Children who are under the conservatorship of the Department of Children and Families (DCF). This includes children from birth to age 18. Recent changes will allow adolescents in the Child Welfare system to remain in Child Welfare up to age 21.
Integrated Partnership Approach

Three Primary Partners in the Sunshine Health Child Welfare Specialty Plan:

- **Sunshine Health (contracted entity)**
  - Overall management of all physical, behavioral, pharmacy, dental, vision, and optical benefits.

- **Cenpatico (behavioral health partner/Sunshine Health’s sister company)**

- **Community Based Care Integrated Health (CBC-IH) (primary subcontractor)**
  - Key partner that shares program management and decision making with Sunshine Health through an operating committee.
  - Provides care coordination and linkages to Sunshine Health’s Integrated Care team, and acts as the primary contact with the dependency system.
Continuity of Care (COC)
Sunshine Health coordinates care for all new members enrolled in the Child Welfare (CW) Plan to ensure continuous care for members receiving an active course of treatment through their previous health plan or Medicaid Fee-For-Service (FFS).

Sunshine Health provides COC for 90 days following the enrollment date or until the member’s Primary Care Provider (PCP) or behavioral health provider reviews the treatment plan.

The COC process applies to all new members, not just during the roll-out period for CW.
• To streamline the onboarding of new Child Welfare members, Sunshine Health uses the CBCs’ knowledge of the children in their care to obtain information about each child’s current treating providers, prior authorizations of ongoing services, future appointments and medications. This information is obtained in a Health Risk Screening (HRS) form.

• This information is used to identify continuity of care needs for the first 90 days following enrollment to prevent the disruption of any current treatments, including authorization of services with out-of-network providers.
Primary Care Provider (PCP) Selection

• All members must have a Sunshine Health network PCP (includes pediatricians and family practice providers).

• CBC-IH will identify a PCP for each newly-enrolled child to reduce the need for auto-assignment and ensure uninterrupted transition of care.
  • If the CW Plan member is seeing a PCP that is not participating with Sunshine Health, an authorization will be given during the 90-day COC period for the child to continue to see that PCP.
  • Sunshine Health will attempt to contract with that out-of-network PCP.
  • The member must be assigned to a network PCP during the COC period.
Health Risk Screening (HRS)
Health Risk Screening (HRS)

- Information on HRS is used to create a report of members who may need COC services and/or case management.
- Based on information in the HRS, a physical health or behavioral health case manager contacts the member to assist in approving services through the COC period and provide case management support.
Clinical Model
• To facilitate informed decision making and coordination of care, Sunshine Health developed an electronic health record that integrates information regarding all services Sunshine Health provides to each member.
• This information also may be accessed by the child’s providers, caregivers and the CBCs.
• Because this partnership extends throughout the state, changes in a child’s placements – whether they are with the child’s family, relatives, foster family or group home – do not compromise continuity of care, even if the child is moved.
• This continuity of care as well as appropriate case management helps achieve the goal of improved health, stability and permanent placement.
• Assists Sunshine Health, CBCs, and the member’s providers in the coordination of care.

• Structure includes role-based security with access for:
  • Sunshine Health and Cenpatico case managers.
  • CBC coordinators and staff.
  • PCPs, treating specialists, and treating behavioral health providers.

• Sunshine Health has administrative rights to add access for specialists and behavioral health providers who have not seen the member but who have a scheduled appointment.
**CentraCare Information**

- Member demographics including the supplemental CBC-IH member information.
- PCP added clinical values (height, weight, BP, lab values).
- PCP visits and diagnoses.
- Specialist inpatient and outpatient visits, specialty type, and diagnoses.
- Inpatient admissions, facility and diagnosis.
- ER visits and diagnosis.
- Outpatient visits, type, and diagnosis.
- Skilled nursing or nursing home services.
- Therapies.
- Home care, DME, and home- and community-based services.
- Laboratory and diagnostic tests.
- Medications (retail and specialty) dosage, prescriber, and specialty.
- Behavioral health provider documents.
Clinical Model Overview

Overview of the Clinical Model, CentraCare, Utilization Management, Case Management (Complex and Special Programs), Care/Service Coordination, and Health and Wellness
Overview of Clinical Model

• Sunshine Health uses a holistic, multidisciplinary approach to coordinate care and create individualized care plans.

• Sunshine Health’s integrated care team includes physical health and behavioral health service managers, pharmacists, medical directors, social workers, health coaches, network staff and CBC coordinators.

