THE TA NETWORK
the technical assistance network for children's behavioral health

**Financing Tools for Systems of Care:
A Series of Practical Guides**

TECHNICAL ASSISTANCE TOOL

Analyzing Service Use and Costs at the Individual Child Level

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ABOUT THE TECHNICAL ASSISTANCE NETWORK FOR CHILDREN'S BEHAVIORAL HEALTH

The Technical Assistance Network for Children's Behavioral Health (TA Network), funded by the Substance Abuse and Mental Health Services Administration, Child, Adolescent and Family Branch, partners with states and communities to develop the most effective and sustainable systems of care possible for the benefit of children and youth with behavioral health needs and their families. We provide technical assistance and support across the nation to state and local agencies, including youth and family leadership and organizations.

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Introduction

The landscape for the organization and financing of behavioral health (mental health and substance use disorder) services for children, youth and young adults is rapidly shifting due to a number of factors: state and local budgetary pressures, large-scale Medicaid redesign initiatives in states, and changes related to national health reform and mental health parity laws. Increased attention to the importance of behavioral health care within the larger health care arena and among other child-serving systems, such as child welfare and juvenile justice, is also having a substantial impact. Since the mid-1980s, the Substance Abuse and Mental Health Services Administration (SAMHSA) has invested resources in the development of systems of care, with the intent of improving the quality and outcomes of children's behavioral health services. With national evaluation data and other studies showing the quality and cost effectiveness of systems of care, SAMHSA has made a commitment to take systems of care to scale (SAMSHA, 2015). This guide is part of a series that provides tools to policymakers on various aspects of financing behavioral health services and supports for children, youth, and young adults and analyzing the return on investment of system of care approaches.

This guide describes methods for analyzing the utilization and costs of services and supports provided at the individual child level within a system of care framework. The methods are based on an approach used for a national evaluation of federally funded systems of care. The evaluation focused on demonstrations of the system of care approach, rather than statewide implementation, and analyzed service use and cost data on samples of children served in systems of care rather than total numbers of children served (Center for Mental Health Services, SAMHSA, 2013).

This type of analysis can be used for several purposes. To demonstrate cost effectiveness, including return on investment, the data can be used to compare the

> **System of Care Definition**
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> *"A spectrum of **effective community-based services and supports** for children, youth, and young adults with or at risk for mental health and related challenges and their families that is organized into a **coordinated network**, builds meaningful **partnerships with families and youth**, and addresses their **cultural and linguistic needs** in order to help them **function better** at home, in school, in the community, and throughout life" (Stroul, Blau, & Friedman, 2010).*
>
> **System of Care Philosophy**
> **Values:**
> - *Community Based*
> - *Family Driven, Youth Guided*
> - *Culturally and Linguistically Competent*
>
> **Principles:**
> - *Broad Array of Effective Services and Supports*
> - *Individualized, Wraparound Practice Approach*
> - *Least Restrictive Setting*
> - *Family and Youth Partnerships*
> - *Service Coordination*
> - *Cross-Agency Collaboration*
> - *Services for Young Children*
> - *Services for Youth and Young Adults in Transition to Adulthood*
> - *Linkage with Promotion, Prevention, and Early Identification*
> - *Accountability*

service use patterns and costs[1] of serving children through a system of care approach with those of similar child populations who are not receiving services within a system of care. The data can also be used to compare the costs of serving children in a system of care prior to their enrollment, during enrollment, and post enrollment. In addition, the data can be used to document the approximate "total cost of care" for children in a system of care, which is

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[1] Note: There is a difference between what a service costs and what was actually spent on it, referred to as a "service expenditure." For example, the cost to a provider of delivering a service may be higher than the expenditure made by the system purchasing the service. Cost analyses may use either cost or expenditure data or both. The term, "costs," is used in this guide to refer to both.

necessary for policy decisions about taking systems of care to scale. The methods described in this guide illustrate one approach, which can be adapted for state and local use.

How to Analyze Utilization and Costs

There are a number of methods used to identify the costs associated with an intervention. By definition, cost analysis for the system of care approach is more complex than identifying costs associated with a single intervention such as an evidence-based treatment. Systems of care involve providing multiple services that are provided and often financed by multiple systems. These services are not single interventions or "programs" with clear boundaries, but instead are networks of services and supports.

This guide details an approach to measuring the utilization and costs of services and supports designed specifically for systems of care. It is based on the Services and Cost Manual developed by ICF International as part of the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, commonly referred to as the "Children's Mental Health Initiative" (CMHI) (Center for Mental Health Services, SAMHSA, 2013).

The approach addresses such questions as:

- What types of services are received by children, youth, and families, across partner agencies?
- What patterns of service use occur?
- What are the costs associated with services and supports provided within system of care approaches?

The approach considers the complexity of systems of care and creates a process for states and communities to collect data on a sample of individual children and families on the services utilized across various systems during specified time periods. It provides a method to estimate, for the most part, the *total costs of care* for children served in a system of care.

The method accounts for differences in data management systems and the variability in data availability in states and communities by allowing for compilation of both data collected electronically and on paper. For the latter, a Services and Cost Data Tool and Flex Funds Tool were developed for entering key data; these tools are available to states and communities that choose to use this method (see Appendices B and C).

The services included in the national evaluations's cost analysis method are:

- Mental health services
- Child welfare services
- Juvenile justice services (i.e., juvenile court, corrections, probation)
- Education services (e.g., special education services, tutoring, school-based mental health services, special Head Start services that provide extra support, social work, case management)
- Early care program services
- Family- and youth-run organization services
- Physical health care services that are directly related to mental health care (e.g., medication monitoring)
- Informal, natural support, in-kind, or volunteer services

Substance use disorder treatment services were not explicitly included in the original national evaluation's services and cost analysis. However, if those data were available, communities were strongly encouraged to include it in the analysis, and some communities did so. States and communities should include substance use disorder services in their analyses, particularly in view of the high rates of co-occurring mental health and substance use disorders.

Physical health care services, except those directly related to mental health care (e.g., medication monitoring), dental services, pharmacy services, and general education services are not included in this method, but can be added to analyses conducted by states and communities.

Steps in Cost Analysis

The steps in collecting services and cost data at the level of the individual child served with a system of care approach include the following:

Step 1: Consent Forms

The consent forms should include language informing caregivers and youth that data will be obtained from partner agencies and shared with organizations conducting the analysis. Partner agencies are those organizations from which the youth served in the system of care received services, including schools, social service agencies, juvenile justice agencies, mental health agencies, and others. These data will then be released and shared with approved individuals within the state/communities and any subcontractors for analysis. Some sample wording to address the above is provided in the following paragraph:

> *"As part of evaluating the system of care, we would like to make use of your child's records. These include disciplinary, attendance, and transfer records from schools. They may also include juvenile court records, records from the department of human services and child protection, and mental health services records related to your child's care.*
>
> *All information collected about you/your child will be protected. We have taken steps to protect your/your child's privacy. None of the information that we collect for this study will include your/your child's name or other information that identifies you/your child. The information will only include special codes associated with service types and expenditures. Any papers with your/your child's name on them will be kept in a locked filing cabinet. In reports, your information will be grouped together with information from others. We will never mention your/your child's name. Only approved people will be able to see the information collected. The information collected may be released to companies that work for the state and other places that provide services to you/your child."*

Consent forms may also need to meet the requirements of any partner agency or other organization that is sharing data. Discussing these requirements with data-sharing partners prior to finalizing the consent forms may minimize the need to revise the forms later.

Step 2: Data Sharing Agreements with Partner Agencies

Data sharing agreements need to be negotiated with partner agencies, and the terms of data sharing should be included in the agreements. Negotiating data sharing arrangements can take several months in some cases, so starting early may improve the chances of accessing data on a timely basis.

Step 3: Services and Costs Data Collection

Data on services and costs of the services received by each child enrolled in a system of care has to be collected or extracted. This includes collecting or extracting data on each service event the child receives *across the various partner agencies* to provide a complete picture of all services and supports. Data should be extracted on all services received from the initiation of services in the system of care. If comparing service use and costs pre- and post- system of care enrollment, then data also will need to be collected from as early as one year prior to enrollment and one year post-system of care enrollment.

Service event data can be collected by extracting electronic data from existing data systems and/or collected from paper-based case records. Either approach can be used, or likely a combination of both, depending on how much of the data needed for this analysis are already available electronically. Electronic data resources for service event data often include MIS systems such as billing systems or health information exchange systems at the state, regional, county, program, or provider level. State-level Medicaid claims data, as well as data from Statewide Automated Child Welfare Information Systems (SACWIS), are often data resources. In many communities, accessing data at the state-level may be more efficient than accessing data in multiple local-level systems.

Step 4: Data Analysis and Reporting

Once the data are uploaded, validation checks should be applied for quality assurance. These quality assurance checks can be incorporated into data tools and verified during the data editing process. Any identifiable issues in the data that need further cleaning must be corrected and resolved prior to analysis. Once the data issues have been resolved, analysis can proceed, with reports prepared based on the purpose of the analysis (e.g., to compare costs for return on investment analyses or to estimate costs to inform system of care expansion). For the national evaluation, reports were usually prepared once per fiscal year after communities had successfully entered or uploaded services and cost data on at least 35 children or flexible funds data on at least 50 expenditures.

Compiling Services and Costs Data

This section discusses the data elements required to obtain a complete service record for each child, youth, and family in order to inform service use and related costs. A service record (as either a row in a data file or a data collection form), should be created for each service received by each child/youth/family enrolled in the system of care. Each service record should be comprised, at a minimum, of a combination of four data elements that represent the unique record identifier. These include the following:

1. Child ID
2. Service start date
3. Service type
4. Service end date

Variables identifying both the child/youth and each unique service are necessary because each child/youth or family is likely to have more than one service record and potentially more than one service on a specific day.

