Access, Integration of Care and Service Utilization for Child Welfare Involved Children in Florida’s Managed Medical Assistance (MMA) Program

Project #2: Program Description and Historical Report Deliverable #2.2

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List of Abbreviations

ABH – Access Behavioral Health
AHCA – Agency for Health Care Administration
AIDS – Acquired Immunodeficiency Syndrome
BHOS – Behavioral Health Overlay Services
CBC – Community Based Care
CBCIH – Community Based Care Integrated Health
CMS – Children’s Medical Services Network
CBHA – Comprehensive Behavioral Health Assessments
DCF – Department of Children and Families
DOH – Department of Health
FSFN – Florida Safe Families Network
HIV – Human Immunodeficiency Virus
HMO – Health Maintenance Organization
LTC – Long-term Care
MCO – Managed Care Organizations
MMA – Managed Medical Assistance
SMMC – Statewide Medicaid Managed Care
SMI – Serious Mental Illness
SIPP – Statewide Inpatient Psychiatric Program
STFC – Specialized Therapeutic Foster Care
TGC – Therapeutic Group Care
Program Description and Historical Report

Overview

In 2011, the Florida Legislature created Part IV of Chapter 409 of the Florida Statutes, directing the Agency for Health Care Administration (AHCA) to create the Statewide Medicaid Managed Care (SMMC) program. This is the program through which most Medicaid recipients in the state receive services. The aim of the SMMC program is to: (1) improve coordination of care, (2) improve the health of recipients, (3) enhance accountability, (4) provide Medicaid recipients with a choice of both plans and benefit packages, (5) provide plans with flexibility to offer services not otherwise covered, and (6) enhance prevention of fraud and abuse through contract requirements (Kidder, 2015). It is estimated that in fiscal year 2016-17 the SMMC program will serve 4.2 million Florida Medicaid recipients (Senior, 2015).

The SMMC program has two key components: the Long-term Care (LTC) program and the Managed Medical Assistance (MMA) program. The LTC program is the program through which recipients of Medicaid who require a nursing facility level of care receive long-term care services. The LTC program does not cover medications, doctor’s visits or other healthcare related services. The MMA program is comprised of Standard plans that provide their enrollees with all required primary care, acute care, and behavioral health care services and Specialty plans that serve Medicaid recipients who have a specific diagnosis, chronic condition, or are in a certain age range and are tailored to meet the specific needs of the specialty population. There are some health plans, known as Comprehensive plans, which participate in both the MMA and LTC programs.

The purpose of this report is to provide background information and a description of the MMA program structure with a specific focus on the Child Welfare Specialty Plan (CWSP) available to Medicaid recipients under the age of 21 who have an open case for child welfare services and those who are in subsidized adoptions.

Managed Medical Assistance (MMA) Program

The goals of the MMA program are to: (1) improve recipient outcomes through care coordination, (2) improve program performance, (3) improve access to coordinated care, and (4) enhance financial predictability and financial management (AHCA, 2013). The MMA program
is comprised of managed care plans that are responsible and accountable for costs and are held to performance standards.

As previously noted, within the MMA program there are Standard health plans that provide their enrollees with the required core primary care, acute care, and behavioral health care services and Specialty health plans specifically designed for Medicaid recipients who have a chronic medical condition or a specific diagnosis. Currently, there are 11 Standard plans and five types of Specialty plans. All of the Standard plans and two of the Specialty plans operate in designated regions; three of the Specialty plans operate in all regions (Agency for Health Care Administration, 2015). The MMA component of the SMMC program was implemented through a staged roll out process by AHCA region from May 1, 2014 to August 1, 2014, with the exception of the Freedom Health Chronic Conditions Specialty plan for dual Medicare and Medicaid eligible recipients that began operation in early 2015. There were over three million people enrolled in the MMA program as of October 2015; this represents approximately 80% of total Florida Medicaid recipients (Senior, 2015).

