

# **THE BRIDGE PROGRAM: CARE COORDINATION FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES**

## **GUIDELINES**

**Updated: October 10<sup>th</sup>, 2023**



STATE OF VERMONT  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

### **DEVELOPMENTAL DISABILITIES SERVICES DIVISION**

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## I. INTRODUCTION

The Bridge Program: Care Coordination for Children with Developmental Disabilities offers families assistance with accessing needed medical, educational, social or other services to address their children's needs. The program can also help families coordinate multiple community-based services and develop a coordinated plan to address assessed needs.

The Bridge Program is provided by Designated Agencies for Developmental Disabilities Services. Funding and oversight of the program is provided by the Department of Disabilities, Aging and Independent Living, Developmental Disabilities Services Division. These guidelines outline the rules, procedures, documentation and reporting requirements, and forms related to operation of the program.

If you would like more information about the Bridge Program, please contact your Designated Agency.

## II. COVERED SERVICES

### THE BRIDGE PROGRAM: CARE COORDINATION FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES

The Bridge Program offers care coordination to assist families of Medicaid eligible children under 22 with developmental disabilities. The Bridge Program provides a goal-driven service which will:

- Help families determine what supports or services are needed.
- Help families access needed medical, educational, social or other services to address their child's needs.
- Help families coordinate multiple community-based services and develop a coordinated plan to address assessed needs.

Reimbursable activities include assessment, care plan development, referral and monitoring as defined below:

1. Assessment of an individual to determine the need for any medical, educational, social or other services. These assessment activities include:
  - Taking client history;
  - Identifying the individual's needs and completing related documentation; and
  - Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.
2. Development of a Bridge Program Care Coordination Plan (CCP) within 30 days of the first billable service or authorized start date that:
  - Is based on the information collected through the assessment;

- Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - Identifies a course of action to respond to the assessed needs of the eligible individual.
3. Referral and related activities:
- Help an eligible individual obtain needed services including activities that help link an individual with:
    - Medical, social, educational providers; or
    - Other programs and services capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.
4. Monitoring and follow-up activities:
- Activities, and contact, necessary to ensure the care plan is implemented and adequately addressing the individual's needs. These activities, and contact, may be with the individual, his or her family members, providers, other entities or individuals and may be conducted as frequently as necessary; including at least one annual monitoring to assure following conditions are met:
    - Services are being furnished in accordance with the individual's care plan;
    - Services in the care plan are adequate; and
    - If there are changes in the needs or status of the individual, necessary adjustments are made to the care plan and to service arrangements with providers.
5. For billing purposes:
- 5.1 Services are billed on a monthly per child case rate. The case rate is the individually determined rate for the designated agency. Billing may occur for a child if services were provided for at least 15 minutes during the month. A service is billable if it involves addressing any goal identified in the Bridge Program Care Coordination Plan or any of the activities noted in 1-4 above.
- 5.2 Bridge Program Care Coordination may not be billed for children who are receiving care coordination, case management or service coordination from another Agency of Human Services funded source including:
- Developmental Disabilities Services (DDS) Home and Community-Based Services (HCBS) or DDS Targeted Case Management
  - Children's Mental Health Targeted Case Management Services or Intensive Home and Community-Based Services, **EXCEPT** as noted in 5.6 of this document
  - Adult Mental Health – CRT or case management services
  - Traumatic Brain Injury Home and Community-Based Services

- Choices for Care Services Home and Community-Based Services
  - Department for Children and Family Services, Family Services Division (children in custody) or Intensive Family-Based Services
  - Post-adoption case management
  - Children living in residential placements such as nursing homes, ICF/DD, hospitals, rehabilitation facilities, residential schools, psychiatric hospitals or crisis facilities (except for purposes of discharge planning)
  - Children’s Integrated Services team (Early Intervention, Early Childhood and Family Mental Health, Strong Families VT Home Visiting)
- 5.3 Bridge Program Care Coordination may be billed concurrently with case management provided through special education for school services.
- 5.4 Bridge Program Care Coordination may be billed for persons receiving other clinic services including individual psychotherapy, group therapy, emergency care and chemotherapy.
- 5.5 Bridge Program Care Coordination may be billed for an individual residing in a nursing home, ICF/DD, hospital, rehabilitation facility, residential school, psychiatric facility, or crisis facility only for the purposes of discharge planning when the service does not duplicate the facility’s services.
- 5.6 Bridge Program Care Coordination may be billed concurrently with the Department of Mental Health’s Concurrent Education Rehabilitation and Treatment (CERT) program.
- 5.7 The cost of conducting assessments for eligibility for this service are included in the monthly case rate and may not be billed separately by the agency for those receiving Bridge Program Care Coordination.
6. Required Documentation for Bridge Program Care Coordination:
- 6.1 A psychological and an adaptive behavior assessment documenting eligibility consistent with criteria outlined in the [\*Developmental Disabilities Services Regulations\*](#) and subsequent updates.
- 6.2 Bridge Program Care Coordination Plan (CCP). (See form on pages 10-11.) Because of the more limited nature of this service, a care plan known as a Bridge Program Care Coordination Plan will be used rather than the Individual Service Agreement format used for all other Developmental Disabilities Services. The CCP must include:
- Designated Agency
  - Beginning and end dates of the CCP term, not to exceed one year

