervision if there is an SOR or adjudication, or a client who has been assessed and identified to receive CSSD contracted services in accordance with CSSD Policy and Procedure 7.7, Detention Case Processing.
 - d. On non-judicial delinquency supervision.
 - e. On a non-judicial FWSN service agreement.
 - (2) The JPO will determine the needs of the client in his/her decision to request wraparound funding.
 - (3) Wraparound funding may be requested when either of the following has occurred:
 - a. The family lacks resources to provide the services themselves, or through third party payments. The JPO must thoroughly inquire into the family's ability to pay for the services before seeking wraparound funding use.

 <p style="text-align: center;"><i>State of Connecticut</i> JUDICIAL BRANCH COURT SUPPORT SERVICES DIVISION POLICY AND PROCEDURES</p>	POLICY NO. 7.34	EFFECTIVE DATE: April 25, 2013	PAGE 4 of 8
	SUPERSEDES: FLEXIBLE FUNDING November 1, 2008		
APPROVED BY: William H. Carbone, Executive Director	TITLE: JUVENILE SERVICES WRAPAROUND FUNDING		

- b. When the client has achieved one or more of their goals identified in the case plan and/or successfully completed treatment, the JPO may use wraparound funds to implement a graduated incentive in accordance with CSSD Policy and Procedure, 7.20 Graduated Responses to motivate clients towards continued behavior change.

B. Application Process

- (1) JPO's seeking wraparound funding will complete and submit for supervisory approval the Wraparound Funding Request Form (**CSSD Attachment A**).
- (2) Supervisors will ensure that requests for therapeutic support staff or support staff services will be from individuals or agencies that have received ABH credentialing.
 - a. Prior to authorization of requests for Therapeutic Support Services, **all** of the following criteria must be met:
 - i. Documented current DSM IV-R diagnosis.
 - ii. JAG score of High or Very High.
 - iii. Must be a child from a single parent family.
 - iv. Child must be on a period of nine (9) months' probation or longer prior to the start of services.
 - v. Identification and documentation by JPO or other professional of functional impairment in school, home, or community as a result of the mental health condition (this will not be for children with a sole Axis I diagnosis of Conduct Disorder).
 - vi. Efforts have been made to link the child with pro-social recreational, athletic, artistic, etc. resources and are documented in Case Notes.



State of Connecticut

JUDICIAL BRANCH
COURT SUPPORT SERVICES DIVISION
POLICY AND PROCEDURES

POLICY NO.
7.34

EFFECTIVE DATE:
April 25, 2013

PAGE 5 of 8

SUPERSEDES: **FLEXIBLE FUNDING**
November 1, 2008

APPROVED BY:

William H. Carbone, Executive Director

TITLE:

**JUVENILE SERVICES
WRAPAROUND FUNDING**

- vii. The Wraparound Funding – Support Staff / Therapeutic Support Staff Eligibility Checklist (**CSSD Attachment B**) has been completed and sent to the Regional Manager.
 - viii. Any request not meeting all criteria mentioned above will require Regional Manager approval.
- b. Prior to authorization of requests for Support Staff Services **any one** of the following criteria must be met:
- i. JAG Score of Medium, High or Very High.
 - ii. Child must be placed on some form of Court supervision prior to the start of services.
 - iii. The JPO believes that a relationship with a mentor will reduce the likelihood of the child reoffending.
 - iv. Efforts have been made to link the child with pro-social recreational, athletic, artistic, etc. resources and are documented in Case Notes.
- (3) If a therapeutic support staff or support staff has been assigned by a community provider not contracted by the Governor’s Partnership via the CSSD mentoring contact, the JPO must check the ABH Website <http://abhct.com/>, to assure that the individual is properly credentialed by the agency employing him/her.
- (4) The JPO will ensure that the requested amount falls within the authorized CSSD Guidelines for Juvenile Services Wraparound Funding Service Codes (**CSSD Attachment C**).
- (5) All applications for wraparound funds exceeding \$1,000, not including Support Staff or Therapeutic Support Staff meeting all of the above criteria must be authorized by the Regional Manager.
- (6) Services that are anticipated to be received weekly and recurrent over time may be purchased but vendors seeking an up-front payment for a



State of Connecticut

JUDICIAL BRANCH

COURT SUPPORT SERVICES DIVISION

POLICY AND PROCEDURES

POLICY NO.

7.34

EFFECTIVE DATE:

April 25, 2013

PAGE 6 of 8

SUPERSEDES:

FLEXIBLE FUNDING

November 1, 2008

APPROVED BY:

William H. Carbone, Executive Director

TITLE:


**JUVENILE SERVICES
WRAPAROUND FUNDING**

membership or other pre-paid use will only be allowed a ONE MONTH up front pre-payment. Following the first up-front payment, all subsequent payments will be made monthly after services have been rendered. Any exceptions to this payment schedule must be approved by the Regional Manager.


- (7) Once approved by the supervisor, the JPO will submit electronically or mail to the address listed on the Wraparound Funding Request Form (**CSSD Attachment A**) to the fiduciary agency.

C. Ongoing Duties

- (1) The JPO will assure that the vendor(s) directly invoice their agency, for payment of services once authorized. The JPO will send a copy of the invoice to the fiduciary agency then payment will be made directly to the vendor(s).
- (2) Whenever a JPO is submitting a Wraparound Funding Request Form for goods for a client, the goods requested must be related to pro-social services or activities provided either by CSSD through wraparound funds or other resources within the clients' community. All requests for the purchase of goods will require Supervisory approval. Goods to be requested may include but are not be limited to:
 - a. Uniforms and sports equipment for participation in recreational activities;
 - b. Transportation to/from therapeutic services or camp attendance;
 - c. Equipment needed to participate in dance, art, music lessons, etc.;
- (3) When making requests as indicated above in 4.C.(2):
 - a. The JPO will be responsible to "shop" the item(s) to be purchased, either on-line or with the child/family to obtain the correct price. The CSSD tax free number will be utilized.

 <p style="text-align: center;"><i>State of Connecticut</i> JUDICIAL BRANCH COURT SUPPORT SERVICES DIVISION POLICY AND PROCEDURES</p>	POLICY NO. 7.34	EFFECTIVE DATE: April 25, 2013	PAGE 7 of 8
	SUPERSEDES: FLEXIBLE FUNDING November 1, 2008		
APPROVED BY: William H. Carbone, Executive Director	TITLE: JUVENILE SERVICES WRAPAROUND FUNDING		

- b. Requests for the allocation of wraparound funds will be sent to the fiduciary agency:
 - i. A check will be sent to the office supervisor payable to the approved vendor.
 - ii. The office supervisor will make a photocopy of the check and place it in a central file organized by fiscal year. The central file will be maintained by the office supervisor or designee for the purposes of audit and for tracking all wraparound funding expenditures for goods within that office.
 - c. The JPO must accompany the child/family to make the purchase, obtain the signature of the child and parent/guardian on the receipt of the purchase, acknowledging receipt of the goods, and return the receipt of purchase to the office supervisor who will place it in the above mentioned centralized file, stapled to the copy of the check.
 - d. If goods are available on-line, and the on-line vendor's form allows for a check to be sent with mail-in orders utilizing the form, the form may be filled out with the name and address of the office supervisor.
 - i. The form will be sent to the fiduciary agency that will be responsible to mail it to the vendor with the check.
 - ii. The items will then be shipped directly to the supervisor.
 - iii. The invoice and/or receipt will be kept in a central file with signatures of the child and parent/guardian, acknowledging receipt of the goods.
 - e. Any purchase requests for goods outside these guidelines must be brought to the attention of the Regional Manager.
- (4) CSSD wraparound funds CANNOT be used for other material needs of a child or family (e.g., rent, furniture, assistance with heating or other utility bills, other living expenses, etc.) without prior approval from the Deputy Director of Juvenile Probation. The JPO will refer the family to

 <p style="text-align: center;"><i>State of Connecticut</i> JUDICIAL BRANCH COURT SUPPORT SERVICES DIVISION POLICY AND PROCEDURES</p>	POLICY NO. 7.34	EFFECTIVE DATE: April 25, 2013	PAGE 8 of 8
	SUPERSEDES: FLEXIBLE FUNDING November 1, 2008		
APPROVED BY: William H. Carbone, Executive Director	TITLE: JUVENILE SERVICES WRAPAROUND FUNDING		

community-based resources for identified needs, (e.g., Info Line, Salvation Army, Good Will, emergency fuel / food bank, social services, etc.).