All of the needed data elements for analyzing utilization and costs are described below:

- **Child ID** – It is important to assign to each child or youth a unique child ID that will facilitate the collection of services and costs received over the enrollment period. The child ID should be linked to all records associated with the child or youth.

- **Service Enrollment Date(s)** – Each child's and youth's dates of service eligibility should be identified by specifying the enrollment and discharge dates. The enrollment date represents the date the child/youth was first enrolled in the system of care and was eligible for services. The discharge date is the date the child/youth was formally discharged from system of care services. The enrollment and/or discharge dates should remain the same for each child and youth across all services unless multiple enrollment episodes are observed.

- **Service Date(s)** – The start date of every service must be specified; it should be a required field for all records. Start and end dates of the service should be specified for services that encompass multiple dates. These dates should be consistent with both the unit of service and the costs reported for the service. For example, if the service units for residential therapeutic camp are reported as 3 weeks, the dates of service should cover 3 weeks.

- **Service Type** – System of care stakeholders need to develop a comprehensive services and supports typology, which lists and defines the service and support types that are used in the system of care and how they will be identified for the analysis. For example, to identify Medicaid services used, various coding systems are used, and all of the following coding systems may apply, depending on how providers are instructed to submit Medicaid claims – Current Procedural Terminology (CPT-4) codes; Healthcare Common Procedure Coding System (HCPCS) codes; and International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) Procedure Codes[2], as well as services coded as Waiver (W) services. There may also be state-specific Medicaid codes in addition to standard Medicaid codes, particularly when there is no CTP-4, HCPC, or ICD-9-CM code for a service, such as therapeutic foster care.

  One option is to use or adapt the service definitions and codes that were specifically developed for systems of care by the CMH national evaluation. The services and codes are shown in Appendix A. The services and codes identified by the national evaluation cross-walk to Medicaid codes, where possible.

  Services and supports received by children in systems of care may not be Medicaid-covered, such as legal services, or the child may use facility-based care such as detention or short-term shelter care that is a cost to other public systems (often, a cost one is trying to avoid through a system of care approach). While the latter are not "system of care services" per se, they are costs associated with a child served through the system of care that are

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[2] New ICD codes were developed in 2015 (ICD-10-CM) as a replacement for ICD-9-CM.

important to capture. Data on the use and costs of these services and placements typically must come from the appropriate child-serving partner agency, such as child welfare, juvenile justice, or education, and agreements need to be reached to ensure access to the data. In some cases, it is not possible to capture all needed data. In those instances, it is important to be clear about which costs are included and which are excluded from the analysis to ensure that cost estimates for system of care expansion efforts are portrayed accurately and that comparative analyses are comparing "apples-to-apples."

- **Costs and Payment Data and Source** –Two sets of data elements may be used to record cost data. One covers the amount *charged*; the other covers the amount *paid*. Use of data related to the amount charged and/or the amount paid will depend upon the data that can be accessed. The amount charged and the amount paid may be identical, but in many cases, the amount charged may be higher than the amount paid because of adjustments negotiated by Medicaid or insurance companies to the original amount charged. If both the amount charged and the amount paid are available, both should be recorded. If only the amount charged *or* the amount paid is available, whichever amount is available should be recorded. It is important that costs are reported—either as charge or payment—as the total cost for the service event, *not* the unit rate for that service. Costs should correspond accurately to the service units reported for each service event and to the length of time recorded in the start and end dates. For example, if a child or youth received five days of day treatment and the service units are reported as five days, the costs reported should represent the total cost for the full five days, not the daily rate. Because it is possible that the full cost of a particular service may be charged to multiple payers, or paid by multiple payers, the costs may be recorded separately according to payment source.

Optional data elements that can be included in a services and cost analysis include:

- **Provider Type** – Stakeholders can develop a comprehensive list of provider types, such as the one developed by the national evaluation (Appendix B). Service utilization data, for example in Medicaid or child welfare, often include provider type. By considering the provider's educational credentials and salary level to identify the type of provider that delivered the service, the provider type may be used as a proxy in calculating estimated service costs if the actual cost of services is not available.

- **Provider Agency/Service Sector** – The provider agency/service sector identifies the service system with which the agency, organization, or person who provided the service is associated. By determining the agencies or sectors that provide services and supports for children enrolled in the system of care, stakeholders will be able to identify the sources of needed data and, thus, which agencies/systems need to enter into data sharing agreements. Further, if data sharing agreements are not possible with every needed sector, stakeholders will know which costs are missing from the analysis.

- **Service Location** – The national evaluation reduced the different service locations to 23 location categories. The included service location categories correspond with the standard Place of Service Codes for Professional Claims developed by the Centers for Medicare and Medicaid Services (CMS) for use in Medicaid claims and throughout the healthcare industry (refer to http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html).   Identification of service location provides important data on where children served through a system of care receive services.

- **Service Units** – It is important that the number of units and the service unit are identified for each service event to accurately associate costs with that service. Service units often

correspond to the billing for a service. The costs recorded for each service event should correspond accurately to the service units identified for each service event. For example, if three hours of case management service are recorded as a single service event, the costs reported for this service should be the total amount charged or paid for the full three hours, not the case manager's hourly rate. Service units typically are described in minutes (such as a 15-minute billing increment), hours, days, months, or, sometimes, years, and can be identified as a visit or session, a call or contact, or a report.

If the type and number of service units is missing from the data, but all other data elements are available, it may be possible to estimate the time spent in order to estimate costs. If services are coded according to any of the standard service coding systems (CPT, HCPCS, or ICD-9-CM Procedure Codes), some service codes are defined according to the length of time, such as "H2021: community-based wraparound services, per 15 minutes." Not all codes include a length of time specified. If the amount charged for a particular service is known, as well as the billing rate (salary + overhead) for the particular provider of that service, the amount of time being charged for that service can be calculated in relation to the provider's billing rate. For example, if the total charge for case management is $150 and the billing rate for the particular case manager is $75 per hour, the time spent for this service can be calculated as two hours. Similarly, the time can be calculated if the payment amount for a particular service is known, and if the amount typically paid by the payer for that same service provided by the same provider type is also known. For example, if Medicaid typically pays $147 for an hour of family therapy service coded 90847 provided by a social worker, and Medicaid paid $220.50 for a family therapy service coded 90847 provided by a social worker, the time spent for this service can be calculated as 90 minutes.

Service unit data are particularly helpful for determining average lengths of stays in given service types. This is important information for systems of care that have goals to reduce lengths of stay in certain service types, such as out-of-home care, and increase use of other service types, such as home-based services. Average length of stay data also can be used as proxy data when actual service use and cost data are not available. For example, the juvenile justice system may not be willing or able to share its service use and cost data on individual youth served. However, if system of care stakeholders are able to identify the average length of stay in detention for youth with behavioral health challenges who are not enrolled in the system of care, the average length of stay in detention for youth enrolled in the system of care, and the unit cost of care in detention, then information can be provided about detention costs for youth in the system of care. For example, if unit costs in detention run $230 per day, or approximately $7,000 per month, and youth not in the system of care stay on average nine months in detention, their cost of detention is $63,000. If the average stay in detention for youth enrolled in the system of care is two months, their cost of detention is $14,000, or $49,000 less.

Table 1 below shows the categories and codes developed by the national evaluation for:

1. Services
2. Provider type
3. Provider agency/service sector
4. Service location
5. Service units
6. Payment sources
7. Costs

The table updates the national evaluation's services and cost tool by adding the services and supports that have proven effective and that are increasingly provided to children, youth, and young adults with behavioral health conditions and their families, such as parent and youth peer support and intensive in-home services. Even with these additions, the list is not necessarily comprehensive and system of care stakeholders may include additional services in their analyses or otherwise adapt the services for their own particular state or local contexts.

All of the services and codes shown in Table 1 apply to both mental health and substance use disorder treatment services and supports. Table 2 provides direction about determining costs and examples of ways to estimate costs when specific cost data are not available.

Table 1. Service Codes for Systems of Care

General Community-Based/Episodic Services
1=Intake/screening/diagnosis/assessment
2=Evaluation
3=Consultation/meeting
4=Case management/intensive care coordination /Targeted Case Management/Wraparound
5=Service planning
6=Crisis intervention/mobile crisis response/crisis stabilization/crisis hotline
7=Emergency room psychiatric service
8=Early intervention/prevention
9=Caregiver support/family support
10=Respite care
11=Advocacy
12=Legal service
13=Recreational activity/recreational therapy
14=Afterschool program or childcare
15=Training/tutoring/education
16=Behavioral/therapeutic aide service
17=Medication treatment/administration/ monitoring
18=Medical care/physical health care/laboratory related to mental health
19=Day treatment/partial-day treatment
20=Individual therapy/counseling/psychosocial therapy/play therapy
21=Group therapy/group counseling
22=Family therapy/family counseling
23=Psychosocial rehabilitation/cognitive rehabilitation
24=Tribal healing service
25=Social work service
26=Vocational/life skills training/independent living skills/youth transition/supported education and employment
27=Transportation
28=Intensive substance use outpatient therapy
29=Parent peer support
30=Youth peer support
31=Intensive in-home services
31=Therapeutic mentoring
32=Telehealth

Services Specific to Child Welfare
33=Child protective service
34=Case evaluation and monitoring
35=Family preservation
36=Adoption service
37=Family foster care, with non-relative/non-therapeutic foster care
38=Group foster care
39=Relative care

Services Specific to Juvenile Justice
40=Diversion/prevention service
41=Court services
42=Juvenile detention
43=Jail or prison
44=Parole/aftercare service
45=Probation/monitoring

Services Specific to Special Education and Early Care Programs
46=Early Head Start Program support services
47=Early Intervention (Part C) support services
48=Head Start Program support services
49=Preschool Special Education Program (Part B)
50=Other Early Care and Education Programs
51=Special education class, self-contained
52=Special education resource service
53=Special education, inclusion
54=Physical therapy, occupational, speech, hearing, or language service
55=Teacher aide service/other paraprofessional service

