



Title Care Coordination& Sunshine Pathway to Shine		Number 203	
Department: Clinical Services	Owner Director of Clinical & Placement Services	Regulatory Authority: Florida Medicaid Community Behavioral Health Services Coverage and Limitation Handbook, 39.407, F.S.394.459, F.S., 65E-5.400FAC, 409 F.S., SSHP Vendor Services Agreement; Related Policies: 201, 202, 302, 319,404,	Attachments: NA
Effective Date: August 2014		Last Revision: July 2026	Review Date: July 2026

Purpose:

It is the policy of Communities Connected for Kids (CCKids) to ensure that the physical and behavioral health needs of children under supervision are met. CCKids has entered into an agreement with which guides our coordination of the delivery of Medicaid services to those youth enrolled in the Sunshine State Child Welfare Specialty Plan (CWSP) known as *Sunshine Health Pathway to Shine*.

CCKids staff provide support and coordination services to the extent possible to all children and youth who are served by dependency case management services by CCKids or its subcontract provider, regardless of MMA plan enrollment. CCKids will work with the MMA or insurance plan to the extent possible in ensuring physical and mental health needs of the children & youth are met.

CCKids prohibits discrimination in all activities including, but not limited to, any activities associated with the covered health plan, CCKids' direct services or any of CCKids' subcontracted services.

Policy:

Health Risk Assessment

The purpose of completing a Health Risk Assessment (HRA) is to acquire basic health care information on children placed in out-of-home care or under protective supervision (in-home judicial or non-judicial). The information gathered allows timely response to and referral for identified physical health and behavioral health care needs. Health Risk Assessments provide the initial information to the child's health care plan for coordination of care.

- A. New members on the CWSP will be identified on the *New Member HRA Report* provided by Sunshine Health. Upon receipt of the report CCKids NCC or designee will contact the member/caregiver/dependency case manager to assess the member's needs within 30 days of enrollment. The NCC or designee will complete the HRA in the *Client Portal* within the required timeframe and follow-up on any necessary services or supports identified during the assessment.



- B. CCKids NCC, or designee, will complete a new HRA within 60 days of receipt of the *Dx HRA Report* provided by Sunshine and/or being notified that a claim has been received by Sunshine Health for a covered person for any of the following:
 - a. A Covered Person's diagnosis related to Serious Mental Illness (SMI), asthma or diabetes
 - b. A Covered Person is identified by Agency enrollment as being pregnant, on the waitlist for or enrolled in the iBudget Waiver, diagnosed with SMI, or diagnosed with HIV/AIDS
 - c. A receipt of claim or encounter indicating that a new enrollee is diagnosed with cancer, depression, diabetes, or asthma
- C. Documentation of outreach attempts, outcome of the HRA, and services coordinated will be entered into the health record system designated by Sunshine Health by the next business day after care coordination activities are performed.

Authorized Callers & Primary Care Physician (PCP) Selection and Changes

Selecting a PCP is to ensure the children enrolled on the CWSP will be served by a provider within the Sunshine Network. CCKids has designated individuals listed as authorized callers for members assigned to our agency. These individuals are listed on a directory and confirmed with the Sunshine Health Program Manager during monthly meetings and notifications or changes to our CCKids directly are communicated as they occur.

Health Effectiveness Data & Information Set (HEDIS) Care Gap

Care Gaps indicate healthcare performance measures that have not been met for applicable members. CCKids NCCs and BHSs continuously work to ensure all Sunshine Health members and all children & youth served by CCKids receive services they need to achieve positive outcomes regardless of MMA plan or insurance.

CCKids receives Care Gap from Sunshine Health monthly once available (April-December). CCKids NCCs and BHSs are responsible for reviewing care gaps and following up with caregivers/members/DCMs to ensure children and youth are getting their required routine medical, dental, behavioral health and other agreed upon health and wellness services.

Sunshine Health Case Management Referral & Coordination

CCKids BHSs and NCCs collaborate with Sunshine Health in identifying the needs for physical or behavioral health case management, health coaching or care coordination 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.

- A. CCKids NCCs are 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.
- B. CCKids BHSs are responsible for the identification, coordination and referral of plan enrollees who require additional assistance with their behavioral health needs, including those enrollees who are identified requiring higher levels of care.



