



Coordination of Behavioral Health Care Services

<u>Department Name</u> Utilization Management		
<u>SUBJECT:</u> Care Coordination of Behavioral Health Services	<u>POLICY NUMBER:</u> UM-023	
<u>APPROVAL:</u> 	<u>EFFECTIVE DATE:</u> 6/27/2022	<u>REPLACES:</u> UM-023, dated April 9, 2021

- I. **PURPOSE:** The purpose of this procedure is to establish the method by which the Children’s Network coordinates behavioral health care services. The Children’s Network partners with CBCIH, acting as a liaison with Sunshine Health to coordinate services for children and youth who are enrolled in the Child Welfare Specialty Plan and who are in the child welfare system.

- II. **REVIEW HISTORY:** Replaces previously approved UM-004, UM-011, UM-013, UM-15, SD-002 and UM-023 dated 5/18/2017 and updated 4/9/2021.

- III. **CONTACT:** Utilization Management Director

- IV. **PERSONS AFFECTED:** This operating procedure applies to all children in out of home care supervised by Case Management Organizations and Specialty providers within the geographic area and judicial circuit of the Children's Network of Southwest Florida. All children ages 0-17 years of age removed from their homes and placed in a licensed shelter, foster care, relative or non-placement or residential group care placement status and likely to remain in this placement through disposition hearing are eligible. Young adults aged 18 to 23, who participate in extended foster care and post-adoption enrollees who select the Sunshine Health Child Welfare Specialist Plan are also eligible.

- V. **POLICY:** The Children’s Network will coordinate needed behavioral health services to children in the child welfare system ensuring that provider agencies comply with Medicaid rules and requirements.

- VI. **RATIONALE:** The strategies outlined in the policy will move children placed in out of home care into placements and services that will meet their needs.

- VII. **CROSS REFERENCES:**
 Florida Statutes 39
 Florida Administrative Code 65C-13
 Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook
 Florida Medicaid Specialized Therapeutic Services Coverage and Limitations Handbook
 Statewide Inpatient Psychiatric Program Coverage and Limitations Handbook

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Juvenile Rule Procedure for Residential Treatment
Sunshine Health Vendor Services Agreement
CFOP 155-10/175-40: Services for Children with Mental Health and any Co-Occurring Substance Abuse or Developmental Disability Treatment Needs in Out of Home Care Placements

VIII. DEFINITIONS:

A. AHCA - The Agency for Health Care Administration, which is the agency of state government that administers Florida's Medicaid program.

B. Behavioral Health Care Coordinator - central point of contact within a geographic area to assist child welfare staff in accessing and integration of mental health services for children under supervision by the lead agency.

C. Case Plan - A written and executed time-limited agreement, as described in Chapter 39.601, F.S. negotiated between the child welfare case worker and the family and reviewed by the child welfare attorney. The case plan applies to the child throughout the continuation of voluntary services, dependency, out-of-home care, or termination of parental rights proceeding or related activity or process.

D. CBCIH Integration Manager employed by CBCIH who provide consultation and technical support related to the Child Welfare Specialty Plan to Community Based Care Lead Agencies.

E. Child Welfare Case Manager - Employee of the Case Management Organization (CMO) who provides case management services to dependent children.

F. Child Welfare Specialty Plan Enrollee - a child who is Medicaid eligible and is enrolled in the Sunshine Health, Child Welfare Specialty Plan, due to an active status in the child welfare system of care. This includes children who have an open child welfare case, those who have been adopted and are receiving maintenance adoption subsidy and those who are receiving extended foster care or independent living services.

G. Children's Legal Services (CLS) - That function of the department assigned the responsibility for providing legal representation of the department in child dependency proceedings.

H. Comprehensive Behavioral Health Assessment - (CBHA) is an in-depth and detailed assessment of a child's emotional, social, behavioral development as it relates to mental health and substance abuse needs, which includes recommendations regarding behavioral health services to assist in directing individualized treatment and integration of services in support of permanency goals. This assessment is provided to children 0-17 who are Medicaid eligible and placed in out of home care or present with a serious mental or substance abuse diagnosis.

I. Department - Department of Children and Families (DCF)

J. Health Case Management—Case Management Services, provided by Sunshine Health (referred to as Sunshine Case Management or SCM), that are designed to address areas of high medical and/or behavioral health need for plan enrollees.

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K. Integrate®—a web-based information system designed to integrate physical health, behavioral health and child welfare data into a single platform of applications.

L. Lead Agency - Children’s Network of Southwest Florida, LLC, a licensed private community-based contract provider responsible for coordinating, integrating and managing a local system of supports and services for children who have been abused, abandoned or neglected and their families.

M. Managed care or MMA - a health care system that integrates the financial management for those eligible for Medicaid in order to deliver appropriate health care services to covered individuals by arrangements with selected providers to furnish a comprehensive set of health care services and formal programs for ongoing quality assurance and utilization review.