Informal, Natural Support, In-Kind, Volunteer Services
56=Self-help group/peer counseling/support group
57=Counseling from clergy
58=Informal transportation

Inpatient and Residential Services (Other Than Child Welfare Foster Care)
59=Therapeutic/treatment foster care
60=Therapeutic group home
61=Residential crisis stabilization
62=Inpatient evaluation
63=Inpatient consultation
64=Inpatient behavioral health service
65=Residential therapeutic camp/wilderness program
66=Residential treatment service, non-hospital
67=Residential care/custodial care
68=Shelter placement

Provider Type	
1=Case manager/care coordinator 2=Psychologist (Ph.D. or similar credential) 3=Mental health professional/licensed professional counselor 4=Social worker 5=Recreational therapist/behavioral aide/respite worker/other mental health staff 6=Tribal healer 7=Faith-based professional 8=Psychiatrist (M.D. or similar credential) 9=Physical health care physician/pediatrician 10=Nurse practitioner/physician's assistant 11=Nurse/psychiatric nurse 12=Alternative health care practitioner 13=Medical technician/laboratory 14=Child protective services worker/child protective investigator/foster care case worker 15=Foster family/foster parent 16=Teacher/special education teacher/resource teacher	17=School counselor/school psychologist 18=Speech, language therapist/ audiologist/ occupational or physical therapist 19=Teacher aide/educational paraprofessional 20=Tutor 21=Childcare provider 22=Court services worker 23=Detention/corrections staff 24=Probation/parole officer 25=Youth coordinator 26=Youth 27=Family member/ relative/ friend/ neighbor/ volunteer 28=Advocate/family advocate/education advocate/court advocate 29=Mentor 30=Program support staff 31=Driver 32=Other, please specify

Provider Agency/Service Sector	Service Location
1=Mental health 2=Child welfare/social services 3=Juvenile justice (juvenile court, corrections, probation) 4=Education/school/early childhood program/childcare organization 5=Pediatrician/physical health care provider 6=Family organization 7=Youth organization 8=Other, please specify	1=Office/independent clinic 2=Public health clinic/rural health clinic/federally qualified health center 3=Indian health service/Tribal 638 facility 4=Community mental health center 5=Social service center or agency 6=Ambulance 7=Mobile unit 8=Urgent care facility 9=Inpatient hospital 10=Outpatient hospital 11=Emergency room – hospital 12=Inpatient psychiatric hospital/facility 13=Psychiatric facility-partial hospitalization 14=Residential psychiatric treatment center 15=Correctional facility 16=Homeless shelter/temporary lodging 17=School 18=Home 19=Group home/custodial care facility 20=Pharmacy 21=Independent laboratory 22=Other community location/public place (i.e., Boys/Girls Club, YMCA, library, place of worship) 23=Phone 24=Other place of service, please specify

Service Units	Payment Sources
1=Minute 2=Hour 3=Day 4=Week 5=Month 6=Year 7=Visit/session 8=Call/contact 9=Report 10=Email	• Medicaid • State Children's Health Insurance Program (SCHIP) • SAMHSA's Children's Mental Health Initiative (CMHI) cooperative agreement funds • Mental health funds • Child welfare funds • Juvenile justice funds (juvenile court, corrections, and probation) • Education funds • Family organization funds • Youth organization funds • Tribal government, agency, organization, or provider • Private insurance • Other

Table 2. Costs	
Amount Charged	The amount charged represents the amount billed for the service, not the amount actually paid or received. The amount charged may be the provider's usual charge prior to any reductions that may be applied or may be the provider's reduced charge based on a negotiated rate. The amount charged to each payment source might include an amount charged to Medicaid and a separate co-pay amount charged to the client. Record each separate charge amount according to the source of payment for each charge.
Amount Paid	The amount paid represents the amount actually paid to the provider for the service, not the amount the provider originally lists on the bill as the charge. Multiple payments may be made by different payment sources for the same service (e.g., Medicaid or insurance payment, plus client out-of-pocket co-payments, or child welfare may pay for the room and board costs of residential treatment while Medicaid pays for the therapeutic costs). You should record each separate payment amount according to the source of payment. Payment amounts that are negative numbers represent billing adjustments to previous payments and should not be submitted as the payment amount for a service. This billing adjustment should be subtracted from the original amount paid for the service and the final corrected amount should be submitted for the service.
Estimating Payment	If the amount actually paid is not known, but the value of that payment can be estimated, you should provide the estimated value of payment in the amount paid fields. The amount recorded should represent the estimated payment for the service event, not the payment per unit of service. See examples above for estimating payment as well as examples below included in this table.
Adjusting Estimated Payments for Inflation	When estimating payments, it may be necessary to estimate the payment for a service event when information available on unit cost is for prior year(s), rather than for the year the service occurred. For example, the service was provided in 2013, but unit cost data are available only for 2010. In this case, inflation adjustment can be used to account for potential price differences across years. Below is an example of estimating the cost of a year of special education in 2013 based on a 2010 price. The formula below uses the Consumer Price Index (CPI), which is a measure of the average change in prices over time for goods and services. The CPI is used to calculate how prices change over time.
Formula for Adjusting Estimated Payments Based on CPI	Current Year Cost Estimate = Cost for Known Year * (Current Year CPI/Known Year CPI) The CPI for 2010 = 218.056, and the CPI for 2013 = 232.957. If special education cost per student in 2010 (cost for known year) = $25,000.00, then: 2013 Cost = 2010 Cost * (2013 CPI/2010 CPI) $26,708.39 = $25,000.00 * (232.957/218.056) The estimated special education cost for a student adjusted for 2013 would be $26,708.39. CPI information can be obtained from U.S. Bureau of Labor Statistics (ftp://ftp.bls.gov/pub/special.requests/cpi/cpiai.txt). To adjust for inflation, you also can use an inflation calculator available on the U.S. Bureau of Labor Statistics (BLS) Web site (www.bls.gov).
Estimated Payment Flag	Because payment amounts often are estimated, it is important to know when the reported payment amount for each service represents an estimated payment amount rather than an actual payment amount. If any of the payment amounts for a service event are estimated, this should be indicated.
Unpaid Service Estimates	Collecting data on informal, natural support, in-kind, or volunteer services that are unpaid is also important because these services provide a valuable part of the total array of services in systems of care. These are services that are never expected to be paid, not services for which payment is expected but has just not been paid to date. These services do not include services provided by a parent or primary caregiver. Although no charge or payment amount is available for these services, the market value of these services usually can be estimated to represent the service cost if it were to be paid. It is possible that only part of some services is unpaid. The value of unpaid services can be estimated based on the current market rates for the service if the service had to be purchased. Any estimates based on salary should be based on the highest rate of pay the service provider could earn in a paid position performing this same service. Further guidance for calculating estimates for unpaid services can be drawn from cost estimate protocols such as the Drug Abuse Treatment Cost Analysis Program (DATCAP). For example, section C6 of the DATCAP User's Manual pertains to estimating personnel costs for volunteer labor services. (For more information, refer to http://www.datcap.com/index.htm.)

Examples for Estimating Costs

- Example #1: Actual payment is not known for services provided by a salaried employee, but the employee's annual salary is known. To calculate the labor costs, use the employee's annual gross salary, before taxes and deductions, and add appropriate overhead costs. This overhead percentage differs by organization or system and can vary widely. Calculate the unit rate by dividing the total annual labor costs by the most appropriate unit. If the most appropriate unit is hours, divide the total annual labor costs by 2,080 hours to calculate an hourly rate. (2,080 hours assumes a 40 hour work week x 52 weeks in the year). Multiply this unit rate by the number of service units provided.

- Example #2: Costs are available for special education services per child/youth for academic year (10 months), but the child/youth enrolled on January 15 and only received 5 months of services. Calculate the per-month cost from the available cost figures, and then multiply by 5. Service dates and unit of service should correspond to the 5 months for which cost estimates are provided.

- Example #3: Youth was in juvenile detention for 10 days, but costs for juvenile detention are only available as average cost per month. Divide the average cost per month by 30.4 to calculate the daily rate, and then multiply the daily rate by 10 days. Service dates and unit of service should correspond with the 10 days for which cost estimates are provided.

- Example #4: A child or youth had two contacts per week with a mentoring program and a flat rate for mentoring service can be calculated. Calculate the flat rate for mentoring services on a per contact basis, and create a separate record for each contact.

- Example #5: A mental health agency gets a case rate of $513 per Medicaid child/youth per month, and this funding is used to pay for care coordination services provided to all children and youth served, whether or not they are covered by Medicaid. A cost for care coordination services for each child and youth in the program per month can be calculated by multiplying the number of months the child received care coordination services by $513/month.

- Example #6: Care coordination staff is 100% grant funded and do not maintain a log of their time per child/youth or per service. A monthly care coordination cost per child/youth can be estimated and a care coordination service record for each child and youth receiving care coordination can be created for each month. Here is a two-part formula for calculating this --

    1. Monthly case management cost = (case manager monthly salary + overhead) x (percent of total time spent on case management per month)

    2. Monthly case management cost per child/youth = monthly case management cost / # of children/youth in caseload per month

- Example #7: Data on individual service events per child are not available, but data on the annual cost per child and the number of days each child was served is available. Calculate the average daily cost per child and multiply this daily cost by each child's number of days served.

Further guidance for calculating cost estimates based on salary can be drawn from cost estimate protocols such as the Drug Abuse Treatment Cost Analysis Program (DATCAP). Although the DATCAP was developed as a carefully structured protocol for developing cost estimates for drug abuse treatment programs, the process specified can be adapted for mental health and other social service programs. For example, section C of the DATCAP User's Guide pertains to estimating personnel costs. (Refer to http://www.datcap.com/index.htm for more information.)

