

Incidental Procedures

GUIDING PRINCIPLE: All incidentals should be entered into the Central Florida Health Data System (CFHDS) and approved prior to ANY purchase being made (unless otherwise stated in an agency's MOU/MOA). Should there be extenuating circumstances, a request can be made and reviewed by the Exceptions Committee.

Incidental Service Request

Requests are made in the web-based Central Florida Health Data System (CFHDS) through an incidental and authorization request.

Incidental requests must include the following information:

- Family demographic information, including family support (other members of the household)
- Reason for request
- Goal for request (prevention) and sustainability plan
- Qualifying Event/Timeline of Events
- Amount of request
 - Fiscal Supporting Documentation must be obtained from vendor as outlined below:

Rent – Move in

1. One of the following documents is required:
 - Copy of Move in or Approval Letter including Client Name, Address, move in date, costs broken out and identified and blank copy of lease (if obtainable). If lease is not obtained, confirm amount requested does not include any items on excluded list (Incidental page 3).
 - Copy of Full signed and dated Lease
2. Verbal Verification of accuracy of information in letter or lease documented in narrative (who they spoke to, when they spoke to them, what they confirmed).
3. If request doesn't match documentation, discrepancies must be explained in the narrative
4. W-9 not required for approval from CFBHN; if not already on file with JWB, W-9 is required by JWB for check issuance

Rent – Current Placement

The Following is required:

1. Copy of Full Lease, signed and dated by vendor and tenant. If lease is expired with no renewal clause, vendor must provide written statement on continued rental status
2. Written documentation from vendor itemizing amounts owed
3. Verbal Verification of accuracy of information in letter or lease documented in narrative (who they spoke to, when they spoke to them, what they confirmed).

4. If request doesn't match documentation, describe discrepancy and correct information
5. A breakdown of amount due, past due amount, total due, and due date must be included in the narrative
6. W-9 not required for approval from CFBHN; if not already on file with JWB, W-9 is required by JWB for check issuance

Utilities – Move in

1. Documentation showing that client is moving into address and amount of deposit required. The attached documentation must include: account #, client name, client address, amount due, past due amount, total due, and due date
2. Verbal Verification with vendor documented in narrative confirming documentation is accurate (who they spoke to, when they spoke to them, what they confirmed)
3. For utility deposit, if no documentation from utility company, property address documentation is required (i.e. one of the following with the address- lease, mail, pay stub, etc.)
4. If the name on the account/bill is not a household member, the relationship to the client must be noted in the incidental request
5. If request doesn't match documentation, describe discrepancy and correct information

Utilities

1. Utility bill with the following details: account #, client name, client address, amount due, past due amount, total due, and due date
2. Verbal Verification with vendor documented in narrative confirming documentation is accurate (who they spoke to, when they spoke to them, what they confirmed) and confirm there are no other guarantees or commitments on the account.
3. If the name on the account/bill is not a household member, the relationship to the client must be noted in the incidental request
4. If request doesn't match documentation, describe discrepancy and correct information.

- Vendor details
- Payment method

After an incidental and authorization request has been made, the request then goes through Utilization Management (UM) through Central Florida Behavioral Network, Inc. (CFBHN). All agencies must follow the standard utilization management process unless otherwise stated in a Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA). In a standard UM process, all requests must be approved before FSI staff can make purchases.

Each agency has their own stated level of approval that is defined in their MOU. All requests over \$1000 and items on the Exceptions Committee (EC) list require EC review and approval or rejection. See page 7 for the Exceptions Committee list.

Services/goods that are **excluded** from the FSI program are as follows, but not limited to:

