

Big Bend Community Based Care Policy & Procedure

Series: 300: Medical and Behavioral Health Care

Policy Name: Child Welfare Specialty Plan

Policy Number: 311

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Regulation: Ch. 39, F.S.
Ch. 409, F.S.
65C-30, F.A.C.
Florida Medicaid Handbooks

Referenced Document:

300-311 x 1, Durable Medical Care Tracking Log

Policy

It is the policy of Big Bend Community Based Care, Inc. (BBCBC), to assure that the physical and behavioral health needs of children under supervision are met. BBCBC has entered into an agreement with Community Based Care Integrated Health (CBCIH) which guides our coordination of the delivery of Medicaid services to those children enrolled in the Sunshine State Child Welfare Specialty Plan.

Procedures

A. Staff.

1. BBCBC will employ a qualified individual to serve as the Behavioral Health Coordinator and will contract for Nurse Care Coordination services.
2. BBCBC staff will meet with the CBCIH Regional Care Coordinator quarterly.
3. BBCBC contracts with Case Management Organizations (CMO) for child welfare related services. Each CMO employs Dependency Case Managers (DCM) who provide overall case management for the children and families that they serve.

B. Additional BBCBC Policies.

1. Please refer to the following policies:
 - a. *BBCBC OP 100-104, Eligibility Verification*
 - b. *BBCBC OP 100-107, Medicaid Child Welfare Specialty Plan and Enrollment for In-Home Cases*
 - c. *BBCBC OP 200-203, Therapeutic Foster Care*
 - d. *BBCBC OP 200-204, Therapeutic Group Care*

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- e. *BBCBC OP 200-205, Residential Treatment Care*
- f. *BBCBC OP 300-300, Initial Medical Screening and Consent for Treatment*
- g. *BBCBC OP 300-301, Psychotropic Medication Management*
- h. *BBCBC OP 300-305, Referrals for Comprehensive Behavioral Health Assessment*
- i. *BBCBC OP 300-306, Crisis Response, Baker Act and Discharge BBCBC OP 300-307, Referrals for Behavioral Health Services*
- j. *BBCBC OP 300-308, Referrals for Behavioral Health Services*
- k. *BBCBC OP 300-309, Multi-Disciplinary Team*
- l. *BBCBC OP 700-703, Traditional, STFC, and Facility Waivers*

2. Other related policies and procedures will be outlined in the sections to follow.

C. Health Risk Assessment and Primary Care Physician Selection. The purpose of completing a Health Risk Assessment (HRA) and selecting a Primary Care Physician (PCP) is to acquire basic health care information on children placed in out-of-home care or under Protective Supervision (In-home Judicial or Non-Judicial) and ensure the children will be served by a provider within the Sunshine Network. The information gathered allows timely response to and referral for identified physical health and behavioral health care needs. Health Risk Assessments provide the initial information to the child's health care plan for coordination of care.

- 1. A Health Risk Assessment will be completed within the Integrate CBCIH system for all enrolled children by the Nurse Care Coordinator, or designee, in collaboration with the DCM, Well-Being Specialist, and/or Behavioral Health Coordinator as applicable.
 - a. HRA entry for Children in Out-of-Home Care (licensed, relative, and non-relative placements) will occur within seven (7) days of case transfer to the CMO; and
 - b. Children served In-home shall be entered into Integrate within thirty (30) days of case transfer to the CMO.
- 2. If the child is removed from an open Protective Supervision case or if an intrastate placement is made and a HRA has been completed, a new HRA is not required.
- 3. BBCBC and CMO staff will adhere to HIPAA policies when completing and sharing HRAs.
- 4. A Primary Care Physician (PCP) should be selected at the time of HRA completion. If a PCP is not in the network at the time of HRA completion, the worker can submit the HRA to CBCIH without selecting a PCP, but must then use the Integrate® PCP application to select a PCP prior to the monthly file exchange with Sunshine. PCP changes can be made with Choice Counseling as needed.
- 5. Staff designated to complete HRA forms will receive training. All DCMs will be educated on the process during Pre-Service Training by BBCBC staff.