Compiling Flexible Funds Data

Flexible funds represent a pool of discretionary funds that communities receive to spend specifically on children, youth, and families to purchase items or services that are not covered by other funds. Flexible funds may be supplied by multiple sources. It is important to consider all flexible fund expenditures, regardless of the source of flexible funding, that were spent on children, youth, and families, starting from the date children first began receiving services.

Each expenditure record should include four data elements that represent the unique record identifier:

1. Child ID
2. Expenditure date
3. Expenditure category
4. Expenditure amount

- **Child ID** - It is important that this Child ID corresponds to the Child ID assigned for the services and cost data.

- **Expenditure Date** - The date that the funds were disbursed should be included.

- **Expenditure Category** - The national evaluation provided a coding structure for identifying the expenditure categories for flexible funds. From these categories, the one that best categorizes the type of item, service, or activity for which the flexible funds were spent can be selected. (Note that there is no code for 13; this code has been deleted.) If an expenditure does not match any of the specified categories, select "22 = Other" and include a specific description of the expenditure in the "Expenditure Details/Notes/Comments" column.

- **Expenditure Details/Notes/Comments** – The data collection form used should include a field that can be used to provide a brief description of the item or service for which the flexible funds were spent. Information about the therapeutic purpose of the expenditure is helpful. Entering information in this field provides specific details about the expenditure.

- **Total Flexible Funds Amount Paid** – The amount paid from flexible funds should be included.

All of the needed data elements for analyzing utilization and costs are described in Table 3.

Table 3. Expenditure Categories	
1=Housing 2=Utilities 3=Environmental modification 4=Furnishings/appliances 5=Supplies 6=Food/groceries 7=Clothing 8=Activities 9=Educational support 10=Daycare and support 11=Automobile	12=Transportation 14=Incentive 15=Legal 16=Medical 17=Mental health services (child/youth) 18=Mental health services (caregiver/other family member) 19=Camp 20=Training (caregiver/other family member) 21=Training (child/youth) 22=Other (specify)

Analyzing Utilization and Cost

Once the data have been compiled, analyses can be conducted investigating the service utilization and costs. Depending on how systematically costs have been collected across the systems, either the total costs of providing services and supports to children and youth enrolled in systems of care can be calculated, or partial costs can be calculated if only certain systems/sectors are included. Even when actual data from certain sectors/systems are not available, stakeholders may still be able to estimate costs in those sectors/systems, as shown in the above examples.

With appropriate caveats if data are missing, system of care-related cost data can be used to investigate the return on investment in the system of care approach:

- If pre-and post-enrollment data are available, service use patterns and their associated costs can be examined to compare for how service utilization and costs have changed once children are enrolled in systems of care.
- If data are available for a comparison population that did not receive services in a system of care (e.g., children in residential treatment centers not enrolled in the system of care), service use and costs can be compared between the two populations.
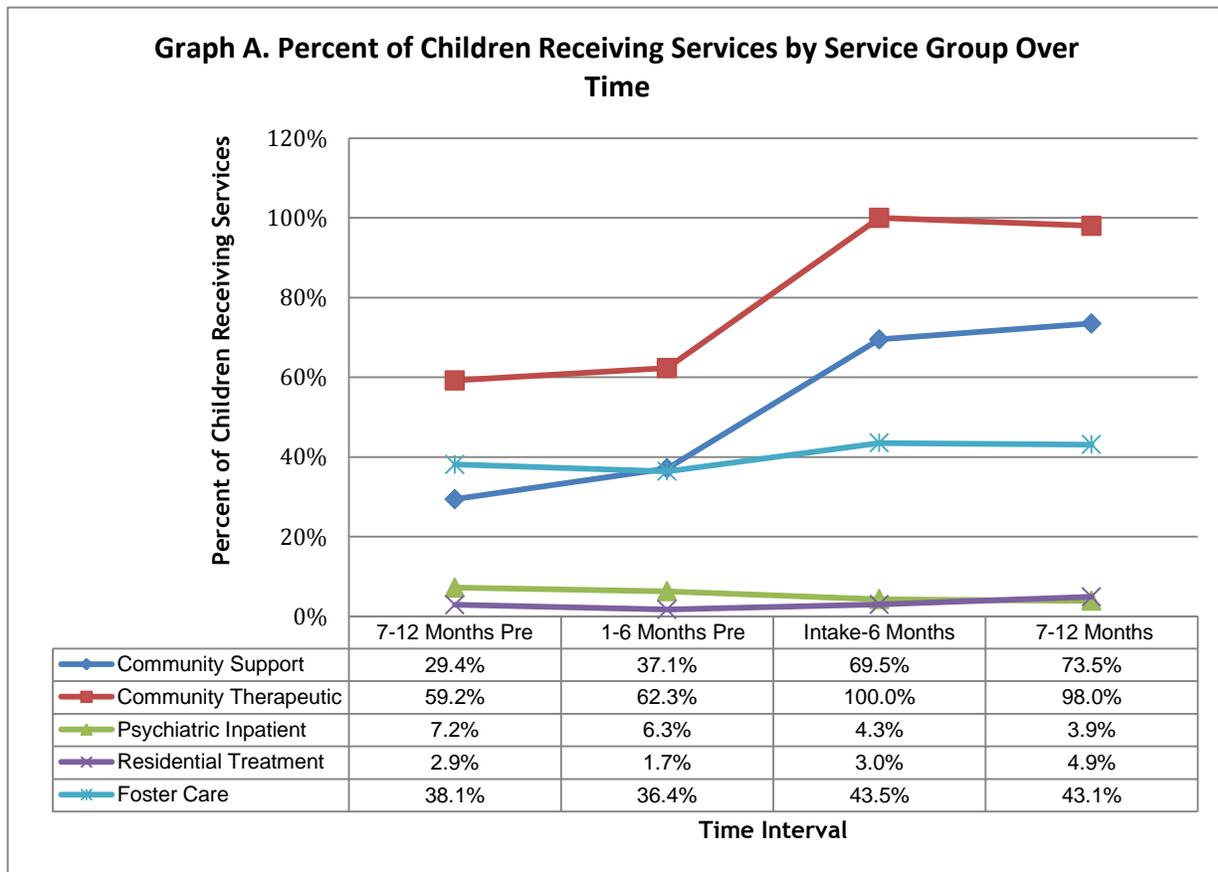
These types of comparative analyses are important for making the case for system of care expansion.

Service use and cost data also are critical for policymakers to gauge the types of service capacity and dollars needed to take systems of care to scale. The analyses allow policymakers to see the trade-offs between expenditures on home- and community-based services versus expenditures on out-of-home placements, such as residential treatment and inpatient psychiatric hospitalization. This type of analysis supports policymakers to understand potential redirection opportunities, that is, the potential for redirecting spending from out-of-home placements to home and community-based care. Redirection of "high cost, poor outcome" spending is a key strategy to expand systems of care since new dollars are often limited. These are just some examples of the types of analyses that can be performed; other analyses can be undertaken based on the needs of the state and community.

An example of pre- and post-enrollment comparisons can be seen from the analyses conducted by the national evaluation for the community depicted in Graphs A, B, and C below. The data included in the graphs depict pre- and post-enrollment trends for the utilization of services by service group and their corresponding costs. This community submitted data for each child one year prior to and post enrollment in systems of care. Communities from the national evaluation have historically used these types of graphs to appeal to stakeholders to justify sustainability.

The definitions for service types included in the national evaluation are included as Appendix A. The Services and Costs Data Collection Form and accompanying code sheet are provided in Appendix B, and the Flexible Funds Data Collection Form is included as Appendix C.

Another resource funded by SAMHSA is: *Financial Tool Kit to Support Planning for System of Care Expansion: Calculating the Direct Costs of Services* (DMA Health Strategies, 2013).

Graph A. Percent of Children Receiving Services by Service Group Over Time

	7-12 Months Pre	1-6 Months Pre	Intake-6 Months	7-12 Months
Community Support	29.4%	37.1%	69.5%	73.5%
Community Therapeutic	59.2%	62.3%	100.0%	98.0%
Psychiatric Inpatient	7.2%	6.3%	4.3%	3.9%
Residential Treatment	2.9%	1.7%	3.0%	4.9%
Foster Care	38.1%	36.4%	43.5%	43.1%