N. Medicaid - “Medicaid” as defined in Rule 59G-1.010, F.A.C. which includes eligibility based on income for most groups using Modified Adjusted Gross Income (MAGI)

O. Medication management – A standard process in place in accordance with the Department of Children and Families’ requirements.

P. Medically Necessary services (or medical necessity criteria)—allied care, goods, or services furnished or ordered as defined in Chapter 59G-1.010 (166), Florida Administrative Code.

1. Medically necessary services must meet the following conditions:
 - a. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
 - b. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs;
 - c. Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;
 - d. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available; statewide; and
 - e. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.
2. “Medically necessary” or “medical necessity” for inpatient hospital services requires that those services furnished in a hospital on an inpatient basis could not, consistent with the provisions of appropriate medical care, be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type.
3. The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

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- Q.** Out-of-Home Care - the placement of a child, arranged and supervised by the Department of Children and Families or its agent, outside the home of the child's custodial parent. This includes placement in licensed shelter, foster home, group home and relative as well as non-licensed placement.
- R.** Qualified Evaluator (QE)—a professional who is required by state law to be either a licensed psychologist or psychiatrist and have no financial or business relationship with a SIPP or TGH facility
- S.** Residential care - long or short term care provided to children in a residential setting rather than a family foster home. These setting provide daily living skills; educational support and additional supports which may include behavioral health overlay services.
- T.** Specialized Therapeutic Foster Care (STFC) - intensive mental health treatment provided in specially recruited foster homes. The program is designed to provide the supervision and intensity of programming required to support children with moderate to severe emotional or behavioral problems and to avoid the need for admission to an inpatient psychiatric hospital or residential. The child and family receive therapeutic support services from a contracted provider. Specialized therapeutic foster care services incorporate clinical treatment services, which are behavioral, psychological, and psychosocial in orientation. Services must include clinical interventions by the specialized therapeutic foster parent(s), a clinical staff person, and a psychiatrist. A specialized therapeutic foster parent must be available 24 hours per day to respond to crises or to provide special therapeutic interventions.
- U.** Statewide Inpatient Psychiatric Program (SIPP) - services provided in an intensive residential setting that include crisis intervention; bio-psychosocial and or psychiatric evaluation; close monitoring by staff; medication management; individual, family, and group therapy; and connection to community based services. SIPP facilities provide intensive psychiatric services to children in a locked residential setting and are designed to serve those high-risk youths that fail to benefit from acute psychiatric inpatient or traditional outpatient treatment settings. These services are expected to be of relatively short duration, allowing for reintegration back into community treatment as soon as is clinically appropriate. Eligible children and youth must have an age appropriate cognitive ability and be expected to benefit from residential treatment. Dependent children may not be referred or admitted without an independent evaluation by a qualified evaluator in accordance with Chapter 39.407, F.S., which concurs with the findings of medical necessity for this level of care.
- V.** Suitability Assessment - assessment for children in Out of Home Care that is conducted independently to determine the highest level of therapeutic services the child is eligible to receive. These assessments are limited to children referred for placement in a specialized therapeutic group home (STGC) or statewide inpatient psychiatric program (SIPP).
- W.** Termination of Parental Rights (TPR) - the biological or adoptive parents no longer have legal guardianship of their child(ren).

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- X. Therapeutic Group Care or Specialized Therapeutic Group Home (STGC/STGH) - community-based psychiatric residential treatment services designed for children and adolescents with moderate to severe emotional disturbances. They are provided in a licensed residential group home setting serving no more than 12 residents. Treatment includes provision of psychiatric, psychological, behavioral and psychosocial services to Medicaid eligible children who meet the specified Medical Necessity Criteria.

IX. PROCEDURES:

- A. The Behavioral Health Care Coordinator is the central point of contact within the Children's Network to assist child welfare staff in accessing and integration of mental health services for children under supervision by the Children's Network of Southwest Florida. For post-adopt cases and for participants who have not signed consents, the Behavioral Health Care Coordinator should offer help to the participant or the guardian, if the participant is under age 18. If the participant desires help, then they must sign a consent. Behavioral Health Care Coordination activities include, but are not limited to:

1. Coordination and review of Comprehensive Behavioral Health Assessments (CBHA)
2. Assessment of behavioral health needs, and identification of enrollees, who may benefit from behavioral health care management services.
3. Facilitation of Multi-Disciplinary Team (MDT) meetings which are held in order to review behavioral health needs for children who are referred for behavioral health services, as well as for those who may require access to therapeutic placements and/or higher levels of care.
4. Participation in discharge planning activities, following an enrollees' admission into an inpatient hospital or crisis stabilization unit, in order to coordinate services and to ensure that the enrollee attends a seven (7) day follow up appointment.
5. Reviewing of health and wellness reports (i.e., Care Gap Reports), provided by Sunshine Health, which indicate services and performance measures that are due, or past due.
6. Providing critical incident reports to CBCIH
7. Documenting care coordination tasks in the system identified by CBCIH.
8. Medication management as described below.

