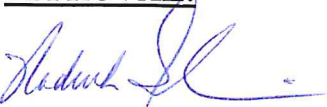




Coordination of Physical Health Care Services

<u>DEPARTMENT NAME</u> Utilization Management		
<u>SUBJECT</u> Coordination of Physical Health Care Services	<u>POLICY NUMBER:</u> UM-022	
<u>APPROVAL:</u> 	<u>EFFECTIVE DATE:</u> 2/3/2021	<u>REPLACES :</u> UM-022 3/31/2017

- I. **PURPOSE:** The purpose of this policy is to establish the provisions for the Children's Network of Southwest Florida to ensure timely and appropriate coordination of physical health care and related services for plan enrollees, including but not limited to:
 - Initial child health check-up for children removed and placed in shelter status.
 - Ongoing health check-ups for plan enrollees
 - Case management referrals for enrollees who have physical health needs
 - Case management referrals for enrollees who may be medically fragile and/or medically complex
 - Coordination of Durable Medical Equipment during placement/residence changes
 - Participation in Integrated Care Team meetings, upon request
 - Provision of training to caregivers, parents, Child Welfare Case Managers

- II. **REVIEW HISTORY:** This policy updates and replaces previously approved QM-046, UM-016, UM-017 and SD-002 and updates UM-022 completed 3/31/2017.

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

- IV. **PERSONS AFFECTED:** All children under the supervision of Children's Network of Southwest Florida who are enrolled in the child welfare plan.

- V. **POLICY:**
 - A. The well-child check-up screening shall take place no later than 5 working days of initial removal unless the child is returned to the home from which he or she was removed within 5 days of removal. Every effort will be made to obtain a well child check- up within 72 hours of removal to provide opportunities for early identification of medical needs to engage appropriate services. A child who appears to be sick or in physical discomfort shall be examined by a licensed health care professional within 24 hours.

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- B. Eligible children will be enrolled in Sunshine case management. This program 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. The Behavioral and Nurse Coordinator (as applicable) will stay in contact with the Sunshine Case Manager to determine that Sunshine Case Management services will be offered to a Child Welfare Specialty Plan enrollee. The Sunshine Case Manager and the Behavioral Health and/or Nurse Coordinator will maintain contact when a case is opened and until case management closure.
- C. The Children's Network of Southwest Florida and its subcontracted providers will assure that all children in the child welfare system who change placement will have their durable medical equipment go with them and be in working order in the new location.
- D. The Children's Network of Southwest Florida will have a comprehensive system to assure staff, caretakers, and external stakeholders have all the information they need about the Child Welfare Specialty Plan and its services. The Children's Network of Southwest Florida will use only training material that has been approved through CBCIH.

VI. RATIONALE:

- A. 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.
- B. This process assures all eligible children will receive necessary medical and behavioral health care in a timely manner and to assure that children have all medically needed durable medical equipment at all times.
- C. Further, the policy assures that training materials and delivery are consistent and accurate.

VII. CROSS REFERENCES:

Florida Statute Chapter 39

FAC 65C-30

FAC 65C-29.008

Florida Medicaid Child Health Check-Up Coverage and Limitations Handbook

Authorization to Use or Disclose Protected Health Information (PHI)

CBCIH Procedure 102 Coordination of Physical Health Care

VIII. DEFINITIONS:

- A. Case - a group of one or more persons who are associated with one another and for whom the Children's Network of Southwest Florida provides services and arranges the provision of services.
- B. Case File - all information for a case contained in the department's statewide automated child welfare information system (SACWIS), i.e., FSN and the Children's Network of Southwest Florida's electronic records storage data base, as well as the supporting paper documentation gathered during provision of services to that family.
- C. Intake, Triage, and Referral (ITR) - the communication 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. This is the forum where the decision to transfer the case from the Department of Children and Families to the Children's Network of Southwest Florida for case management is made.
- D. Child Health Check-up - a child health check-up is completed by a licensed health care professional no later than 5 working days of initial removal but preferably within 72 hours of removal unless the child is returned to the home from which he or she was removed within 5 working days of removal. This includes a child removed from his or her home who was placed with relatives or non-relatives in an unlicensed setting. Child Health Check-Ups are also performed according to a periodicity schedule that ensures that children have a health screening on a routine basis.
- E. Child Welfare Specialty Plan Enrollee—a child who is Medicaid eligible and is enrolled in the Sunshine Health, Child Welfare Specialty Plan, or the Sunshine Health Managed Medical Assistance Plan (MMA), 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.
- F. Contracted Service Provider - a private agency that has entered into a contract with the Children's Network of Southwest Florida to provide supervision of and services to dependent children and children who are at risk of abuse, neglect, or abandonment.
- G. HEDIS (Healthcare Effectiveness Data and Information Set)—a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows direct, objective comparison of

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quality across health plans. NCQA develops the HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers and policy makers. HEDIS allows for standardized measurement, standardized reporting and accurate, objective side-by-side comparisons.

