
PROCEDURE

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Procedure Name: Coordination of Physical Health Care Services
Procedure Number: OP1216
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Applicable to: Brevard Family Partnership Family of Agencies (BFP FOA) staff

PROCEDURE:

Cross Reference(s)

Florida Statutes 39
FAC 65C-30
Florida Medicaid Child Health Check-Up Coverage and Limitations Handbook
Authorization to Use or Disclose Protected Health Information (PHI)
Florida Statutes 39

Scope

This operating procedure applies to all 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.

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.

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 Health Check—as defined in Rule 65C-29.008, F.A.C., an initial health care assessment by a licensed health care professional, completed for every child placed with a relative, non-relative, or in licensed care within five (5) working days of the removal; however, a child who appears to be sick or in physical discomfort shall be examined by a licensed health care professional within twenty-four (24) hours.

Child Health Check-Ups are also performed according to a periodicity schedule which ensures that children have a health screening on a routine basis.

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. **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.

Health Case Management—Case Management Services, provided by Sunshine Health (referred to as Sunshine Case Management or SCM), that are designed to address medical and/or behavioral health needs for plan enrollees based upon 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.

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.

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.

On-Site Visit/Home 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 CPI or Child Welfare Case Manager’s office locations.

“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.

Standards

I. 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 intervention in order to meet their health care needs. CBCIH has subcontracted with BFP to coordinate services and to act as a liaison in the facilitation of these medical examinations for eligible children.

- A. Initial Child Health Check-Up A child, or children, who are removed from his or her home as a result of allegations of abuse and neglect, shall receive a child health check-up within five (5) days of the removal, or within twenty-four (24) hours if the child appears to be ill or in physical discomfort. This visit is coordinated by the Child Protective Investigator and/or the caregiver/guardian and with BFP located within the geographic area of the removal, either upon or prior to, case transfer. These requirements are to include those children who are removed from their parent(s) and who are placed with relatives or non-relatives in unlicensed settings.

The Case Transfer Process is coordinated by BFP FOA and consists of members identified by BFP. The process is conducted within timeframes outlined in the BFP contract with the Department of Children and Families and Contracted Service Providers of the BFP. The enrollment process is coordinated by the BFP and facilitated by the child welfare case manager and the Child in Care (CIC), ACCESS Florida System’s staff (i.e., persons employed by the Department of Children in Families), involving the child’s parent, caretaker and/or guardian, when applicable.

The initial screening is conducted in accordance with Rule 65C-29.008, F.A.C. 1. This screening shall take place within five (5) days of initial removal, or within twenty-four (24) hours if the child appears to be ill or in physical discomfort, unless the child is returned to the home from which he or she was removed within that timeframe.

2. Sunshine Health medical provider information shall be provided to the caregiver and/or Child Protective Investigator, by the placing agency staff, the BFP staff and/or by Community Based Care Integrated Health staff. The treating provider does not need to be listed as the child's Primary Care Physician for Child Health Check Up EPSDT five (5) day screening.
3. Dental screening is a component of the five (5) day Child Health Check Up to check for obvious abnormalities. The child's dental status must be documented as part of the exam findings.
4. BFP Nurse Care Coordinator is utilized to assist in coordination of the Child Health Check Up when necessary.
5. BFP Nurse Care Coordinator obtains a copy of the results of the Child Health Check Up, or receive verbal information from the Child 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).
 - a. BFP Nurse Care Coordinator follows up with the foster parent or court approved placement to convey any additional medical or behavioral health issues that are identified.
 - b. Medical or Behavioral health findings are referred for further assessment/treatment
 - c. Routine dental findings for children ages two (2) years and older are referred for further assessment/treatment via coordination with the Sunshine Health Dental Liaison and/or the enrollees' assigned Statewide Medicaid Dental Health Plan. Referrals may be made for younger children, if deemed medically necessary. If specialized dental services that are covered by the Sunshine Health Child Welfare Specialty Plan are required, BFP Nurse Care Coordinator will assist with coordination of care.
 - d. Results of the Child Health Check Up are entered into the applicable systems by the designated staff.

B. Child Health and Dental Check-Ups

1. The Child Health Check-Up Periodicity Schedule, based on the American Academy of Pediatrics recommendations, 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

2. 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 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.

3. BFP Nurse Care Coordinator may be utilized to assist in coordination of necessary dental services that are not routine and are covered by the CWSP.

4. BFP Nurse Care Coordinator obtains a copy of the results of the health check up to identify any medical or dental needs that require follow up for children placed in Out of Home Care, or for those who are court-ordered for In-Home Protective supervision, when child welfare involvement is the result of medical neglect.

5. BFP Nurse Care Coordinator is available to assist post-adoption staff, families and caregivers with locating medical and dental network providers and accessing appointments for Child Health Check Ups (i.e., wellness exams) and to provide specialty provider referrals, upon request.

C. Interperiodic Child Health Check-Ups Children who are 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 interperiodic 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 interperiodic 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.