**Standard Plans**

Standard plans are available to all Medicaid recipients and plans are required to offer core primary care, acute care, and behavioral health care services. Core services provided by all plans include, but are not limited to: advanced registered nurse practitioner, ambulatory surgical treatment center, chiropractic services, dental, early periodic screening and treatment, emergency services, family planning, healthy start services, hearing, home health, Hospice, hospital inpatient and outpatient services, laboratory and imaging services, medical equipment and prostheses, mental health services, nursing care, optical and optometrist, physical/occupational/respiratory/speech therapies, podiatric services, physician and physician assistant services, prescription drugs, renal analysis, respiratory equipment and supplies, substance abuse treatment, and transportation to the covered services (Sunshine Health, n.d.; AHCA, n.d.- Sunshine Health Core Contact and MMA Exhibits).

In addition to the core services, most of the health plans offer some level of expanded benefits for members. For example, most Standard plans provide expanded dental, hearing and/or vision services and over the counter medications. In addition, a few Standard plans offer alternative therapies such as art, equine, and/or pet therapy. A complete listing of expanded
benefits by plan can be found at:

**Specialty Plans**

A Specialty plan is a specific type of MMA plan for Medicaid recipients who have a chronic medical condition or a specific diagnosis. MMA Specialty plans are required to offer all of the same health care services as the Standard MMA plans, but they must also (1) provide a care coordination program designed to meet the specific needs of recipients in the plan, and (2) offer an increased number of Specialty providers or primary care physicians in their provider network to meet the unique needs of these recipients.

There are five types of Specialty plans available to Medicaid recipients. The Children’s Medical Services Network (CMS) plan, operated by the Department of Health (DOH), is available to recipients under the age of 21 with chronic physical health conditions. There are two Human Immunodeficiency Virus (HIV) Specialty plans for recipients with HIV or Acquired Immunodeficiency Syndrome (AIDS). A Serious Mental Illness (SMI) Specialty plan is available to recipients ages six and older who are diagnosed with a serious and persistent mental illness. The Child Welfare Specialty Plan (CWSP) is available to children under the age of 21 that have an open child welfare case in the Department of Children and Families’ (DCF) Florida Safe Families Network (FSFN) database and those who are in subsidized adoptions. The Freedom Health Chronic Conditions Specialty plan is available to recipients who are eligible for both Medicare and Medicaid benefits and who have a diagnosis of Diabetes, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure or Cardiovascular Disease. The CMS, CWSP and Freedom Health plans are available in all regions; the HIV plans are available in ten AHCA regions; and the SMI Specialty plan is available in eight AHCA regions (AHCA, n.d).

**Eligibility**

Eligibility for the Medicaid program is determined by DCF, but eligibility for enrollment in the Specialty plans is based on algorithms used by AHCA to identify eligible recipients who meet specific age, medical condition and/or diagnosis criteria. Most Medicaid recipients are required to enroll in the MMA program except for persons including, but not limited to, those that have other creditable health care coverage that excludes Medicare, persons eligible for
refugee assistance, Medicaid recipients who are residents of a developmental disabilities center, children receiving services in a prescribed pediatric extended care center, Medicaid recipients residing in a group home facility licensed under Chapter 393, women who are eligible only for family planning services, and persons who are eligible for the Medically Needy program (AHCA, 2015).

MMA recipients have a variety of enrollment options. Recipients can enroll online, through an automated phone system or by calling and utilizing Choice Counselors. In-person visits are also available by request for recipients with special needs. Specialty plan enrollments can be completed via phone and online, but not through the automated phone system. In the initial implementation process, once eligibility for Medicaid was determined, recipients or their designee would receive a letter within five days of their notification of eligibility with information about the health care plans in their region and how to enroll. There was a minimum of 30 days from the date that recipients received their welcome letter to enroll in a plan available in their region. After joining a plan, the recipient had 90 days to change to another plan if they chose.

Recipients may select a plan when they apply for Medicaid or they will be enrolled in a plan. They then have 120 days to change after the effective date of their enrollment in a plan. There is an open enrollment period once a year when changes can also be made (AHCA, nd). This period begins on the anniversary date of their first enrollment. Outside of this open enrollment period and the 120 day period, recipients can only change plans for agency-defined good cause reasons.