- ALL HOTEL/MOTEL PLACEMENTS (REGARDLESS OF DOLLAR AMOUNT)
- EDUCATIONAL RELATED EXPENSES (ex. CNA testing fees and CNA course fees)
- LEGAL FEES
- SMOKING FEES/DEPOSIT
- PET FEES/DEPOSIT
- WASHER AND DRYER FEES/DEPOSIT
- CARPORT OR GARAGE FEES/DEPOSIT
- CO-PAYS
- GIFT CARDS
- MEDICAL/PRESCRIPTION MEDICATIONS
- INSURANCE
- ENTERTAINMENT EXPENSES (CD's, DVD's, NETFLIX, HULU, MOVIE THEATRE, ETC)
- ALCOHOL AND TOBACCO
- ADULT BEDS and LIVING ROOM FURNITURE
- TOWING
- MOVING EXPENSES (MOVING COMPANY'S/STORAGE UNITS/RENTAL VEHICLES)
- GAS CARDS
- MONEY ORDER
- TRANSACTIONS MADE THROUGH PURCHASING CARDS AT ANY FINANCIAL INSTITUTION IS STRICTLY PROHIBITED
- SCHOOL SUPPLIES
- DEBT, COLLECTIONS or WRITE OFF (JWB BOARD POLICY)

Utilization Management

Utilization management is the process of managing costs and use of services through the effective planning and decision-making to assure that services provided are appropriate and cost-effective. UM must review all supporting documentation to ensure that incidentals are within FSI and agency MOU's, as well as for data entry accuracy. Upon UM review, CFBHN staff can either approve or reject incidental requests.

The Central Florida Health Data System DATA ENTRY

Registration:

All new clients meeting eligibility must be registered in the Central Florida Health Data System (CFHDS).

See next page.

Demographics

Note that all searches are being logged...

SSN Generate First Name Middle Last Name Search

DOB Gender Pregnant? ☐ Funding Source

Address 1 Address 2 Address 3

City State Zip

County

Home Cell Work Other

☐ Involuntary Commitment Household Income

Race Ethnicity

Risk Factors

☐ History of Suicidal Ideation ☐ History of Family Violence

☐ CPS Intervention ☐ Medical Emergency

☐ Imminent Eviction ☐ Other Condition

☐ Is Child in CBC Placement

☐ Placement In Home ☐ Placement Out Of Home

Program Type

Program Registering For

Primary Language

Referral Source

Participant Type

Medicaid Type

Other Insurance Type

Parent / Guardian Name In the House? ☐

Submit Form

Save Draft Form

Cancel Current Form

For clients re-entering the same FSI agency and last contact/service was more than 6 months, a New Registration should be created identifying the client as reoccurring.

Step 1 - Incidental Form

Complete the Incidental Request (RED = REQUIRED, the request will not save if these are blank).

Main Items Attached Documents ME Reject

Request Date A. 15

Referral Type * B.

Funding C. D. E.

Family: 0 Adults * 0 Children * 0.00 Income *

Description of Goods/Services requested * F.

Other Services Description

0.00 G.

Funding Request *

Vendor Information

Name *

Phone Number (000) 000-0000 x000

Contact Person

Address 1 *

Address 2

Method of Payment

City, State Zip *

County

K.

H.

I.

J.

Explored Alternatives *

Incidental Field Descriptions:

A. Request Date: This will auto-populate to the current date.

- B. Referral Type:** Enter the description that most closely matches your agency/program
- C. Adults:** Enter # of adults living in the home
- D. Children:** Enter the # of children under 18 living in the home
- E. Income:** Enter the MONTHLY income of the household. Include all income, including government assistance, SSI, etc. When earned income is reported, gross monthly pay should be included in the calculation.
- F. Description of Goods/Services Requested:** Enter the type of services or goods being requested. Select from the drop down menu referenced below. If there is not a match, select Other and enter the description of the request.

1. Each request should be entered under the appropriate category as a separate incidental.
2. If you are purchasing items from **two** categories and one category totals less than \$20, these items can be included in one incidental as long as the additional under \$20 items are stated in the Reason for Request field. The incidental should be identified by the category where most of the funds are being expended. Ex. The staff is requesting \$250 for children's beds and one case of diapers for \$18.99. These two items can be included in one request for furniture.

