

Free Through Recovery Gap Funding Guidance

I. Process

Each provider may have their own internal processes that must align with this guidance and may include steps specific to the provider's internal protocols. Please consult your provider's administration to determine what your provider's protocols are.

a. Identifying Need

- i. If a participant is facing a financial obstacle that is preventing them from meeting their desired outcomes and goals, gap funding may be considered.
- ii. The Care Coordinator will work with the participant to determine what options they have to cover an expense and what other community resources may be utilized. The Care Coordinator will assist participant in making those contacts.
- iii. The Care Coordinator will determine if the participant can cover a portion of the request.
- iv. If the Care Coordinator has worked with the FTR participant to exhaust all other options, then gap funding may be utilized.
- v. The Care Coordinator will work to establish a plan with the participant to cover the expense in the future.

b. Determining Approval Level

The FTR Provider will determine if the request meets the criteria established in the Gap Funding Category List (below).

1. If the request is on the gap funding category list and the cost is less than \$100 total, prior approval from the Free Through Recovery Team is not needed.

If the request falls into this category the provider may proceed with the purchase. The provider must fill out and retain a copy of the Gap Funding Request Form and an itemized receipt for each purchase. The provider must add this purchase and category to the Participant Category Tracker.

2. **If the request is not on the Gap Funding Categories list**, or if it is on the list but will cost more than \$100, approval from the Behavioral Health Division is required to be considered for reimbursement.
 - a. If the request falls into this category the provider must submit a gap funding request form to the FTR Administrative Assistant.
 - b. Allow a minimum of one week for a response from FTR Administrative Assistant regarding approval/denial, or the provider will be notified if more information is needed.
 - c. If the request is approved, complete the purchase. Once the purchase is complete, provider must retain a copy of the Gap Funding Request Form and an itemized receipt.

c. Reimbursement

- i. The Provider will submit the Participant Category Tracker Form, the Gap Funding Monthly Reimbursement Form and all the matching receipts to the FTR Administrative Assistant by the 15th of each month for reimbursement.
- ii. All purchases must be submitted within 60 days of purchase otherwise the purchase is not eligible for reimbursement. The provider must add this purchase and category to the Participant Category Tracker.

d. Transfer

- i. If a participant transfers from one provider to another, the gap funding history must transfer through the FTR Administrator because it is not covered by the release of information between providers.
- ii. The new provider will enter the history of transferred participant into the provider's Participant Category Tracker.
- iii. The date will not reset upon transfer. The 12-month period is based on the participant's referral date.

II. Audits

- a. The Behavioral Health Division will complete periodic audits of gap funding requests and reimbursements.
 - i. The provider will be notified by the FTR Administrative Assistant that they have been selected for an audit.
 - ii. The provider must submit all Gap Funding Requests Forms and receipts that correlate with the Gap Funding Monthly Reimbursement Forms selected.
 - iii. Provider will submit Participant Category Tracker which will be used to verify the number of participant requests.
 - iv. All provider records must be retained for four (4) years including Gap Funding Request Forms and accompanying receipts.

During the audit, the Division will review the Monthly Reimbursement Form and match all of the Gap Funding Request Forms & receipts.

A provider will "pass" an audit if all expenditures are on the Gap Funding Categories list or approved by the Division and all purchases are accompanied by a matching receipt.

If there are ANY items on the receipt that are not approved, the entire receipt will be rejected. The provider will be responsible for reimbursing the Behavioral Health Division within 30 days of notification for the entire amount of the rejected receipt.

If the provider does not pass an audit, gap funding services will be suspended for that provider until the discrepancies are reconciled and settled with the Behavioral Health Division.

Not passing an audit may result in gap funding services being suspended indefinitely.

Abuses of gap funding or any evidence of fraud may result in discontinuing the MOU with a provider.

Gap Funding Categories

If the participant's gap funding request does not meet any of the criteria described below, the provider must submit a gap funding request form to the FTR Administrative Assistant for Division approval.

All gap funding purchases should be included on the participant category tracker.

I. **Housing (Requests are limited to \$100 per 12-month period)**

Housing expenses include: rental application fees, utility bill assistance, security deposit, After working hours request for emergency overnight shelter (hotel/housing), rent assistance, (rent assistance requests must include a copy of the lease agreement)

The provider must retain a copy of the application, lease or bill that must include the participant's name. This must be attached to the Gap Funding Request Form as a receipt.

II. **Transportation (Requests are limited to \$100 per 12-month period)**

Transportation expenses include: Reimbursement for gas purchased at the pump must include a copy of the receipt. We are unable to provide reimbursement for gas cards.

Bike, bus fare, Uber, Lyft or taxi, (Please keep in mind Gap funding cannot pay for tips or donations)

Driver's license or state ID fees.

III. **Employment (Requests are limited to \$100 per 12-month period)**

Employment expenses include: work-related attire (boots, shoes, uniforms, clothing), tools or other supplies necessary to gain or sustain employment.

IV. **Education (Requests are limited to \$100 per 12-month period)**

Education expenses include: application fees or textbooks if the education experience is a part of the process for the participant to gain future employment.

V. **Basic Needs (Requests are limited to \$100 per 12-month period)**

Basic need expenses include: toilet paper, toothpaste, toothbrush, soap, shampoo, conditioner, feminine hygiene products, deodorant, razor and shaving cream, socks, underwear, laundry soap, and fees associated with ordering a birth certificate.

VI. **Communication (Requests are limited to \$100 per 12-month period)**

Communication expenses include: cell phone, cell phone minutes/cards. (may be utilized for phone minutes while the participant is incarcerated to contact the Care Coordinator.)

VII. **Clinical Services**

Clinical expenses include: one clinical assessment per year when other opportunities for funding support have been exhausted

It is the responsibility of the provider to track and verify that the request falls within the number of requests allowed yearly.

This guidance will be made available online and will be updated as needed. For the most up-to-date version, visit: <https://www.behavioralhealth.nd.gov/addiction/free-through-recovery>

GAP FUNDING REQUEST FORM

Please select the type of gap funding that you are accessing for the FTR participant, complete the following information and retain with receipt, or if the request is not on the approved category list, send to the FTR Administrative Assistant for approval. Reimbursement could take up to 2-3 weeks.

Please note that if a purchase is made that is not on the preapproved list or exceeds \$100 without prior, approval by FTR staff, the purchase will not be reimbursed.

- FTR participant is requesting gap funding that is \$100 or less and can be found on the gap funding categories list.
- The FTR participant is requesting individual gap funding for an item that exceeds \$100, or the item is not on the gap funding categories list.

Name of Participant: _____ SID: _____

Name of FTR Provider: _____

Total Amount Requested: _____

List the community resources, agencies or organizations that you have already tried to access resources and funds from but were denied.

Select or more of the following categories in which the requested funds will help support the participant.

- Housing
- Transportation
- Employment
- Clinical Services
- Basic Needs
- Education
- Communication

Description of the gap funding request:

Is the participant's FTR care plan completed and up to date? Yes No

Briefly describe how this request relates to the participant's goals listed on their care plan?

FTR Participant Signature: _____ Date: ____ / ____ / ____

Provider Care Coordinator Signature: _____ Date: ____ / ____ / ____

Provider Fiscal Admin Signature: _____ Date: ____ / ____ / ____

Bottom section for use by Department of Human Services' Behavioral Health Division Administrative staff only

Request: Approved Denied

Comments:

FTR Administrator Signature: _____ Date: ____ / ____ / ____

