

## PROCEDURE

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**Series: Operations      Operating Procedures****COA:      NET 6.03**  
**CFOP: 175-40, 155-10****Procedure Name:**      Coordination of Behavioral Health Care Services  
**Procedure Number:**      OP1211  
**Review Date:**      11/29/19, 04/21/2020, 12/20/22  
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**Effective Date:**      01/01/17

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**Applicable to:**      Brevard Family Partnership Family of Agencies (BFP FOA) staff

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**PURPOSE:**      The purpose of this procedure is to establish the method by which Brevard Family Partnership (BFP) and Community Based Care Integrated Health (CBCIH) coordinates behavioral health care services for children and youth who are enrolled in the Child Welfare Specialty Plan and to function as a liaison with Sunshine Health.

### **PROCEDURE:**

#### ***Cross Reference(s)***

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  
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

#### ***Application***

This procedure applies to BFP and CBCIH Staff and addresses care coordination activities that are provided on behalf of all CWSP plan enrollees.

#### ***Key Terms***

**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.

**Case File**—all the information for a case that is contained in the department's statewide automated child welfare information system (SACWIS) and the Florida Safe Families Network (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.

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

**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.

**Comprehensive Behavioral Health Assessment (CBHA)**—an in-depth and detailed assessment of a child's emotional, social, behavioral and 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 0-20 who are Medicaid eligible and placed in Out of Home care or present with a serious mental health or substance abuse diagnosis.

**Community Based Care Lead Agency**—an “eligible lead community-based provider” as defined in Section 409.1671(1) (e), F.S.

**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 based on a four (4) tiered system. Health Case Management services are also targeted to meet the needs of enrollees who are diagnosed with diabetes, asthma and/or mental illness and/or of those who are pregnant.

**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 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.

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

**Magellan Medicaid Administration, Inc.**—contracted provider for the coordination, assignment and management of Qualified Evaluators and the Suitability Assessment process for placement in SIPP and TGC levels of care.

**Managed care or MMA**—refers to the Statewide Medicaid Managed Care plans, a health care system that integrates the fiscal management of medical and behavioral health services for eligible Medicaid recipients to deliver appropriate health care services to covered individuals. MMA Plans have arrangements with selected providers to furnish a comprehensive set of health care services, as well as formal programs for ongoing quality assurance and utilization review.

**Medicaid**—a program authorized by Title XIX of the Social Security Act. It is a state-administered health insurance program that is jointly funded by the Federal and State governments. Medicaid is

an open-ended entitlement program, with states receiving federal reimbursement for every eligible claim they submit. Medicaid, as defined in Rule 59G-1.010, F.A.C., includes eligibility based on income for most groups using Modified Adjusted Gross Income (MAGI).

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. Medically necessary services must:

- a. Meet the following conditions:
  1. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
  2. 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;
  3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;
  4. 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
  5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.
- b. "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.
- c. 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.

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.

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.

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.

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 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.

**Suitability Assessment**—assessment for children in Out of Home Care and 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).

**Termination of Parental Rights (TPR)**—the biological or adoptive parents no longer have legal guardianship of their child (ren).

**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.

### ***Standards***

The Behavioral Health Care Coordinator position (or designee) is utilized in the coordination of behavioral health services for enrollees. Behavioral Health Care Coordination activities include, but are not limited to:

1. Care Coordination related to covered and in lieu of behavioral services.
2. Coordination and review of Comprehensive Behavioral Health Assessments (CBHA).
3. Assessment of behavioral health needs, and identification of enrollees, who may benefit from Sunshine Health behavioral health care management services.
4. Facilitation of Higher Level of Care Multi-Disciplinary Team (MDT) meetings which are held 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.
5. Participation in discharge planning activities, following an enrollees' admission into an inpatient hospital or crisis stabilization unit, to coordinate services and to ensure that the enrollee attends a seven (7) day follow up appointment.
6. Review 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.

