 VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES CHILD DEVELOPMENT DIVISION	<h1>GM: 18.3</h1>
Children's Integrated Services Guidance Manual	Chapter 18: Fiscal Management
Updated as of: June 2016	

Billing ECFMH Services Outside the Bundle

CIS services are intended to promote the health and development of Vermont's pregnant and postpartum women, children birth through six and their families.


ECFMH services provided through CIS should have a focus on children's healthy social and emotional development through health promotion, prevention and early intervention strategies.

The State CIS Team believes that the most effective strategies develop parents', caregiver's and professional's skills in order to promote and support children's healthy social, emotional, and behavioral development.

You will note that the CIS contract indicates that CIS service delivery should occur in the natural environments of families/children, and that the formulation of a service plan (One Plan) should be based on the aggregation of information gathered through evaluation/assessment and interpreted by qualified professionals. If a qualified clinical professional and the CIS team serving a child/family, and with the agreement of the child's parent/guardian, advises that intensive mental health services are needed, the child/family should have access to those services.

Documentation: Funding those services should be 'invisible' to the family and should be well-coordinated with the client's other services. The CIS One Plan governs the planning of all CIS services. If intensive DMH-funded mental health services are warranted for a CIS-served child/family, the State CIS team supports that service being documented within the One Plan as this facilitates coordinated service delivery. Clear documentation must be kept within the client file describing this clinical opinion and the resulting decision.

Funding: A region operating with the Single Fiscal Agent model and utilizing bundled CIS funding can bill with the CIS bundle (provided the client is receiving another CIS-funded service: EI, Nursing, Family Support, specialized child care), while also billing fee-for-service mental health funding for an intensive clinical mental health treatment service that falls outside of the CIS purview. Mental health services cannot be provided both within and outside of the CIS funding. If DMH-administered funding is utilized, all ECFMH services provided to a client should be provided under that funding.

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The decision regarding the appropriate mental health service(s) a client needs should be based on qualified clinical opinion. The CIS State team has given guidance, which will be revisited, that CIS-funded ECFMH services should not exceed 20 hours per client per month. However, if clinical opinion is that a client requires intensive mental health services, especially those provided in a clinical setting, even if <20 hours per month, these services fall within the purview of DMH and may be billed as such.

Regions using bundled funding are not encouraged to bill CIS services and fee-for-service mental health services simultaneously. But there are times when it is clinically advisable to do so in order to appropriately serve a client. These decisions should be based on qualified clinical opinion and careful consideration of whether the service is appropriate within CIS-funded services. CIS-funded ECFMH services must be delivered in accordance with the CIS contract.

Future: The CIS data system is being built to support both CIS bundled funding and CIS fee-for-service funding models. Billing parameters are being set within the data system in keeping with the CIS mission of health promotion, prevention, and early intervention. Within the CIS data system there will be the ability to seek authorization to bill services outside of the CIS funding for Medicaid-eligible CIS clients when clinically appropriate as described above. Until then, CIS is advising that:

1. Qualified clinical opinion should inform service planning with families.
2. There may be times a client may need intensive mental health interventions that exceed the CIS mission.
3. These may be documented using the CIS One Plan to support coordination of service deliver.
4. These should be funded using DMH-administered funding.
5. The maximum mental health service that can be provided to a client using CIS funding cannot exceed 20 hours per month.

Intensive clinical treatment services falling outside of the CIS mission should be billed to DMH-administered funding even if they do not exceed 20 hours per month.