- H. 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 led to the abuse or neglect report and monitor the risk factors in the home which may impact the child/children.
- I. Lead Agency - an “eligible lead community-based provider” as defined in Section 409.1671(1) (e), F.S. The functions of a 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.
- J. 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).
- K. Medically Necessary or Medical Necessity - as allied care, goods, or services furnished or ordered as defined in Chapter 59G-1.010 (166), Florida Administrative Code.
- L. 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 Child Welfare Case Manager’s office locations.
- M. 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.

IX. PROCEDURES:

A. Physical Health Care Coordination

These activities include ensuring timely and appropriate initial well-child check-ups, required for children who are removed and placed in shelter status, as well as ongoing health check-ups for plan enrollees, in accordance with the periodicity schedule in the Florida Child Health Check-Up Coverage and Limitations Handbook (i.e., Early and Periodic Screening, Diagnostic, and Treatment—EPSDT) and in accordance with Healthcare Effectiveness Data and Information Set (HEDIS) requirements. Additionally, these activities involve the identification, and referral, of children who require additional

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intervention in order to meet their health care needs. The Children's Network coordinates services and acts as a liaison in the facilitation of these medical services for eligible children who include young adults in the EFC and PSS programs, if the participant has signed a consent. For post-adopt cases and for participants who have not signed consents, the Nurse 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. Special conditions can be handled on a case-by-case basis.

1. Initial Child Health Check-up
 - a. Child Welfare Case Managers shall work with a Child Protective Investigator who removes a child or children as a result of allegations of abuse and neglect to obtain a Child Health Check Up. Screenings are to include a child or children removed from his or her home who was placed with relatives or non-relatives in an unlicensed setting.
 - b. This screening shall take place no later than 5 working days of initial removal unless the child is returned to the home from which he or she was removed within 5 days of removal. Every effort will be made to obtain a well child check- up within 72 hours of removal to provide opportunities for early identification of medical needs to engage appropriate services. A child who appears to be sick or in physical discomfort shall be examined by a licensed health care professional within 24 hours.
 - c. Child Welfare Case Managers shall have access to current Sunshine Health medical providers designated to provide Child Health Check Ups. Child Welfare Case Managers shall utilize these designated providers.
 - 1) If the child is placed in a foster home, with relatives or non-relatives who are then expected to take the child for the Well Child Health Check Up, current Sunshine Health medical provider information shall be provided by the placing agency staff.
 - 2) Dental screening is a component of the Well Child Health Check Up to check for obvious abnormalities. The child's dental status must be documented as part of the exam findings.
 - d. Nurse Care Coordinator will coordinate with the Child Welfare Case Manager to accomplish the Well Child Health Check Up when necessary.
 - e. CBC Nurse Care Coordinators shall obtain a copy of the results of the Child Health Check Up, or receive verbal information from the Child

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Protective Investigator, Dependency Case Manager, caregiver or medical provider in order to identify any immediate medical or dental needs which require follow-up action(s).

- 1) Nurse Care Coordinators will follow up with the foster parent or court approved placement to convey any additional medical or behavioral health issues that are identified.
 - 2) Medical or Behavioral health findings shall be referred for further assessment/treatment.
 - 3) Dental findings for children ages two (2) years and older shall be referred for further assessment/treatment. Referrals may be made for younger children, if deemed medically necessary.
- f. Results of health check-up shall be entered into FSN and ASK within 2 business days of receipt of the results.

2. Child Health and Dental Check-Ups

- a. The Child Health Check-Up Periodicity Schedule should be followed in order to fully satisfy the National Committee for Quality Assurance/Healthcare Effectiveness Data Information Set (HEDIS) performance measure requirements and to ensure appropriate physical health and dental care. The Child Health Check-Up Periodicity Schedule is as follows:

Birth or neonatal examination

- 2-4 days for newborns discharged in less than 48 hours after delivery
 - By 1 month
 - 2 months
 - 4 months
 - 6 months
 - 9 months
 - 12 months
 - 15 months
 - 18 months
 - Once per year for 2 through 20 year olds
- b. Per the American Academy of Pediatric Dentistry (AAPD) and in concert with NCQA standards, routine dental care should be initiated at two (2) years of age. Following the initial dental referral, subsequent examinations by a dentist are required every 6 months, or more frequently as prescribed by a dentist or other authorized provider

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per Florida Medicaid Child Health Check-Up Coverage and Limitations Handbook.