B. Comprehensive Behavioral Health Assessments (CBHA):

1. The Child Protective Investigator or Child Welfare Case Manager will complete a Comprehensive Assessment Referral form (Exhibit A) and forward it to the Rev Max Unit.

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2. The Rev Max Specialist will complete the Authorization for Comprehensive Behavioral Health Assessment (Exhibit B), determine the child's Medicaid eligibility status and obtain the court order. This information is forwarded to the Utilization Management Specialist immediately upon receipt of the court order and documentation that the child is receiving Medicaid. If the child is ineligible for Medicaid, then the information is forwarded immediately to Utilization Management upon receipt of the court order.
3. The Utilization Management Specialist will assign and forward the assessment packet to an approved provider of comprehensive behavioral health assessments, within 24 hours of receipt from Rev Max unit. Assignments are made on a rotating basis. The packet must contain the following:
 - a. Completed referral form.
 - b. The parent's signed consent for the assessment OR copy of court order per F.S.39.407(3).
 - c. Medicaid Authorization form (**Appendix B Medicaid Handbook**) signed by Children's Network of Southwest Florida Representative.
 - d. Shelter order if child was court-ordered into shelter.
4. A Utilization Management Specialist will log the referral into the Children's Network of Southwest Florida's tracking system.
5. Comprehensive Behavioral Health Assessment Assignments
 - a. The Provider Agency will complete the summary page of the Child and Adolescent Needs and Strengths (CANS-MN or CANS 0-3) assessment tool to serve as the first page of the completed report.
 - b. Within 24 calendar days of receipt of a complete referral, the Provider Agency will return the completed CBHA to the Children's Network. CBC staff will communicate the expectations to Provider agencies regarding delivery methods of completed assessments.
 - c. The Children's Network and CBHA assessors have the ability and responsibility to refer a child directly to a Baker Act receiving facility when that intensive level of crisis intervention is necessary during the course of completing a CBHA. The assessment provider will be asked to contact the Behavioral Health Care Coordinator as soon as possible if the assessment provider has initiated Baker Act procedures or referred the child directly to an addiction receiving facility. The Behavioral Health Care Coordinator is responsible for notifying the Child Welfare Case Manager of the assessor's intervention decision.
 - d. Neither the Children's Network nor CBCIH can guarantee throughout the assessment a child/children will remain in a placement or that all parties needed to complete an assessment will be available or cooperative. If an assessor is unable to complete the

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assessment for any reason, the Behavioral Health Care Coordinator must be contacted immediately.

e. If/when the Child Welfare Case Manager is contacted by the assessor, the case manager should be prepared to provide the following at a minimum since assessors do not have unlimited access to CMO dependency files.

- 1) Current location of the child
- 2) Risk assessment
- 3) Copy of Shelter Petition
- 4) Parent Information excluding FCIC or NCIC reports.
- 5) CMO case manager's phone number and email address for follow up

6. The comprehensive behavioral health assessment provider will return the completed assessment to the Utilization Management Unit/Behavioral Health Care Coordinator within 24 calendar days of receipt of the referral.

7. The Behavioral Health Care Coordinator will review the assessment for quality, completeness, any indicated urgent need for mental health service adherence to Medicaid required elements and billing hours. If the assessment is not complete or satisfactory, the Behavioral Health Care Coordinator will notify the assessment provider within (1) working day. The comprehensive behavioral health assessment provider has (3) working days to correct the assessment and return the corrected report to the Behavioral Health Care Coordinator. The approved report will be forwarded to the CMO supervisor within 1 day of receipt. If the assessment indicates an urgent need, the Behavioral Health Care Coordinator shall ask the Child Welfare Case Manager to obtain parental consent or court order for services and the Child Welfare Case Manager will expedite the referral for needed services.

8. Most children in foster care are covered by Medicaid. The Children's Network of Southwest Florida will use its funding to provide assessments *only* to those children who, due to their circumstances, are not covered by Medicaid.