• The primary service manager communicates with CBC Coordinators, applicable providers and other stakeholders and monitors the individualized care plan that incorporates all covered, non-covered and court-ordered services.
Overview of Clinical Model

• Sunshine Health’s care model is built on the stratification of the child’s needs and use of services into case management intervention levels that address the continuum of care – from acute care to care coordination to health and wellness education.

• Sunshine Health provides case management support for children with complex needs who require more intensive physical health and behavioral health expertise.

• For those children needing connections to health and wellness services, such as well-child or dental care, Sunshine Health provides routine information to the CBCs so that CBC staff may help the child and caregiver schedule services with a network provider.
Care Management Approach: Support for All Children

Examples:
- Inpatient, CSU, complex physical or behavioral health conditions, SIPP
- Asthma, diabetes, PMUR, BHOS, development disabilities
- Post-ED visits, health coaches, weight, nutrition and exercise
- Well visits, dental and vision care

Levels of Support

- Complex (5%)
- General Case Management and Special Programs (10-15%)
- Care Coordination (30-35%)
- Health and Wellness (50%)
Special Programs

- Asthma with respiratory therapist home visits
- Diabetes tele-monitoring with health coaching
- Behavioral health conditions and weight gain/loss
- Integrated diabetes and behavioral health

- Health Coaching for Nutrition
- Health Coaching for Exercise and Smoking Cessation
- Intellectual and developmental disabilities
- PMUR and review of psychotropic medication
Utilization Management
Utilization Management Process

• To effectively manage resources, Sunshine Health requires prior authorization for specific services for which standardization or clinical guidelines can assist in determining medical necessity.

• Utilization management staff considers a member’s unique needs when processing requests. Staff contact the CBC coordinator for additional information to support the utilization management process, and the CBC coordinator must respond to information requests within one business day.
Utilization Management Process

- Sunshine Health uses InterQual criteria, American Society of Addiction Medicine (ASAM) guidelines, medical policies, and the Florida handbooks to guide decision making.

- All decisions to deny an authorization request for physical health services, or limit a service in amount, duration or scope that is less than requested, are made by health care professionals who have the appropriate clinical expertise in treating the member’s condition or disease. Only a licensed psychiatrist may authorize a denial for an initial or concurrent authorization of any request for behavioral health services.
Utilization Management Process

• Specific services that require prior authorization in order for payment to be made include:
  • All out-of-network non-emergency services.
  • Private duty nursing.
  • Non-emergency inpatient admissions, including SIPP.
  • Selected outpatient behavioral health services.
  • Physical therapy, occupational therapy, speech therapy.
  • Some outpatient procedures, such as ambulatory surgery.
  • High-tech imaging (MRI, CAT scan).
  • High-cost durable medical equipment such as a motorized wheelchair.
  • Some medications (following AHCA’s Preferred Drug List).

• Sunshine Health and Cenpatico staff obtain clinical information from the requesting provider to process the authorization.
Utilization Management Process

• Sunshine Health staff processes requests in a timely manner in order to meet the state’s service level standards for utilization management processes.
  • Turnaround time is seven days for standard requests and two business days for expedited requests.
  • If additional information is needed, Sunshine Health may extend a standard request by seven days and an expedited request by three business days.

• Sunshine Health may ask the CBC coordinator to help arrange services that require prior authorization and communicates the status of those arrangements to Sunshine Health.
Court-Ordered Services

• CBC staff must provide Sunshine Health notice within two business days of any court-ordered covered services and the next court date. Sunshine Health complies with all court-ordered requests and follows the standard utilization management process if those services require prior authorization. Utilization management or case management staffs relay the outcome of the utilization management decision to the CBC coordinator.

• If a judge requests a service for which Sunshine Health has determined a better alternative, the service manager or medical director may contact the requesting judge to discuss the basis for the request and potential alternatives. Sunshine Health then notifies the CBC coordinator about the outcome of that discussion.

• If the court-ordered service does not require prior authorization, a service manager may facilitate the coordination of those services with a network provider or contact the CBC coordinator to arrange the specific services. The CBC coordinator enters any actions into the CBC assessment in CentraCare.
Admission/ED Reports

• Sunshine Health communicates to the CBC-IH information on all CW members who are hospitalized through a daily report sent electronically. The report lists all new admissions to a physical health or behavioral health facility and discharges.

