

PROCEDURE

Series:	Operating Procedures	COA: CR.1 CFOP: N/A
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Procedure Name:	Medicaid Eligibility and Health Plan Enrollment
Procedure Number:	OP1177
Review Date:	12/10/19
Revision #/Date:	(1)05/03/16, (2)04/06/17
Effective Date:	07/11/14

Applicable to:	Brevard Family Partnership Family of Agencies (BFP FOA Staff)
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PURPOSE:

To ensure those children who are Medicaid eligible, and those who are further eligible for the Child Welfare Specialty Plan, receive the Medicaid benefits for which they are eligible, and that they are enrolled into a specialized health plan that is able to meet their unique needs.

PROCEDURE:

Cross Reference(s)

Federal and state statutes and other references are cited in DCF CFOPs 175-59, 175-71, and 175-93:

Florida Statutes 39

Florida Statutes 409

FAC 65C-30

FAC 59-G

Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook

Scope

This operating procedure applies to all Brevard Family Partnership (BFP) and its subcontracted agencies that are responsible for children who are enrolled in the Child Welfare Specialty Plan. If any of the responsibilities outlined in this procedure are contracted with an individual or other entity, the contracted provider must ensure compliance with this procedure, and the terms should be incorporated into the contract.

Key Terms

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

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 in Care eligibility specialist (CIC)—an employee of the Department of Children and Families (DCF) responsible for determining eligibility for children under the supervision of the Department of Children and Families (DCF) and the Community Based Care Lead Agencies, as well as for children who are eligible to receive the adoption subsidy.



Child Welfare Case Manager—a certified child protection professional (CWCM) who is responsible for the coordination of services, completion of court reports and supervision of families and children who have been adjudicated dependent and require protective supervision.

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.

Comprehensive Behavioral Health Assessment (CBHA)—an in-depth, detailed screening of the child’s emotional, social, behavioral, and developmental functioning within the home, school, and community, including direct observation of the child in those settings.

Contracted Service Provider—a private agency that has entered into a contract with the Department or with a Community Based Care Lead Agency to provide supervision of and services to dependent children and children who are at risk of abuse, neglect, or abandonment.

Florida Safe Families Network (FSFN)—an automated system to capture information and generate reports regarding each child who comes into the care of the Department of Children and Families (DCF) and contracted providers, as a result of abuse, neglect, or abandonment. This system is part of Florida’s method for receiving reports/intakes, documenting investigations, and recording all casework services or activities that are provided to protect children.

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

Integrated Child Welfare Services Information System (ICWSIS)—the Department of Children and Families computer program for maintaining placement and payment information for children and providers receiving services or funds through the Community Based Care Lead Agency.

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

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).

Out-of-Home Care—the placement of a child in licensed and non-licensed settings, arranged and supervised by the department or contracted service provider, outside of the home of the parent.

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

Third party benefits – payments as defined in F.S.402.33 (1)(a) – cash payments from retirement, survivors, or disability insurance or from supplemental security income programs, and includes, but is not limited to payments from social security, railroad retirement, and the United States Department of Veteran’s Affairs.

Title IV-E – section of the Social Security Act—Comprises the Foster Care and Adoption Assistance entitlement programs, which is reimbursement from the Federal government for eligible children placed in fully licensed facilities and for eligible special needs children placed in approved adoptive homes.

Utilization Management (UM) – a unit designated by the Community Based Care Lead Agency to authorize services, manage service utilization and refers a child for placement when a higher level of care is determined.

Standards

Brevard Family Partnership (BFP) has been subcontracted to coordinate and facilitate the enrollment process for eligible children and to ensure consistent, timely and appropriate enrollment of children into the Child Welfare Specialty Plan.