Time Interval

n = 227 children   n = 30,952 service events
Note: Analysis is limited to only those children whose service use data were available across all 6-month intervals. Because children may receive service in more than one service group, percentages may sum to more than 100%. Blank cells indicate no data for service events were reported.
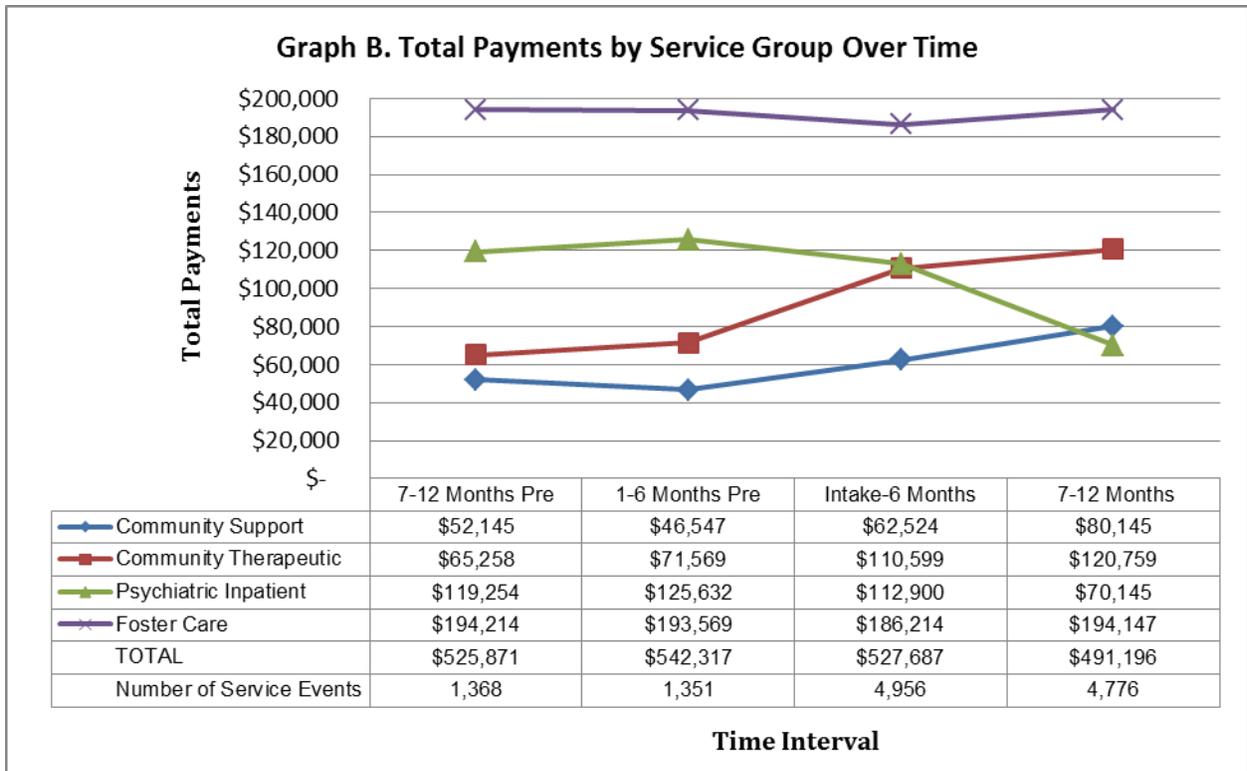
Graph B. Total Payments by Service Group Over Time

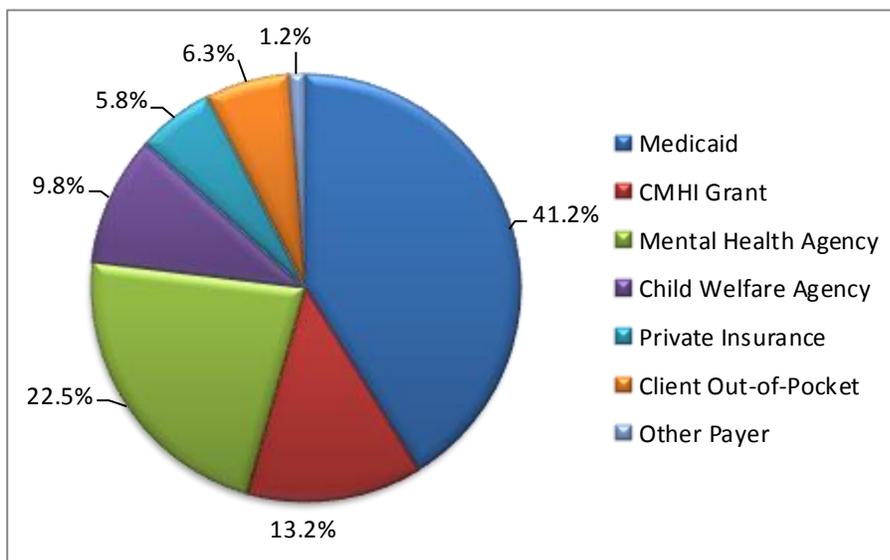|	7-12 Months Pre	1-6 Months Pre	Intake-6 Months	7-12 Months
Community Support	$52,145	$46,547	$62,524	$80,145
Community Therapeutic	$65,258	$71,569	$110,599	$120,759
Psychiatric Inpatient	$119,254	$125,632	$112,900	$70,145
Foster Care	$194,214	$193,569	$186,214	$194,147
TOTAL	$525,871	$542,317	$527,687	$491,196
Number of Service Events	1,368	1,351	4,956	4,776

n = 227 children n = 30,952 service events
Note: Analysis is limited to only those children whose service use data were available across all 6-month intervals.

The analysis for this community also summarizes data on the sources of payment. As shown below, the primary source of payment for system of care services in this community was Medicaid. The total amount paid by Medicaid for service events with payment data was $1,583,496, or 41.2% of the total reported payments.

Graph C. Sources of Payment

- Medicaid — 41.2%
- CMHI Grant — 13.2%
- Mental Health Agency — 22.5%
- Child Welfare Agency — 9.8%
- Private Insurance — 5.8%
- Client Out-of-Pocket — 6.3%
- Other Payer — 1.2%

Total amount of payments = $3,843,438
n = 32,026 service events

References

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DMA Health Strategies. (2013). *Financial tool kit to support planning for system of care expansion: Calculating the direct costs of services*. Lexington, MA: Author.

Stroul, B.A., Blau, G.M., & Friedman, R.M. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health. Retrieved from http://gucchdgeorgetown.net/data/documents/SOC_Brief2010.pdf

The Substance Abuse and Mental Health Services Administration [SAMSHA]. (2015). Request for Applications (RFA) No. SM-15-2009: System of Care Expansion and Sustainability Cooperative Agreements. Rockville, MD: Author.

Appendix A: Service Definitions

Notes:
- This is not a comprehensive list of services, and states and communities should adapt the list as needed, particularly to include additional services that are increasingly part of the service array, such as parent peer support and youth peer support, intensive in-home services, and others (See Table 1).
- The service types listed below apply to both mental health and substance use disorder services. Codes applicable to both types of disorders are provided.
- The service definitions listed here are intended to provide guidance in coding data consistently, but are not intended to provide definitive meanings for these services. States and communities should adapt the definitions to be consistent with their own definitions.
- This is not an all-inclusive list of codes. For example, codes used under Medicaid waivers (W codes) are not included on this list. Also, some states have developed state-specific Medicaid billing codes for particular service types, such as therapeutic foster care, which are not included in this Appendix. Additionally, there may be additional codes that can be used for substance use disorder services.

SERVICE TYPE—General Community-Based/Episodic Services	
Intake/Screening/Diagnosis/Assessment	The process of gathering and documenting information about a child or youth's psychological, social, learning, and behavioral strengths and challenges in order to determine the extent and nature of a child or youth's condition. These are typically performed by a psychologist, psychiatrist, or other clinical professional. Types of diagnostic assessment may include neurological, psychosocial, educational, and vocational.
	Includes CPT-4 codes: 90801 90802 90885 96101 96102 96103 96105 96110 96111 96116 96118 96119 96120 96150 96151.
	Includes HCPCS codes: H0001 H0002 H0003 H008 H0028 H0031 H0049 T1007 T1023.
Evaluation	The process of collecting and interpreting information about a child or youth. An evaluation may include a variety of tests, observations, and background information and is typically conducted by a multidisciplinary team of clinical or educational professionals. The purpose of an evaluation is to determine whether the child or youth needs mental health treatment and, if so, what type of treatment, for preparing reports, or making recommendations for the most appropriate and least restrictive treatment for the child/youth.
	Includes CPT-4 code: 97003 99205. 99201 99202 99203 99204 99205 99211 99212 99213 99214 99215 99341 99342 99343 99344 99345.
	Includes HCPCS codes: H2000 T1024.
	Includes ICD-9-CM Procedure Codes: 94.0 94.01 94.02 94.03 94.08 94.09 94.1 94.11 94.12 94.13 94.19.
Consultation/Meeting	These services include providing information, education, and support on how to work more effectively with children and youth.
	Includes CPT-4 codes: 99241 99242 99243 99244 99245 99251 99361 99362 99371 99372 99373.
Case Management/Intensive Care Coordination/Targeted Case Management/Wraparound	The procedures that a trained service provider uses to access and coordinate services for a child or youth and the child's/youth's family. These services may include establishing and facilitating interagency treatment teams; preparing, monitoring, and revising individual service plans; and identifying and coordinating multiple treatment and support services. This service includes intensive care coordination for children with serious and complex conditions, Targeted Case Management and Wraparound.
	Includes CPT-4 codes: 90882 90889 98966 98967 98968.
	Includes HCPCS codes: G9007 H2021 H2022 T1016 T1017 T2022 T2023.

Service Planning	Service planning assists individuals and their families in planning, developing, choosing, or gaining access to needed services and supports. Services and supports that are planned may be formal (provided by the human services system) or informal (available through the strengths and resources of the family or community). Services and supports include discharge planning, advocacy and monitoring the well-being of children, youth, and families, and supporting them to make their own service decisions.
	Includes HCPCS code: H0032 T1007.
Crisis Intervention/Mobile Crisis Response/Crisis Stabilization/Crisis Hotline	Interventions designed to provide immediate, short-term help, and to stabilize a child or youth experiencing acute emotional or behavioral difficulties. Services may include the development of crisis plans, 24-hour telephone support, short-term counseling, mobile crisis response and stabilization services, intensive in-home support during crisis, and short-term emergency residential services.
	Includes HCPCS codes: H2011 S9484 S9485 T2034.
	Includes ICD-9-CM Procedure Code: 94.35.
Emergency Room Psychiatric Service	Includes triage, psychiatric evaluation, and extended observation within an emergency room setting.
	Includes CPT-4 codes: 99281 99282 99283 99284 99285.
Early Intervention/Prevention	Services used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk, aimed to help children and youth get better more quickly and to prevent problems from becoming worse.
	Includes CPT-4 codes: 96152 96153 96154 96155.
	Includes HCPCS codes: H0023 H0024 H0025 H2037.
Caregiver Support/Family Support	Non-therapeutic and support services provided to caregivers or siblings. These may include family activities, behavior management training, parent classes, and support groups, but do not include respite care, recreational activities, or transportation services.
	Includes HCPCS codes: H2015 H2016 S5110.
Respite Care	A planned break for families who are caring for a child or youth with a serious emotional or behavioral disturbance, where trained parents or counselors assume the duties of caregiving for a brief time to provide a break for the parent or caregiver in order to support the child's well-being. The service may be provided in the child's or youth's home or in other community locations.
	Includes HCPCS codes: H0045 S5150 S5151 T1005.
Advocacy	An individual or group acting on behalf of a child or youth. This can be a parent, friend, relative, or a concerned private or professional individual or group.
	No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Legal Service	Services provided to ensure the protection and maintenance of a child's, youth's, or family's legal rights. These services may include preparation of reports for court, representing a client in court, and providing follow-up documents to the court.
	No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Recreational Activity/Recreational Therapy	Use of recreational projects or community recreation resources, such as YMCA or other physical fitness activities, youth sports programs, karate classes, or summer camps (with no treatment component).
	Includes HCPCS codes: H2030 H2031 H2032 G0176 T2037.
Afterschool Program or Childcare	Afterschool programs are programs designed to provide care for and educational enhancement to children in the hours immediately following school classes. Childcare may occur at any time and is primarily for providing supervision of children.
	No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Training/Tutoring/Education/Mentoring	A range of child- and youth-focused educational services from basic literacy through the General Equivalency Diploma and college courses.
	Includes special education at the pre-primary, primary, secondary, and adult levels.
	Includes CPT-4 code: 90887.