Florida law stipulates that if a Specialty plan exists to meet the needs of a specific population, the Agency must automatically assign them to the Specialty plan listed highest on the ranking when a recipient qualifies for more than one MMA Specialty plan. However, even though recipients are automatically assigned to these plans if they do not choose another plan, they can still choose from any of the other Standard MMA plans in their region if they prefer.

**The Child Welfare Specialty Plan**

The CWSP is designed for Medicaid eligible children under the age of 21 that have an open child welfare case in the Department of Children and Families’ (DCF) Florida Safe Families Network (FSFN) database. In 2015, Florida law was amended to allow Florida
Medicaid eligible children under the age of 21 who are in subsidized adoptions to enroll in the CWSP.

When a child is placed in out of home care, the Community Based Care (CBC) agency submits a Medicaid application in FSFN. If the child is determined to not already be Medicaid eligible, the application is submitted by DCF and notice of the outcome, including Medicaid effective date is sent to the CBC and to FSFN through an automated process. The Medicaid eligibility data is sent to AHCA daily, also through an automated process. After validation of eligibility, AHCA updates the FSFN information and the file is sent to Choice Counseling. The child now becomes eligible for enrollment in the CWSP. A welcome packet is sent out to the CBC case manager; the packet includes the deadline for making new plan choices. The welcome packets are sent to parents for children receiving in-home services. The CWSP is the default plan for children in child welfare and it will be assigned if no choice is made by the deadline. The legal guardian or parent of a child who has an open child welfare services case can choose to not make any changes and remain enrolled in the CWSP, or they can change to a Standard MMA plan available in their region or the CMS plan if the child is determined to have an eligible chronic health condition. If the child was previously enrolled in an MMA plan prior to becoming child welfare involved, the legal guardian or parent can choose to enroll that child in the CWSP once eligibility has been determined. As of January 1, 2016, there were 29,143 children enrolled in the CWSP according to the Florida Statewide Medicaid Monthly Enrollment Report (AHCA, n.d.).

The CWSP has been designed to incorporate integrated programs that are member focused and attend to the particular needs of the child welfare population. This is done under the premise that integrating physical and behavioral health services with child welfare services improves access to services and quality of care. Active involvement from CBC lead agencies, case managers, parents, and foster parents in health care provider/service decisions is incorporated into procedures of the CWSP. Other procedures include CBC lead agencies having input into the provider network and service delivery system, more efficient and accurate Medicaid information through data sharing, access to services throughout the state, timely reunification or adoption by integrating services with child welfare, and having a dedicated staff at Sunshine Health for care management and an enrollee help line.
Child Welfare Specialty Plan Structure

Sunshine Health operates both a Standard health plan and the CWSP. Sunshine Health is a fully owned subsidiary of the Centene Corporation (Sunshine Health, n.d.). Centene is a for-profit Fortune 500 company that "is a diversified, multi-national healthcare enterprise that provides a portfolio of services to government-sponsored healthcare programs, focusing on under-insured and uninsured individuals" (Centene Corporation, n.d.). Centene provides services in about 20 other states. The organization was selected and awarded a five-year contract by AHCA through a competitive bid process. The Sunshine Health positions that serve the CWSP include: a vice president of child welfare programs, service authorization/utilization management staff, a provider network contracting team, and care management staff that is comprised of registered nurses and social workers (Sunshine Health, n.d).

Cenpatico manages the behavioral health (mental health and substance abuse) services covered by the CWSP as a subcontractor of Sunshine Health. Cenpatico is also a subsidiary of the Centene Corporation and operates out of Austin, Texas. Cenpatico is responsible for developing and maintaining behavioral health provider/practitioner networks, authorizing behavioral health treatment, paying behavioral health claims, authorizing access to specialty services such as Statewide Inpatient Psychiatric Program (SIPP)/Behavioral Health Overlay Services (BHOS)/Specialized Therapeutic Foster Care (STFC)/etc., performing behavioral health prescription management and quality assurance (Florida’s Center for Child Welfare, 2014). The Cenpatico positions related to the CWSP include: a vice president of foster care, a statewide clinical director and a clinical manager, a director of training and education, behavioral health service managers and care managers, a discharge planner, service authorization/utilization management staff, and network development staff.