- Service goals
- Linkage plan describing what activities the care coordinator will engage in to reach the service goal
- Anticipated timeframe for completion (extension if needed)
- Description of outcome achieved and date achieved
- Frequency of review of CCP (minimum once per term)
- Documentation of CCP review
- Approval of individual (not required for those under 18), parent or guardian, Care Coordinator and Qualified Developmental Disability Professional (QDDP)

6.3 Service Documentation: A contact note is needed each time a service is provided. The note should include the date, a description of the activity, amount of time spent, the service location and staff signature. (Only one note would be needed for a period of continuous service, e.g., 2 hours, even if multiple activities were being completed.)

### III. THE BRIDGE PROGRAM AND REGULATIONS IMPLEMENTING THE DEVELOPMENTAL DISABILITIES SERVICES REGULATIONS

The [\*Developmental Disabilities Services Regulations\*](#) and subsequent updates apply to provision of services under the Bridge Program: Care Coordination for Children with Developmental Disabilities. Please refer to subsequent updates.

### IV. REPORTING AND PERFORMANCE REQUIREMENTS

The Bridge Program will be provided by Designated Agencies for Developmental Disabilities Services under a grant agreement with the Department of Disabilities, Aging and Independent Living. The grant requirements, including reporting and performance expectations, will be outlined in the Designated Agencies' Provider Agreements. Budgets and work specifications will be renegotiated at the end of each fiscal year.

### V. DESIGNATED AGENCIES BILLING CODE FOR BRIDGE

Bridge is a fee for service program and should be billed using the provider's fee for service billing provider ID. The billing code T2022, modifier HW is used for Bridge. Agencies cannot bill concurrently with codes for the programs identified in section II, 5.2 above.

VI. FORMS

**State of Vermont**  
**Bridge Program: Care Coordination for Children with**  
**Developmental Disabilities**  
**Application Form**

Designated Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Care Coordination Services Requested for: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Relationship of Applicant to Individual: \_\_ Self \_\_ Parent \_\_ Guardian

Insurance: Medicaid \_\_\_\_\_ Other \_\_\_\_\_

Legal Guardian (for individuals over age 18): \_\_ Private \_\_ Public \_\_ None

Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you believe the child/youth has a developmental disability (diagnosis of ID and/or ASD with significant deficits in adaptive behavior)? \_\_ YES \_\_ NO

Signature of Person &/or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant (if different): \_\_\_\_\_

Date: \_\_\_\_\_

▪ Is the child/youth who is in need of Care Coordination experiencing a crisis right now?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Are you or the person you are applying for a resident of Vermont?

Lived in Vermont since \_\_\_\_\_ (date)

If not, please explain on the back of the application why you are applying now.

**Bridge Program Care Coordination Needs Assessment & Eligibility Determination**

Date of Needs Assessment \_\_\_\_\_ Provider Agency \_\_\_\_\_

**Intake Worker/Care Coordinator completing this needs assessment:**

Name \_\_\_\_\_

Name of Child/Youth \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Date Youth will turn 22 \_\_\_\_\_

Current Medicaid Status \_\_\_\_\_

Date determined eligible for developmental services per State of VT regulations \_\_\_\_\_

Documents demonstrating developmental disability:

**Psychological evaluation date:** \_\_\_\_\_ **DX:** \_\_\_\_\_ **ID** \_\_\_\_\_ **ASD**

**Adaptive behavior assessment date:** \_\_\_\_\_ **Score:** \_\_\_\_\_

**Does the child/youth receive case management from an Agency of Human Services source?**

Developmental Disabilities HCBS or Targeted Case Management \_\_\_\_\_

DMH Children's or Adult Mental Health (HCBS, Intensive Home and Community Based Services, CRT or Targeted Case Management) \_\_\_\_\_