Behavioral/Therapeutic Aide Service	Supervision of a child or youth by trained adults in home, school, or other community locations. The treatment aide might provide support and may assist with behavior management or recreational activities.
	No applicable CPT-4 codes. Includes HCPCS codes H2019 H2020.
Medication Treatment/ Administration/Monitoring	Prescription of psychoactive medications by a physician or other qualified health care specialist to a child/youth designed to alleviate symptoms and promote psychological growth. Treatment includes prescription, administration, assessment of drug effectiveness, and periodic assessment and monitoring of the child's/youth's reaction(s) to the drug.
	Includes CPT-4 code: 90862.
	Includes HCPCS codes: H2010 H0033 H0034 J0515 J1200 J1630 J1631 J2680 J2794 J3410 S0163 M0064.
	Includes ICD-9-CM Procedure Codes: 94.2 94.21 94.22 94.23 94.24 94.25 94.26 94.27 94.29.
Medical Care/Physical Health Care/ Laboratory Related to Mental Health	Includes professional mental health medical services, including physical health care or laboratory services in an inpatient or outpatient setting, specific to services required for direct support of mental health care or medication management.
	Includes CPT-4 codes: 36415 71020 80048 80050 80053 80061 80076 80100 80101 80102 80164 80178 80196 81000 81001 81002 81003 81025 82003 82043 82055 82487 82550 82565 82570 82803 82947 82977 83036 83525 83605 83655 83721 84146 84439 84443 84520 84702 84703 85007 85014 85025 85027 86038 86140 86592 86703 87070 87205 88262 89051 90899 92014 92567 92579 92587 93000 93005 93010 93303 93320 94664 94760 96372 99354 99383 99393 99394. Includes HCPCS code: Q3014.
Day Treatment/Partial-Day Treatment	Intensive, non-residential service that provides an integrated array of counseling, education, and/or vocational training which involves a child or youth for at least 5 hours a day, for at least 3 days a week. Day treatment may be provided in a variety of settings, including schools, mental health centers, hospitals, or other community locations.
	Includes CPT-4 codes: 99217 99238 99239. Includes HCPCS code: H0037 H2012.
Individual Therapy/Counseling/ Psychosocial Therapy/Play Therapy	Therapeutic intervention with a child or youth that is administered one-on-one and that relies on interaction between therapist/clinician and child or youth to promote psychological and behavior change. Includes a variety of approaches (e.g., behavior, psychodynamic, cognitive, family systems) provided outside of the home.
	Includes CPT-4 codes: 90804 90805 90806 90807 90808 90809 90810 90811 90812 90813 90814 90815 90816 90817 90818 90819 90821 90822 90823 90824 90826 90827 90828 90829 90845 90875 90876 90880 96152.
	Includes HCPCS codes:G0176 H0004 H005, H006, H007, H0014 H0022, H0023 H0036 H0039 H0040 H0047 H0050 H2019 H2020 H2027 H2028 H2029 H2033 S9445. T1006, T1012, H2015 (Intensive OP for SUD)
	Includes ICD-9-CM Procedure Codes: 94.3 94.31 94.32 94.33 94.34 94.36 94.37 94.38 94.39.
Group Therapy/Group Counseling	Therapeutic intervention with a child or youth that relies on interaction among a group of children or youth, facilitated by a clinician/therapist to promote psychological and behavior change. This form of therapy involves groups of usually 4 to 12 people who have similar problems and who meet regularly with a therapist. The therapist uses the emotional interactions of the group's members to help them get relief from distress and possibly modify their behavior.
	Includes CPT-4 codes: 90853 90857.
	Includes HCPCS code: S9446.
	Includes ICD-9-CM Procedure Codes: 94.41 94.43 94.44.
Family Therapy/Family Counseling	Therapeutic family-oriented services provided to caregivers and/or siblings with or without the child or youth present (e.g., individual/group therapy, family therapy, multi-family therapy).
	Includes CPT-4 codes: 90846 90847 90849.
	Includes ICD-9-CM Procedure Codes: 94.42 94.49.

Psychosocial Rehabilitation/Cognitive Rehabilitation	Therapeutic activities or interventions provided individually or in groups that may include development and maintenance of daily and community living skills; self-care skills training including grooming, bodily care, and feeding; social skills training; development of basic language skills; and management of specific problems in perception, memory, thinking, and problem solving. Includes HCPCS codes: H2001 H2017 H2018.
Tribal Healing Service	Traditional tribal healing practices performed with or for a child or youth to support emotional and behavioral needs. Includes healing ceremonies, sweat lodges, herbal remedies, healing hands, prayer, cleansing, song and dance, traditional plant medicines, and culturally sensitive counseling. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Social Work Service	Social work services include diagnostic or active clinical treatments provided with the intent to reasonably improve the child's or youth's physical or mental condition or functioning. Includes global evaluation to determine a child's or youth's developmental status and need for early intervention services; making home visits to assess a child's/youth's living conditions and patterns of parent–child interaction to determine the need for social work or other counseling services; preparing a social or emotional developmental assessment of the child/youth within the family context to determine the need for social work or other counseling services; working with issues in the child's/youth's and family's living situation (e.g., home, community, etc.); and identifying, mobilizing, and coordinating community resources and services to enable the child/youth and family to receive maximum benefit from early intervention services. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Vocational/Life Skills Training/Independent Living Services/Youth Transition/Supported Education and Employment	Services designed to prepare older adolescents to live independently and reduce reliance on the family or service system. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others. Services may include social and community living skills development (e.g., look for job, pay bills), peer support, and counseling. Services also may include supported education and employment that help young adults participate successfully in educational and employment settings by proving ongoing support. Designed for older adolescents to facilitate the move from the child system to the adult mental health system. Includes CPT-4 codes: 97537. HCPCS codes: G0177 H2014 H2023 H2024 H2025 H2026 T2038.
Transportation	Transportation to appointments and other scheduled services and activities. Includes HCPCS codes: A0080 A0090 A0100 A0110 A0120 A0130 A0140 A0160 A0170 A0425 A0426 A0427 A0428 A0429 S0215 T2001 T2002 T2003 T2004 T2005 T2007 T2049.
Intensive substance use disorder outpatient therapy	Intensive outpatient therapy (IOT) for substance use disorders refers to an intermediate level of ambulatory care that includes functions including: step-down services to assist the client to transition from an inpatient or residential facility to maintain abstinence and address other problems or step-up services for individuals who have been unsuccessful in outpatient treatment or continuing community care and need an intensive, structured level of care to regain abstinence, work on relapse prevention skills, and address other issues. Services include group and individual abstinence counseling, relapse prevention programming, nd drug and alcohol education, and other individualized services based on needs. Includes HCPCS code H2015
Parent and Youth Peer Support	Provided by family members or youth with "lived experience" who have personally faced the challenges of coping with serious mental health conditions as consumers or caregivers. Services include supporting other families/caregivers and youth in developing and linking with formal and informal supports; instilling confidence; assisting in the development of goals; serving as an advocate, mentor, or facilitator for resolution of issues; and teaching coping skills. Includes HCPCS Codes H0038 H2021 H2014 H2015
Intensive in-home services	Therapeutic interventions delivered to children and families in their homes and other community settings to improve youth and family functioning and prevent out-of-home placement in inpatient or residential treatment settings. Services can be a combination of therapy from a clinician and skills training and behavioral interventions from a paraprofessional. Includes HCPCS Codes H2012 H0036 H2033