A unique aspect of Sunshine Health’s operation of the CWSP is the partnership between Sunshine Health, Cenpatico, and Community Based Care Integrated Health (CBCIH). CBCIH is a corporation made up of a consortium of invested CBC lead agencies that was developed specifically to implement the CWSP. CBCIH is a Sunshine Health subcontractor and key partner that shares program management and decision making with Sunshine Health through an operating committee, as well as provides coordination with the child welfare system and
conducts quality assurance activities (Sunshine Health, n.d.). CBCIH also provides care coordination and linkages to the Sunshine Health Integrated Care Team, and acts as the primary contact with the CBC lead agencies and DCF. The CBCIH positions responsible for day-to-day CWSP operations and quality assurance include a vice president (who serves as the primary liaison with Sunshine Health and Cenpatico), four geographically divided regional coordinators (north, south, west, and central areas), a behavioral health specialist, a nurse specialist, and an information technology specialist. The regional coordinators are responsible for carrying out quality assurance reviews, monitoring and contract management of the CBC lead agencies’ service contracts for nurse and behavioral health care coordination. The CBCIH behavioral health specialist provides support to the CBC behavioral health coordinators and the nurse specialist provides support to the CBC nurse care coordinators. Sunshine Health funds CBC coordinators to be placed in all participating CBC locations to support the integrated model. These coordinators serve as conduits of information between Medicaid, physical health providers, behavioral health providers and the child welfare system (see Figure 1).

DCF contracts with the CBC lead agencies to provide child welfare services and monitors the CBCs’ performance on safety, permanency, and well-being indicators for children and families served in Florida’s child welfare system. DCF operates the abuse hotline statewide and, in most areas, provides child protective investigations (the Sheriff’s department oversees investigations in six counties). DCF has a central office and regional directors and contract managers who coordinate services with and provide oversight of the CBCs in each region. DCF operates Florida’s Statewide Automated Child Welfare Information System, known as Florida Safe Families Network (FSFN). DCF provides Medicaid eligibility data and FSFN data to AHCA to determine child eligibility for the CWSP (see Figure 1).
Figure 1. Child Welfare Specialty Plan Structure.

**Department of Health**
- Operation of Children's Medical Services Network plan

**Agency for Health Care**
- Operates Florida Medicaid program
- Contract Management of Sunshine Health CWSP
- SMMC/MMA plan information to Medicaid eligible recipients
- Choice Counseling for plan selection
- SMMC/MMA Complaint and Issue resolution
- Determination and notification of CWSP eligibility and enrollment into plan

**Department of Children and Families**
- Contract Management and Quality Assurance of CBC lead agencies
- Florida Safe Families Network (child welfare data system)
- Child Protective Investigations (CPI) in most areas
- CPI completion of HRAs in some areas
- Provides FSFN data to AHCA for identification of CWSP eligible children

**Sunshine Health**
- Primary contracted organization responsible for operation of CWSP
- Physical Health Provider Network
- Nurse Case Managers
- Utilization Management
- Provider Network Development and Contracting
- Electronic Health Record
- Subcontracts with CBCIH and Cenpatico

**CBC Integrated Health**
- Subcontractor of Sunshine Health for plan oversight and coordination
- Nurse Specialist
- Behavioral Health Specialist
- Four Regional Coordinators (North, South, Central, West)
- IT and Data management (Integrate)
- Nurse Care Coordination Region 11
- QA and Contract Management of CBC CWSP service contracts
- CWSP Training and Orientation

**Cenpatico**
- Subcontractor of Sunshine Health for management of behavioral health services
- Behavioral Health Provider Network
- BH Case Managers
- Utilization Management
- Behavioral Health Provider Network Development and Contracting

**CBC Lead Agencies**
- Ownership of and service contracts with CBCIH
- Nurse Care Coordination
- Behavioral Health Care Coordination
- Revenue Maximization Specialists
- Child welfare case management
- Completion of HRAs
References


Senior, J. M. (October 2015). Florida Medicaid. Presentation to the Senate Health and Human Services Appropriations Subcommittee, Tallahassee, FL. Available at: