

Out-of-Home Treatment Services for Children in Managed Care

Residential Mental Health Treatment in Florida
(Ch. 39 & 394 F.S.)

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Presenters

Heather Allman, LCSW

Agency for Health Care Administration, Medicaid Policy

Laurie Blades, Deputy Director

Department of Children and Families, Substance Abuse and Mental
Health Program Office

Tory Wilson, Permanency and Well Being Manager

Department of Children and Families, Office of Child Welfare

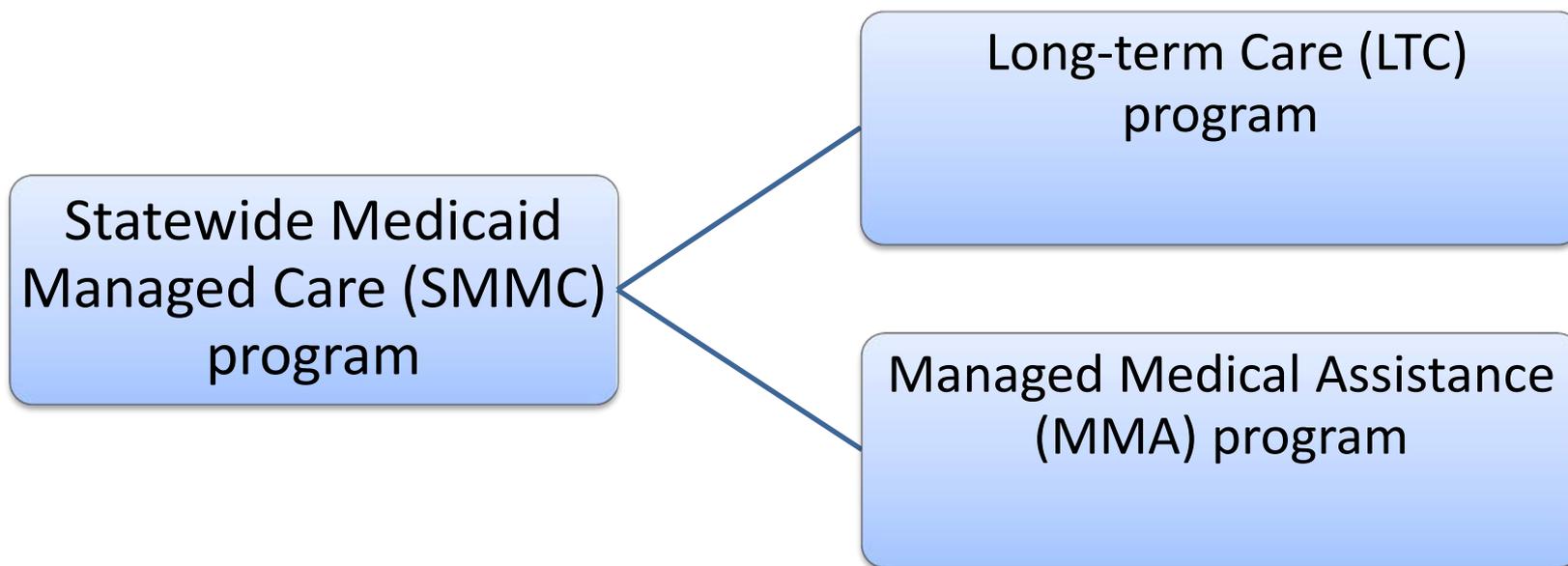


Training Objectives

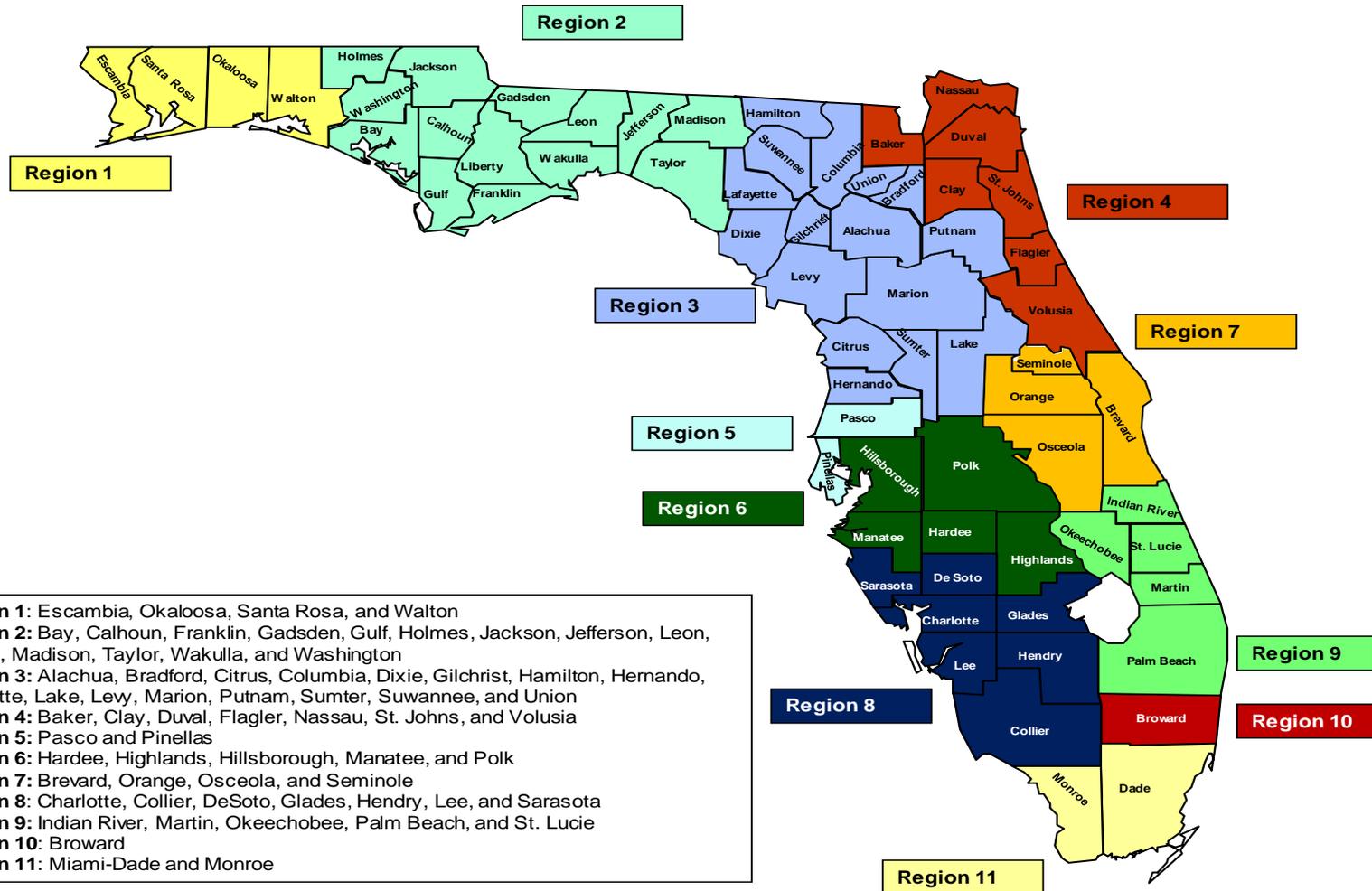
- Provide an overview of the Statewide Medicaid Managed Care Program (SMMC)
- Define community and dependent children
- Describe behavioral health treatment options
- Review the mental health system of care
- Review the residential treatment referral and placement process for both community and dependent children



Statewide Medicaid Managed Care (SMMC)



Statewide Medicaid Managed Care Regions Map



Region 1: Escambia, Okaloosa, Santa Rosa, and Walton
Region 2: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington
Region 3: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union
Region 4: Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia
Region 5: Pasco and Pinellas
Region 6: Hardee, Highlands, Hillsborough, Manatee, and Polk
Region 7: Brevard, Orange, Osceola, and Seminole
Region 8: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
Region 9: Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
Region 10: Broward
Region 11: Miami-Dade and Monroe



Who is a Community Child?