Therapeutic mentoring	Pairs youth with a trained individual who is not a mental health professional, to cultivate a one-on-one relationship intended to support and enhance treatment objectives. Mentors, who may be either paid or volunteer, offer caring, trusting, and enduring relationships that build resiliency, trust, and inclusion. Includes HCPCS codes H2019 H2020
Telehealth	Telehealth services seek to improve a client's health by permitting two-way, real time, interactive communication between a client and a provider at a distance site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment, as well as smart phone, wireless tools, and other forms of telecommunications technologies. Telehealth is viewed as a cost-effective alternative to the more traditional face-to-face way of providing services, particularly in rural or remote areas. Federal Medicaid statutes do not recognize telehealth as a distinct services, and in reimbursement, a separate code may not be necessary for billing. Includes HCPS cods T1014
SERVICE TYPE—Services Specific to Child Welfare	
Child Protective Service	Includes investigation of maltreatment allegations and validation of the child maltreatment report; assessment of child/youth safety, early intervention and prevention, and alleged risk (alternative response). Develops a safety plan, if needed, to assure the child's or youth's protection and determines services needed. Includes removal and placement of child, court services, and reunification activities. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Case Evaluation and Monitoring	Assessing the need for child welfare services, providing or arranging for services, and coordinating and evaluating child welfare services provided to a child/youth and family. Includes referring a child/youth and family to other services, as needed, documenting client progress and adherence to the plan, and providing casework contacts. Also includes measuring the extent to which treatment goals have been or are being attained. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Family Preservation	An intensive combination of therapeutic and support services provided to the child, youth, or family within the home to prevent out-of-home placement. These services may include 24-hour access to support services, and intensive in-home support during crisis when a child or youth is at risk of out-of-home placement or when the child or youth is returning from out-of-home placement. These are distinct from crisis stabilization services as they may continue for several months during transition or crisis. Includes reunification services, family intervention, parent mentoring, therapy, enhancement of conflict resolution and communication skills, parenting skills, and visiting nurses. Includes HCPCS code: S9482.
Adoption Service	Finding the adoptive family, supporting the child/youth through the process, etc. Service to post-placement, pre-finalization adoptive family and post-adoption services. Could also include services to biological family to voluntarily terminate parental rights or open adoption agreement, etc. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Family Foster Care With Non-Relative/Non-Therapeutic Foster Care	Non-treatment oriented living arrangements with a non-relative for children and youth who cannot live with their families. Includes recruiting, training, and licensing foster parents; placement; foster family assistance; family team meetings; periodic home visits. Includes HCPCS codes: H0041 H0042 S5140 S5145 S5146.
Group Foster Care	Non-treatment oriented living arrangements in a group foster care facility, where caregivers provide care to children and youth in a 24-hour residential setting. These facilities may be community residential facilities, comprehensive residential facilities, enhanced residential facilities, or highly structured residential facilities. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Relative Care	24-hour care provided by the child or youth's relatives in the relative's home. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.

SERVICE TYPE—Services Specific to Juvenile Justice (Juvenile Court, Corrections, and Probation)	
Diversion/Prevention Service	Alternatives to formal judicial processing and adjudication through the juvenile court. Those efforts support youth who are "at risk" of becoming involved in the juvenile justice system through formal case processing and help prevent a juvenile from being labeled in the juvenile justice system as a delinquent. Prevention includes arbitration, diversionary or mediation programs, and community service work or other treatment available subsequent to a child committing a delinquent act. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Court Services	Includes preparing statutory required legal documents, court orders, and court docket entries; reviewing and processing professional vouchers, witness fees, victim/witness surcharges, restitution, and recoupment; processing appeals; and preparing and maintaining the court and maintaining court files for these matters. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Juvenile Detention	Temporary confinement (generally not more than 21 days) of a child/youth (under the age of 18) alleged to be delinquent pending pretrial release, juvenile court proceedings, or disposition. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Jail/Prison	Jails and prisons are secure facilities. Jail refers to the confinement of persons accused of crimes and awaiting trial, serving short sentences (typically 365 days or less), or awaiting transfer to another state or Federal authority. Jails are managed and operated at the local or county level. Prison refers to the confinement of convicted criminals. Prisons are managed and operated by state or Federal authorities. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Parole/Aftercare Service	Discretionary release of a convicted or adjudicated delinquent juvenile from detention or custody prior to the expiration of his or her sentence, upon a finding that the person is sufficiently rehabilitated and not a threat to society. The parole period is defined as a certain length of time and is subject to conditions imposed by the releasing authority and to its supervision, including a term of supervised release. Parole monitoring and re-integrative services that prepare out-of-home placed juveniles for re-entry into the community by re-establishing the necessary collaborative arrangements with the community to ensure the delivery of prescribed services and supervision. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Probation/Monitoring	A juvenile disposition where the youth serves out his sentence through supervised community-release as opposed to being confined in juvenile detention. Monitoring youth who are placed on informal/voluntary or formal/court-ordered probation or supervision. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
SERVICE TYPE—Services Specific to Education and Early Care Programs	
Early Head Start Program Support Services	Early Head Start Program provides comprehensive, year-round, child and family development services to low-income families with children, prenatal to 3 years old. Program approaches for delivering services in Early Head Start include center-based programs, home-based programs, and mixed-approach programs. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Early Intervention (Part C) Support Services	Part C of the Individuals with Disabilities Education Act (IDEA) authorizes the creation of early intervention programs for babies and toddlers with disabilities, and provides Federal assistance for states to maintain and implement statewide systems of services for eligible children, aged birth through 2 years, and their families. States and jurisdictions participating in Part C must provide early intervention services to any child below age 3 who is experiencing developmental delays, has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay; some states serve children who are at risk for serious developmental problems. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.

Head Start Program Support Services	A federally funded program for low-income children and their parents (preschoolers), designed to promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, and other social services. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Preschool Special Education Program (Part B)	Individuals with Disabilities Education Act (IDEA) provides Federal funds to states and local communities to assist in their efforts to provide a free appropriate public education to students with disabilities. Part B of IDEA contains provisions relating to the education of school-aged and preschool-aged children with disabilities. The preschool program is often referred to as the Section 619 program, referring to the section of the law describing services for this age group. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Other Early Care and Education Programs	Special education and related services provided to children under the age of 5 years. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Special Education Class, Self-Contained	A segregated classroom only for special education students. Class sizes are usually very small, and students have severe disabilities. Some self-contained classes are for students classified as emotionally disturbed. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Special Education, Resource Service	This instructional arrangement/setting is for providing special education instruction and related services in a setting other than regular education for less than 50% of the regular school day. Includes HCPCS code : T1018. No applicable CPT-4 codes or ICD-9-CM Procedure Codes.
Special Education, Inclusion	Practice of educating children and youth with special needs in regular education classrooms. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Physical Therapy, Occupational, Speech, Hearing, or Language Service	Includes therapy to remediate gross motor skills, fine motor skills, or sensory processing disorders; identification and diagnosis of speech or language impairments; speech or language therapy. Includes CPT-4 codes: 92507 92508 92588 92700 97110 97150 97530. Includes HCPCS code: T1013.
Teacher Aide Service/Other Paraprofessional Service	Services provided by individuals who work either with individual students or a program to meet the requirements of individualized education programs (IEP). Teacher aides are often assigned to inclusion students. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
SERVICE TYPE—Informal/Natural Support Services	
Self-Help Group/Peer Counseling/Support Group	Self-help generally refers to groups or meetings that involve people who have similar needs; are facilitated by a consumer, survivor, or other layperson; assist people to deal with a "life-disrupting" event such as a death, abuse, serious accident, addiction, or diagnosis of a physical, emotional, or mental disability, for oneself or a relative; are operated on an informal, free-of-charge, and nonprofit basis; provide support and education; and are voluntary, anonymous, and confidential. Includes HCPCS code: H0038.
Counseling from Clergy	Include counseling services provided by pastoral counselors or counselors working within traditional faith communities to incorporate psychotherapy, and/or medication, with prayer and spirituality to effectively help some people with mental disorders. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Informal Transportation	Transportation provided by family, friends, neighbors that is not paid or reimbursed. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.

SERVICE TYPE—Inpatient and Residential Services	
Therapeutic Foster Care/Therapeutic Group Home	A therapeutic foster care or group home is a 24-hour residential placement in a home or home-like setting with caregivers who are especially trained to care for children and youth with emotional and/or behavioral problems in behavior management and social and independent living skills development. These homes provide an environment conducive to learning social and psychological skills, and employ a variety of treatment approaches that include supportive counseling, crisis back-up, behavior management, and social development. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Residential crisis stabilization	Provides intensive, short-term, out-of-home treatment to address acute mental health needs. In a residential setting, services are designed to defuse and de-escalate mental health crisis situations to prevent unnecessary out-of-home placements, particularly psychiatric inpatient hospitalization, and coordinate a successful return to the family with ongoing services. Includes HCPCS Codes H2011 T2034
Inpatient Evaluation	The process of collecting and interpreting information about a child or youth in an inpatient or residential setting. An evaluation consists of a variety of tests, observations, and background information and is conducted by a multidisciplinary committee or team of educational professionals. Examination or evaluation of a child or youth for the purpose of determining whether the child/youth needs mental health treatment and, if so, what type of treatment and for the purpose of preparing reports or making recommendations for the most appropriate and least restrictive treatment for the child/youth. Includes CPT-4 codes: 99218 99219 99220 99221 99222 99223 99231 99232 99233 99234. Includes CPT codes: 99324 99325 99326 99327 99328 99334 99335 99336 99337.
Inpatient Consultation	Provides psychiatric evaluation within an inpatient or residential setting, collaboration with medical specialists, and arrangement for follow-up behavioral health care when needed. Includes CPT codes: 99252 99253 99254 99255.
Inpatient Behavioral Health Service	Mental health treatment provided in a hospital setting 24 hours a day. Inpatient hospitalization provides (1) short-term treatment in cases where a child or youth is in crisis and possibly a danger to himself/herself or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting. Placement of child/youth in inpatient hospital setting for observation, evaluation and/or treatment. This treatment is characterized by a strong medical orientation and 24-hour nursing supervision and is often used for short-term treatment and crisis stabilization or to conduct comprehensive evaluations where specialized medical tests are warranted. Includes CPT-4 codes: 99235. Includes HCPCS codes: H0017 H0035 H2013 S0201 H008 H009 H0010 H0011 H0012 H0013 H0016 H0017 H0018 H0019 H2034 H2035 H2036
Residential Therapeutic Camp/Wilderness Program	Involves children or youth and staff living together in a wilderness or other camp environment often located outside of the community in which the child/youth resides. Treatment focuses on group process and social skills development. Includes HCPCS code: T2036.
Residential Treatment Service, Non-Hospital	Treatment provided in secure non-hospital residential facilities that typically serve 10 or more children or youth; provide 24-hour staff supervision; and can provide a full array of treatment interventions and approaches, including individual therapy, group and family therapy, behavior modification, skills development, education and recreational services. Includes HCPCS codes: H009 H0010 H0011, H0012 H0013 H0016 H0017 H0018 H0019 H2034 H2035 H2036 T2048.
Residential Care/Custodial Care	Supervision of a child or youth with serious emotional or behavioral challenges by trained adults out-of-home who offer supervision and support and may assist with other household chores, tutoring, or recreational activities where no treatment are provided. Includes HCPCS codes: S5125 S5126.
Shelter Placement	This placement, also known as an emergency shelter placement, is used for children or youth when an unanticipated placement need arises for a child/youth and no regular contracted placement exists. Shelter placements generally do not exceed 30 days. During the placement a caseworker attempts to return the child/youth to the home, to foster care, or to other appropriate substitute care resource. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.

