




Coordination of Behavioral Health Care Services

Department Name Utilization Management		
SUBJECT: Care Coordination of Behavioral Health Services	POLICY NUMBER: UM-023	
APPROVAL: 	EFFECTIVE DATE: 4-9-2021	REPLACES: UM-023, dated May 18, 2017

- 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.

- 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. 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.

P. 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

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placement in licensed shelter, foster home, group home and relative as well as non-licensed placement.

- Q.** 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
- R.** 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.
- S.** 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.
- T.** 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.
- U.** 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).
- V.** Termination of Parental Rights (TPR) - the biological or adoptive parents no longer have legal guardianship of their child(ren).
- W.** 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,

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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.

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.
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

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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 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

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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 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

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

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

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- 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 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