- c. To receive Medicaid reimbursement following the initial dental referral, subsequent examinations by a dentist are recommended every 6 months, or more frequently as prescribed by a dentist or other authorized provider per Florida Medicaid Child Health Check-Up Coverage and Limitations Handbook.
 - d. The Nurse Care Coordinator may help in coordination of Child Health and Dental Check Ups for those children placed in Out of Home Care or court ordered In-home Protective supervision cases when child welfare involvement is the result of medical neglect.
 - e. The Nurse Care Coordinator shall obtain a copies of the results of the health check up to identify any medical or dental needs requiring follow up of a child placed in out of home care.
 - f. Follow up with the foster parent or court approved placement will be made to convey any additional health conditions the caregiver should know about.
 - g. Results of health checkup shall be entered into FSFN, ASK, and the system identified by CBCIH.
3. Inter-periodic Child Health Check-Ups

Children in the child welfare system are disproportionately impacted by psychosocial circumstances and lack of financial resources. The Florida Medicaid Child Health Check-Up Coverage and Limitations Handbook allows for Medicaid reimbursement of inter-periodic Child Health Check-Ups that are medically necessary or requested by the child or the child's parent or caregiver. The determination of whether an inter-periodic Child Health Check-Up is medically necessary may be made by the child's medical, developmental, or educational professional who has specific knowledge or contact with the child.

4. Immunizations

- a. The initial and ongoing Child Health Check-Ups shall include efforts to determine the status of the child's immunizations. Recommended Childhood Immunization Schedule endorsed by the American Academy of Pediatrics is available on the Internet at www.cdc.gov/nip. (Click on publications.)

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- b. The Nurse Care Coordinator will arrange a process to locate records and coordinate immunizations for those children placed in Out of Home Care.
- c. The Nurse Care Coordinator will arrange to obtain the immunization records to identify any follow up vaccinations needed for a child placed in Out of Home Care.
- d. Follow up with the caregiver will be made to convey information regarding the child's immunizations.
- e. Immunizations data shall be entered into FSFN and ASK.

5. Health and Wellness Reports

- a. The Children's Network shall review health and wellness reports (i.e., Care Gap Reports) provided by Sunshine Health, indicating enrolled children who are due or past due for routine primary care, dental care, immunizations, etc. These reports are based upon the measured services, as identified in Exhibit II, Schedule A, of the Vendor Services Agreement between Sunshine Health and CBCIH.
- b. The Children's Network coordinates outreach and scheduling of the needed appointments to the respective staff within two (2) business days of receipt of the report. These activities shall be managed and monitored by identified Children's Network staff, including the Nurse Care Coordinator and/or HEDIS Point of Contact.

6. Physical Health Examinations for Residential Placements

- a. The Nurse Care Coordinator shall have access to a list of current Sunshine Health medical providers designated to provide physical exams. The Children's Network of Southwest Florida shall utilize these designated providers for continuity of care.
- b. The Nurse Care Coordinator will assist the Child Welfare Case Manager in coordination of these exams when necessary.
- c. The Nurse Care Coordinator shall obtain a copy of the results for entry into the child's medical record and/or verbal follow up with the identified placement regarding medical or dental needs of the child placed in out of home care.
- d. If coordination of medical care is required due to the child being placed outside Circuit 20, the Nurse Coordinators and the child's assigned MMA will work together to coordinate care.

7. Services to pregnant enrollees

- a. After notification by the child's case manager, the Nurse Care Coordinator will work with the Sunshine OB nurse to assure that pregnant young women get the required care and follow-up required.
- b. If the young woman is age 18 or older, she must consent to receiving these services.
- c. All actions taken will be documented in the system designated by CBCIH and in FSFN.

8. Coordination and Tracking of Medical Foster Care members

- a. If the Children's Network is aware, the Nurse Care Coordinator will notify Sunshine when a member has been referred to a Children's Multi-Disciplinary Assessment Team (CMAT) and provide information about the member to Sunshine prior to the staffing.
- b. The Nurse Care Coordinator will track information about children and their foster parents on the Sunshine plan.
- c. After the initial staffing, the Nurse Care Coordinator or designee will attend CMAT staffings for children on the child welfare specialty plan.
- d. The Nurse Care Coordinator, when aware of the change, will notify Sunshine when a child is placed in a Medical Foster Home or discharged and a notification from the CMAT team is received.
- e. Contacts will be documented in the system designated by CBCIH and FSFN.

9. Sunshine Health Case Management Referral and Coordination

- a. The Children's Network communicates with Sunshine Health to ensure consistent, effective and appropriate communication regarding plan enrollees who may be candidates to receive Sunshine Health Case Management services. Sunshine Case Management (SCM) programs are designed to optimize the physical, 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. SCM program information can be located via Sunshine Health's website, www.sunshinehealth.com.

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- b. Health Care Case management program, operated by Sunshine Health, include intensive contact and coordination of resources involving the enrollees, caregivers, providers, individuals, and organizations that provide medical health support and services to the designated enrollees.
- c. Nurse Care Coordinators are responsible for the identification, coordination and referral of plan enrollees who require additional assistance with their physical health needs, including those enrollees who are identified as being medically complex and/or medically fragile.
 - At the time of the initial assessment;
 - During a concurrent review;
 - As part of a discharge and aftercare plan
- d. Enrollees may be identified during MDT meetings and/or during Integrated Care Team staffings.
- e. External Referral Process:
 - 1) The Nurse Care Coordinator shall refer eligible enrollees within two (2) business days of identification of potential eligibility for Sunshine Case Management (SCM) services.
 - 2) Upon identification of an enrollee who may meet SCM criteria, the Children's Network will utilize the referral/notification process, as provided by Sunshine Health, taking actions that may include, but are not limited to:
 - a) Completion of the Case Management Referral Form via Integrate®
 - b) Contacting Child Welfare Member Services (1-855-463-4100)
 - c) Completing an electronic referral, upon availability
 - d) Coordinating contacts with the Child Welfare Case Manager, Parent/Guardian and/or Caregiver
 - e) Ensuring that necessary documentation is completed and provided, including the Freedom of Choice Form for enrollees who have been determined by the Agency for Health Care Administration (AHCA) to be medically fragile

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- 3) The Children's Network will review the SCM referral when notified by Sunshine. If the decision is made to offer SCM, the Nurse Care Coordinator will assist the Sunshine Health Case Manager in making direct contact with the enrollee, parent/guardian and/or caregiver, upon request.
 - 4) The Children's Network will participate with CBCIH and Sunshine Health in case management integrated care team and multidisciplinary care team meetings, if indicated and upon request, regarding the needs of enrollees.
 - 5) The Children's Network representative who is managing the enrollee should be prepared to provide a summary of the enrollee's needs and recommendations for discussion during these meetings.
10. CBCIH and/or the Children's Network may also identify enrolled children who are medically fragile and/or eligible for the Children's Medical Services (CMS) program. This identification may be based upon a CMS special condition, previous enrollment in CMS services or the CMS MMA Plan and/or a determination of eligibility that is made by the CMS office, pending subsequent enrollment in the CMS MMA Plan. In the event that a child is determined to meet eligibility requirements for CMS, the child will be identified for SCM services in the interim, and the Children's Network staff will assist with arranging for the caregivers to participate in the care plan meetings, coordinate with the local CMS office regarding the application and enrollment process, and notify Sunshine when the child has been, or will be, enrolled in the CMS program.

11. Coordination of Durable Medical Equipment

The Children's Network and its subcontracted providers ensure that processes are in place to manage the (intrastate) movement (i.e., placement/residence changes) of children who are enrolled in the plan and who utilized durable medical equipment (DME). DME is generally defined as non-expendable articles, primarily used for medical purposes, in cases of illness or injury. These items typically include, but are not limited to: hospital beds, respirators/ventilators, wheelchairs, walkers, blood sugar monitors, nebulizers and apnea monitors. Additional items, including medications, inhalers, and medical supplies, may also require coordination by the Children's Network, Child Welfare Case Manager and Nurse Care Coordinator.

- a. Coordination of DME for placement changes for children residing in Out of Home Care:
 - 1) The Children's Network is responsible for the identification of

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placements for children residing in out of home care. While every effort is made to locate placement within Circuit 20, in some cases children are placed out of area in accordance with child welfare procedures.