D. Transition and Discharge Planning for Emancipating Youth. Transition and Discharge Planning for youth aging out of the child welfare system is coordinated by BBCBC's CMOs. Independent Living services will be coordinated by Independent Living (IL) Specialists in which supportive and psycho-educational services are made available to these youth. These services shall promote increased capacity

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for independent living to include behavioral programming and structured interventions and contingencies to support the development of adaptive, pro-social interpersonal behavior.

1. IL Specialists maintain the case records of young adults receiving IL Services in FSFN.
2. DCMs will coordinate with out-of-home caregivers on the assessment and provision of like skills, encouraging normalcy. Further, DCMs will assist in the development of age-appropriate activities and responsibilities offered to the youth.
3. The IL Specialist will develop a Transition Plan with the youth and the youth's partners within the six (6) months following the youth's 18th birthday. A transition plan is developed for all youth meeting this criteria, including those who have received Specialized Therapeutic Services. The plan includes all required items such as:
 - a. A clear description of services available at the age of 18, including Extended Foster Care;
 - b. Clear documentation that the youth has been advised of his or her right to re-enter foster care up until age 21;
 - c. Activities to achieve self-sufficiency and develop a personal support system;
 - d. Living Arrangement options; and
 - e. All items commonly referred to as 17 year old Judicial Review requirements (such as birth certificate, social security card, etc.).
4. The BBCBC Behavioral Health Care Coordinator conducts Multi-Disciplinary Team meetings regularly for all youth placed in therapeutic levels of care (therapeutic foster care, therapeutic group care, and residential treatment). For all youth age 17 ½ and older, the Behavioral Health Coordinator will invite the Independent Living Specialist and Well-Being Specialist to the MDT to assist with transition planning.
5. Life Skills Services, which may include banking and budgeting skills, parenting skills, educational support, interviewing skills, employment training and counseling, will be provided by IL Specialists to young adults receiving Extended Foster Care services after the age of 18.
6. BBCBC's Rev Max staff will work with CIC to facilitate Medicaid benefits after the age of 18 for all young adults receiving IL Services.
 - a. Young adults, 18 – 20, are eligible to select the Sunshine Child Welfare Specialty Plan as their MMA.
 - b. All letters and documents received by Rev Max for the IL young adults will be provided to the IL Specialist.
 - c. The IL Specialist will communicate the choice to the IL young adult so that the young adult may make a plan selection.

E. Case Management Coordination between CBCIH and Sunshine Health. Sunshine Case Management is a program which includes more frequent contact with, and more intensive coordination of resources among, the enrollees, caregivers, providers, and individuals and organizations that provide behavioral and medical health support and services to the designated enrollees.

1. Sunshine Case Managers identify possible members for the program through the review and evaluation of clinical information according to the established Sunshine Case Management criteria.

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2. The Behavioral Health and/or Nurse Care Coordinator may recommend Sunshine Case Management services for an eligible enrollee. A record of the referral shall be maintained on a centralized log. Referrals can be made to Sunshine at (855) 463-4100.
3. The Sunshine Case Manager reviews the member's clinical information for possible SCM enrollment within five (5) business days of referral. The Sunshine Case Manager consults with the BBCBC Behavioral Health and/or BBCBC Nurse Care Coordinator, the Sunshine Clinical Supervisor or Medical Director or designee as necessary to make the decision about offering the SCM program to the enrollee.
4. If the decision is to offer SCM and after consulting with the BBCBC Behavioral Health and/or BBCBC Nurse Care Coordinator, the enrollee/legal guardian/caregiver is contacted by CBCIH to discuss treatment facilities and providers. The first contact attempt occurs within five (5) business days of the decision. During the outreach phase, a total of at least three (3) contact attempts are made at different times and on different days.
 - a. If not reached by phone, a follow-up letter is sent by CBCIH to the enrollee/legal guardian/caregiver that includes a description of the SCM program and contact information for enrollment.
 - b. If the enrollee/legal guardian/caregiver does not respond to the letter within thirty (30) days, the case is closed.
5. While the member is still hospitalized, the Sunshine Case Manager may request to join the family therapy session by phone to introduce the program and gain buy-in/consent from enrollee/legal guardian/caregiver.
6. Once contacted, the Sunshine Case Manager obtains the informed consent of the enrollee and/or legal guardian/caregiver for participation in the SCM program.
 - a. Every effort is made to obtain the enrollee's/legal guardian's/caregiver's oral and/or written consent within five (5) business days of the decision to offer the case management program based on meeting criteria.
 - b. Oral and/or written consent must be documented in the care management record and is shared by CBCIH with the BBCBC Behavioral Health and/or Nurse Care Coordinator.
 - c. Even when oral consent is obtained, written consent forms are sent to the enrollee/legal guardian/caregiver along with the description of the SCM program.
 - d. There may be times when it is not possible to obtain the informed consent of the enrollee. Specific reason(s) for the inability to obtain the consent must be documented in the case management record by DCMs, (e.g., member is actively psychotic or member is a danger to self and/or others).
7. The Sunshine Case Manager discloses the following information to the enrollee/legal guardian/caregiver at the onset of involvement in the case management program:
 - a. The nature of the SCM relationship;
 - b. The circumstances in which information obtained in the SCM relationship will be disclosed to third parties;