D. Immunizations The initial and ongoing Child Health Check-Up process shall include efforts to determine the status of the child's immunizations. The recommended Childhood Immunization Schedule, endorsed by the American Academy of Pediatrics, is available at www.cdc.gov/nip (publications).

1. BFP Nurse Care Coordinators may be utilized to assist with locating immunization records and coordination of vaccinations for those children placed in Out of Home Care.

2. BFP Nurse Care Coordinator obtains the immunization records, via Florida Shots (www.flshotsusers.com) to identify any follow up immunization needs for children child placed in Out of Home Care.

E. Health and Wellness Reports CBCIH and BFP reviews 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.

BFP 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 CBC Lead Agency staff, including the BFP Nurse Care Coordinator and/or HEDIS Point of Contact.

- II. Sunshine Health Case Management Referral and Coordination Community Based Care Integrated Health (CBCIH) and BFP communicate 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 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 (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.

Health Care Case Management programs, 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.

- A. BFP Nurse Care Coordinator is 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;
- During MDT meetings and/or during Integrated Care Team staffing

1. External Referral Process:

a. The Nurse Care Coordinator refers eligible enrollees within two (2) business days of identification of potential eligibility for SCM services.

b. Upon identification of an enrollee who may meet SCM criteria, CBCIH and/or BFP utilizes the referral/notification process, as provided by Sunshine Health, taking actions that may include, but are not limited to:

1) Completion of the Case Management Referral Form via Integrate®

2) Contacting Child Welfare Member Services (1-855-463-4100)

3) Completing an electronic referral, upon availability

4) Coordinating contacts with the Dependency Case Manager, Parent/Guardian and/or Caregiver

5) 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

B. Sunshine Health will provide CBCIH with information related to each enrollee's assigned tier for case management services. Case Managers may also identify possible members for the program through the review and evaluation of clinical information in accordance with the established Sunshine Case Management (SCM) criteria.

- Through the clinical front-end system;
- As part of an assessment by employees within another specialty program; or
- Through the review of customer or claims and authorization reports.

C. The Sunshine Case Manager will determine if the enrollee meets criteria for the SCM program and will, if the enrollee meets SCM criteria, forward the referral to the SCM supervisor for staffing and notifying the referring CBC. If the decision is made to offer SCM, the Sunshine Health Case Manager will attempt to make direct contact with the enrollee, parent/guardian and/or caregiver, with the assistance of BFP Nurse Care Coordinator upon request.

1. SH will collaborate with the CBCIH on outreach and case management activities to minimize confusion to the parent/guardian, caregivers or enrollee.

2. Weekly case staffing meetings occur between Sunshine Health and CBCIH to discuss identified complex cases.

3. If indicated, Sunshine Case Managers may involve licensed physicians who have expertise that may be of assistance when managing medically complex cases.

4. CBCIH, BFP, and Sunshine Health participate in case management Integrated Care Team (ICT) meetings, Enhanced Care Coordination (ECC) meetings, Children's Multidisciplinary Assessment Team (CMAT) and Multidisciplinary Team (MDT) meetings, if indicated and upon request, regarding the needs of enrollees.

5. 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.

D. CBCIH and/or BFP 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 BFP staff will provide care coordination, including arranging for the caregivers to participate in the care plan meetings, coordinating with the local CMS office regarding the application and enrollment process, and notifying Sunshine when the child has been, or will be, enrolled in the CMS program.

III. Coordination of Durable Medical Equipment

Community Based Care Integrated Health (CBCIH) and BFP 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 CBC Lead Agency, Dependency Case Manager and Nurse Care Coordinator.

A. Coordination of DME for placement changes:

1. Children Residing in Out of Home Care

a. 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 CBC's geographical coverage area, in some cases children are placed out of area in accordance with child welfare procedures.

b. 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 Procedures and 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 Dependency Case Manager will confirm that the equipment leaves the original placement and arrives at the new location.

c. BFP Nurse Care Coordinator tracks known DME and will follow up with the Dependency Case Manager to ensure that the equipment functions 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 can operate the equipment appropriately.

d. The Child Welfare Dependency Case Manager shall notify BFP 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. BFP Nurse Care Coordinator may be consulted to assist with coordination needs related to DME. If necessary, the BFP 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, Dependency Case Manager and/or BFP’s Nurse Care Coordinator to arrange for delivery.

3. The BFP Nurse Care Coordinator follows up with the child’s parent/guardian, caregiver, and/or Dependency Case Manager to ensure that the equipment functions and that the receiving residence has 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 can operate the equipment appropriately.

4. The CBCIH Regional Coordinator is also available to assist the Nurse Care Coordinator with issues related to DME upon request.

IV. Coordination of Care for Pregnant Enrollees

Community Based Care Integrated Health (CBCIH) and BFP are responsible for notifying Sunshine Health of enrollees who are pregnant. Care coordination efforts should focus on assisting pregnant enrollees with accessing care in order to ensure attendance at prenatal and postpartum appointments and to assist with both medical and psychosocial needs, promoting healthy birth outcomes.

