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**Children's Behavioral Health Services  
Flexible Funds for Outpatient & Medication Management Services Policy  
July 16, 2010**

*Who is eligible for these funds?*

Children who have "medical necessity" for outpatient or medication management services consistent with MaineCare Benefits Manual, Sections 65.06-3 and 65.06-6, *and* have applied for MaineCare and have been denied and/or have been denied by a private insurer. Documentation of MaineCare denial and/or private insurance denial will be required. Co-pays and deductibles are NOT covered.

*Do these funds pay for the family's share of the costs?*

No. According to 34-B M.R.S.A. §1208(8), implementing the Legislature's directive (PL 2003, c.673) families receiving State grant funded services through the Children's Services unit of DHHS are required to pay fees according to a sliding scale. These fees apply to outpatient and medication management (as well as some other services).

*Whose costs are covered?*

These funds may be used to cover the agency's costs. Since funding is "short term" and is contingent upon ongoing availability of state general funds, families and the team working with the child need to consider how this funding, if approved, will be sustained over time.

*Which agencies are eligible to apply for these funds?*

Agencies are eligible if they (a) have a mental health license for the appropriate service (outpatient or medication management), *and* (b) have a contract with Children's Behavioral Health Services to provide that service. A list of eligible providers of outpatient services and medication management services is available at <http://www.maine.gov/dhhs/ocfs/cbhs/provider-list/home.html>

*How much will agencies be paid?*

Qualified agencies can request:  
Regular applicable MaineCare rate in Chapter III, Section 65 of MaineCare Benefits Manual *minus* family's share per sliding scale *times* number of sessions requested.

If an application for MaineCare is pending at the time of the request for funds, payment will not be made until there is a final determination on the MaineCare application. Documentation of the final MaineCare determination is required.

*Is this an ongoing source of funds for outpatient or medication management for a particular child?*

The same rules that guide MaineCare services are used for outpatient and medication management that is accessed through flexible funds. An initial authorization is for no more than 18 sessions. At the end of 18 sessions, if continued services are requested, the child's guardian and provider may request service continuation by submitting a request for flexible funds prior to the start of any unauthorized visits. The request must contain justification and signature by the clinician. Submission of requests for reimbursement prior to obtaining approval of CBHS will be rejected.

*What documentation needs to be submitted to access these funds?*

- DHHS Children's Behavioral Health Services form, Request for Funds for Med Management/Outpatient
- MaineCare denial letter
- CBHS can request other documentation as needed