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- c. How and when enrollees/legal guardian/caregivers are to be provided with written notifications of SCM actions and recommendations;
 - d. The availability of a complaint process and the method by which to obtain access to it;
 - e. If requested, a description of the rationale for selecting the enrollee for SCM services; and
 - f. A listing of the enrollee's rights and responsibilities.
8. Once an enrollee is accepted into the SCM program, the Sunshine Case Manager will contact the BBCBC Behavioral Health and/or Nurse Care Coordinator to staff and review the case to determine if there are any additional needs or supports, any outstanding or upcoming appointments, or needed home visits. Participating in this staffing (which may include a multidisciplinary team meeting) are the BBCBC Behavioral Health and/or Nurse Coordinator, the Sunshine Case Manager, the Dependency Case Manager and/or Dependency Case Manager Supervisor, and may also include the enrollee/legal guardian/caregiver, current provider(s), and the Guardian Ad Litem (as appropriate).
9. In the event it is determined a home visit is needed, the Sunshine Case Manager, BBCBC Behavioral Health and/or Nurse Care Coordinator, and Dependency Case Manager and/or Dependency Case Manager Supervisor shall designate a date and time along with who shall participate in the home visit.
- F. Durable Medical Equipment Moves in LOC Changes.** BBCBC is committed to facilitation the transfer of durable medical equipment (DME) when children need to change placements across the State.
- 1. BBCBC is committed to the placement of children in their home county. If there is no available and appropriate placement option, BBCBC Placement staff will seek a placement outside of area. In the event additional assistance is needed, the CBCIH Regional Coordinator will assist BBCBC in locating an appropriate therapeutic placement by requesting a statewide search with the assistance of other Behavioral Health Coordinators. If the child is in need of a specialized level of care such as Specialized Therapeutic Foster Care, Therapeutic Group Care, Behavioral Health Overlay Services or Statewide Inpatient Psychiatric Program, BBCBC will follow procedure related to level of care changes, movements, transitions and discharge planning.
 - 2. Once an appropriate placement/level of care has been located and prior to the movement of the child, the DCM shall inventory any DME which needs to follow the child in order to ensure continuity of care and to minimize the replacement of DME.
 - 3. The DCM shall ensure all DME identified prior to the move which needs to follow the child, accompanies the child to his/her new placement/level of care. The DCM shall notify the Sunshine Health Nurse Coordinator who in turn shall coordinate with Univita for the movement of larger DME, such as beds. The DCM shall confirm the DME arrived and is functioning once the child is in his/her new placement. If the child moves out of the CBC catchment area and courtesy supervision is needed, the DCM shall remain in communication with the Courtesy DCM to verify any initial and ongoing issues/concerns.
 - 4. The DCM shall notify the Nurse Care Coordinator in the event the DME cannot follow the child or if the DME is not functioning upon arrival to the new placement. The Nurse Care Coordinator shall notify the staff of the Sunshine Health utilization management staff within one business day of any issues.

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G. Court Ordered Medicaid Services. Statutes have been enacted to impose a duty upon agencies responsible for child welfare services to provide for children placed in their legal care for supervision and specifically for those placed in out-of-home care. BBCBC is responsible for the well-being needs of these children served. When the court intervenes on behalf of the child enrolled in the Sunshine State Health Plan regarding physical and emotional well-being, BBCBC will provide notification to the Plan.