9. Authorization Requirements

a. Any CBHA that requires over 15 hours up to 20 hours requires authorization. CBHAs are designed to provide functional information that will aid in the development of treatment interventions, to provide data to promote the most appropriate out-of-home placement, and to provide recommendations related to permanency. CBHAs will be completed according to the Medicaid handbook.

b. Assessors completing CBHAs for an enrollee of the Sunshine Child Welfare Specialty Plan shall utilize the approved Time Log and must submit a log with the completed assessment. The following conditions must be present in order for a provider to request

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authorization for additional assessment hours:

- 1) Child has been previously diagnosed with a mental health condition and displays significant behavioral health concerns, or significant developmental / medical concerns that necessitate additional time for interviewing, observation and record review.
- 2) Child has treatment concerns demonstrating a lack of progress in current program, recent hospitalizations, frequent moves and/or treatment disruptions, which necessitate additional time for interviewing observation and record review.
- 3) Child's treatment/medical history and behavioral health concerns have complicated the process of differential diagnosis, necessitating additional time for interviewing, observation and record review.
- 4) Siblings: Children have multiple parent/caretaker relationships making the parent/caretaker interview process lengthier.

c. Provider request for authorization for additional hours to complete an assigned CBHA shall be submitted to Sunshine Health case management as soon as it is determined that one of the above conditions is present.

10. Out of County Assignment of a CBHA

The Children's Network of Southwest Florida will track Comprehensive Behavioral Health Assessments which require assignment to contracted CBC Lead Agencies

11. Assessment Updates

- a. A child in licensed foster care who has not been provided an assessment within 12 months AND is experiencing significant behavioral and/or emotional difficulties in his/her current placement is eligible for an annual comprehensive behavioral health assessment. When a CBHA is utilized as a component of the decision making process for therapeutic placement the assessment may not be older than one year.
- b. Other types of assessment are available under the Sunshine Health Child Welfare Specialty Plan. The Behavioral Health Care Coordinator will consider these assessments prior to routinely requesting an updated CBHA.

12. Staffing Requirements

- a. The Children's Network of Southwest Florida will ensure that agencies conducting CBHA assessments meet the requirements as outlined in the Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.
- b. CNSWFL expects Provider Agencies to keep a sufficient number of assessors employed or on contract to manage referrals. CBCIH expects Provider Agencies to make

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every effort to have a culturally diverse staff to handle the diverse ethnic backgrounds in their geographic area.

13. Clinical Oversight

The Behavioral Health Services Coordinator will consult as needed with the CBCIH Coordinator and Sunshine Health regarding recommendations put forth in a Comprehensive Behavioral Health Assessments.

14. Services after the assessment

The UM Unit will log the completion date of the comprehensive behavioral health assessment into the Children's Network Comprehensive Behavioral Health Assessment log. The UM Specialist will complete Service Authorizations in the electronic tracking system based upon the assessment recommendations (except those indicating enhanced placement or placement into residential settings). Every effort will be made to forward the Service Authorization to the Child Welfare Case Manager within 5 business day of the approved Comprehensive Behavioral Health Assessment.

15. The assigned Utilization Management Specialist will document the required Service Authorizations on the Comprehensive Behavioral Assessment 30 day follow up form.

C. Multi-Disciplinary Team (MDT):

Multi-Disciplinary Team meetings are coordinated by the Children's Network's Behavioral Health Care Coordinator, or designee, and will consist of members identified in accordance with the Medicaid Specialized Therapeutic Services Coverage and Limitations Handbook. MDT attendance may be expanded to include additional members as determined by the Children's Network.

1. MDT Purpose and Membership

- a. Community Based Care Integrated Health has contracted with the Community Based Lead Agencies within the State to provide coordination services and to provide documentation necessary in order to obtain authorization for therapeutic levels of care, if indicated and in accordance with the child's treatment needs. The MDT process is designed to provide an ongoing assessment of the treatment needs of those children with complex needs and/or those who have been identified as in need of specialized services. The Behavioral Health Care Coordinator or designee is the person identified within the Children's Network to manage the MDT process and to serve as liaison to Sunshine Health.
- b. The core members of the MDT should include: Behavioral Health Care Coordinator, Child Welfare Case Manager, and the clinician or health care representative who can provide information related to the current treatment needs of the child. Other child specific advocates within the community including parents and relatives, foster parents, targeted case managers, nurse care coordinators, medical health care providers, guardians ad litem, attorneys ad litem, other service providers, school

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representatives, and a representative from a local Medicaid office or other MMA plan, if applicable, may be included.

- c. CBCIH Regional Coordinators attend MDT meetings frequently and are available to attend specific meetings, upon request from the Behavioral Health Coordination. CBCIH Integration Managers attend at least one (1) MDT in person, typically on a quarterly basis to coincide with the quarterly monitoring visit.
- d. The Behavioral Health Care Coordinator will assure representative(s) from Child Welfare Specialty Plan are included on the distribution list for receipt of MDT meeting invitations for plan enrollees.
- e. Documents necessary for decision making regarding the various levels of therapeutic services are currently specified in the respective Medicaid Handbooks. The Children's Network may require other documents such as the Comprehensive Behavioral Health Assessment.

2. MDT Process

- a. MDT case staffings are required and held prior to placement in STFC Level I and Level II, STGC or SIPP levels of care in order to ensure that all behavioral health needs are addressed and considered, including less-restrictive alternatives that may offer comparable benefit.
- b. STFC Crisis Intervention may be used for a maximum of thirty (30) days for an enrollee for whom services must occur immediately in order to stabilize a behavioral, emotional, or psychiatric crisis. Any exception to this length of stay must be approved, in writing, by the MDT. An MDT case staffing is required to be held within the 30 days.
- c. Behavioral Health Care Coordinators, or designees, are responsible for developing an agenda for upcoming MDT meetings and for sending MDT meeting invitations in advance of the meeting. Behavioral Health Care Coordinators, or designees, should review each enrollee's Medicaid eligibility and should extend invitations to involved parties in accordance with Medicaid guidelines and the CBCIH Services Agreement.
- d. The Behavioral Health Care Coordinator should maintain a centralized log to track referrals to the MDT.
- e. The CBC Lead Agency's Behavioral Health Care Coordinator will facilitate the MDT meeting and will prepare a summary of the discussion, including the findings, the team's recommendations and items for follow-up, which are tracked in order to ensure that they are included for discussion during subsequent MDT case staffings.
- f. A Statewide MDT Meeting Note will be utilized to ensure that the team's discussion is comprehensive, considering all aspects of the child's behavioral health, treatment and placement needs. Behavioral Health Care Coordinators, or their designees, should

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ensure that all parties in attendance receive the MDT meeting notes and/or summaries. They should also ensure that intended providers receive information that will assist with completion of request(s) for service authorization, if applicable. Request(s) for authorization of required services is the responsibility of the behavioral health services provider.

- g. Following the initial MDT, subsequent MDT reviews for STFC, TCG and SIPP treatment should occur, at minimum, every ninety (90) days in order to continuously assess the child's needs, progress toward the discharge plan.
- h. The Behavioral Health Care Coordinator, or designee, will be responsible for discharge planning and identification of appropriate treatment, during each MDT staffing.
- i. The Behavioral Health Care Coordinator will make a referral to the assigned vendor in order to obtain a Suitability Assessment from a Qualified Evaluator when the MDT is making a recommendation for Therapeutic Group Care or SIPP. If the child is Medicaid eligible but not in the Sunshine Health Child Welfare Specialty Plan, the assigned managed medical assistance program will be contacted to manage the review and certification for this level of care.

D. Level of Care Recommendations and Placement Changes

The Children's Network is responsible for locating placements for children, including those children who are recommended for placement within therapeutic programs, in accordance with child welfare contract requirements.

- 1. The Children's Network of Southwest Florida will use its current process to locate a therapeutic placement. If a program is located outside of the geographic catchment area, contact with the CBC Behavioral Health Care Coordinator for that catchment area is required prior to placement in order to ensure that various legal and CBCIH programmatic processes are satisfied prior to placement.
- 2. The MDT is responsible for making level of care and/or treatment recommendations based upon information provided during the meeting. This information is reviewed in conjunction with the medical necessity criteria, established by the Medicaid Program and located within the respective Florida Medicaid Specialized Therapeutic Services Coverage and Limitations Handbook and/or the Statewide Inpatient Psychiatric Program Handbook, and as specified within the Child Welfare Specialty Plan's utilization management procedures for the authorization of behavioral health services.
- 3. The Behavioral Health Care Coordinator may request assistance from CBCIH regarding implementation of the MDT's treatment recommendations, including recommendations for therapeutic levels of care, or for alternative services recommended by the team, if higher levels of care are not warranted. This may involve assisting with the location of appropriate treatment providers/levels of care and conducting statewide searches for available therapeutic programs in accordance with the Children's Network's policies and

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procedures.

4. Upon location of a receiving provider, the Behavioral Health Care Coordinator and/or the Children's Network's subcontractors, are responsible for:
 - a. Adhering to processes established for the intrastate movement of children
 - b. Providing courtesy notification to the CBC Lead Agency and/or the Behavioral Health Care Coordinator located within the intended provider's geographical area, if applicable
 - c. Providing MDT recommendations and relevant documentation necessary to determine eligibility for admission and to obtain authorization for provision of treatment services
 - d. Ensuring that necessary court orders are obtained and provided
 - e. The Children's Network is responsible for ensuring compliance with Florida Administrative Code 65C-13 regarding the placement of children in therapeutic foster homes. Approval must be given by the MDT and noted on the MDT recommendation.
 - f. CBCIH Integration Managers are available to provide technical support and to assist with facilitation of Statewide searches for therapeutic placements, upon request.
 - g. The CBCIH Behavioral Health Consultant is also available to provide clinical guidance and recommendations regarding therapeutic services/placements, upon request from either the CBCIH Integration Manager or the CBC Lead Agency's Behavioral Health Care Coordinator.

E. Medication management

- a. The Children's Network of Southwest Florida will provide training of child welfare staff related to medication administration, when applicable.
- b. CNSWFL Behavioral Health Care Coordinators and/or Nurse Care Coordinators are available to provide assistance related to prescribed medication issues or concerns and shall contact the member's Sunshine Health Case Manager, if assigned, as needed to resolve any encountered barriers and to prevent any interruption to prescribed medication.
- c. The Child Welfare Case Manager, Behavioral Health Care Coordinator and Nurse Care Coordinator may also contact the CBCIH Integration Manager, the CBCIH Behavioral Health Consultant and/or the CBCIH Health Care Consultant for additional assistance.
- d. CBC Lead Agencies ensure that processes are in place to manage the (interstate/intrastate) movement (i.e., placement/residence changes) of prescribed medication for children in Out of Home dependency status and enrolled in the Child Welfare Specialty Plan.

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- e. Children who reside with their legal guardian shall have matters regarding their prescribed medications managed and handled by their legal guardian. Assistance to resolve prescribed medication barriers maybe requested from the Child Welfare Case Manager, Behavioral Health Care Coordinator and Nurse Care Coordinator when enrolled in the Child Welfare Specialty Plan.

F. Sunshine Case Management Referral and Coordination

1. The Behavioral Health Care Coordinator may request Case Management through Community Based Care Integrated Health (CBCIH). CBCIH communicates with Sunshine to ensure consistent, effective and appropriate communication regarding plan enrollees who may be candidates to receive case management services. Case Management programs are designed to optimize the social and mental functioning of enrollees by increasing community tenure, reducing readmissions, enhancing support systems, and improving treatment efficacy through advocacy, communication and resource management. While care coordination activities are available to all enrollees, requests for and release of records, and discussion of case details, regarding IL and adoptive children will require a release from the IL youth or adoptive parent. IL youth are asked to sign a release as part of the process as they transition to ECC or PESS.
2. Behavioral Health Case Management includes more frequent contact with, and more intensive coordination of, resources among, the enrollees, caregivers, providers, and individuals and organizations that provide behavioral health support and services to the designated enrollees. If the decision is made to offer Care Management services, the assigned Care Manager will contact the appropriate CBC Lead Agency's Behavioral Health Care Coordinator (as applicable) to inform him/her that services will be offered to a Child Welfare Specialty Plan enrollee. The Sunshine Care Manager shall notify the Behavioral Health Care Coordinator upon both the opening and closing of a case, in addition to maintaining ongoing communication on active cases.
3. Behavioral Health Care Coordinators, or designees, are responsible for the identification, coordination and referral of plan enrollees who require additional assistance with their behavioral health needs, including those enrollees who are identified requiring higher levels of care.
 - a. The Behavioral Health Care Coordinator shall refer eligible enrollees within two (2) business days of identification of potential eligibility for case management services.
 - b. Upon identification of an enrollee who may meet case management criteria, CBCIH and/or the CBC Lead Agency will utilize the referral/notification process, taking actions that may include, but are not limited to:
 - 1) Completion of the Case Management Referral Form via Integrate®
 - 2) Contacting Child Welfare Member Services (1-855-463-4100)

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- 3) Coordinating contacts with the Dependency Case Manager, Parent/Guardian and/or Caregiver
 - 4) Ensuring that necessary documentation is completed and provided for service coordination.
- c. Care Managers may also identify possible members for the program through the review and evaluation of clinical information according to the established Case Management criteria.
- d. Identification of enrollees who may be candidates for Sunshine Case Management may occur:
- 1) At the time of the initial assessment;
 - 2) During a concurrent review;
 - 3) As part of a discharge and aftercare plan;
 - 4) During MDT meetings
 - 5) Through the clinical front-end system;
 - 6) As part of an assessment by employees within another specialty program; or
 - 7) Through the review of customer or claims and authorization reports.
- e. The Sunshine Care Manager will determine if the enrollee meets criteria for the case management program. If the enrollee is eligible, the referral will be communicated to the appropriate parties.
- 1) Sunshine will collaborate with CBCIH regarding outreach and case management activities in order to minimize confusion to the parent/guardian, caregiver(s) or enrollee.
 - 2) If indicated, Care Managers may involve physicians who have expertise that may be of assistance when managing behaviorally complex cases.
 - 3) CBCIH, the Children's Network and Sunshine may participate in case management integrated care team and multidisciplinary care team meetings, if indicated and upon request, regarding the needs of enrollees.
 - 4) CBCIH, the Children's Network and Sunshine staff who are managing the enrollee should be prepared to provide a summary of the enrollee's needs and recommendations for discussion during these meetings.

G. Discharge Planning and Aftercare

The Children's Network has processes in place to ensure that hospitalized enrollees are successfully discharged from inpatient psychiatric facilities or crisis stabilization units into the community and to ensure that the enrollees receive necessary aftercare services.

1. Upon admission into a facility, a preliminary discharge plan is established by the clinical staff in order to begin preparing for the child's discharge into the community. Children who are exiting inpatient care will be assessed for admission into Sunshine Care Management services to help manage the child's transition into community services, ensuring continuity of care and preventing subsequent admissions.
2. The Children's Network, along with the Child Welfare Case Manager, provides frequent monitoring of the child's placement and community-based services in order to prevent future inpatient admissions and to keep the child within the identified home/community.
3. The Children's Network will follow the CBCIH-developed policy for the Seven Day Follow up and Rapid Inpatient Readmission Process as part of the discharge/aftercare process. The Behavioral Health Care Coordinator is responsible for ensuring this process is appropriately followed and that seven (7) day follow up appointments are scheduled and CWCMs are aware of the appointment time.
4. The Children's Network will ensure that the enrollee and his/her parent, guardian or caregiver has all of the necessary resources in order to remain successful in the community, including access to services and necessary medication. The Behavioral Health Care Coordinator will collaborate with CBCIH as they provide oversight, guidance and support, and will participate in quarterly monitoring visits of the Children's Network to assess the effectiveness of the process.
5. CBCIH remains involved in the oversight and management of the child's behavioral health treatment, and is responsible for notifying Sunshine and/or Cenpatico when issues arise in this process.
6. The Child Welfare Case Manager will document all contacts in FSFN within 2 working days.

H. Additional Care Coordination Responsibilities

1. The Children's Network is also responsible for additional behavioral health-related care coordination responsibilities, including but not limited to, the following:
 - a. Educating caregivers regarding medications, routine medical care, how and when to contact the child's Primary Care Physician.
 - b. Assessing, on an ongoing basis as well as upon initial placement or placement changes, the enrollees' needs.

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- c. Viewing behavioral health information that is available within the Sunshine Health Provider Portal (SPP) to understand the services that are being provided and to assess for continuous coordination of care needs.
 - d. Identification of needed or necessary services and compilation of documentation necessary to ensure provision, including service authorization.
 - e. Ongoing collaboration with Sunshine and assistance with contacting the applicable caregiver and/or enrollee.
 - f. Providing additional information necessary for service coordination for the enrollee and/or providing support regarding:
 - 1) Parent/Caregiver's needs
 - 2) Arrangement for needed practitioner or ancillary provider appointments
2. Educating Parents and Caregivers:
- a. Information related to health care services should be shared by with parents and caregivers for children enrolled in the Child Welfare Specialty Plan.
 - b. The CBCIH Integration Managers are responsible for ensuring that necessary training is conducted at CBC Lead Agencies and that the methods used for communication of information are assessed as part of monitoring process.
 - c. Behavioral Health Care Coordinators, or their designees and Child Welfare Case Managers are responsible for communicating information to parents and caregivers. Supporting documentation and sign-in sheets should be provided to the Integration Managers during quarterly monitoring.
 - d. The Children's Network will train Care Coordinators, Child Welfare Case Managers and any other direct care staff on the importance of sharing the following information with all caregivers (e.g., foster parents, parents, or relative/non-relative caregivers):
 - 1) Administering prescribed medications to child consistently as prescribed;
 - 2) Knowing who the primary care physician is for the child including office hours and how to contact the PCP 24 hours a day;
 - 3) When to contact the PCP in order to receive timely services when a child begins to have symptoms of illness;
 - 4) When to go to the emergency room and for what conditions;
 - 5) When to use alternatives to the emergency room including the PCP's office and urgent care;

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- 6) Knowing who provides dental and vision care for the child; and
- 7) Keeping all appointments, especially for behavioral health services
- e. Training for caregivers on the information above may be provided:
 - 1) During initial training for new foster parents and in the mandatory foster parent trainings each year through the identified trainers at Children's Network;
 - 2) During monthly face-to-face meetings between the Child Welfare Case Manager and the caregiver in the home;
 - 3) During initial and ongoing staffings with parents, foster parents and relative/non-relative caregivers.
3. Quality Improvement:
 - a. Behavioral Health Care Coordinators will review case management reports/data, available within the Integrate® system and/or the Sunshine Health Secure Provider Portal (SPP) and will communicate with the CBCIH Regional Coordinator and CBCIH Behavioral Health Care Consultant as needed, or upon request. Any client over age 18 or in post-adoptive status must have a consent signed by either the young adult or the adoptive parent for this information to be reviewed or shared.
 - b. The activities and outcomes of the Case Management program are reviewed and evaluated by the Operating Committee; findings may be shared with the CBC Lead Agency staff and/or Behavioral Health Care Coordinators for process improvement opportunities.
 - c. All exchanges of confidential information with all individuals adhere to the parameters established by regulatory and state mandates and privacy policies.