Appendix B: Services and Costs Data Collection Form

CHILD ID __ __ __ __ __ __ __ __ __ __ __

Service Enrollment Dates *Enter dates as applicable*			Date of Service			Source of Payment	Total Amount Charged To *Enter as dollars and cents*	Total Amount Paid By *Enter as dollars and cents*	Estimate? *Check, if yes*
Enrollment Date	Discharge Date		Start Date	End Date					
__/__/____	__/__/____		__/__/____	__/__/____		Medicaid	$ ____,____.__	$ ____,____.__	
__/__/____	__/__/____					SCHIP	$ ____,____.__	$ ____,____.__	
__/__/____	__/__/____					SAMHSA CMHI Cooperative Agreement	$ ____,____.__	$ ____,____.__	
						Mental Health Agency	$ ____,____.__	$ ____,____.__	
Service Type						Child Welfare or Social Services Agency	$ ____,____.__	$ ____,____.__	
Enter data for only one						Juvenile Justice (Court, Corrections, Probation)	$ ____,____.__	$ ____,____.__	
CPT-4	HCPCS		ICD-9-CM Procedure	Service Code *See code sheet*		Educ, Early Childhood Prog, or Childcare Org	$ ____,____.__	$ ____,____.__	
_____	_____		__.__	__		Tribal Government, Agency, or Organization	$ ____,____.__	$ ____,____.__	
						Indian Health Service	$ ____,____.__	$ ____,____.__	
Provider Agency/Sector			**Provider Type**			Family Organization	$ ____,____.__	$ ____,____.__	
Agency *See code sheet*	Other, specify		Type *See code sheet*	Other, specify		Youth Organization	$ ____,____.__	$ ____,____.__	
__			__			Foundation or Other Private Funding	$ ____,____.__	$ ____,____.__	
						Private Insurance	$ ____,____.__	$ ____,____.__	
Service Location			**Service Units** *Enter both*			Client Out-of-Pocket	$ ____,____.__	$ ____,____.__	
Location *See code sheet*	Other, specify		# of Service Units	Unit of Service *See code sheet*		Other, specify _____	$ ____,____.__	$ ____,____.__	
__			____	__					
						Unpaid Service Estimate *Enter as dollars and cents*		$ ____,____.__	**Not Applicable**

SERVICES AND COSTS CODE SHEET
Service Type *If the service type is not already available as either a CPT-4 code <u>OR</u> a HCPCS code <u>OR</u> an ICD-9-CM Procedure Code, select one service type from the list below*

General Community-Based/Episodic Services
1=Intake/screening/diagnosis/assessment
2=Evaluation
3=Consultation/meeting
4=Case management/intensive care coordination /Targeted Case Management/Wraparound
5=Service planning
6=Crisis intervention/mobile crisis response/crisis stabilization/crisis hotline
7=Emergency room psychiatric service
8=Early intervention/prevention
9=Caregiver support/family support
10=Respite care
11=Advocacy
12=Legal service
13=Recreational activity/recreational therapy
14=Afterschool program or childcare
15=Training/tutoring/education
16=Behavioral/therapeutic aide service
17=Medication treatment/administration/ monitoring
18=Medical care/physical health care/laboratory related to mental health
19=Day treatment/partial-day treatment
20=Individual therapy/counseling/psychosocial therapy/play therapy
21=Group therapy/group counseling
22=Family therapy/family counseling
23=Psychosocial rehabilitation/cognitive rehabilitation
24=Tribal healing service
25=Social work service
26=Vocational/life skills training/independent living skills/youth transition/ supported education and employment
27=Transportation
28=Intensive substance use disorder outpatient therapy

29=Parent peer support
30=Youth Peer support
31=Intensive in-home services
31=Therapeutic mentoring
32=Telehealth

Services Specific to Child Welfare
33=Child protective service
34=Case evaluation and monitoring
35=Family preservation
36=Adoption service
37=Family foster care, with non-relative/non-therapeutic foster care
38=Group foster care
39=Relative care

Services Specific to Juvenile Justice
40=Diversion/prevention service
41=Court services
42=Juvenile detention
43=Jail or prison
44=Parole/aftercare service
45=Probation/monitoring

Services Specific to Special Education and Early Care Programs
46=Early Head Start Program support services
47=Early Intervention (Part C) support services
48=Head Start Program support services
49=Preschool Special Education Program (Part B)
50=Other Early Care and Education Programs
51=Special education class, self-contained
52=Special education resource service

53=Special education, inclusion
54=Physical therapy, occupational, speech, hearing, or language service
55=Teacher aide service/other paraprofessional service

Informal, Natural Support, In-Kind, Volunteer Services
56=Self-help group/peer counseling/support group
57=Counseling from clergy
58=Informal transportation

Inpatient and Residential Services (Other Than Child Welfare Foster Care)
59=Therapeutic/treatment foster care
60=Therapeutic group home
61=Residential crisis stabilization
62=Inpatient evaluation
63=Inpatient consultation
64=Inpatient behavioral health service
65=Residential therapeutic camp/wilderness program
66=Residential treatment service, non-hospital
67=Residential care/custodial care
68=Shelter placement

Other Service Type
62=Other service type, please specify

Provider Agency/Sector *Select only one*

1=Mental health
2=Child welfare/social services
3=Juvenile justice (juvenile court, corrections, probation)

4=Education/school/early childhood program/childcare organization
5=Pediatrician/physical health care provider
6=Family organization

7=Youth organization
8=Other, please specify

Provider Type *Select only one*		
1=Case manager/care coordinator 2=Psychologist (Ph.D. or similar credential) 3=Mental health professional/licensed professional counselor 4=Social worker 5=Recreational therapist/behavioral aide/respite worker/other mental health staff 6=Tribal healer 7=Faith-based professional 8=Psychiatrist (M.D. or similar credential) 9=Physical health care physician/pediatrician 10=Nurse practitioner/physician's assistant 11=Nurse/psychiatric nurse	12=Alternative health care practitioner 13=Medical technician/laboratory 14=Child protective services worker/child protective investigator/foster care case worker 15=Foster family/foster parent 16=Teacher/special education teacher/resource teacher 17=School counselor/school psychologist 18=Speech, language therapist/audiologist/occupational or physical therapist 19=Teacher aide/educational paraprofessional 20=Tutor 21=Childcare provider	22=Court services worker 23=Detention/corrections staff 24=Probation/parole officer 25=Youth coordinator 26=Youth 27=Family member/relative/friend/neighbor/volunteer 28=Advocate/family advocate/education advocate/court advocate 29=Mentor 30=Program support staff 31=Driver 32=Other, please specify
Service Location *Select only one*		
1=Office/independent clinic 2=Public health clinic/rural health clinic/Federally qualified health center 3=Indian health service/Tribal 638 facility 4=Community mental health center 5=Social service center or agency 6=Ambulance 7=Mobile unit 8=Urgent care facility 9=Inpatient hospital	10=Outpatient hospital 11=Emergency room – hospital 12=Inpatient psychiatric hospital/facility 13=Psychiatric facility-partial hospitalization 14=Residential psychiatric treatment center 15=Correctional facility 16=Homeless shelter/temporary lodging 17=School	18=Home 19=Group home/custodial care facility 20=Pharmacy 21=Independent laboratory 22=Other community location/public place (i.e., Boys/Girls Club, YMCA, library, place of worship) 23=Phone 24=Other place of service, please specify
Service Units *Select only one*		
1=Minute 2=Hour 3=Day	4=Week 5=Month 6=Year	7=Visit/session 8=Call/contact 9=Report 10=Email

Appendix C: Flexible Funds Data Collection Form

Child ID __ __ __ __ __ __ __ __ __

Consented to Share Data	Expenditure Category	Expenditure Details/Notes/Comments	Expenditure Date	Total Flexible Fund Amount Paid
☐ Yes ☐ No	— —		__ __/__ __/__ __ __ __	$ __ __ __ __ __ . __ __

Child ID __ __ __ __ __ __ __ __ __

Consented to Share Data	Expenditure Category	Expenditure Details/Notes/Comments	Expenditure Date	Total Flexible Fund Amount Paid
☐ Yes ☐ No	— —		__ __/__ __/__ __ __ __	$ __ __ __ __ __ . __ __

Child ID __ __ __ __ __ __ __ __ __

Consented to Share Data	Expenditure Category	Expenditure Details/Notes/Comments	Expenditure Date	Total Flexible Fund Amount Paid
☐ Yes ☐ No	— —		__ __/__ __/__ __ __ __	$ __ __ __ __ __ . __ __

Expenditure Category Codes

1 = Housing
2 = Utilities
3 = Environmental modification
4 = Furnishings/appliances
5 = Supplies
6 = Food/groceries
7 = Clothing
8 = Activities
9 = Educational support

10 = Daycare and support
11 = Automobile
12 = Transportation
14 = Incentive
15 = Legal
16 = Medical
17 = Mental health services (child/youth)
18 = Mental health services (caregiver/family member)

19 = Camp
20 = Training (caregiver/family member)
21 = Training (child/youth)
22 = Other (specify)