1. DCM will provide copies of applicable court orders to the Well-Being Specialist, Behavioral Health Coordinator or Nurse Care Coordinator within one (1) business day of the order. If the actual order is not available, information will be provided verbally.
2. The court order will be forwarded within two (2) days to the CBCIH Regional Coordinator and Sunshine Health Plan Regional Case Manager assigned to BBCBC.
3. The Regional Case Manager will be advised of the following:
 - a. Reason for court order.
 - b. Action, if any taken by BBCBC, CMO or Children's Legal Services to address court's concerns.
 - c. Next court date and the expectations as to timeframes for implementation and compliance with the court order.
 - d. How information provided by Sunshine Health Plan will be used as it relates to recommendations of the court ordered services.
 - e. CBCIH will make determinations as to whether the clinical recommendations and court ordered services comply with state law, policy, and procedures and that the services are evidence based and meet medical necessity.

H. Complaints, Grievances, Disputes, Appeals. The Complaints, Grievances, Disputes, or Appeals process.

1. Provides an opportunity for a Medicaid enrollee to express a Grievance or complaint related to the manner in which care or services were provided;
2. Manages all Grievances, Complaints or Appeals in a timely and professional manner;
3. Meets the requirements set forth in the contract between CBCIH and Sunshine Health;
4. Consistently collects comments for CBCIH management review; and
5. Complies with the Federal regulations designed to protect Medicaid enrollees. The Sunshine Health QI Department will provide regular reports to CBCIH through the Operating Committee on types of Complaints, Grievance, Disputes or Appeals, decisions made regarding these events and the results of any appeals both internal to Sunshine Health and external through State Fair Hearing process.
 - a. The BBCBC Behavioral Health Coordinator or Nurse Care Coordinator will provide additional information related to a filed complaint, grievance, appeal or provider dispute when requested by Sunshine staff.
 - i. Requested information will be provided to Sunshine within two (2) business days.
 - ii. In the case of an expedited appeal, the requested information will be provided within twenty-four (24) hours.
 - b. See also *BBCBC OP Series 1500: Client Rights*.

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- I. Fraud and Abuse Compliance Plan; Anti-Fraud Plan.** BBCBC will notify Sunshine Health of potential fraud, abuse, and/or waste.
1. Sunshine Health has a Compliance Plan for the prevention, detection, monitoring, and reporting of fraud, waste, abuse and overpayment.
 2. Initial identification of suspicious activity may occur through, although not limited to, any of the following activities:
 - a. Internal claim audits;
 - b. Treatment record reviews;
 - c. Recognition of altered bills;
 - d. Member and/or customer complaints;
 - e. Suspicion raised by CBC, CBCIH, or Sunshine State personnel; or
 - f. An external source.
 3. BBCBC Staff are required to immediately report identified suspected cases of fraud, waste, or abuse. This is documented and submitted to the Local Compliance Officer and Sunshine Health Plan Special Investigation Unit:
 - a. Sunshine Health's Compliance Hotline: (800) 345-1642;
 - b. Sunshine Health's Anonymous and Confidential Hotline: (866) 685-8664;
 - c. Compliance Officer Email: Joyce Chinock-Somuah: JSOMUAH@CENTENE.COM;
 - d. Compliance Officer Telephone Number: (866) 796-0530;
 - e. Compliance Email: Compliancefl@centene.com;
 - f. Compliance Unit Email: Compliance@sunshinehealth.com;
 - g. Consumer Complaint Email:
https://apps.ahca.myflorida.com/InspectorGeneral/fraud_compliantform.aspx
 4. See also *BBCBC OP 1300-1338: Fraud and Abuse Prevention Plan*. In addition, *BBCBC OP 1100-1100 x 1, Employee Handbook*, addresses the agency's Whistle Blower policy.
 5. BBCBC will ensure that its staff and CMO staff are trained to understand how to recognize fraud and abuse and how to report it to appropriate parties. BBCBC staff will acquire this through supervision and CMO staff will receive this information during Pre-Service Training provided by BBCBC.
- J. Quality of Care Notifications.** Quality of Care of Service means issues or services that compromise patient safety or have an adverse effect on an enrollee. Procedure:
1. The BBCBC Well-Being Specialist, Behavioral Health Coordinator and Nurse Care Coordinator are responsible for the ongoing education of DCMs on Quality of Care.
 2. Quality of Care concerns may be identified during provider contract monitoring, MDT, CBHA review, discussions with DCMs, foster parents, or GALs, as well as other sources.
 3. Upon notification of a Quality of Care of services issue, the Behavioral Health Coordinator or Nurse Care Coordinator will provide timely notification to the CBCHI Regional Coordinator.