Traumatic Brain Injury HBCS \_\_\_\_\_

Choices for Care HCBS \_\_\_\_\_

DCF Family Services (children in custody) or Intensive Family-Based Services

Children living in residential placements such as nursing home, correctional facilities, hospitals, residential schools, psychiatric hospitals, (except for discharge planning) \_\_\_\_\_

Post-adoption case management \_\_\_\_\_

Children's Integrated Services team (Part C Early Intervention, Early Childhood and Family Mental Health, Strong Families VT Home Visting) \_\_\_\_\_

**If YES to any of the above, he/she is not eligible for the Bridge Program.**

Pediatric High-Tech Nursing case management \_\_\_\_\_

Children with Special Health Needs/Dept. of Health \_\_\_\_\_

**Are there additional non-medical care coordination needs beyond the scope of the two services above? \_\_\_\_\_ YES \_\_\_\_\_ NO**



| <b>SERVICES</b>  | <b>Currently Receiving</b> | <b>Needs Service</b> | <b>Needs Assistance to Coordinate</b> |
|--|----------------------------|----------------------|---------------------------------------|
| Flexible Family Funding  |                            |                      |                                       |
| Family Managed or other Respite Funding  |                            |                      |                                       |
| Children's Personal Care Services Allocation   |                            |                      |                                       |
| Pediatric High-Tech Nursing Services Allocation  |                            |                      |                                       |
| Other Home Health or Nursing Services  |                            |                      |                                       |
| Medical Home: Primary Care/Dental care   |                            |                      |                                       |
| Children with Special Health Needs:<br>Care Consultation                      Respite  |                            |                      |                                       |
| Special Education (IEP)  |                            |                      |                                       |
| School 504 Plan  |                            |                      |                                       |
| Early Childhood Special Education Services (ECSES)   |                            |                      |                                       |
| Children's Integrated Services team:<br>___ Strong Families VT Home Visiting (Ages 0-5)<br>___ Early Childhood and Family Mental Health (Ages 0-5)<br>___ Part C Early Intervention (Ages 0-3)<br>___ Specialized Child Care (Ages 0-13) |                            |                      |                                       |
| Physical Therapy                      School                      Home   |                            |                      |                                       |
| Occupational Therapy                      School                      Home   |                            |                      |                                       |
| Speech/Language Therapy                      School                      Home  |                            |                      |                                       |
| Assistive Technology                      School                      Home   |                            |                      |                                       |
| Behavioral Services/Consultation                      School                      Home   |                            |                      |                                       |
| Counseling/Psychological Services                      School                      Home  |                            |                      |                                       |
| Psychiatric Services   |                            |                      |                                       |
| Other Specialized Supports/Therapies/Medical Services  |                            |                      |                                       |
| Crisis Services  |                            |                      |                                       |
| Child Care/Day Care/Afterschool Program  |                            |                      |                                       |
| Other Recreational Programs  |                            |                      |                                       |
| Summer and/or school vacation camps  |                            |                      |                                       |
| IEP Transition Plan  |                            |                      |                                       |
| HireAbility Services   |                            |                      |                                       |
| Does the child/youth receive Social Security Income (SSI)?   |                            |                      |                                       |
| Does the family receive or is in need of economic services?<br>Housing                      Food                      Fuel   |                            |                      |                                       |
| Home Modifications previously accessed or needed   |                            |                      |                                       |
| Family access to local and statewide support groups  |                            |                      |                                       |
| Vermont Family Network   |                            |                      |                                       |
| Federation of Families for Children's Mental Health  |                            |                      |                                       |
| Brain Injury Association   |                            |                      |                                       |
| Other miscellaneous supports and services  |                            |                      |                                       |

**Describe the specific Care Coordination assistance needed by the child/youth/family.**

**Assistance/support to access appropriate school services**

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**Assistance accessing and maintaining Medicaid Insurance**

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**Assistance with linking to mental health services** (e.g., psychiatrist, psychologist, counseling, behavioral or crisis services)

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**Assistance with linking to needed medical services** (e.g., dentist, doctors, specialists, OT, PT Speech, home health or high tech services)

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**Assistance linking to Children’s Integrated Services teams** (Early Intervention, Early Childhood and Family Mental Health, Strong Families VT Home Visiting, and Specialized Child Care)

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**Assistance with linking to economic services** (e.g., housing, food, fuel assistance)

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**Assistance accessing Children’s Personal Care Services**, including directing families to resources to find workers

