

PROCEDURE

Series:	Operating Procedures	COA: RPM 3.05 CFOP: TBD
Procedure Name:	Polypharmacy Review and Medication Management	
Procedure Number:	OP1170	
Review Date:	05/03/16, 11/26/19	
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Effective Date:	07/11/14	
Applicable to:	Brevard Family Partnership Family of Agencies (BFP FOA) staff	

PURPOSE:

The purpose of this procedure is to establish the method used by Brevard Family Partnership (BFP) to ensure coordination of services related to pharmacy and medication management, to include timeliness of court orders, administration of medications, medication inventory, compliance processes and tracking of medication upon placement changes. BFP is subcontracted with CBCIH to coordinate services for children and youth who are enrolled in the Child Welfare Specialty Plan and to serve as a liaison between the child welfare system of care and Sunshine Health/Cenpatico.

PROCEDURE:

References:

Florida Statue 39.407
Florida Administrative Code 65C-35
Department of Children and Families (DCF) CFOP 175-98
Gabriel Myers Workgroup Report November 19, 2009
CBCIH Procedure 201

Application

This procedure applies to BFP and subcontractors, 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 Regional Coordinator—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.

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

Authorization for Psychotropic medication—refers to the documentation that is needed from a person who has the power to provide consent for an enrollee to receive psychotropic medication, as described by law, including a birth or adoptive parent or legal guardian.

Managed care or MMA—refers to the Statewide Medicaid Managed Care plans, a health care system that integrates the financial management of medical and behavioral health services for eligible Medicaid recipients in order 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.

Medication Administration Record (MAR)—the document on which all administered or refusal medication is noted.

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).

Prescribing practitioner—a physician licensed under Chapter 458 or 459, Florida Statutes, or an advanced registered nurse practitioner licensed under Chapter 464, Florida Statutes.

Psychotropic Medication Utilization Review (PMUR)—the process by which an initial medication review is conducted to determine if the current medication regimen is within the established parameters. This process requires involvement of the Medical Director and/or a psychiatric consultant.

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 settings 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 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.

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).

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 Dependency Case Manager (DCM) serves as the point of contact for coordination, including obtaining parental consents or court orders for the administration of medications. The DCM also ensures that medication moves with the enrollee upon changes in placement/residence. For those enrollees in higher levels of care, such as Specialized Therapeutic Foster Care, Therapeutic Group Care, or Statewide Inpatient Psychiatric Programs, the Behavioral Health Care Coordinator shall review medications during multidisciplinary staffing (MDT) meetings.

1. BFP under contract with CBCIH shall, at a minimum, have a standard process, policy or agreement in place related to medication management, in accordance with the Department of Children and Families' requirements.
2. BFP will provide training related to medication administration, when applicable (Please refer to Procedure 103—Coordination of Behavioral Health Services (Educating Caregivers on the Health Plan)).
3. BFP Behavioral Health Care and/or Nurse Care Coordinator are available to provide assistance related to medication issues or concerns and shall contact the member's

Sunshine Health Case Manager and/or Cenpatico Behavioral Health Care Manager as needed to resolve any encountered barriers.

4. The Dependency Case Manager, Behavioral Health Care Coordinator and Nurse Care Coordinator or designee may also contact the CBCIH Regional Coordinator, the CBCIH Behavioral Health Consultant and/or the CBCIH Nurse/Health Care Consultant for additional assistance.
5. BFP will ensure that processes are in place to manage the (intrastate) movement (i.e., placement/residence changes) of children who are enrolled in the Child Welfare Specialty Plan and who are prescribed medication.

I. Medication Management/Placement Changes

A. Children Residing in Out of Home Care

1. BFP is responsible for the identification of placements for children residing in out of home care. While every effort is made to locate placement within the geographical coverage area, 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 Dependency Case Manager completes an inventory of the child's belongings to ensure that the items move with the child to ensure cessation of care and to minimize the need for replacements. As part of this process, the Dependency Case Manager shall review the enrollee's Medication Administration Record (MAR) and inventory all medication.
3. The Dependency Case Manager will ensure that the medication leaves the original placement and that it arrives at the new location. The Nurse Care Coordinator will track known medication as requested and will follow up with the Dependency Case Manager to prevent any interruption to prescribed treatment.
4. The Child Welfare Dependency Case Manager shall notify BFP's Nurse Care Coordinator in the event that there are barriers to the child's access to medication at the new placement/residence.

BFP subcontracts with Brevard CARES to provide Post-Adoption Services. The Post-Adoption Services Designee may also serve as the point of contact for post-adoption enrollees, upon notification from the CBCIH Regional Coordinator and/or the CBCIH Adoption Services Consultant.

II. Psychotropic Medication Utilization Review (PMUR) Reports

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

PMURs reports result in one of four possible determinations:

Medication regimen is within the parameters. Medication regimen is outside of the

parameters, but has been reviewed and has been determined to be within the acceptable standard of care

Medication regimen is outside of the parameters and it is determined that there is opportunity to reduce polypharmacy;

Medication regimen is outside of the parameters and it is determined that there is a risk for evidence of significant side effects.

Upon receipt of a PMUR report, BFP Behavioral Health Care Coordinator and/or Nurse Care Coordinator will:

1. Review the PMUR report with the appropriate parties, such as the Dependency Case Manager or Caregiver;
2. Seeks clarity (if necessary) and addresses any relevant findings or issues; and
3. Provides updates and reports to Envolve/PeopleCare/Cenpatico, as necessary.

Upon receipt of a PMUR report for post-adoption enrollees, the CBCIH Regional Coordinator contacts the CBCIH Adoption Services Consultant who will involve BFP's subcontracted Post-Adoption Services Designee and/or provide outreach to the family.

Should a compliance issue arise during the medication review process (PMUR and/or review of the MAR), the CBCIH Nurse/Healthcare Consultant and/or CBCIH Behavioral Health Consultant shall work with the BFP Nurse Care Coordinator and/or BFP Behavioral Health Care Coordinator or designee to address these issues with the Dependency Case Manager and caregiver. These parties may also contact Sunshine Health directly for any additional assistance on the Dependency Case Manager or caregiver's behalf.

Associated Forms & Attachments

Sunshine Health/ Cenpatico process for Psychotropic Medication Utilization Review

Sunshine Health, PMUR Report

CBCIH Procedure 103, Coordination of Behavioral Health Services

BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:



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

APPROVAL DATE: 2/5/2020