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4. BBCBC staff and the CBCIH Regional Coordinator will provide coordination and assistance as needed to support Sunshine Health in monitoring patient safety and quality of care.
5. Sunshine Health's Quality Improvement Department is responsible to investigate the potential Quality of Care service issue and take applicable action.
6. BBCBC will ensure that its staff and CMO staff are trained to understand Quality of Care issues and how to report concerns to appropriate parties. BBCBC staff will acquire this through supervision and CMO staff will receive this information during Pre-Service Training provided by BBCBC.

K. Network Referral and Credentialing Assistance. BBCBC strives to deliver services in response to the individual needs of children in the child welfare system as well as give enrollees' choice from a network of providers. We are committed to the development of a network of providers who have experience with the child welfare population and to establish "medical homes" by adding and contracting with providers who support an approach of providing comprehensive care, including the use of individual health records or online portals; portability of records; and evidence-based care protocols. BBCBC may refer providers for credentialing and network admission to Sunshine Health and Cenpatico.

1. BBCBC will review all new provider requests to be added to the Sunshine State/Cenpatico network. The BBCBC Well-Being Specialist, Integration Specialist, Contract Specialist, Nurse Care Coordinator, Behavioral Health Coordinator, or other BBCBC staff may also be involved.
2. Upon completion of or receipt of a New Provider form by the prospective provider; BBCBC will make an internal decision regarding adding the provider based upon service array needs within the geographic area.
3. Completed New Provider forms shall be sent to the Regional Coordinator. The Coordinator shall review the forms for completeness and submit the completed forms to the appropriate MMA Network staff.
 - a. MMA Network staff will review new provider requests at least monthly with consideration as to how this provider addresses: 1) access, 2) availability, 3) quality of care concerns (by adding the provider in the area) or 4) meets an identified specific need.
 - b. BBCBC will assist In the event that additional information regarding the provider is needed.
 - c. If after review and discussion the provider does not address one of the four (4) areas described in *subsection K.3.a, above*, BBCBC will be notified that the provider is not recommend for addition to the Network.
4. See also *BBCBC OP 700-709, Provider Recruitment and Network Development*.
5. **Claims Disputes.** BBCBC will refer any provider claims issues to the identified Sunshine Provider Relations Specialist assigned to the Child Welfare Specialty Plan for handling.

L. Educating Caregivers on Health Plan.

1. BBCBC acknowledges that important information on health care information and services should be shared by Dependency Case Manager (DCM) with caregivers for children in the Sunshine Health Child Welfare Specialty Plan.
 - a. BBCBC will participate in all training conducted by the CBCIH and/or Sunshine Health.
2. BBCBC will only utilize training materials approved by CBCIH.

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3. BBCBC will train Care Coordinators, DCM, and any other direct care staff on the importance of sharing the following information with all caregivers (whether foster parents, parents, or relative/non-relative caregivers):
 - a. Administering prescribed medications to child consistently as prescribed;
 - b. Knowing who the Primary Care Physician (PCP) is for the child including office hours and how to contact the PCP twenty-four (24) hours a day;
 - c. When to contact the PCP in order to receive timely services when a child begins to have symptoms of illness;
 - d. When to go to the emergency room and for what conditions;
 - e. When to use alternatives to the emergency room including the PCP's office and urgent care;
 - f. Knowing who provides dental and vision care for the child; and
 - g. Keeping all appointments, physical or behavioral health services.
 4. Training for caregivers on the information above may be provided:
 - a. In the initial training for new foster parents and in the mandatory foster parent trainings each year;
 - b. In monthly face-to-face meetings between the DCM and the caregiver in their homes;
 - c. In initial and ongoing staffing meetings with parents, foster parents and relative/non-relative caregivers.
- M. Communications and Approved Training.** BBCBC will ensure compliance that any communication, messaging, training and education information is approved by CBCIH prior to sharing with stakeholders to ensure consistent and accurate messaging. BBCBC will meet with CBCIH regularly to stay abreast of developments.