V. Statewide Medicaid Dental Health Plan Referral and Coordination

Community Based Care Integrated Health (CBCIH) and BFP communicate with the Sunshine Health Dental Plan Liaison, as well as the Statewide Medicaid Dental Health Plans, to ensure that CWSP enrollees receive necessary dental care.

VI. Additional Care Coordination Responsibilities

A. BFP is also responsible for additional health-related care coordination responsibilities, including but not limited to, the following:

- 1. Educating parents and caregivers

2. Assessing on an ongoing basis, as well as upon initial placement or placement changes, the enrollees' needs
3. Assistance with coordination of care for enrollees who are medically complex and/or are receiving MFC services
4. Assistance with coordination of care for enrollees who have been hospitalized
5. Viewing medical information that is available within the Sunshine Health Provider Portal (SPP) to understand the services provided and to assess for continuous coordination of care needs
6. Identification of needed or necessary services and compilation of documentation necessary to ensure provision, including service authorization
7. Ongoing collaboration with Sunshine Health and assistance with contacting the applicable caregiver and/or enrollee
8. Provision of additional information regarding the status of the enrollee and/or providing support regarding:
 - a. Parent/Caregiver's needs
 - b. Coordination of necessary home visits
 - c. Arrangement for needed practitioner or ancillary provider appointments
 - d. Locating network providers
 - e. Coordination of services that have been authorized Sunshine Health
 - f. Discharge planning following inpatient admissions
 - g. Referrals to community programs
 - h. Coordination of court-ordered services
 - i. Transportation
 - j. Identification of any potential medication compliance issues

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 Regional Coordinators are responsible for ensuring that necessary training is conducted by BFP and that the methods that are used for communication of information is assessed as part of monitoring process.
3. BFP Behavioral Health Care Coordinator, Nurse Care Coordinator, and Dependency Case Managers are responsible for communicating information to parents and caregivers.

a. BFP trains 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 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
 - 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;
- 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/nonrelative caregivers.

C. Quality Improvement:

1. Sunshine Health oversees the case management program as part of Utilization Management
2. BFP Nurse Care Coordinator 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 Nurse/Health Care Consultant as needed, or upon request.
3. The activities and outcomes of the SCM program are reviewed and evaluated by the Operating Committee; findings may be shared with BFP staff and/or Nurse Care Coordinator for process improvement opportunities.
4. Complaints regarding the case management program are tracked and reviewed separately by Sunshine Health's Utilization Management Program.
5. Complaints and/or Quality of Care issues should be reported to the CBCIH Regional Coordinator and/or the CBCIH Compliance Manager in accordance with

CBCIH Procedure 401, Quality Improvement-PQI, Complaints, Grievances and Appeals

6. Evaluation of the SCM 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.

7. All exchanges of confidential information with all individuals adhere to the parameters established by regulatory and state mandates and privacy policies.

D. Documentation of Care Coordination Activities

1. BFP Nurse Care Coordinator is responsible for documenting care coordination activities in the designated location within the Integrate® application.

VII. CBCIH Regional Coordinator's Role in Coordination of Physical Health Services

A. The CBCIH Regional Coordinator is responsible for:

1. Provision of technical support to BFP and the corresponding Nurse Care Coordinator.
2. Assessing the adequacy of processes that were developed by BFP in order to fulfill contractual duties related to coordination of medical services. CBCIH reviews data reports that are provided by Sunshine Health in order to monitor BFP, and subsequent eligible enrollees' participation in case management services.

B. Upon the receipt of feedback from Sunshine Health, CBCIH provides updates and reviews processes with BFP staff via regular and frequent meetings to ensure ongoing contract compliance related to service and care coordination activities, policies and procedures.

C. CBCIH Regional Coordinators conduct quarterly on-site monitoring visits with BFP, to ensure that policies/procedures have been developed and implemented in accordance with CBCIH/Sunshine standards and guidelines. CBCIH maintains a monitoring schedule, identifying the scheduled date and the assigned Regional Coordinator who is responsible for conducting the monitoring. Final monitoring reports are provided to BFP's leadership and are also submitted to Sunshine Health for review in accordance with the reporting requirements detailed within the Vendor Agreement.

1. CBCIH Regional Coordinators utilize a monitoring tool, which has been developed to assess each CBC Lead Agency's ongoing compliance in the following areas:

- Care Coordination Roles and Responsibilities
- CBC Lead Agency—Training/Training Plan



- Key Performance Indicator—Heath Risk Assessment Completion (KPI #2)
- Reporting of Fraud, Waste and Abuse; Potential Quality of Care Incidents (PQI), Complaints, Grievances, and Appeals
- Transition Planning/Independent Living
- Discharge Planning/Aftercare Following Hospital Admission
- Key Performance Indicator—Enrollment (KPI #1)
- Key Performance Indicator—Health and Wellness/HEDIS (KPI #3)
- Case Management/Care Management and Care Coordination
- Physical Health Care Coordination, Pharmacy and Medication
- Behavioral Health Care Coordination and Psychotropic Medication

BY DIRECTION OF THE CHIEF EXECUTIVE Officer:

PHILIP J. SCARPELLI
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