- A community child is under the age of 18 years and is not under the care and custody of the Department of Children and Families (DCF).
- Behavioral health needs of community children are coordinated by the DCF's designee, the Managing Entity (ME). The DCF contracts for behavioral health services through a regional system of care operated by the ME's.



Who is a Dependent Child?

- A dependent child is a child under the age of 18 who is in the care and custody of the DCF.
- Behavioral health needs of dependent children are coordinated by the DCF's designee, the Community Based Care (CBC's) agencies.
- The DCF contracts with a local lead CBC agency to direct the provision of child welfare services for that community.



What is Treatment?

Treatment means the provision, coordination, or management of health care and related services by one or more providers, including the coordination or management of health care by a provider with a third party.



Mental Health Services in a System of Care

Screening/Assessment

Wraparound

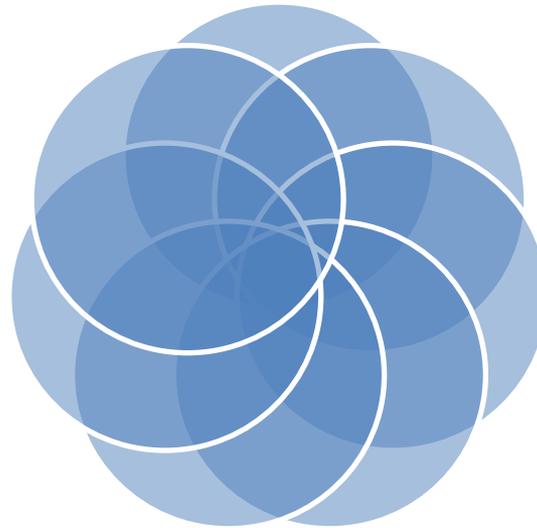
In Home

Residential

School Based

Respite

Crisis



Community-Based Services

- A full array of medical and behavioral health services are available for children with Medicaid, in a variety of settings. For example, therapeutic behavioral on-site (TBOS) services can be provided in a recipient's home or school.
- Services can be provided to alleviate the need for more restrictive out-of-home services.
- Research demonstrates that children have better outcomes when they receive community-based services which allow them to remain in their home, engaged with their natural support system.



Behavioral Health Services

Behavioral health services include:

- Assessment and treatment planning services
- Therapy services such as individual, group, and family therapy services, and TBOS
- Medical services such as medication management
- Supportive services such as club house, psychosocial rehabilitation and behavioral health day services



Other Services

Medicaid offers other services that may be needed by children with behavioral health disorders such as:

- Behavior analysis
- Mental health targeted case management
- School-based services
- Therapy
- Transportation
- Primary care



Substitute Services

- Children enrolled in a Medicaid health plan also have access to substitute services that are downward substitutions from state plan services.
- Some health plans have elected to make these services available to their enrollees such as:
 - Peer self help services
 - Respite services
 - Community-based wrap around services



Indications that Out-of-Home Treatment is Appropriate

- Services and supports have been tried in less restrictive settings.
- The child has a significant mental health and/or co-occurring mental health and substance use disorder that significantly impairs their ability to function in the community.
- The child's mental health condition has a high level of acuity (e.g., multiple Baker Act admissions in a short period of time).



Specialized Therapeutic Foster Care Services

- Specialized therapeutic foster care (STFC) services are intensive treatment services provided to children under the age of 21 years with moderate to serious emotional or behavior management problems who reside in a state licensed foster home.
- There are two levels of STFC, with crisis intervention available at both levels. Levels are differentiated by intensity of services required.



Therapeutic Group Care Services

- Therapeutic group care (TGC) services are community-based, psychiatric residential treatment services designed for children under the age of 21 years with moderate to severe emotional disturbances.
- Services are provided in specialized therapeutic group homes, which are licensed residential treatment centers for children and adolescents serving no more than 12 recipients in accordance with Chapter 394, Florida Statutes (F.S.).



Statewide Psychiatric Inpatient Program Services

- The statewide inpatient psychiatric program (SIPP) service is residential psychiatric treatment provided to children under the age of 21 years for whom acute inpatient or intensive outpatient services cannot resolve the recipient's symptoms.
- Services are provided in either a facility licensed as a hospital in accordance with Chapter 395, F.S. or as a residential treatment center for children and adolescents in accordance with Chapter 394, F.S., which also qualifies as a psychiatric residential treatment facility under Title 42, Code of Federal Regulations (CFR), section 483, subpart G.



Overview of the Pre-Admission Process



- Assessment of Suitability



- Multidisciplinary Team Staffing



- Referral for Residential Services



- Authorization



Residential Placement Responsibilities

Community Children

When it is recognized that a child may be appropriate for residential mental health treatment, the child must be assessed to determine suitability for residential treatment by a Florida licensed psychologist or psychiatrist, in accordance with 65E-9.008, Florida Administrative Code, (F.A.C.).

Dependent Children

When it is recognized that a child may be appropriate for residential mental health treatment, the child must be assessed to determine suitability for residential treatment by a Qualified Evaluator (QE) per 39.407, F.S.

DCF (or the designated ME or CBC) may only place children into a residential treatment facility who have been personally examined and assessed for suitability for residential treatment, with a recommendation from an appropriate multidisciplinary team.
(Rule 65-E9.008, F.A.C.)



Assessment of Suitability

Community child	Dependent child
<p>The child is assessed to determine suitability for residential treatment by a Florida licensed psychologist or psychiatrist, in accordance with Rule 65E-9.008, F.A.C.</p>	<p>Suitability assessment by a Qualified Evaluator (QE) according to Section 39.407, F.S.</p>
<p>The assessment provides a recommendation for a level of care.</p>	<p>The suitability assessment provides a recommendation for one of the following levels of care: inpatient residential, residential therapeutic group home or residential is not recommended (community).</p>
<p>The Multidisciplinary (MDT) staffing is scheduled.</p>	<p>A dependency court judge orders placement into mental health residential level of care.</p>



Assessment of Suitability for Community Children

In accordance with Rule 65E-9.008, F.A.C., the assessment of suitability for community children must result in a report with findings that:

- The child has an emotional disturbance as defined in section 394.492(5), F.S., or a serious emotional disturbance as defined in section 394.492(6), F.S.;
- The emotional disturbance or serious emotional disturbance requires treatment in a residential treatment center;
- All available treatment that is less restrictive than residential treatment has been considered or is unavailable;
- The treatment provided in the residential treatment center is reasonably likely to resolve the child's presenting problems as identified by the QE;
- The provider is qualified by staff, program and equipment, to give the care and treatment required by the child's condition, age and cognitive ability;
- The child is under the age of 18 years; and
- The nature, purpose and expected length of treatment, have been explained to the child and the child's parent or guardian and guardian ad litem.



Assessment of Suitability for Dependent Children

- In accordance with section 39.407, F.S., whenever the department believes that a child in their custody is emotionally disturbed and may need residential treatment, an examination and suitability assessment must be conducted by a QE.
- The assessment must be completed before placement of the child in a residential treatment center.
- A determination concerning a child or adolescent with an emotional disturbance (as defined in section 394.492(5), F.S.) or serious emotional disturbance (as defined in section 394.492(6), F.S.) when each of the following criteria is met:
 - The child requires residential treatment
 - The child is in need of a residential treatment program and is expected to benefit from mental health treatment
 - An appropriate, less restrictive alternative to residential treatment is unavailable



Qualified Evaluator for Dependent Children

The suitability assessment for dependent children must be conducted by a QE who is appointed by the Agency for Health Care Administration. A qualified evaluator must:

- Be a psychiatrist or psychologist licensed in Florida.
- Have at least 3 years experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents; and
- Have no actual or perceived conflict of interest with an inpatient facility or residential treatment center or program.



Multidisciplinary Staffing (MDT)

Community child	Dependent child
The ME or contracted provider typically facilitate the MDT staffing.	The CBC lead agencies typically facilitate the MDT staffing.
The MDT convenes to review information, discuss the child and family's wishes, and identify any less restrictive treatment that is available in the community which might be reasonably expected to prevent the need for residential care.	
The MDT will document and share their recommendations.	



MDT

continued

Rule 65-E9.008, Fla. Admin. Code

- MDTs are referred to differently around the state, to include Child Specific Staffing Teams and Family Service Planning Teams
- MDTs are required for nondependent children as part of the SIPP referral process to:
 - Ensure there is the required recommendation from a psychologist or psychiatrist for residential mental health treatment level of care;
 - Provide an opportunity for the parent to consider less restrictive treatment options; and
 - Provide input to the health plan making a determination of medical necessity
- If the MDT recommendation is not for residential treatment and if the parent refuses to attend the MDT, **the SIPP packet must be sent forward anyway** to allow the health plan to determine medical necessity.
 - Not sending a SIPP packet forward eliminates the opportunity for a Medicaid enrolled child to access SIPP services. – MDT approval is not required



Access Residential Treatment

Community child

A referral packet is sent to the provider(s) of choice and must include the assessment of suitability and the MDT recommendation. Providers have the right to review referral packets and decide whether to accept the child based on the ability of the provider to meet the specific clinical needs of the child or the determination that the child will not blend well with the current population being served.

Dependent child

A court hearing is scheduled and placement into a residential treatment center is ordered, in accordance with Florida Supreme Court Rule 8.350.



Residential Treatment Responsibilities

- Medicaid health plans or their subcontractor must have a process to participate in interagency staffings or school staffings that may result in the provision of behavioral health services to an enrolled child.
- The health plan or their subcontractor must participate in such staffings upon request.

-Attachment II, Exhibit II-A, Section V.A.1.a.(4).(e).(iii)



Care Coordination

- Health plans are responsible for the management and continuity of medical and behavioral health care for all enrollees.
- Health plans must maintain written protocols for identifying assessing, and implementing interventions for enrollees with complex medical issues, high service utilization, intensive health care needs, or who consistently access services at the highest level of care.

-Attachment II, Exhibit II-A, V.E.4



Residential Treatment Responsibilities

- Health plans are required to coordinate hospital and institutional discharges including discharges from residential SIPP and TGC services.
- Health plans must address post-discharge care, including, but not limited to residential services, day treatment programs, outpatient appointments, skilled short-term rehabilitation, and skilled nursing facility care, as appropriate.
- Health plans must coordinate aftercare services at least 30 days prior to discharge from a residential treatment setting (including SIPP and TGC services).

-Attachment II, Exhibit II-A, Section V.E.4.c. (8) and (17)



Residential Treatment Responsibilities

(Continued)

- Health plans are responsible for recruiting and contracting with qualified providers of TGC services and SIPP services.
- Health plans are required to enter into contracts with a sufficient number of providers to deliver all covered services to enrollees and ensure that each covered service is provided promptly and is reasonably accessible.

- Attachment II, Section II. D.16



Residential Treatment Responsibilities

(Continued)

- Health plans develop their own utilization review process for service authorization.
- Health plans are required to maintain a provider complaint system allowing providers to dispute any aspect of the health plan's administrative functions, including claims.

-Attachment II, Section VI.D.5



Residential Treatment Responsibilities

(Continued)

- Health plans are required to respond to standard authorization requests as expeditiously as the enrollee's health condition requires and within no more than 7 days; and to expedited requests within 48 hours.
- Health plans must notify providers and give the enrollee written notice of any decision to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested.