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**Assistance with linking to child care**

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**Assistance with linking to assistive technology resources and home accessibility modifications**

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**Assistance with linking to recreational resources, including summer camps**

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**Assistance with linking to adult services providers and other resources at high school transition**

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**Assistance with linking to family support resources (e.g., Vermont Family Network, support groups)**

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**Support to track and coordinate multiple services and supports**

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**Support to prepare for meetings with school personnel and/or other professionals**

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**Other assistance**

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**Eligibility Criteria:**

- 1) Child is under age 22 \_\_\_\_\_
- 2) Medicaid eligible \_\_\_\_\_
- 3) Has a developmental disability according to Developmental Disabilities Services Regulations \_\_\_\_\_
- 4) Does not receive case management/care coordination/service coordination from another Agency of Human Services source \_\_\_\_\_
- 5) Child/Family demonstrates the need for assistance to access or coordinate needed medical, educational, social or other services \_\_\_\_\_

**All the above criteria must be checked to be eligible.**

**Eligible for Bridge Program Care Coordination? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**The Bridge Program Care Coordination Plan**

**CLIENT NAME:** \_\_\_\_\_

**BEGIN DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

**DESIGNATED AGENCY:** \_\_\_\_\_

**CARE COORDINATOR:** \_\_\_\_\_

**SERVICE GOAL** (see possible options attached): \_\_\_\_\_

\_\_\_\_\_

**LINKAGE PLAN:** \_\_\_\_\_

\_\_\_\_\_

**ANTICIPATED TIMEFRAME FOR COMPLETION:** \_\_\_\_\_

**EXTENSION:** \_\_\_\_\_

**FREQUENCY OF REVIEW OF PROGRESS ON THIS GOAL** (e.g., monthly, quarterly, annually):

\_\_\_\_\_

**OUTCOME ACHIEVED:** \_\_\_\_\_

\_\_\_\_\_

**DATE:** \_\_\_\_\_

**SERVICE GOAL** (see possible options attached): \_\_\_\_\_

\_\_\_\_\_

**LINKAGE PLAN:** \_\_\_\_\_

\_\_\_\_\_

**ANTICIPATED TIMEFRAME FOR COMPLETION:** \_\_\_\_\_

**EXTENSION:** \_\_\_\_\_

**FREQUENCY OF REVIEW OF PROGRESS ON THIS GOAL** (e.g., monthly, quarterly, annually):

\_\_\_\_\_

**OUTCOME ACHIEVED:** \_\_\_\_\_

\_\_\_\_\_

**DATE:** \_\_\_\_\_

**SERVICE GOAL** (see possible options attached): \_\_\_\_\_

**LINKAGE PLAN:** \_\_\_\_\_

**ANTICIPATED TIMEFRAME FOR COMPLETION:** \_\_\_\_\_

**EXTENSION:** \_\_\_\_\_

**FREQUENCY OF REVIEW OF PROGRESS ON THIS GOAL** (e.g., monthly, quarterly, annually):

**OUTCOME ACHIEVED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SERVICE GOAL** (see possible options attached): \_\_\_\_\_

**LINKAGE PLAN:** \_\_\_\_\_

**ANTICIPATED TIMEFRAME FOR COMPLETION:** \_\_\_\_\_

**EXTENSION:** \_\_\_\_\_

**FREQUENCY OF REVIEW OF PROGRESS ON THIS GOAL** (e.g., monthly, quarterly, annually):

**OUTCOME ACHIEVED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNED:**

\_\_\_\_\_  
**CLIENT** (suggested but not required if under 18)

\_\_\_\_\_  
**GUARDIAN**

\_\_\_\_\_  
**CARE COORDINATOR/QDDP**

**The Bridge Program Care Coordination Plan (CCP)**  
**Review Form**

Client Name: \_\_\_\_\_

CCP Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

Date of Review \_\_\_\_\_

Care Coordinator /QDDP Completing this form: \_\_\_\_\_

**What is the status of each service goal?**

Goal 1: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Goal 2:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Goal 3: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Goal 4: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are the individual's comments about his/her or satisfaction with the Bridge Program services?** (not required for those under 18) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are the family's/guardian's comments about satisfaction with the Bridge Program services?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are the provider's comments?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: Complete a CCP change form if service goals are changed, dropped or added.**