- C. Once the NCC and/or BHS identify the need for physical or behavioral health case management, health coaching or care coordination, a referral will be made within 2 business days through the Sunshine Program Manager via email.
- D. NCCs and BHSs collaborate with HealthPlan designees to contact applicable caregivers, coordination needed home visits and arrange for needed practitioner or ancillary provider appointments. This collaboration is done to minimize confusion to caregivers or members. NCCs and/or BHSs assist in the development of the Care Plan as needed.
- E. NCCs and BHSs make every possible effort to contact members identified for care coordination services. They completed pre-assessments, including a review of available members' records/information before each member outreach attempt. Outreach includes telephone calls, letters, and communication with treatment providers. All coordination activities are documented within the Sunshine designated record within one business day of the coordination activity.

Transition Aged Youth

CCKids Clinical Services staff, along with CCKids *Road to Success* independent living program, work in collaboration with Sunshine Health on transition planning for one year prior to their 18th birthday when the member is expected to "age-out" of the traditional child welfare system.

CCKids provides copies of full transition plan within 60 days following member's 17th birthday along with any updates and will participate in comprehensive treatment team meetings with Sunshine Health for the purposes of planning within the 90-day period following the member's 17th birthday.

See CCKids Policy #302, Independent Living, for more information on transition planning.

CCKids Physical Health Care Coordination Responsibilities

CCKids NCC provide an array of care coordination services including, but not limited to:

- Assisting with appointments, filling medication and other ordered services, such as durable medical equipment (DME),
- Participate in discharge planning and follow-up on Emergency Department (ED)/In-patient (IP) Admissions
- Enhanced Care Coordination (ECC)/Medical Foster Care
- Pregnant/post-partum members

Physical Health Follow-Up for Emergency Department (ED)

- A. Notification of child/youth who visit the emergency room can be received via incident report from CCKids and/or notification from DCM or Sunshine Health.
 - a. If the ED visit was to address a mental health or substance use diagnosis, the NCC will notify CCKids BHS.
- B. NCC will participate in discharge planning when notified prior to discharge to provide any information that may assist in the development of an appropriate discharge plan to support the child/youth safely in the community and manage any placement changes.



- C. NCC will contact the youth/caregiver/DCM to assess the child/youth's needs and:
 - a. Provide education on condition, alternatives to emergency department (i/e/ urgent care)
 - b. Ensure that child has a 7-day post-discharge follow-up appointment or coordinate with Health Plan Case Manager, if assigned.
- D. NCC will follow-up to confirm 7-day post discharge appointment is kept, and additional ordered medications are filled, and other ordered services are scheduled. NCC will collaborate with Sunshine Health immediately when issues arise to resolve them.
- E. NCCs will document assistance provided in developing a discharge plan, response to Sunshine Health, follow-up appointments and other ordered services coordinated in the health records designated by Sunshine Health by the next business day after care coordination activities are performed.

Physical Health follow-up for Inpatient (IP) Discharge and Transition of Care (TOC)

- A. If notification of discharge from IP hospitalization is received from CCKids Incident reporting or from DCM, NCC will check to see if child/youth is assigned to Sunshine Health PH CM and if so, notify the assigned PHCM.
- B. The CCKids NCC will communicate with the Sunshine Health PH CM completing the Transition of Care documentation information regarding discharge and provide any additional information including, but not limited to contact information, post-discharge barriers or recommendations to stabilize member and assist with coordination as needed.
- C. NCC will document assistance provided in developing a discharge plan, response to Sunshine Health, follow-up appointments and other ordered services coordinated in the health records designated by Sunshine Health by the next business day after care coordination activities are performed

Enhanced Care Coordination/Medical Foster Care

- A. CCKids NCC will refer members referred for a CMAT staffing and/or placed in medical foster care (MFC) to Sunshine Health Case Management within 2 business days as well as notify SH PH CM, if assigned. NCC will maintain an ongoing list of children and youth in MFC, including their health plan information and the name and contact information of the MFC parents.
- B. NCC will assess members including child welfare medical history and records from medical providers. For all Sunshine HP members, NCC will share records from medical providers as needed, with assigned PH CM and email to SUNSHINE_CHILD_WELFARE@CENTENE.COM. For children on other health plans, NCC will collaborate with those health plans to coordinate as best possible.
- C. NCC in collaboration with SH PH CM and coordinate information with the child's DCM and other relevant parties. This includes sharing the MFC plan of care and/or Sunshine Health ECC Summaries for ACHA.