- (5) Once services begin and the JPO is in receipt of an invoice, the JPO will ask the client and clients' family to determine whether they received the services as planned, and compare this information with the copies of invoices to ensure the appropriate expenditures. Any discrepancies will immediately be brought to the attention of the office supervisor.
- (6) The office supervisor will advise the appropriate Regional Manager of any discrepancies in invoices and/or receipt of services.
- (7) Officers/supervisors should refer to the Important Information Regarding Wraparound Funding (**CSSD Attachment D**) on a regular basis.

D. Regional Manager Responsibilities

- (1) Regional Managers will review the monthly reports generated by the fiduciary agency to assess and analyze the rate of use of the funds, the types and purposes of funds being expended, and track available balances in the fund.
- (2) Regional Managers will review requests for overrides of the dollar and type limitations of funds being requested. The fiduciary agency will be notified of authorized overrides with the request form bearing the Regional Managers' signature. Authorized overrides should be discussed with the Deputy Director of Juvenile Probation if they exceed 50% of the limitations found in the CSSD Guidelines for Juvenile Services Wraparound Funding Service Codes (**CSSD Attachment C**).
- (3) Regional Managers will immediately investigate and attempt to rectify any discrepancy between invoice and services delivered to the fiduciary agency as soon as it is made known.

4. **Exceptions** Any exception to this policy will require prior written approval from the Division's Executive Director.

CSSD WRAPAROUND FUNDING REQUEST FORM

****The supervisor may scan and submit this form electronically or sign in blue ink (only) and send by mail to the address below.** Do Not Fax.**

Name of Court Location _____

PLEASE PRINT ALL DATA

SECTION A – REQUEST INFORMATION

Request Date: Month/Day/Year ____/____/____		Amount Requested: \$	Funds Used <input type="checkbox"/> CSSD	
Requestor Name/Title: _____		Contact Number: Area Code: (____) _____		
Parent/Guardian Name: (Last Name, First Name) _____		Client Name: (Last Name, First Name) _____	Client Date of Birth: Month/Day/Year ____/____/____	
Phone# _____				
Service Dates (from/to):	Service Code	Service Description	# of Units	Unit cost

What Care Plan need does this expenditure address?

SECTION B – PAYMENT INFORMATION

<p>MAKE CHECK PAYABLE TO:</p> <p>Vendor or Individual Name: _____</p> <p>Street Address: _____</p> <p>City, State, Zip Code _____</p> <p>Phone Number: (____) _____</p> <p>Fax Number: (____) _____</p> <p>(check if applicable) <input type="checkbox"/> W-9 Form Attached <input type="checkbox"/> Client Name on Check</p>	<p>MAIL CHECK TO: <input type="checkbox"/> (check box if Same as Check Payable)</p> <p>Name: _____</p> <p>Business Agency: _____</p> <p>Address: _____</p> <p>City: _____ State _____ Zip Code: _____</p> <p>Phone Number: (____) _____</p>
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SECTION C – REQUEST APPROVAL

***Approval by Authorized Signatory (signature in blue ink only):**

Name: _____ Date: _____

Signature: _____

SEND COMPLETED FORM TO:
ADVANCED BEHAVIORAL HEALTH, ATTN: FLEXIBLE FUNDS COORDINATOR, 213 Court St, 8th fl., Middletown, CT 06457 or scan and email to lsanders@abhct.com

**CSSD Guidelines for Juvenile Services Wraparound Funding
 Service Codes (04/01/13)**

SERVICE DESCRIPTION	CODE	PREFERRED PRACTICE
GENERAL - MEDICAL SERVICES		
Prescriptions	5041C	
Prescription Co-pays	5042C	
GENERAL – OTHER SERVICES		
Support Staff	5525C	Payment made monthly after services are rendered; must provide a copy of mentor activity log and/or invoice with request. Pay range-up to \$35 per hour (all costs are included-mileage, activities, etc.)
Daily Social/Recreational Activities	5527C	Payment preferred to be made monthly after services rendered; may pay full cost up front* * Requires RM approval
Job Coach	5561C	Maximum pay range-up to \$20 per hour; maximum hours: 20 hours per week; maximum not to exceed \$1000
Transportation	5570C	Maximum of \$1000
Incentives	5581C	Need a max \$250-\$500?
Organized Activities (Community)	5587C	\$100 per child
Clothing	5589C	Need a max \$250-\$500?
Music Lessons	5611C	Maximum of \$1000 per child
Art Lessons	5612C	Maximum of \$1000 per child
Karate Lessons	5613C	Maximum of \$1000 per child
Dance Lessons	5614C	Maximum of \$1000 per child
Other Discretionary Spending	5620C	Maximum of \$250 per child * Requires RM approval
Work Experience Stipend	5701C	

BEHAVIORAL HEALTH SERVICES		
Therapy – Individual	5100C	First priority is to have health insurance pay for any billable therapy service. If family has no Health Insurance, assist them in applying for appropriate entitlements. Flex funds may be used as a last resort as payment for services rendered (sliding scale or standard Medicaid rates) or to assist with deductible co-payments. No more than 6 weeks may be covered. Maximum of \$500 per person. Maximum of \$1000 per family.
Therapy – Individual Substance Abuse	5101C	See above
Family Therapy	5110C	See above
Therapy – Group	5120C	See above
Therapy – Group Substance Abuse	5121C	See above
Therapy – Special	5130C	See above
Intensive Outpatient Services	5151C	See above
Clinical Co-pays	5190C	See above
Camp (Recreational)	5201C	Maximum of \$2000 per child
Behaviorist	5241C	Maximum of \$1000 per family
Therapeutic Support Staff	5524C	Maximum of up to \$40 per hour/max 20 hours per month. Limited to 3 months, but renewable with RM approval for 3 additional months. * Requires RM approval
Camp (Therapeutic)	5706C	Maximum of \$2000 per child * Requires RM approval
EDUCATION SERVICES		
Academic Tutoring	5590C	Guideline: \$10/ hour- high school student; \$15/ hour- college student; \$20/ hour BA level; \$25 plus-advanced level professional; maximum allotment \$100 per year per student
Educational Expenses - Other	5591C	Maximum \$250 per child
Organized Activities (School)	5599C	Guideline: \$1000 per child/per year
Job Training	5600C	Guideline: \$500 per child/per year
Clothing/Uniforms	5615C	Guideline: \$500 per child/per year
Educational Consultant	5616C	Maximum: \$500 per child

SERVICE CODE DEFINITIONS	CODE
GENERAL - MEDICAL SERVICES	
Prescriptions – Medication orders prescribed by a doctor/APRN not covered by insurance or not falling under medical plan.	5041C
Prescriptions Co-pays – medication orders prescribed by a doctor/APRN, which are partially covered through current medical plan.	5042C
GENERAL - OTHER SERVICES	
Support Staff – Intended to address the individualized needs of a child or youth with challenging behavioral presentations.	5525C
Daily Social/Recreational Activities – this code should include sporting activities and extra-curricular activities (for example, boy or girl scouts, little league, clubs).	5527C
Recreation – Other – to include supportive recreational activities for child and/or family. For example: movies, sporting events, plays.	5528C
Job Coach – a job coach is an employment specialist who works with individuals with social/emotional/behavioral issues. This includes providing intensive monitoring, training, assessment and support to facilitate the development of work skills.	5561C
Transportation	5570C
Incentives – something given to identified client that serves to motivate (gift cards, CDs, books, etc.)	5581C
Organized Activities (Community) - Ex rec trips/theater classes/bus trips to New York.	5587C
Clothing – Shoe and apparel items necessary to provide proper fit, warmth and allow for sustained cleanliness and appropriate hygiene for child and family.	5589C
Camp (Recreational) – Non-therapeutic summer camp programming for children over-night, full day or half day. Program does not meet criteria for therapeutic services.	5201C
Music Lessons – Lessons designed to teach a child/adolescent the wonders of music (by reading, writing or playing) either in a solo or group setting.	5611C
Art Lessons – Lessons designed to teach a child/adolescent the wonders of art (either hands on or art education) either in a solo or group setting.	5612C
Karate Lessons – Lessons designed to teach a child/adolescent the wonders of karate either in a solo or group setting.	5613C
Dance Lessons - Lessons designed to teach a child/adolescent the wonders of dance (either through observation or participation) either in a solo or group setting.	5614C
Other Discretionary Spending – Money allocated to out-side-the-box strength-based extracurricular activities that are chosen based on the client’s strengths and the goal set by the child specific team.	5620C
Work Experience Stipend – Weekly Stipend paid for special summer work experience program.	5701C

SERVICE CODE DEFINITIONS	CODE
BEHAVIORAL HEALTH SERVICES	
Therapy – Individual - Insight-oriented, behavior modifying and/or supportive, individual psychotherapy provided by a clinician in a licensed outpatient clinic, facility, or program – or by a licensed clinician in private practice. Generally 45-50 minute sessions, once or twice per week.	5100C
Therapy – Individual Substance Abuse - Individual Substance Abuse psychotherapy/counseling provided by a clinician in a licensed outpatient clinic, facility or program – or by a licensed clinician in private practice – that focuses on specific substance abuse problems. Generally 45-50 minute sessions, once or twice per week.	5101C
Family Therapy - provided by a clinician in a licensed outpatient clinic or program or by a licensed clinician in private practice. Generally 45-50 minute sessions, once or twice per week.	5110C
Therapy – Group - Group psychotherapy provided by a clinician in a licensed outpatient clinic or program or by a licensed clinician in private practice. Generally 1-2 hour sessions, once or twice per week.	5120C
Therapy – Group Substance Abuse - Group Substance Abuse psychotherapy/counseling provided by a clinician in a licensed outpatient clinic or program – or by a licensed clinician in private practice – that focuses on specific substance abuse problems. Generally 1-2 hour sessions, once or twice per week.	5121C
Therapy – Special – Intensive 1:1 therapeutic interventions provided to children in the home, school or office, in order to maintain them in their natural environment.	5130C
Intensive Outpatient Services – Intensive clinical services including psychiatrist/evaluation as well as individual, family and group counseling. Attendees usually participate 5 days a week for 3 hours each day.	5151C
Camp (Therapeutic) – Camp/summer programming that offers specialized services for special needs children unable to function in a recreational or social camp setting.	5706C
Behaviorist – Individual trained to identify negative behaviors and to work with identified individuals and families to replace inappropriate behaviors with appropriate ones. A behaviorist would work with concrete behavioral issues within a variety of systems, such as school, family and community.	5241C
Therapeutic Support Staff – Intended to address the individualized needs of a child or youth with complex behavioral health needs who is at risk of entering a residential level of care.	5524C
Clinical Co-pays – Co-payments made to providers for clinical services that are deemed necessary by the child specific team.	5190C
EDUCATION SERVICES	
Organized Activities (School) – any school related/sponsored activities, including field trips, before/after school activities, clubs, groups, programs, for example art, music and sports.	5599C
Academic Tutoring – out of school educational advancement, tutor should be paid on a sliding scale and submit credentials for example a high school student should be able to provide academic success but get paid less than a college student or a professional educator.	5590C
Educational Expenses – Other – SAT or standard tests fees, college or school admission/application fees.	5591C
Job Training – any approved job training program including books/supplies	5600C
Uniforms – necessary school clothing footwear or clothing needed for an activity or group.	5615C
Educational Consultant	5616C