### **Service Authorization**

The BFP Behavioral Health Care Coordinator (BHCC) is responsible for assisting with care coordination of behavioral health services. For behavioral health services that require authorization, the BHCC assists Sunshine Health in accordance with CBCIH Procedure 301-Medical Necessity and Service Authorization.

Upon a CBHA provider's determination those additional hours (i.e., units) may be:

**I. HLOC Multi-Disciplinary Team (MDT):**

HLOC Multi-Disciplinary Team meetings are coordinated by the BFP Behavioral Health Care Coordinator (BHCC) or designee and consist of members identified in accordance with the Medicaid Specialized Therapeutic Services Coverage and Limitations Handbook. HLOC MDT attendance may be expanded to include additional members as determined by the CBC.

**A. HLOC MDT Purpose and Membership**

1. BFP is contracted with Community Based Care Integrated Health to provide coordination of services and to provide documentation necessary to obtain authorization for therapeutic levels of care, if indicated and in accordance with the child's treatment needs. The HLOC 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 BFP Behavioral Health Care Coordinator or designee manage the HLOC MDT process and serve as liaison to Sunshine Health's behavioral health case managers.
2. The core members of the HLOC MDT include: BFP 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 attendees may also include other child specific advocates within the community including parents and relatives, foster parents, targeted case managers, nurse care coordinators, medical health care providers, guardian's ad litem, attorneys ad litem, other service providers, school representatives, and a representative from Sunshine Health and/or local Medicaid office or other MMA plan, if applicable.
3. CBCIH Integration Managers attend HLOC MDT meetings frequently and are available to attend specific meetings, upon request from the BFP Behavioral Health Coordinator. CBCIH Integration Managers attend at least one (1) HLOC MDT in person, typically on a quarterly basis to coincide with the quarterly monitoring visit.
4. Representative(s) from Child Welfare Specialty Plan also attend HLOC MDT meetings and should be included on the distribution list for receipt of HLOC MDT meeting invitations for plan enrollees.
5. Documents necessary for decision making regarding the various levels of therapeutic services are currently specified in the respective Medicaid Handbooks.

**B. HLOC MDT Process**

1. HLOC MDT case staffings are required and held prior to placement in STFC Level I and Level II, TGC or SIPP levels of care to ensure that all behavioral health needs are addressed and considered, including less-restrictive alternatives that may offer comparable benefit.
2. STFC Crisis Intervention may be used for a maximum of thirty (30) days for an enrollee for whom services must occur immediately to stabilize a behavioral, emotional, or psychiatric crisis. Any exception to this length of stay must be approved, in writing, by the HLOC MDT. A HLOC MDT case staffing is required to be held within the 30 days.
3. The BFP Behavioral Health Care Coordinator or designee is responsible for developing an agenda for upcoming HLOC MDT meetings and for sending HLOC MDT meeting invitations in advance of the meeting. The BFP Behavioral Health Care Coordinator or designee review each enrollee's Medicaid eligibility and should extend invitations to involved parties in accordance with Medicaid guidelines and the CBCIH Services Agreement.
4. The BFP Behavioral Health Care Coordinator maintains a centralized log to track referrals to the MDT.

5. The BFP Behavioral Health Care Coordinator or designee facilitate the HLOC MDT meeting and prepare a summary of the discussion, including the findings, the team's recommendations, and items for follow-up, which are tracked to ensure that they are included for discussion during subsequent HLOC MDT case staffings.
  6. A Statewide HLOC MDT Meeting Note located within the Integrate application 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. The BFP Behavioral Health Care Coordinator or designee is responsible for ensuring that all parties in attendance receive the HLOC MDT meeting notes and/or summaries. The BFP Behavioral Health Care Coordinator is responsible for ensuring 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.
  7. Following the initial HLOC MDT, subsequent HLOC MDT reviews for STFC, TCG, and SIPP treatment should occur, at minimum, every ninety (90) days to continuously assess the child's needs, progress discharge plan.
  8. The BFP Behavioral Health Care Coordinator or designee will be responsible for discharge planning and identification of appropriate treatment, during each HLOC MDT staffing.
- C. Level of Care Recommendations and Placement Changes
- BFP Intake and Placement staff are 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 HLOC 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.
  2. CBCIH aids as needed, or upon request, regarding implementation of the HLOC 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. CBCIH is not responsible for locating placement.
  3. Upon location of a receiving provider, BFP Intake and Placement staff in coordination with the Behavioral Health Care Coordinator 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 HLOC 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.



