

## Children’s Residential Care Facility Services:

### Aftercare Support Services BILLING Frequently Asked Questions September 2022

1.	<p>Q. What are Aftercare Support Services?</p> <p>A. <a href="#">Section 97 of MaineCare rule</a> defines Aftercare Support Services as “..individualized family-focused, community-based, trauma-informed, culturally sensitive services that will be provided for at least six (6) months post discharge and meet all criteria as defined in Section 50741 of the federal <a href="#">Family First Prevention Services Act (H.R. 1892)</a>. Aftercare Support Services are interventions for members receiving Intellectual Disabilities/Developmental Disabilities (ID/DD) and Mental Health (MH) Children’s Residential Care Facility (CRCF) services under Appendix D.”</p>
2.	<p>Q. Are Aftercare Support Services billed under or a part of CRCF services?</p> <p>A. Aftercare Support Services are a component of CRCF services but are billed <u>separate</u> from CRCF daily rates they have a separate rate.</p>
3.	<p>Q. Is a prior authorization from Kepro required in order to bill for Aftercare Support Services?</p> <p>A. A prior authorization is not required. The CRCF provider would direct bill on the <a href="#">Health PAS online portal</a> using an institutional claim form.</p>
4.	<p>Q. What is the current unit for billing for Aftercare Support Services?</p> <p>A. The current unit for billing is by quarter hour.</p>
5.	<p>Q. Can an Aftercare Support Services billing unit be rounded off if less than a quarter hour unit of service is provided?</p> <p>A. Rounding of units is allowed for those instances when services provided include less than a whole unit of a service. Please see MaineCare <a href="#">Benefits Manual Chapter I, Section 1</a>, for instructions on billing when less than a full unit of service is delivered. As a reminder, consistently scheduling partial units of service would be considered abuse of the rounding rule above. NOTE: providers may conduct activities throughout the day to add up to a full billable unit.</p>
6.	<p>Q. Are there any limits to how many units a CRCF can bill for Aftercare Support Services?</p> <p>A. No. There has been no limit set on the number of units that can be billed for Aftercare Support Services.</p>
7.	<p>Q. What activities can and cannot be billed under Aftercare Support Services?</p> <p>A. <u>Billable activities</u> under Aftercare Support Services include direct contact with the youth and their families, conducting collateral contacts (including supporting access to necessary services and promoting continuity of care), and time spent compiling information and completing the summary reports. Consultation with child welfare, juvenile justice representative(s), guardian(s), case managers, primary care physician, and/or treatment providers is also billable. <u>Non-billable activities</u> include documentation of progress notes, submitting the Aftercare summary report, or submitting billing for reimbursement, as those are generally considered administrative tasks that are built in as a component of the rate.</p>
8.	<p>Q. Can the Family Transition Specialist (FTS) bill for Aftercare Support Services while the youth is still in the CRCF as part of planning and preparing for discharge and Aftercare Support Services?</p> <p>A. The CRCF Family Transition Specialist (FTS) is assigned to a youth’s case thirty (30) days prior to the youth exiting the services of the provider. At this time, the CRCF can begin billing for Aftercare Support Services.</p>
9.	<p>Q. Can a Family Transition Specialist (FTS) bill for the time spent trying to reach out to start services or does the billing not begin until the youth/parent to agree and the aftercare starts?</p> <p>A. CRCF providers can bill for Aftercare activities that are substantive and focused on ensuring the youth can thrive and build on treatment gains made in the CRCF, in the least restrictive setting. For example, a phone call to a family that only consists of offering Aftercare Support Services or scheduling appointments are not billable on their own. The outreach to offer Aftercare Support Services would be billable if it also includes a review of treatment goals, inquiring about the youth and family progress and/or other activities that support the youth and family to thrive.</p>



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10.	<p><b>Q.</b> Can a FTS bill for mileage and for their travel time?</p> <p><b>A.</b> Mileage may be reimbursed per mile for the FTS traveling from the facility to the location of the Aftercare service and back, as applicable. Mileage reimbursement has an assumption of travel time built into the rate; therefore travel time is not able to be billed separately.</p>
11.	<p><b>Q.</b> How can programs ensure they have enough billable activity to engage and retain a full time Family Transition Specialist?</p> <p><b>A.</b> FTS’ are not required to be employed full time, however, programs may work with other CRCF providers to meet the youth’s Aftercare needs, assess caseloads and consider other roles the FTS may have if there are concerns that the FTS does not have enough billable hours to be a full-time position. As noted in policy, the contact requirements are the <u>minimum</u> amount of contacts in order to be in compliance with the rule. Providers should determine what amount of contacts and support are clinically appropriate to meet the member’s needs on a case-by-case basis.</p>
12.	<p><b>Q.</b> Are there any additional documentation requirements associated with Aftercare Support Services billing?</p> <p><b>A.</b> An Aftercare Support Services Summary Report is a requirement of Aftercare Support Services and should be completed at 30, 90, and 180 days as well as at the time of discharge. More information can be found in the <a href="#">CRCF Provider Guide</a>.</p>
13.	<p><b>Q.</b> Can Targeted Case Management (TCM) or Behavioral Health Home (BHH) services for a youth/family be billing for their services at the same time as Aftercare Support Services?</p> <p><b>A.</b> Yes. While these services can concurrently be in place for a family at the same time, it is important to note that duplication of a service cannot occur. Coordination and collaboration with these providers with Aftercare Support Services is critical to the success of each of these services and will help to ensure that there is not a duplication of service delivery. For example, the Aftercare Support Services provider should collaborate with the TCM/BHH provider on the needs of the youth/parents/caregivers. If BHH/TCM provider is involved, they would be the lead on submitting referrals, scheduling appointments, etc.</p>
14.	<p><b>Q.</b> What if I have additional questions about Aftercare Support Services billing?</p> <p><b>A.</b> More information about billing can be found in <a href="#">Section 97 of MaineCare rule</a>. All billing questions should be directed to the Office of MaineCare services provider relations <a href="mailto:Bruce.Cosgrove@maine.gov">Bruce.Cosgrove@maine.gov</a>.</p>
15.	<p><b>Q.</b> Where do I learn more about the requirements of Children’s Residential Care Facility Services?</p> <p><b>A.</b> A <a href="#">Children’s Residential Care Facility Services Provider Guide</a> has been created to outline the procedures for admission and treatment which can be found on the OCFS website located <a href="#">here</a>. More information about the Qualified Residential Treatment Program standards under Family First can be found on the OCFS website <a href="#">here</a>. MaineCare covered services, provider requirements, and billing instructions under MBM Section 97, Private Non-Medical Institution Services may be found <a href="#">here</a>.</p>

September 12, 2022