IMPORTANT INFORMATION REGARDING WRAPAROUND FUNDING

- ✓ Checks are not to be given directly to the client. The Probation Officer is to accompany the client to the retail establishment to make the purchases.
- ✓ For the following services (Assessment, Behavior Management, Supervised Visitation, Temporary Care, Therapeutic Support Staff, and Support Staff): The service provider must be credentialed. Prior to initiating the service, the JPO should confirm that the individual providing the service is credentialed (e.g. – not just that the organization is approved, but rather that the specific individual that will be providing TSS or SS, etc. is approved for that service). The organization should indicate the name of the person who will be providing the service and the JPO should verify through ABH’s website, (<http://abhct.com/> , DCF Credentialing Resources/Roster Search) that person is approved. Searches can be conducted by name, by service, by area office and by organization. Although the organizations should know who is and is not credentialed, it is advisable for the staff setting up the service to check the ABH website to make sure that the individual for whom the organization intends to set the child up with has been approved. For After-School Services, the organization needs to be credentialed – please search on the ABH website for the organization and verify that it is approved to provide the After-School service.
- ✓ Once services begin and the JPO is in receipt of an invoice, the JPO should verify with the client/clients’ family to determine whether services were received as outlined, and should compare this information with the submitted invoices to ensure the appropriate expenditures. Invoices should clearly indicate the client name, provider of service, date(s) of service, hours provided, and rate.
- ✓ Additional paperwork needs to accompany the majority of requests for Wraparound Funding. Examples include registrations for camps or other activities, W-9’s. Incomplete requests are put on hold as ABH has to contact the JPO to request this information.
- ✓ **Invoices should be sent to ABH in a timely manner. Once received and verified by the JPO, obtain the supervisor signature and email or send to ABH.**
- ✓ JPO’s can negotiate rates with Behavioral Health service providers (providers are accustomed to accepting sliding scale rates).
- ✓ **PRE-APPROVAL PROCEDURES** (used for Therapeutic Support Staff and Support Staff services)

*** Pre-approvals are committed dollars, not yet paid, to vendors for services that are invoiced monthly after services are rendered. Please advise Lisa if it has been determined that a child will no longer be utilizing pre-approved services so that the funds can be released. Services that are anticipated to be received weekly and recurrent over time may be purchased with one Wraparound Funding Request Form. After receipt of invoice, payments will be made monthly after services have been rendered.

The following procedural steps outline the pre-approval process:

✓ **COMPLETE THE REQUEST FOR WRAPAROUND FUNDING FORM AS FOLLOWS:**

- DOS: Service dates typically are for 3 month increments of service (ex. 7/12 - 9/12);
- # of Units: number of units per week or month x 3; see example below;
- Rate: Support Staff - \$35.00/hour, Therapeutic Support Staff - \$40.00/hour.

✓ **DURATION OF SERVICE**

- Support Staff services are typically provided to each child/youth for an average of up to 5 hours per week for up to 6 months.
 - Therapeutic Support Staff services are typically provided to each child/youth for an average of up to 8 hours per week for up to 6 months.
 - Amount requested (ex. for TSS: 32 (8 hours per week x \$40.00/hour x 4 weeks) = \$1,280.00 (ex. for SS: 20 (5 hours per week x \$35.00/hour x 4 weeks) = \$700;
- ✓ JPO/Supervisor is to verify that the service provider (the individual) is approved through ABH's website of credentialed providers.
- ✓ A copy of the Wraparound form is faxed from the JPO to ABH and to the Provider.
- ✓ JPO is to instruct the Provider that the invoice is to be sent MONTHLY by the provider to the JPO/Supervisor.
- ✓ Upon receipt, invoice is to be verified by JPO/Supervisor to make sure services have been rendered as indicated on the invoice.
- ✓ Invoice is signed and dated by the JPO/Supervisor.
- ✓ Invoice is faxed/scanned and emailed/sent to ABH for payment.
- ✓ A copy of each invoice that the JPO/Supervisor receives should be attached to the original request and the amount listed on the invoice should be deducted from the Amount Requested. This will track the invoices as well as the requested amount to be sure figures are aligned.
- ✓ ABH tracks the pre-approval amounts per Court Location/JPO and can provide those figures as requested.
- ✓ **CARE PLAN NEED:** For auditing purposes and quality control, the information written in this area should apply to the **current** request for funds: Ex. If the Care Plan states "Help child make friends of his own age using child's strengths" then the expenditure should be related to an activity and not for a vendor for the purchase of clothing.
- ✓ For HIPAA/PHI purposes, email communication should only include the first name and last initial of the client's name. If there is further information that needs to be discussed, ABH is available by phone or by fax. Unfortunately, email is not a secure form of communication regarding client identifiable information.