I. Behavioral Health Medication Review (BHMR) Reports

1. The Behavioral Health Care Coordinator (BHC) and/or the Psychotropic Medication Specialist will receive Behavioral Health Medication Review (BHMR) reports, provided by Sunshine Health when applicable. BHMR's are initiated based on a variety of factors, as determined by Sunshine Health (please refer to the Sunshine Health process for Behavioral Health Medication Review for additional information).

Behavioral Health Medication Reviews are provided to the BHC, NCC and assigned child welfare case manager for CWSP enrollees. A child who resides with their legal guardian will be mailed a copy of the BHMR by the Children's Network to follow up on recommendations.

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2. BHMRs reports result in one of four possible determinations:
 - a. Medication regimen is within the parameters;
 - b. Medication regimen is outside of the parameters, but has been reviewed and has been determined to be within the acceptable standard of care;
 - c. Medication regimen is outside of the parameters and it is determined that there is opportunity to reduce polypharmacy;
 - d. Medication regimen is outside of the parameters and it is determined that there is a risk for evidence of significant side effects.
3. Upon receipt of a BHMR report, the Lead Agency's Behavioral Health Care Coordinator and/or Psychotropic Medication Specialist
 - a. reviews the BHMR report with the appropriate parties, such as the Child Welfare Case Manager or Caregiver;
 - b. seeks clarity (if necessary) and addresses any relevant findings or issues; and
4. Upon receipt of a BHMR report for post-adoption enrollees, the CBCIH Integration Manager contacts the CBCIH Adoption Services Consultant who will involve the Children's Network Post-Adoption Services Designee and/or provide outreach to the family.
5. Should a compliance issue arise during the medication review process (BHMR and/or review of the MAR), the CBCIH Nurse/Healthcare Consultant and/or CBCIH Behavioral Health Consultant shall work with the CBC Nurse Care Coordinator and/or CBC Behavioral Health Care Coordinator to address these issues with the Child Welfare Case Manager and caregiver. These parties may also contact Sunshine Health directly for any additional assistance on the Child Welfare Case Manager or caregiver's behalf.
6. Working with post-adoption and over-18 enrollees in the child welfare plan
 - a. When a member is an adult or a person whose custody is no longer with the Children's Network, then a consent is required. The consent must be given by the member who is 18 years old or older or the person with legal custody of the adopted child.

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- b. If the consent is signed, then the case is referred to the case manager
- c. For adopted children, the case will be referred to the post-adopt case worker who will provide necessary follow-up and referrals and will document these actions in the system approved by CBCIH.
- d. For young adults formerly in the child welfare system who have consented to services, the case will be referred to the Independent Living provider for follow-up and referrals. The Children’s Network will assure appropriate documentation of services given is documented.

H. Critical Incident Reporting

- 1. Critical Incidents are required to be reported to CBCIH, and apply to all Child Welfare Specialty Plan enrollees who are receiving services from a program under contract with Sunshine (i.e., incidents that occur within residential programs receiving reimbursement for the provision of behavioral health services), unless otherwise specified
- 2. The Children’s Network will follow current CNSWFL procedures and processes related to submission of critical incidents. Incidents for enrollees of the Child Welfare Specialty Plan will be submitted to CBCIH as indicated in CBCIH policy CC-1002. Critical incidents must include the following information (in addition to the information pertaining to the incident and the circumstances surrounding the incident):
 - a. Enrollee’s First and Last Name
 - b. Enrollee’s Date of Birth
 - c. Enrollee’s Medicaid ID number
 - d. Program Name and Location
 - e. Program Type, if applicable (i.e., Statewide Inpatient Psychiatric Program; Specialized Therapeutic Group Care; Specialized Therapeutic Foster Care; Behavioral Health Overlay Services)

I. Children’s Network and CBCIH Integration Manager’s Role in Coordination of Behavioral Health Services

The CBCIH Integration Manager is responsible for:

- 1. Provision of technical support to each CBC Lead Agency and the corresponding Behavioral Health Care Coordinator, or designee;

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2. Assessing the adequacy of processes that were developed by the Children's Network in order to fulfill contractual duties related to coordination of behavioral health services. CBCIH reviews data reports that are provided by Sunshine Health in order to monitor each CBC Lead Agency's, and subsequent eligible enrollees', participation in case management services.
3. Upon the receipt of feedback from Sunshine Health, CBCIH provides updates and reviews processes with the Children's Network staff via regular and frequent meetings in an effort to ensure ongoing contract compliance related to service and care coordination activities, policies and procedures.
4. CBCIH Integration Managers conduct quarterly on-site monitoring visits with the Children's Network, to ensure that policies/procedures have been developed and implemented in accordance with CBCIH/Sunshine standards and guidelines. The Integration Manager reviews compliance in the following areas:
 - a. Care Coordination
 - b. Documentation
 - c. Pharmacy and Medication Management
 - d. Utilization Management
 - e. Quality Improvement
 - f. Network Management
 - g. Eligibility and Assignment
 - h. Communication and Training