• An additional report is sent electronically to CBC-IH for any emergency room visit based on a daily electronic file sent from some Sunshine Hospitals or based on claims paid for emergency department visits if the visits occurred within the previous two weeks.

• This information is sent by CBCIH to each CBC for their children to assist CBC coordinators in following-up with the member or the member’s caregivers.
Discharge Planning

• Any Child Welfare Plan member admitted to an inpatient facility is considered high risk for readmission and is managed by dedicated discharge planning staff. This staff may become the member’s primary service manager during the inpatient period and for at least 30 days following discharge.

• The discharge planning staff becomes engaged in the discharge planning process with concurrent review staff. They will communicate with members, their caregivers and CBC coordinators to help identify barriers to a successful discharge plan and provide input regarding the member’s needs post discharge.

• The discharge planning staff also provides guidance when a member is transferred to another facility, assisting with the hospital or institution’s discharge plans at the next setting.
Post Discharge Care

- Sunshine Health’s discharge planner provides additional case management support to the member and caregiver for 30 days post-discharge. The focus of the interventions during this period is to:
  - Ensure that needed appointments are scheduled and kept.
  - Additional tests or treatments are arranged.
  - Home care services or durable medical equipment are provided and meet the member’s needs.
  - Any prescribed medications are filled with a completed medication reconciliations and instructions on the proper ways to take the medication.
  - They will inform the CBC Coordinator of any issues identified.
Placement Changes

• If the child’s placement changes, the CBC staff and CBC coordinator will coordinate the movement of any equipment to the child’s new location. The discharge planner and CBC Coordinator will coordinate situations where a durable medical equipment (DME) vendor must assist with relocating the equipment. Issues related to movement of equipment should be reported to Sunshine Health’s discharge planner within one business day.

• The CBC coordinator should notify the discharge planner of any unique situations involving delivery and installation that may need to be taken into consideration (e.g., a bedroom on the second floor).

• The CBC staff will identify if the child has medication which may need to be moved to the new location.
Case Management
Medically Fragile, Integrated, Complex, General, and Special Programs
Member Identification

Sunshine Health uses multiple methods to identify children who may benefit from case management support. Methods include:

- Claims data and pharmacy data.
- Referrals from CBC staff, utilization management and member services staff, providers, members and caregivers.
- HRS results.
- State eligibility file indicating member-reported chronic conditions or special needs.
- State-provided history.
Case Management Programs

Sunshine Health has various case management programs and interventions designed to support children with more complex needs. Programs include:

- Case management of medically fragile/medically complex children.
- Integrated case management (physical and behavioral health).
- Complex case management (physical health).
- Complex case management (behavioral health).
- General case management.
Case Management Programs

Sunshine Health also has special programs for children with:

• Asthma.
• Behavioral health conditions and weight gain/loss.
• Diabetes.
• Diabetes and co-occurring behavioral health conditions.
• Intellectual and developmental disabilities.
• Transitioning youth (for youth aging out of the system).
• Sunshine Health incorporates a holistic approach to case management programs so that a child’s case may not be managed exclusively by a physical health or behavioral health service manager but rather by a team that recognizes the interconnectedness between physical health and behavioral health conditions.

• Members who have both physical health and behavioral health needs, are assigned a primary service manager. The primary service manager may be physical health or behavioral health. This is determined based on which will most help the child. A secondary service manager may be assigned to assist with the child’s other needs.
Care Coordination
&
Health and Wellness
Care Coordination

- Care coordination is appropriate for members who may need:
  - Education on Sunshine Health’s benefits.
  - Help arranging appointments for needed well or follow-up visits, including transportation assistance.
  - Help locating participating Sunshine Health providers.
  - Help with communicating among the treating providers.
  - Referrals to community resources.

- Care coordination may be provided by the CBC staff and at times by Sunshine Health staff.