4. BFP 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 HLOC MDT and noted on the HLOC MDT recommendation.
5. CBCIH Regional Coordinators are available to provide technical support and to assist with facilitation of statewide searches for therapeutic placements, upon request.
6. The CBCIH Behavioral Health Consultant is also available to provide clinical guidance and recommendations regarding therapeutic services/placements, upon request from either the CBCIH Regional Coordinator or BFP's Behavioral Health Care Coordinator.

## **II. Sunshine Health Case Management Referral and Coordination**

Community Based Care Integrated Health (CBCIH) communicates with Sunshine Health to ensure consistent, effective, and appropriate communication regarding plan enrollees who may be candidates to receive case management services. Sunshine Health has implemented a four (4) tiered approach to Case Management and will provide CBCIH with information related to each enrollee's assigned tier for case management services. Sunshine Case Management programs are designed to optimize the social and mental functioning of enrollees by increasing community through advocacy, communication, and resource management. SCM program information can be located via Sunshine Health's website [www.sunshinehealth.com](http://www.sunshinehealth.com).

- D. Behavioral Case Management programs include more frequent contact with, and more intensive coordination of, resources among, the enrollees, caregivers, providers, and individuals and organizations that provide behavioral support and services to the designated enrollees. If the decision is made to offer Sunshine Health Case Management services, the assigned Care Manager will contact the appropriate CBC Lead Agency's Behavioral Health Care Specialty Plan enrollee. The SCM shall notify the Behavioral Health Coordinator upon both the opening and closing of a case, in addition to maintaining ongoing communication on active cases.
- E. The BFP Behavioral Health Care Coordinator is 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.
  1. The BFP Behavioral Health Care Coordinator or designee shall refer eligible enrollees within two (2) business days of identification of potential eligibility for case management services.
  2. Upon identification of an enrollee who may meet case management criteria, CBCIH and/or BFP will utilize the referral/notification process, as provided by Sunshine Health, taking actions that may include, but are not limited to:
    - Completion of the Case Management Referral Form via Integrate.
    - Contacting Child Welfare Member Services (1-855-463-4100).
    - Coordinating contacts with the Dependency Case Manager, Parent/Guardian and/or Caregiver; and
    - Ensuring that necessary documentation is completed and provided.
- A. Sunshine Health Care Managers may also identify members for the program through the review and evaluation of clinical information according to the established Sunshine Health Case Management (SCM) criteria.
- B. Identification of enrollees who may be candidates for Sunshine Health 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 HLOC 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.
- C. The SCM 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 Health will collaborate with CBCIH regarding outreach and case management activities to minimize confusion to the parent/guardian, caregiver(s), or enrollee.
  2. If indicated, Sunshine Health Care Managers may involve physicians who have expertise that may be of assistance when managing behaviorally complex cases.
  3. CBCIH, BFP and Sunshine Health 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, BFP and Sunshine Health 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.

#### **A. Discharge Planning and Aftercare**

CBCIH and BFP have 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.

