Incidental Expenses

I. Description

Incidental Expenses offer time-limited financial assistance to enable individuals to live independently in the community with treatment and support services.

II. Eligibility

Individuals eligible for incidental expenses must be currently receiving a Department-funded SAMH service, pursuant to Chapters 394 and 397, F.S., with the exception for Florida Assertive Community Treatment (FACT) clients. Please refer to Incorporated Document 20 - Florida Assertive Community Treatment (FACT) concerning the use of FACT Enhancements.

III. Network Service Provider Responsibilities

An incidental request refers to any electronic or paper record documenting a Network Service Provider's agreement to pay incidental expenses requires shared decision-making in planning and service determinations, emphasizing self-management. Care Coordinators provide options and choices such that the care plan reflects the individual's values and preferences.

Network Service Providers shall:

1. Provide Care Coordination services to coordinate services with other providers and organizations to ensure the needs of the participant are addressed at any given time, as referenced in **Incorporated Document 31 – Care Coordination**, deliver services, including care coordination activities, that promote communication, collaboration, and continuity across providers and organizations to ensure the participant's needs are met at any given time.
2. Provide Housing services to assist persons with substance abuse and mental illness in the selection of recovery residences, permanent supportive housing and permanent housing of their choice and provide the necessary services and supports to assure their continued successful living in the community and transitioning into the community, as referenced in **Incorporated Document 45 – Supported Housing**,
3. Monitor each participant's progress and work with providers to adjust services or providers as needed,
4. Ensure incidental funds are used only for services and supports that cannot be paid for by another funding source, specifically:
    a. Network Service Providers and participants are responsible for locating other non-SAMH payor sources for services or supports prior to using incidental funds.
    b. In collaboration with the participant, Network Service Providers must certify no other payer source is available and due diligence was exercised in searching for alternative funding prior to the use of incidental funds. Network Service Providers must submit a signed certification for each use of incidental funds with the monthly invoice.
5. Establish accurate record keeping that reflects specific services offered to and provided for each participant, and
6. Approve incidental invoices and expenditures for services provided by non-Network Service Providers.

7. Each incidental purchase must remove a barrier to treatment and tie to the goals on the consumer's treatment/service plan. Documentation of this information must be kept in the consumer's clinical record. Approve incidental invoices and expenditures for services provided by non-Network Service Providers.
8. Due to the limited nature of the funding, the clinical record should include documentation clearly showing participants are moving towards self-sufficiency in a timely manner (employment, benefits, social supports, treatment goals etc.) and the provider has screened consumers to determine if the use of the SOAR model to assist is obtaining SSI or SSDI is appropriate.
9. Once other fund sources are identified and obtained such as subsequent access to disability benefits, insurance, employment, or community or federal housing vouchers, it is expected that use of incidental funds will be terminated. The Network Services Provider shall assist with timely and efficient transitions to other funding sources. Incidentals may be extended with approval of the Managing Entity.

Allowable Expenses:

1. Incidentals may be authorized only to the extent that they are reasonable, allowable and necessary as determined through the assessment process; are clearly identified in the care plan; and only when no other funds are available to meet the expense.
2. The person served is the primary decision maker as to the services and supports to be purchased and from what vendor those services are procured. However, providers should compile and have a resource list available with options.
3. Allowable expenses include the following Covered Services as defined by ch. 65E-14.021, F.A.C.:
    a. Incidental Expenses;
    b. Other allowable covered services as listed on the DCF FASAMS Pamphlet 155-2, with approval from LSFHS
4. Allowable Incidental Expenses include time limited transportation, childcare, time limited housing assistance, clothing, educational services, vocational services, medical care, time limited housing subsidies, pharmaceuticals and other incidentals as approved by the Managing Entity in compliance with Rule F.A.C. 65E-14.021(4)(k)4.b.(V).
5. Network Service Providers and non-Network Service Providers must adhere to:
    a. State purchasing guidelines for allowable expenses as promulgated by the Department and the Department of Financial Services
    b. The requirements of Chapter 65E-14, F.A.C., and
    c. Managing Entity protocols regarding allowable purchases.
6. Housing options regardless of type must be licensed (by appropriate body) in order to be utilized.
    a. Evidence of licensure/certification must be maintained at the provider agency for auditing purposes.

IV. Required Reports

Network Service Providers are responsible for submitting the following reports to the managing entity in a timely and accurate manner**:**

1. **Template N – Incidental Request Approval Form:** A request form is required to be submitted to LSFHS Data System for Incidental Expenses over $1,000.
2. Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Department of Children and Families.