The screenshot shows a dropdown menu with the following items:

- Childcare Registration - RESTRICTED
- Clothing
- Emergency Shelter
- Employment/Vocational Assistance
- Food
- Furniture
- Hygiene/Cleaning Supplies
- Identification Cards (Birth Certificates, Fees)
- Identification Needs - Employment
- Identification Needs – Government assistance
- Infant Care & Safety
- Other Incidental (Please specify)
- Rent/Mortgage- RESTRICTED
- School Readiness Needs (Child immunizations, Child Birth Certificate)
- Transportation
- Rent/Mortgage – RESTRICTED
- Utility – Electric – RESTRICTED
- Utility – Water – RESTRICTED

- G. Funding request:** If the exact amount is known enter the amount of the request (Ex. \$236.87). If the exact amount is unknown, estimate the amount of purchase to the nearest dollar (Ex. \$200).
- H. Reason for Request:** Enter ages of each child in the household. Explanation of why the request is being entered. Explanation should include: qualifying event and steps towards sustainability goal including what actions the family has taken to resolve the need.
- I. Goal(s) for request:** Enter the goal that will be achieved by the request. Bullet points are sufficient as long as they are concise and informative. Enter client's sustainability plan.
- J. Explored alternatives:** Enter N/A
- K. Vendor Info:**

1. **Name:** Enter the name of the VENDOR that will be providing the service. Ex.
Goodwill Thrift store
2. **Phone #:** Enter the phone # of the vendor
3. **Contact Person:** Enter the contact person/department of the vendor
4. **Address:** Enter the address of the vendor. If it is an online purchase, please enter the vendor name followed by online purchase. Ex. Goodwill online
5. **Method of Payment:**
 - a) P-Card Purchases - If you are using a p-card for the purchase, the **last 4 digits of the p-card** should be entered into this field.
 - b) Check- Checks should only be requested when the vendor does not accept p-cards as payment. If you are requesting a check, put either “**Check-pick up**” or “**Check –mail**” in the field, indicating if the check will be mailed by JWB staff or picked up by agency staff. FSI checks will be printed on Monday, Wednesday and Friday’s once JWB has obtained all required fiscal documents. If a check is needed prior to the scheduled printing date, please send an email to the FSI Group email at JWB after the incidental has been entered and approved with the needed date and time.
 - c) Bus Passes- If you are utilizing a bus pass that is from JWB stock, please refer to the FSI Transportation manual section.
 - d) Family Placement Authorizations - If you are requesting Family Placement Authorization, the form # from the Family Placement Authorization form should be entered. The form # can be found in the upper right corner and should be entered with an H and the form numbers. For example, **H10001**. Family Placement Authorizations should be for 7 days or less and the forms cannot be copied. Each form should only be used once.
 - e) Taxi - When entering a taxi request, **Taxi** should be entered into the field. The amount should be based on the estimated mileage of the trip.
6. **City:** Enter the city of the vendor
7. **State:** Enter the state of the vendor

All providers except 211 Tampa Bay Cares, Gulf Coast JFCS and PEMHS are considered Level 2 or 3 requests

- **Level 1: \$1 - \$300** Please refer to your agency MOU/MOA
 - Create incidental within two business days of purchase
 - Maximum time from purchase date to incidental approval is seven business days
- **Level 2: \$301 - \$1000** Please refer to your agency MOU/MOA
 - Staff must receive approval by CFBHN prior to making purchases on behalf of a family.
- **Exceptions Committee (EC): \$1000 or more and any item on the below Exceptions Committee list**
 - Staff must receive approval by CFBHN and the FSI Exceptions Committee prior to making purchases on behalf of a family.
 - ❖ All documentation must be obtained for Level 2 & EC requests and uploaded into the Central Florida Health Data System unless otherwise stated by a contractual agreement. In addition, if a JWB program has already obtained necessary eligibility documents stated above for the family, they are exempt from uploading documents into the Central Florida

Health Data System but must document in the Central Florida Health Data System verification of the documents.

- ❖ **Requires Exceptions Committee (EC) review & approval prior to purchase. The CFBHN team will forward all EC requests (see list below) to EC for review. A rejection is a unanimous decision and is considered final. CFBHN will upload email documentation of approval or rejection from the EC. EC requests include:**
(Effective 3/1/17)

- Requests for services/goods over \$1000
- Placement assistance in a Family Residence:
 - All 211/CPI placement assistance in a Family Residence beyond 2 weeks
 - Other participating agencies placement assistance requests in a Family Residence beyond 4 weeks
- Transportation outside Pinellas County
- Relocation assistance for out of county or out of state requests (regardless of dollar amount or request category)
- Vehicle repairs
 - Minor vehicle repairs less than \$300 to make the vehicle operable for identified transportation needs.
 - Owner must provide documentation of valid driver's license and car insurance.
 - This type of request can only be made once.
- Other as identified by CFBHN (regardless of dollar amount)

Step 2 – Authorization Request

Entering an Authorization Request

Add or Edit an Auth....