-Attachment II, Section VII.G.5



What Happens When Residential Treatment Is **Not** Recommended

- The MDT reconvenes and discusses community-based supports and services for the child.
- “The court has the authority to order the residential treatment of a dependent child in the custody of the DCF despite a contrary recommendation by the AHCA designated QE if it affords the child the additional protections of the Baker Act.”

(Lee, Michael, and Traphofner, John. Memo to Mary Cagle, State Director of Children’s Legal Services, Tallahassee, FL. March 2010.)

- Health plans are responsible for authorization of services determined to be medically necessary.



Discharge Planning

from residential treatment

- Discharge planning and the identification of a discharge disposition should begin when treatment starts and must be reassessed continually. Possible indicators include:
 - The child has received maximum benefit from his or her present plan of care
 - The child has not benefitted from a reasonable course of treatment
 - A discharge plan had been established, and the aftercare services plan includes family or family surrogate and the district mental health office
 - Severe medical problems have arisen that cannot be managed by the facility
- The discharge plan must be provided to the parent, legal guardian, guardian ad-litem, and DCF (or their designee) at least 30 days before the proposed discharge date (Rule 65E-9.011, F.A.C.)



Discharge Planning

(continued)

- The child's family or the CBC and the health plan participate in discharge planning and are kept informed of the child's progress from the time of admission.
- The child is given opportunities to practice skills with family at home as part of discharge planning (e.g., therapeutic passes).
- Appropriate referrals are made for follow-up treatment (continuity of treatment).



Discharge Planning

(continued)

- Clinical aftercare recommendations should specify the level of structure and supervision needed by the child and what services and supports are necessary to address specified issues.
- Discharge occurs when a child is ready to return safely to the community and continue active treatment in a less restrictive setting.
- The child is assisted in working through the termination process following demonstration of an ability to self-manage and achievement of other treatment goals.



What to do when there is a problem?

- The Agency has established a centralized recipient support and provider services unit for all health plan related issues and complaints.
- This is the Agency's process for identifying, trending, and tracking all issues and complaints to resolution.
- This process is utilized by providers, stakeholders, and recipients to request assistance.



What to do when there is a problem?

- If you have a health plan related issue or complaint, please call recipient support and provider assistance services at 1-877-254-1055,
- or complete the online form found at:
<http://ahca.myflorida.com>

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Florida Statewide Medicaid Managed Care Program Complaint Form

If you have a complaint about Medicaid Managed Care services, please complete the information below.
If you need assistance completing this form or wish to verbally report your issue, please call 1-877-254-1055 to speak to a Medicaid representative.

* Required fields

For each complaint/issue, please provide:

Complainant Information

Your name:
Your email:
Your phone number:
I am a:

Who is the complaint/issue about?

Recipient Name (If different from above):
Recipient Gold Card, SSN, or Medicaid number:
(If the issue pertains to more than one recipient, please include Gold Card, SSN, or Medicaid ID for each person in the Comment below, or upload in the Attachment section)
County:
Have you previously submitted this issue, or a similar one, to the Agency? Yes No
What type of Managed Care Plan is this complaint/issue about?
What is the name of the Managed Care Plan?

Please complete all choices that relate to your issue:

I am a recipient and am having trouble obtaining the following service:
I am a new member and I have not received any plan information. If yes, check here:
I am having trouble finding a healthcare provider. If yes, check here:
I have questions about or need help with the plan complaint, grievance, appeal and/or Fair Hearing process. If yes, check here:
I have a complaint about my facility or its staff (Nursing Facility, Assisted Living Facility, Adult Family Care Home, Hospice). If yes, check here:
I am trying to enroll in a plan, disenroll from my plan or change my plan and need help. If yes, check here:
I am a Healthcare provider, and my complaint is about obtaining authorizations or claims payment issues. If yes, check here:
Please describe in 2000 characters or less:
Do you want to be contacted about this complaint/issue?
Attach Supporting File:



Questions