Primary education and enrollment information regarding CBCIH and the Child Welfare Specialty Plan should be directed to:

- Children residing in-home and receiving supervision services
 - Children residing in Out of Home Care
 - Children who are participating in Extended Foster Care services and/or Independent Living Services
 - Children who have been adopted
- A. The enrollment process is coordinated by the Brevard Family Partnership (BFP) and facilitated by the Dependency Case Manager, the CBC Lead Agency’s Post-Adoption Specialist and the Child In Care (ACCESS) staff (an employee of the Department of Children in Families).
 - B. Community Based Care Integrated Health has contracted with the BFP to coordinate and facilitate the Medicaid enrollment process for children and youth who have been removed from their homes.
 - C. Parents and caregivers of children who are enrolled in a Medicaid Managed Medical Assistance (MMA) plan are informed that correspondence may be sent to them by the Agency for Health Care Administration informing them that they may be eligible to make the Choice to select the Child Welfare Specialty Plan as their health care plan.
 - D. Youth between 18 and 21, who wish to remain in the Child Welfare Specialty Plan, may make the Choice to select the plan upon their 18th birthday.
 - E. Upon child’s enrollment in the plan, Dependency Case Managers and Post-Adoption

Specialists are available to assist parents and caregivers with locating providers and making network Primary Care Physician (PCP) selections.

- F. The BFP Nurse Care Coordinator or designee and/or Eligibility/Revenue Maximization staff are also available to assist with the PCP selection process.
- G. The BFP Behavioral Health Care and Nurse Care Coordinator have access to enrollment reports via the Integrate® application. These reports should be reviewed regularly to identify plan enrollees.

Health Plan Enrollee Member Identification Card, Handbooks and Notifications

Sunshine Health utilizes the child's physical address listed within the Agency for Health Care Administration's database for plan correspondence, including the initial distribution of the Member Handbook and Sunshine Health (Medicaid) ID card. For children in Out of Home BFP is designated as guardian for the purposes of Medicaid enrollment.

- A. Children who reside in-home with parents or relative caregivers will receive information from Sunshine at their physical residence.
- B. Sunshine Health's policy for the Child Welfare Specialty Plan is to mail Member ID cards to the "child address" based upon the supplemental file uploaded from FSFN.
- C. In the event that the Member ID card is returned to Sunshine Health, the plan will be responsible for locating an address via the 834 file or sending the Member ID card to Materials such as provider handbooks and other notifications for enrollees in Out-of-Home Care will be provided to BFP or distribution to appropriate parties, including foster parents, relatives and non-relative caregivers. In these cases, or for dependent children placed out of home:
 - 1. Enrollee health plan handbooks distribution will be coordinated by BFP. BFP utilize the following methods to distribute health plan handbooks:
 - Monthly Home Visits
 - Foster parent associations or other local foster parent groups
 - Case management contract providers
 - Contracted providers for foster parent recruitment and licensure
 - Foster parent trainings, including initial and in-service
 - Specialized therapeutic foster care providers
 - 2. The Member Identification health plan card for child welfare enrollees are placed in the enrollee's file under the following circumstances:
 - Courtesy Supervision
 - Placement in a residential program
 - Placement in a residential or foster home for mental health or medical treatment
 - Incarceration in juvenile justice or adult correctional facility
 - Therapeutic or Pre-Adoptive Visits
 - BFP Nurse Care or Behavioral Care Coordinator (coordination of care)
 - Approved educational or extra curricula activity
 - 3. Foster parents and relative and non-relative caregiver should maintain current health plan ID cards for children placed in their homes. BFP should utilize their internal practices regarding the distribution of enrollee health plan ID cards to foster parents.
 - 4. Youth 18 years of age or older may request a health plan card to carry on their person
- D. CBCIH Regional Coordinators will verify compliance with this procedure during monitoring visits.
- E. Federal regulations limit the use of confidential information regarding Title IV-E to purposes directly related to the administration of the program. Other privacy and security requirements



apply to individually identifiable information about children and families, such as HIPAA and CFOP 50-2.

BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:

A handwritten signature in blue ink that reads "Philip J. Scarpelli".

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

APPROVAL DATE: 2/5/2020