A [Dropdown] **B** [Dropdown]
Select the Funding source for the Auth Select the Program for the Auth

C [Dropdown]
Select desired service to be authorized

D 8/13/2012 **E** 2/13/2013 **F** [Text Box]
Start date End date Units

G [Dropdown]
Select Provider of the service (Autoselected)

Accept Cancel

- A. Funding Source:** Select Juvenile Welfare Board
- B. Program:** Select the appropriate program for your agency
- C. Desired Service:** Select the service that most closely matches the request. Ex. Clothing. If there is nothing that matches, select "Other Incidental"
- D. Start Date:** Enter the date you are entering the request unless it is a Placement request, then enter the first date of placement stay.
- E. End Date:** The system will default to 6 months. Goods or services are concluded within one week of the start date. If the date is not edited when request is entered, the end date will be changed to one week from the start date.

F. Units: Enter the amount in units for the request.

- *How to calculate Units*

- 1 unit = \$50.00
- Up to four digits can be entered after the decimal point (do not round up)
- Example:** a request in the amount of \$236.87 for clothing:
$$236.87 / 50 = 4.7374 \text{ units}$$

G. Provider: Your agency will auto-populate in the field.

Step 3- Attachments

If attachments (incidental specific supporting documents) are required to be uploaded into the Central Florida Health Data System, follow the steps indicated below.

The process of scanning the documents to your server is an internal process, determined by your own agency. If you need assistance with this, please consult with your Supervisor/IT Dept.

A. Select Attached Documents Tab within the Incidental

Member Name: CLIENT NAME Race: Multi-Racial DOB: 1/1/1990
SSN: 951753642 Phone: (727) 555-1212
Address: 555 Memory Lane Apt. 9A SAINT PETERSBURG, FL 33711

Main Items Attached Documents

Type	Description	Create Date	File Name	File Size
OFFICE	RECEIPT UPLOAD THE RECEIPT DIRECTLY INTO THE INCIDENTAL REQUEST	02/05/2014	SAMPLE DOC	9 K

Once complete, the upload will populate here.

RECEIPT
Select Type Of File
CEIPT DIRECTLY INTO THE INCIDENTAL REQUEST

Upload Done

SAMPLE DOCUMENT.docx	9.78 KB
Total	100% 9.78 KB

Enter a comment for the file

Cancel Browse

B. Click Add new Document

C. Select type of file

D. Click Browse

E. Select your document

F. Click Upload

G. Open and confirm the document has successfully uploaded and all elements are legible.

Step 4 – JWB Receipt of Services

Documentation must be obtained acknowledging the receipt of the goods or services for FSI funds used. One of the two options below must be used for Receipt of Services documentation.

Option 1: Signed Receipt and/or Signed Check for each of the following

- For P-card purchases, the client must date and sign all receipts for purchases made on behalf of the family.

- For “Check – pickups”, vendor should sign and date check stub after receipt of payment.
- For Bus Passes, agency staff will provide a copy of the bus pass for family to sign and date as acknowledgement.

All signed receipts and signed check stubs should be scanned into the appropriate incidental.

Option 2: Receipt of Services Form

For agencies who utilize the Receipt of Services form in lieu of a signed receipt:

- Review JWB Receipt of Services Form with client.
- Client and provider should sign the forms in the indicated fields.
- Client should be given a copy of the signed forms and provider retains the original. Please remember to fill in your provider agency name on form.
- Provider/requesting agency staff are responsible for uploading Receipt of Services Forms and receipts into the Central Florida Health Data System for each purchase, attached to the client record.

Please Note: If a client does not return a generic P-card or receipt, no generic cards will be provided unless receipts are obtained for previous purchases. If there is identified FSI fraud or misuse, JWB must be notified to determine if family is eligible for future FSI funds.

1/30/19