- A. Upon admission into a facility, the clinical staff establishes a preliminary discharge plan to begin preparing for the child's discharge into the community. Children who are exiting inpatient care will be assessed for admission into Sunshine Health Care Management services to help manage the child's transition into community services, ensuring continuity of care and preventing subsequent admissions.
- B. The BFP Behavioral Health Coordinator or designee along with the Case Manager and/or Dependency Case Manager provides frequent monitoring of the child's placement and community-based services to prevent future inpatient admissions and to keep the child within the identified home/community.
- C. CBCIH has jointly developed the Seven Day Follow up and Rapid Inpatient Readmission Process with Sunshine Health Plan as part of the discharge/aftercare process. BFP is responsible for ensuring this process is appropriately followed and that seven (7) day follow-up appointments are scheduled and attended by enrollees.
- D. This process is closely managed by BFP to ensure that the enrollee and his/her parent, guardian or caregiver has all the necessary resources in order to remain successful in the community, including access to services and necessary medication. CBCIH will provide oversight, guidance, and support, and will conduct quarterly monitoring visits of BFP to assess the effectiveness of the process.
- E. CBCIH remains involved in the oversight and management of the child's behavioral health treatment and are responsible for notifying Sunshine when issues arise in this process.

#### **B. Additional Care Coordination Responsibilities**

- A. BFP is also responsible for additional behavioral health-related care coordination responsibilities, including but not limited to, the following:
  1. Educating caregivers regarding medications, routine medical care, how and when to contact the child's Primary Care Physician.



2. Assessing, on an ongoing basis as well as upon initial placement or placement changes, the enrollees' needs.
  3. 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.
  4. Identification of needed or necessary services and compilation of documentation necessary to ensure provision, including service authorization.
  5. Ongoing collaboration with Sunshine Health and assistance with contacting the applicable caregiver and/or enrollee.
  6. Provision of additional information regarding the status of the enrollee and/or providing support regarding:
    - a. Parent/Caregiver's needs
    - b. Arrangement for needed practitioner or ancillary provider appointments
- B. Educating Parents and Caregivers:**
1. Information related to health care services should be shared with parents and caregivers for children enrolled in the Child Welfare Specialty Plan.
  2. The CBCIH Integration Managers are responsible for ensuring that necessary training is conducted BFP and that the methods used for communication of information are assessed as part of monitoring process.
  3. The BFP Behavioral Health Care Coordinator or designee, Nurse Care Coordinator and Dependency Case Managers are responsible for communicating information to parents and caregivers. Supporting documentation and sign-in sheets should be provided to the Regional Coordinators during quarterly monitoring.
    - a. BFP will train Care Coordinators, Dependency 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 Primary Care Physician (PCP) 24 hours a day.
      - 3) When to contact the PCP 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
      - 7) Keeping all appointments, especially or behavioral health services.
    - b. Training for caregivers on the information above may be provided:
      - During initial training for new foster parents and in the mandatory foster parent trainings each year through the identified trainers within BFP.
      - During monthly face-to-face meetings between the Dependency Case Manager and the caregiver in the home.
      - During initial and ongoing staffings with parents, foster parents and relative/non-relative caregivers.
- C. Quality Improvement:**
1. Sunshine Health oversees the case management program as part of Utilization Management.
  2. The BFP Behavioral Health Care Coordinator or designee 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.
3. The activities and outcomes of the Case Management program are reviewed and evaluated by the Operating Committee; findings may be shared with BFP Behavioral Health Care Coordinator or designee for process improvement opportunities.
  4. Complaints regarding the case management program are tracked and reviewed separately by Sunshine Health Utilization Management Program.
  5. Evaluation of the Case Management program is conducted annually as part of the quality improvement plan, and includes:
    - a. A review of the program structure, policies, and procedures, workflows, and decision support tools; and
    - b. Performance metrics, which are evaluated via tracking and trending of data that is, collected from systems and case review processes.
  6. All exchanges of confidential information with all individuals adhere to the parameters established by regulatory and state mandates and privacy policies.
- D.
1. Behavioral Health Care Coordinators are responsible for documenting all care coordination activities in the IMV note section within the Integrate® application.

BY DIRECTION OF THE PRESIDENT AND  
CHIEF EXECUTIVE OFFICER:



PHILIP J. SCARPELLI  
President and Chief Executive Officer  
Brevard Family Partnership / Family of Agencies

APPROVAL DATE: 1/31/23