**The Bridge Program Care Coordination Plan (CCP)**  
**Change Form**

Client Name: \_\_\_\_\_

CCP Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

Care Coordinator/QDDP \_\_\_\_\_

***A. Goals dropped:***

**SERVICE GOAL #** \_\_\_\_\_

Reason dropped \_\_\_\_\_

***B. Goals added or modified:***

**SERVICE GOAL #** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LINKAGE PLAN:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ANTICIPATED TIMEFRAME FOR COMPLETION:** \_\_\_\_\_

**EXTENSION:** \_\_\_\_\_

**FREQUENCY OF REVIEW OF PROGRESS ON THIS GOAL** (e.g., monthly, quarterly, annually)

**OUTCOME ACHIEVED:** \_\_\_\_\_

\_\_\_\_\_

**DATE ACHIEVED:** \_\_\_\_\_

**SERVICE GOAL #** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LINKAGE PLAN:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ANTICIPATED TIMEFRAME FOR COMPLETION:** \_\_\_\_\_

**EXTENSION:** \_\_\_\_\_

**FREQUENCY OF REVIEW OF PROGRESS ON THIS GOAL** (e.g., monthly, quarterly, annually)

**OUTCOME ACHIEVED:** \_\_\_\_\_

\_\_\_\_\_

**DATE ACHIEVED:** \_\_\_\_\_

*C. Approval may be documented by signature or by noting date of approval via phone contact.*

**SIGNATURE**

**OR DATE OF APPROVAL VIA PHONE**

\_\_\_\_\_  
**GUARDIAN**

\_\_\_\_\_  
**CLIENT** (suggested but not required if under 18)



## VII. FREQUENTLY ASKED QUESTIONS ABOUT THE BRIDGE PROGRAM

### 1. *What kinds of care coordination activities are covered for families and children in the Bridge Program?*

Services may include but are not limited to:

- Support to access appropriate school services
- Assistance accessing or maintaining Medicaid insurance
- Assistance with linking to mental health services, e.g., psychiatrists, psychologists, counselors, behavioral and crisis services
- Assistance with linking to medical services, e.g., dentist, doctors, specialists, OT, PT, Speech, home health or high-tech services
- Assistance linking to Children's Integrated Services teams
- Assistance with linking to economic services, e.g., housing, food, fuel assistance
- Assistance accessing Children's Personal Care Services including completing assessments/re-assessments and directing families to resources to find workers
- Assistance with linking to child care
- Assistance with linking to assistive technology resources and home accessibility modifications
- Assistance with linking to recreational resources, including summer camps
- Assistance with linking to adult services providers and other resources at transition from high school
- Assistance with linking to family support resources, e.g., Vermont Family Network, support groups
- Support to track and coordinate multiple services and supports
- Support to prepare for meetings with school personnel and/or other professionals

### 2. *Can a family receiving IFBS (Intensive Family Based Services) access the Bridge Program?*

No, IFBS includes a case management component so a family cannot have IFBS and Bridge simultaneously. However, typically IFBS is a time-limited service, so if a child has been in Bridge and the family starts receiving IFBS, you can suspend Bridge and re-start it once IFBS ends.

### 3. *What is the correct provider number to use for billing for the Bridge Program?*

The Bridge Program is billed under the DA's current developmental disabilities services fee for service billing provider ID. Your provider numbers all begin with 1001.

### 4. *What is the correct procedure code for Bridge Program services?*

The procedure code for billing for Bridge services is T2022, modifier HW.

### 5. *Are only children with a specific type of Medicaid eligible for the Bridge Program?*

No, children enrolled in either Medicaid Managed Care (PC+) or traditional fee-for-service Medicaid are eligible for Bridge.

**6. *Can a child receive mental health clinic services and medication checks from the agency psychiatrist and still receive Bridge Program services?***

Yes, children receiving therapeutic and psychiatric services from the mental health side of your DA may also be enrolled in Bridge. The therapist and/or psychiatrist should understand that they cannot bill for case management if the child has a Bridge Care Coordinator.

**7. *What if the child is receiving Success Beyond Six (SBS) mental health/school services?***

Success Beyond Six community skills work, family, group and individual therapy, transportation and crisis intervention services may all be billed concurrently with Bridge Program services. If the child has a home/school-based clinician or SBS case manager who bills for case management and is providing this type of service to the child and family, you will not be able to bill Bridge concurrently.

**8. *Can we enroll more individuals in Bridge than our contract stipulates, and not bill for every person each month?***

Yes, this is acceptable practice since we recognize that some children/families may not require service every month. You may submit claims for more than the agreed upon number of individuals in your contract in a given month; however, you may not submit claims exceeding the total amount of your annual allocation. This should allow you flexibility in service delivery and billing each month.