- 2) Once an appropriate placement/level of care has been identified, and prior to the physical movement of the child, the Child Welfare Case Manager completes an inventory of the child's belongings, including any Durable Medical Equipment, to ensure that the items move with the child to avoid cessation of care and to minimize the need for replacements. The Child Welfare Case Manager will confirm that the equipment leaves the original placement and arrives at the new location.
- 3) The Nurse Care Coordinator will track known DME and will follow up with the Child Welfare Case Manager to ensure that the equipment is functional and that the receiving placement has obtained necessary training on equipment operation. Training regarding equipment operation is provided by the Home Health Services Vendor and/or Home Health subcontractor to ensure that the child's parent, guardian or caregiver is able to operate the equipment appropriately.
- 4) The Child Welfare Case Manager shall notify the Nurse Care Coordinator in the event that the DME cannot follow the child to the new placement/residence, or if the DME is not functioning upon arrival to the new placement/residence.

b. General Coordination of DME for Plan Enrollees:

- 1) The Nurse Care Coordinator may be consulted to assist with coordination needs related to DME. If necessary, the Nurse Care Coordinator may contact Sunshine Health and/or Sunshine's Home Health Services Vendor to ensure that necessary DME has been requested, authorized and obtained.
- 2) Upon authorization of DME, Sunshine Health may contact the child's parent/guardian, caregiver, Child Welfare Case Manager, and/or the Children's Network Nurse Care Coordinator to arrange for delivery.
- 3) The Nurse Care Coordinator will follow up with the child's parent/guardian, caregiver, and/or Child Welfare Case Manager to ensure that the equipment is functional, and that the receiving residence has necessary training on equipment operation. Training regarding equipment operation is provided by the Home Health

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Services Vendor and/or Home Health subcontractor to ensure that the child's parent, guardian or caregiver is able to operate the equipment appropriately.

- 4) The Nurse Care Coordinator may ask the CBCIH Integration Manager for assistance with issues related to DME if needed.

B. Additional Care Coordination Responsibilities

1. The Children's Network is also responsible for additional health-related care coordination responsibilities, including but not limited to, the following:
 - a. Documenting services for clients on the CBCIH caseload. Nurse care coordinators are responsible for documenting all care coordination activities in the IMV note section within the Integrate application. While care coordination activities are available to all enrollees, requests for and release of records 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.
 - b. Assessing on an ongoing basis, as well as upon initial placement or placement changes, the enrollees' needs
 - c. Viewing medical 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 Health and assistance with contacting the applicable caregiver and/or enrollee
 - f. Provision of additional information regarding the status of the enrollee and/or providing support regarding:
 - 1) Parent/Caregiver's needs
 - 2) Coordination of necessary home visits
 - 3) Arrangement for needed practitioner or ancillary provider appointments
 - 4) Locating network providers

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- 5) Coordination of services that have been authorized through Sunshine Health
- 6) Discharge planning following inpatient admissions
- 7) Referrals to community programs
- 8) Coordination of court-ordered services
- 9) Transportation
- 10) Identification of any potential medication compliance issues

2. Educating Parents and Caregivers:

- a. Information related to health care services should be shared with parents and caregivers for children enrolled in the Child Welfare Specialty Plan.
- b. Children's Network's Behavioral Health Care Coordinator, Nurse Care Coordinators and Child Welfare Case Managers are responsible for communicating information to parents and caregivers.
- c. The Children's Network will assure that training for 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) is completed:
 - 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;
 - 6) Knowing who provides dental and vision care for the child; and

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- 7) Keeping all appointments, especially or behavioral health services
- d. 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 Children's Network identified trainers;
 - 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.
- C. Coordination between the CBCIH Integration Manager and the Children's Network in Coordination of Physical Health Services

The Children's Network Nurse Care Coordinators will work with the CBCIH Integration Manager to:

1. Request technical support;
2. Assess the adequacy of processes developed to coordinate medical services and enrollees' participation in case management services.
3. Upon the receipt of feedback from Sunshine Health, the Children's Network will meet with CBCIH to obtain updates and review processes via regular and frequent meetings in an effort to ensure ongoing contract compliance related to service and care coordination activities, policies and procedures.
4. Participate in quarterly on-site monitoring visits, to ensure that policies/procedures have been developed and implemented in accordance with CBCIH/Sunshine standards and guidelines.
5. The Integration Manager will utilize a monitoring tool, which has been developed to assess ongoing compliance in the following areas:
 - Care Coordination
 - Pharmacy and Medication Management
 - Utilization Management
 - Quality Improvement
 - Network Management
 - Eligibility and Assignment

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- Communication and Training

D. Quality improvement

Leadership at Children's Network will review the Key Indicator Report monthly.