

P-2340 - P-2359 Reach Up Procedures (WAM 2340 - 2359)

(Continued)

P-2347 Support Services (Other than Child Care and Transitional Child Care Assistance) (WAM 2347)

(Continued)

D. Steps to Authorize and Pay for Support Services

1. Assess the need for support services on an individual case basis and include necessary support service items in the initial FDP or case action log. Support service needs identified during an individual's progress through the FDP may be included as they arise. Exceptions may be made to allow for the provision of support services not specified in the FDP in situations where the case manager determines that extenuating circumstances exist.

Example #1: The case manager and participant have identified transportation as a support-service need; specifically mileage reimbursement and vehicle insurance. No other transportation needs are anticipated because the participant's car is inspected, runs well and has just had four new tires put on. The participant needs this car to commute to and from a work activity during the day and CCV classes in the evening.

En route to the work activity, the participant runs over a sharp object and a tire blows out. The participant has to have the car towed to a garage where the tire is replaced. The participant pays for the service and then requests reimbursement for this from the case manager.

The case manager may reimburse the participant for both the towing and the cost of repair or replacement of the tire if funds are available and the cost is within the support service matrix limit for car repairs.

Example #2: The participant tells the case manager that she is comfortable with her wardrobe and that clothing and personal appearance items do not need to be included on the FDP. Later, while shopping for her child's school clothes, the participant purchases several clothing items for herself as well, then requests reimbursement for these items from the case manager.

The case manager denies the request for reimbursement and notifies the participant in

writing based on these facts: clothing was not initially identified as a need for the participant and was not included on the FDP; the participant did not contact the case manager in advance to request and receive authorization for reimbursement for the purchase of clothing; and the clothing is not crucial to the participant's continued ability to make satisfactory progress on her FDP.

The circumstances of both of the preceding examples must be documented in the appropriate case record.

3/1/97

Bulletin No. 97-22

P-2347 D2

P-2340 - P-2359 Reach Up Procedures (WAM 2340 - 2359)
(Continued)

P-2347 Support Services (Other than Child Care and
Transitional Child Care Assistance) (WAM 2347)
(Continued)

D. Steps to Authorize and Pay for Support Services (Continued)

2. Determine if there is any non-Reach Up source available to cover payment.
3. Review the Reach Up budget allocation to determine the availability of funds prior to authorizing any support service payment.
4. Collect the necessary documentation from the participant. Examples of documentation include written statements or estimates of actual cost, invoices and receipts.

Advance payments may be authorized if documentation is submitted beforehand and the payment is issued directly to a vendor. Advances on child care and mileage reimbursements are not allowed without supervisory approval documented in the case notes.

5. Provide the tax exempt number for the State to all vendors when authorizing payment. The tax exempt number is found on the RU 630A (Billing Instructions for Participant Payments) form. This form is not required but may be used to authorize payment for any support service item purchased from a vendor who is not under contract with the State of Vermont.

a. To Pay a Vendor Under Contract with the State of Vermont

- (1) Complete the RU 630A for any support service item authorized for purchase from a vendor under contract with the State of Vermont (e.g., Goodyear or Goss Tire companies). The RU 630A must include the contract number in the description of purchase/service. Contracts are renegotiated annually. Updated contract numbers will be forwarded to workers via ACCESS mail as they are renewed.
- (2) Provide the vendor with the original and the yellow copy of the RU 630A and keep the pink copy for the case record.
- (3) Issue payment for the agreed upon amount once the vendor submits the bill.

b. To Reimburse an Individual

- (1) Verify that the reimbursement request is for a necessary support service for which prior approval has been obtained and which has been identified on the FDP or in the case action log for a recipient who is not a Reach Up participant.
- (2) Verify that the individual has submitted required documentation of the expense and time period covered.

Vermont
Up Social Welfare
3/1/97

PROCEDURES

Reach

Bulletin No. 97-22

P-2347 D3

P-2340 - P-2359 Reach Up Procedures (WAM 2340 - 2359)
(Continued)

P-2347 Support Services (Other than Child Care and Transitional Child Care Assistance) (WAM 2347)
(Continued)

D. Steps to Authorize and Pay for Support Services (Continued)

Example: Mileage statement signed by participant showing dates of travel and daily round trip miles to a Reach Up activity.

Example: Itemized receipt from Boots-R-Us showing price of footwear items purchased for cash by the individual.

- (3) Issue payment to the individual in the amount of the support service expense (excluding sales tax) as reimbursement for authorized expenses.

c. To Authorize and Pay for Health Care

- (1) Assess the need for health care and document it in the FDP or case action log for a recipient who is not a Reach Up participant.
- (2) Advise the individual to make an appointment with a health care provider. If known, suggest local providers to the individual who are willing to accept payment for health care services based on the Medicaid fee schedule.

REMEMBER!!!: Health care providers who accept Medicaid fees for services are considered to be paid in full. They may not bill either Medicaid or Reach Up patients for any balance of their total charges not covered under the Medicaid fee

schedule.

- (3) Complete the top half of the RU 630HC (Reach Up Health Care Payment Authorization) and payment appropriate item(s) authorized; sign form and indicate DSW district office or grantee agency address at bottom.

Dental care

Case manager: Check "Initial dental visit and preparation of dental plan"; send original and two copies to provider; keep one copy for case record.

Provider: Examine individual; prepare American Dental Association (ADA) Claim Form" (treatment plan); submit it, unsigned, along with all radiographs and all copies of the RU 630HC to the Medicaid Dental Consultant, j the Division of Dental Health in Burlington.

P-2340 - P-2359 Reach Up Procedures (WAM 2340 - 2359)
(Continued)

P-2347 Support Services (Other than Child Care and
Transitional Child Care Assistance) (WAM 2347)
(Continued)

D. Steps to Authorize and Pay for Support Services (Continued)

Consultant: Review "ADA Claim Form";
complete authorization columns
according to approved Medicaid
fee schedule; return "ADA
Claim Form", radiographs, and
all copies of
RU 630HC to case manager at
the address indicated.

Case Manager: Review approved plan;
determine dollar amount of
support service to be
authorized, based upon matrix
limit and availability of
funds; check "Completion of
authorized dental work" and
enter dollar amount on RU
630HC; return original and two
copies, along with "ADA Claim
Form" and radiographs, to
provider.

Provider: Provide services to individual
and complete "ADA Claim Form
"; enter appropriate date in
"Date Performed" column; sign
all copies and forward
original and one copy of RU
630HC to the case manager.

Case Manager: Issue payment in the
authorized amount to provider.

Vision Care

Case Manager: Check "Visual Examination",
"Lenses", "Frames" or "Repairs
of glasses" on RU 630HC and
indicate dollar amount being
authorized; send original and
two copies to provider.

Provider: Perform authorized service;
return original and one copy
of RU 630HC, along with bill
for service, to case manager.

Case Manager: Review billing and issue
payment in the authorized
amount to provider.

P-2340 - P-2359 Reach Up Procedures (WAM 2340 - 2359)
(Continued)

P-2347 Support Services (Other than Child Care and
Transitional Child Care Assistance) (WAM 2347)
(Continued)

D. Steps to Authorize and Pay for Support Services (Continued)

Other

Case Manager: Request and receive written approval to provide other medical service from Reach Up Operations Chief, or designee; file approval in case record; check "Other" on RU 630HC and indicate dollar amount being authorized; send original and two copies to provider.

Provider: Perform authorized service; return original and one copy of RU 630HC, along with bill for service, to case manager.

Case Manager: Review billing and issue payment in the authorized amount to provider.