




Policy and Procedures

<u>DEPARTMENT NAME</u> Fiscal		
<u>SUBJECT</u> Enrollment Process for In-Home children into the Sunshine plan.		<u>POLICY NUMBER:</u> RM-003
<u>APPROVAL:</u> 	<u>EFFECTIVE DATE:</u> 2-4-2014	<u>REPLACES :</u> New Policy

- I. **PURPOSE:** The purpose of this policy is to establish the method used by the Children’s Network of Southwest Florida (CNSWFL) to ensure consistent, timely and appropriate enrollment of recipients in the Medicaid Child Welfare Specialty Plan

- II. **REVIEW HISTORY:** This is a new Policy.

- III. **CONTACT:** CNSWFL Chief Financial Officer

- IV. **PERSONS AFFECTED:** This policy affects the children within the system of care living with their parents who have physical, mental health/behavioral health needs. It also affects the staff of case management organizations as well as Children’s Network of Southwest Florida staff.

- V. **POLICY:** This policy outlines the processes in place for enrollment of In Home Protective Supervision cases into the Medicaid Child Welfare Specialty Plan.

- VI. **RATIONALE:** The Sunshine Case Management program is designed to optimize the physical, social, and mental functioning of enrollees by increasing community tenure, reducing readmissions, enhancing support systems, and improving treatment (behavioral and medical health) efficacy through advocacy, communication and resource management.

- VII. **CROSS REFERENCES:**
 Florida Statutes 39
 FAC 65C-30
 Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook

- VIII. **DEFINITIONS:**

Case – a group of one or more persons who are associated with one another and for whom the department provides services and arranges the provision of services

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Case File – all information for a case contained in the department's statewide automated child welfare information system (SACWIS), i.e., FSFN, as well as the supporting paper documentation gathered during provision of services to that family. FSFN is the primary record for each investigation and case

Case Transfer Staffing – the meeting between child welfare stakeholders that establishes the protective, treatment, and ameliorative services necessary to safeguard and ensure the child's safety, permanency and well-being

Contracted Service Provider – a private agency that has entered into a contract with the department or with a community-based care lead agency to provide supervision of and services to dependent children and children who are at risk of abuse, neglect, or abandonment.

In-Home Protective Supervision – services provided while a child remains in his or her own home and includes those cases where a child was removed, but has now been returned to the home of his or her parent or guardian. These services are designed to ameliorate the situation which lead to the abuse or neglect report and monitor the risk factors in the home which may impact the child/children.

Integrate® - the system platform developed by CBCIH to serve as the integration engine for FSFN data and Centene/Sunshine Health data. It is also the platform for data collection applications from child welfare lead agency staff, such as health risk screening information.

Lead Agency – an “eligible lead community-based provider” as defined in Section 409.1671(1)(e), F.S. The functions of a community based care lead agency include: (a) Organize and manage a network of service providers; (b) Provide case management for any children/families referred. The Children's Network of Southwest Florida is the lead agency for Circuit 20.

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).

On-Site Visit – a face-to-face visit with the parent or legal guardian or other subjects of the report at their reported location, and any other face-to-face visits conducted at sites other than the CPI or Child Welfare Dependency Case Manager's office locations

Relative or Relative Caregiver – a person who meets the definition of a relative and who is not being paid as a licensed foster or shelter parent for purposes of caring for a child in his or her custody.

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Turnaround File – a monthly report that provides a list of children who are not in Sunshine Health CW Specialty Plan as a result of data points or other criteria which failed to be met

IX. PROCEDURES:

1. At the first home visit the Child Welfare Case Manager will determine if the family should apply for benefits including Medicaid or is enrolled in a Medicaid managed health care plan or other Third Party health plan. The Child Welfare Case Manager will gather health care information along with other required and necessary case information from the parent/caregiver.

a. Parents/caregivers with a current Medicaid health care plan will be informed that correspondence will be sent to them from the Agency for Health Care Administration within the next 60 days informing them of the Choice to select the Sunshine State Specialty Plan as their health care plan. Parents/caregiver will be informed that this action is being taken as a result of their open child welfare case and that this health care plan specializes in services and providers trained in serving children in the child welfare system. The Child Welfare Case Manager will inquire and gather information as to whether the family is currently receiving services and by whom. The Child Welfare Case Manager may cross reference any current providers using the Integrate system to determine if the current providers are part of the Child Welfare Specialty Plan Network.

b. Parents/caregivers with no Medicaid or Third Party insurance should be advised to complete the ACCESS application to determine their eligibility for benefits, which include health care.

c. Parents/caregivers with active Third Party insurance through employment are not eligible for CBCIH unless their coverage is lost during the time when their child welfare case is open

2. Documentation of the above should be recorded in FSFN along with other pertinent information gathered during the first home visit.

3. During the next 60 days the Child Welfare Case Manager should continue to verify by contact with the family to determine if they have made a Choice regarding a health care plan.

4. Any subsequent contacts with the family should include a determination that the parent/caregiver has addressed health care coverage or applied for eligible benefits, to include health care. Child Welfare Case Manager will document the Primary Care Physician in FSFN.

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5. The Child Welfare Case Manager shall be responsible for knowing which providers are being utilized for each case.

6. The Nurse Care Coordinator shall review monthly the Turnaround File through the DCF Web portal; after review Children's Network of Southwest Florida staff shall correct errors which may be impacting enrollments. If the error cannot be corrected by the Children's Network of Southwest Florida, the child/children's demographic information, including Medicaid number, will be forwarded to a Regional Coordinator for follow up.