Flexible Funds Request Guide

What are flex funds?

Flexible funds (flex funds) are available to help youth and families meet important goals in their coordinated care plan, or to resolve recently surfaced needs that are not yet addressed in the coordinated care plan when no other funding options are available.

Populations eligible for flex funds:

- Youth in Wraparound: to help meet a need identified on the coordinated care plan
- Youth in Intensive Care Coordination: to help meet a need identified on the coordinated care plan
- Youth receiving other behavioral health services: to help meet a need identified on the coordinated care plan
- Any Idaho youth experiencing a recently surfaced need that is impacting their behavioral health functioning, requires stabilization, and is not yet addressed in a coordinated care plan (hereafter referred to as a "recent need")

Important Notice Regarding Availability: Flex funds are non-entitlement, discretionary funds. They are subject to strict budgetary allocations and are only available as long as designated funding lasts for the current fiscal year. Approval of a request is always dependent on fund availability.

Therefore, flex funds are generally limited to one approved request per youth per year. However, in circumstances where a subsequent, unforeseen need arises that threatens the youth's stability or safety, a provider may submit an additional request for review by the Magellan Clinical Team.

Exception: *Flex funds are appropriate to use to support graduation from Wraparound celebrations; those graduation requests do not "count" toward the once-per-year guideline.*

Purpose

The use of flex funds is intended to be individualized to meet a youth and family's need not covered by existing benefits or programs. The request process will assist to determine eligible requests. Flex funds are *not* meant to replace existing benefits or programs, nor to pay for ongoing household or clinical expenses. They should be viewed as an option after other formal and informal resources have been explored and found to be unavailable or inaccessible.

Magellan's goal with administering the flex funds program is to ensure timely, responsible use of flex funds to support as many youth and families as possible, while ensuring funds are available throughout the year.

When to request flex funds

A referring provider may request flex funds when the Child and Family Team (CFT) has determined that the need is:

- Directly related to a goal or outcome in the coordinated care plan, or necessary to resolve a recent need that threatens the youth's safety or stability, **and**

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- Cannot be met through any other source, such as Medicaid benefits, community programs, family contributions, or other informal supports.

Examples include temporary or specialized supports that remove a barrier to safety, stability, or participation in treatment.

Flex funds should not be relied upon to resolve urgent crises. After the initial flex funds request is submitted, reviewed, and approved, if the payment will occur via check, it may take 2-4 weeks for the vendor to receive the check, depending on several factors.

Before submitting a request

Before requesting flex funds, referring provider will:

1. Work with the family and team to explore all other options for meeting the need.
2. Document what was tried or why other options were unavailable.
3. Gather any required supporting information (invoices, cost documentation, vendor details).

Requests without clear documentation showing that other resources were explored will not be approved.

Examples of Unallowable purchases

Flex funds will not be used to purchase or pay for:

- Cash or direct disbursements (including prepaid cards) to members/guardians *(except in very limited, exceptional situations requiring extra layers of review/approval*).
- Medical bills, hospital costs, or clinical services covered by insurance
- Alcohol, tobacco, or other controlled substances
- Fines, penalties, or donations

This is not an exhaustive list.

Examples of allowable purchases

As long as requirements are met, flex funds can be used to pay for goods, services, or activities such as:

- Wraparound graduation celebration (up to $80 for items such as decorations, food, etc.)
- Activities, sports, or classes
- Safety-related items such as door alarms and cameras
- Symptom-management/comfort items such as weighted blankets
- Assistance to avoid a family crisis, such as contributing to car repair or a rental deposit
- Items to support youth's goals, such as supplies to support an activity (sports uniforms, music equipment, etc.)

And much more! Coordinators, families, and CFTs are encouraged to get creative when developing strategies to address identified needs. Magellan's team is available to help identify allowable purchases to meet the need (IBHPFlexFunds@MagellanHealth.com).

Requests that do not align with the purpose of flex funds or that duplicate other *available* resources will be denied.

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How to submit a flex funds request

Flex fund requests should be submitted electronically to **IBHPFlexFunds@MagellanHealth.com**.

In order to receive the flex funds packet, which includes the necessary forms and information, go to the Provider Forms page, on MagellanofIdaho.com, and scroll down to *Flex Funds Resources*, or email **IBHPFlexFunds@MagellanHealth.com**.

Include the following in every submission:

- Completed Flex Funds Request Form
- Waiver of Responsibility (choose the correct version based on whether the request is for an item or service)
- Copy of the coordinated care plan that includes the documented need and strategy that relates to the request, **or** in the case of a recent need, a summary of the recent need and the coordination occurring to resolve it
- Vendor information and cost documentation (invoice, quote, estimate, or similar documentation showing the exact cost of the item or service)
- After reviewing the request, if approved, you may also be asked to submit an IRS Form W-9 for any vendor not already in Magellan's system

Magellan's clinical team may contact you for more information.

How does the purchase work in practice?

Exactly how the expenditure will be made may differ based upon the vendor and situation.

- Magellan staff will keep in contact with the referring provider about the status of the request, including expected timelines.
- Referring providers (or another identified member of the CFT) are responsible for coordinating with the vendor regarding expected timelines, logistics regarding picking up the item/obtaining the services, etc.

Process for *item* purchases

1. Obtain an invoice, quote, or other documentation showing the exact cost of the item.
2. Submit the full request packet to **IBHPFlexFunds@MagellanHealth.com**.
3. If approved, Magellan will pay for the requested expenditure directly, either by issuing a check or via a credit card, depending on the vendor.
    a. Checks are typically mailed during the next check run, which occurs weekly.
    b. Checks may take 2-4 weeks to arrive after the Flex Funds request has been approved.

Process for *service* purchases

1. Submit the flex funds request packet, including details of the proposed service and estimated cost, to **IBHPFlexFunds@MagellanHealth.com**.
2. If approved, Magellan will provide an authorized cost amount.
3. Magellan will either pay directly for the service in advance (such as paying for a cooking class), or if that is not possible, will pay after the service has been rendered.
    a. If the service is of a type that cannot be paid until after it is rendered, submit the invoice (up to the approved amount) to **IBHPFlexFunds@MagellanHealth.com**; keep in mind that we cannot

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pay without an invoice, and Magellan cannot reimburse for already-paid purchases *(except in very limited, exceptional situations requiring extra layers of review/approval*).

4. Depending on the vendor, Magellan will either issue a check directly to the vendor, or will pay for the expenditure directly using a credit card.
    a. Checks are typically mailed during the next check run, which occurs weekly.
    b. Checks may take 2-4 weeks to arrive after the invoice has been received.

Magellan *cannot* issue reimbursement payments to families or providers for previous purchases. Flex funds are directly paid by Magellan to the vendor *(except in very limited, exceptional situations requiring extra layers of review/approval*).

After approval

Approved expenditures will be processed as quickly as possible, and referring provider will be contacted if additional details are needed.

Contact information

Questions or concerns about the flex funds process can be sent to:
IBHPFlexFunds@MagellanHealth.com

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