- The CBC Coordinator will notify the Sunshine Health staff if medical or behavioral health concerns arise.
Care Coordination Interventions

Key care/service coordination interventions include:

• Helping the caregiver select a PCP that is accessible. Consider the same PCP for all the children in the home.
• Educating on the Medicaid benefits and the additional benefits provided by Sunshine Health.
• Helping scheduling appointments, including well child, behavioral health visits, follow-up visits, dental and vision visits, post-discharge appointments, and arranging transportation.
• Identifying and resolving barriers.
• Educating on the importance of preventive care.
• Educating on how to navigate the health care system.
• Educating on how to talk with their child’s providers especially on how to managing their medical and behavioral health conditions, including what symptoms they should look for and what to do.
• Educating on the appropriate use of the Emergency Room (ER).
• Identifying community resources.
Sunshine Health sends CBC-IH a report monthly that indicates by CBC children needing routine health care services, such as:

- PCP/well-child visits.
- Lab tests.
- Age-appropriate immunizations.
- Lead screening for 2 year olds.
- Dental exams.
- EPSDT screenings (Child Health Check Ups).
- Other HEDIS or AHCA measures.*

CBC-IH forwards this report to the applicable CBC coordinator to contact the families and assist with scheduling the needed visits. Coordinators are to begin the outreach within two business days of receiving the report.
Pharmacy Services
Preferred Drug List (PDL)

- Sunshine Health follows the AHCA PDL for the first year of implementation of the CW program. The Preferred Drug List (PDL) is a list of covered drugs. This applies to drugs members can receive at retail pharmacies.

- Sunshine Health uses the same AHCA criteria for covered drugs, prior authorization, and limitations for age, gender, and quantity limits.

- US Script, Sunshine Health’s Pharmacy Benefit Manager (PBM), manages the pharmacy network and processes all retail drugs at point-of-sale network pharmacies.

- Acaria, Sunshine Health’s specialty pharmacy, processes requests for specialty drugs and mails all injectable medications to members or their providers, as appropriate.
72-Hour Temporary Supply
Hernandez Settlement

• The Hernandez Settlement requires that a pharmacy provide written notice to a member whenever the member’s prescription is denied, reduced, terminated, or delayed.

• The Hernandez Settlement also requires that the member be given a temporary supply of the medication for 72 hours.

• The member may file an appeal of the decision to deny, reduce, terminate, or delay the prescription. If so, the member will receive continuation of the medication therapy from the date of the hearing request until the hearing is decided.
Prescribing Psychotropic Medication

• Sunshine Health has informed our providers:
  • Of the law requiring a physician prescribing psychotropic medications to a child welfare system member must attempt to obtain "express and informed consent."
  • That for children whose parents' rights have not been terminated, the prescribing physician must attempt to obtain written express and informed consent from the child's parent or legal guardian.

• CBC staff can assist the physician with securing the express and informed consent of the parent or legal guardian or seek a court order authorizing the administration of psychotropic medication.
Medication Reconciliation Process

- As part of the assessment for case management, the service manager may perform a medication reconciliation review, which is a formal process for creating the most complete and accurate list possible of a member’s current medications and comparing that list to those in the patient record or medication orders.

- This medication reconciliation review is repeated at every transition of care, which includes changes in setting, service, practitioner or level of care.

- The service manager looks for duplication of therapy, potential drug interactions, and any adherence issues or gaps in filling prescriptions and communicates those to the member’s providers.

- The service manager follows up with the caregiver to provide medication education (e.g., dosage, frequency, side effects, etc.) and assistance.
Medication Reconciliation Process

The service manager evaluates the member or caregiver’s knowledge of the following and provides education on the:

- Purpose of the medication.
- Importance of the medication.
- Proper way to take the medication.
- Impact of taking the medication with or without food.
- When to take the medication.
- Side effects.
- Interactions among the medications.
- Expiration date of prescription.
- Refill dates.
Psychotropic Medication Utilization Review (PMUR)

• The Child Welfare population has high rates of psychotropic medication utilization. Effective case management considers the physical health impact of these medications, multiple psychotropic prescriptions and appropriate alternatives to addressing the impact of trauma on behavior.

• Psychotropic medication utilization review (PMUR) is a proven means of assuring appropriate use of psychotropic drugs, which often do not have FDA-approved use for children. PMUR also helps:
  • Reduce the incidence of adverse drug effects (including obesity).
  • Reduce unnecessary drug costs.
  • Identify areas where psychosocial interventions may complement drug therapy.
Parameters Triggering a PMUR

A review occurs for children who have received treatment for 60 days or more with psychotropic medications and who:

• Are under the age of 4 (and receiving an antidepressant or antipsychotic)
• Are under the age of 3 (and receiving a stimulant)
• Appear to have class polypharmacy as defined by:
  • Two or more stimulant medications
  • Two or more alpha agonists
  • Two or more antidepressants
  • Two or more atypical antipsychotic medications
  • Three or more mood stabilizers
• Have four or more psychotropic medications (polypharmacy)
Testing and Monitoring

• Members on antipsychotics should have LDL, glucose or hemaglobin test to monitor for metabolic syndrome which is a common side affect of these medications.

• Providers who have not obtained these tests within six months are contacted and reminded to order the test.

• Follow-up is performed in three months to verify if the test had been completed.
**Covered Services**

- Advanced registered nurse practitioner services
- Ambulatory surgical treatment center services
- Chiropractic services
- Dental services
- Early periodic screening & treatment services
- Emergency services
- Family planning services
- Healthy start services
- Hearing services
- Home health services
- Hospice services
- Hospital inpatient services
- Hospital outpatient services
- Laboratory & imaging services
- Medical equipment & prostheses
- Mental health services
- Nursing care
- Optical services
- Optometrist services
- Physical, occupational, respiratory and speech therapies
- Podiatric services
- Physician services, including physician assistant services
- Prescription drugs
- Renal analysis services
- Respiratory equipment & supplies
- Substance abuse treatment
- Transportation to covered services
Sunshine Health offers a variety of enhanced benefits to CW Plan members, including the following:

• Over-the-counter/mail order – A $25 per family benefit to purchase health related items such as vitamins, aspirin and first aid supplies.
• Art therapy – Delivered in an outpatient setting in conjunction with other behavioral health services.
• Circumcision – For newborn males during the initial hospitalization.
• Medically-related lodging and food – For family members when a member’s approved specialized hospital stay is 150 miles or more from home.
• Post-discharge meals – Up to 10 home-delivered meals for members who are discharged from the PH hospital and participate in Sunshine Health’s transitional care program.
Other Benefits

Sunshine Health provides a number of other programs and benefits to Child Welfare Plan members. Benefits include:

- **NurseWise** – A 24-hour nurse advice line to answer health care questions in English, Spanish and other languages per request.
- **Care grants** – Up to $150 a year to cover expenses not covered by Medicaid, such as athletic uniforms, athletic equipment, school trips, and college application fees or visit expenses.
- **Children’s follow-up incentive program** – A $10 gift card if a child keeps a follow-up outpatient appointment within seven days of discharge from an inpatient behavioral health hospitalization.
The Covered Services and Authorization Grid (CSAG) for behavioral health services is the guideline for:

- List of covered services.
- Service description.
- Billable provider types.
- Billing codes.
- Authorization Requirements.

Important to Note:

- **All** Non-Par services require a prior authorization.
- Par providers should refer to their Provider Agreement to identify services contracted and eligible to provide.
- Limits are Fiscal Year July 1 through June 30.
- Unlimited benefit based on medical necessity.
Behavioral Health Covered Services

Inpatient Hospital Services – Maximum of one unit per day.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Authorization Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Services (MH)</td>
<td>Yes</td>
</tr>
<tr>
<td>Inpatient Services (Detox SA Treatment)</td>
<td>Yes</td>
</tr>
<tr>
<td>Statewide Inpatient Psychiatric Program (SIPP) under age 21</td>
<td>Yes</td>
</tr>
<tr>
<td>Crisis Stabilization</td>
<td>Yes</td>
</tr>
<tr>
<td>Residential Treatment (MH &amp; SA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Observation</td>
<td>Yes</td>
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</tbody>
</table>
Behavioral Health Covered Services

Outpatient Hospital Services – Maximum of one unit per day.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Authorization Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial Hospitalization (PHP)</td>
<td>Yes</td>
</tr>
<tr>
<td>MH Intensive Outpatient Program (IOP)</td>
<td>Yes</td>
</tr>
<tr>
<td>SA Intensive Outpatient Program (IOP)</td>
<td>Yes</td>
</tr>
<tr>
<td>Outpatient Electroconvulsive Therapy - MH</td>
<td>Yes</td>
</tr>
<tr>
<td>Outpatient Treatment - MH/SA</td>
<td>Yes</td>
</tr>
<tr>
<td>Discharge Consultation</td>
<td>No</td>
</tr>
</tbody>
</table>
Behavioral Health Covered Services

Refer to handout (CSAG) for balance of services discussion:

- Professional Behavioral Health Services.
- Community Mental Health Center (CMHC)/Groups Services.
- FQHC Services and Rural Health Clinics.
- Targeted Case Management.
Questions about Sunshine Health CW

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