- D. CCKids NCC will attend CMAT/MFC ad hoc staffings and provide any new information obtained from DCM, permanency updates and status of last home visit. NCC will ensure that any coordination is provided for any identified needs. If NCC is on a CMAT staffing for a child on Sunshine Health and a representative from the health plan is not present, NCC will reach out to Sunshine health leadership immediately via email.

Pregnant/Post-Partum Coordination

CCKids NCC maintains a list of all pregnant youth and members on the Sunshine Health CWSP plan who are identified as pregnant and within 84 days of delivery. For those members on CWSP, NCC checks their insurance eligibility monthly and maintains communication with the health plan of members that are enrolling and dis-enrolling from the CWSP plan. All verified CWSP members are open to Obstetrical (OB) CM, known as the *Smart Start* program.

CCKids NCC provides care coordination to facilitate access to prenatal and post-partum care throughout the youth's pregnancy and until all post-partum needs are met. For CWSP members, the NCC communicates monthly with SH OB CM to discuss barriers to accessing prenatal services, identifying medical and behavioral health needs, pending placement changes, recent and scheduled medical and behavioral health appointments, including ER and hospital visits. All care coordination activities for CWSP members are documented in the SH designated record system within one business day.

Durable Medical Equipment (DME):

- A. CCKids is committed to facilitate the transfer of durable medical equipment (DME) when children need to change placements across the State. 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.
- B. Additional items, including medications, inhalers, and medical supplies, may also require coordination by the DCM and NCC. For any child moving placements, the DCM is responsible for completing an inventory of the DME as outlined in CCKids Policy 202
- C. The CCKids NCC may be consulted to assist with coordination needs related to DME. DCMs and/or caregiver shall notify NCC if 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. NCC can assist with arranging 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 is able to operate the equipment appropriately.

CCKids Behavioral Health Care Coordination Responsibilities

CCKids BHS provides an array of care coordination services including, but not limited to:

- Assisting with appointments and obtaining ordered psychotropic medication
- Participate in discharge planning and follow-up on ED/IP Admission
- Higher Levels of Care
- Managing Children's Mental Health Wrap Around Funding (100806)



Behavioral Health Follow-Up for Inpatient Admissions Due to Mental Health and/or Substance Misuse Issues

- A. Notification of child/youth who visit the emergency room can be received via incident reports from CCKids and/or notification from DCM or Sunshine Health.
- B. CCKids BHS will participate in discharge planning when notified prior to discharge to provide any information that may assist in the development of an appropriate discharge plan to support the child/youth safely in the community and manage any placement changes.
- C. CCKids BHS will contact the youth/caregiver/DCM to assess the child/youth's needs and ensure that child has a 7-day post-discharge follow-up appointment for behavioral health services. And will later follow-up to confirm 7-day post discharge appointment is kept, and additional ordered medications are filled, and other ordered services are scheduled. BHS will collaborate with Sunshine Health immediately when issues arise to resolve them.
- D. BHS will document assistance provided in developing a discharge plan, response to Sunshine Health, follow-up appointments and other ordered services coordinated in the health records designated by Sunshine Health by the next business day after care coordination activities are performed.
- E. CCKids BHS, along with the DCM, will monitor the child's placement and community-based services in effort to prevent future inpatient admission.

Child Specific Staffings

- A. CCKids provides coordination of services and ongoing assessment of the treatment needs of children with complex needs and/or those who have been identified as in need of specialized services. The BHS manages the Child Specific Staffing (CSS) process in accordance with Florida Medicaid to assess children with mental health and/or substance abuse needs for different levels of therapeutic intervention. CSSs are available to all enrollees in CWSP and any child in out-of-home care under supervision of Dependency Case Management.
- B. CCKids BHSs facilitate CSS meetings to review, assess and consider the mental health needs of child to ensure that all behavioral health needs are addressed, including less restrictive alternatives that may offer comparable benefit. Such alternative may include referrals for Therapeutic Behavioral Onsite Services (TBOS), Intensive Out-Patient (IOP), Partial Hospitalization Programs (PHP), Community Action Teams (CAT), Multisystemic Therapy (MST), Functional Family Therapy (FFT) or other service and support that promote the emotional or behavioral well-being through the *Purchase of Therapeutic Services for Children* (100806 Funding).
- C. CCKids BHS serves as the Point-of-Contact in coordinating Higher Level of Care (HLOC) recommendations and placements in collaboration with CCKids Multidisciplinary Team (MDT) and Placement Departments. If a recommendation from a CSS is to pursue a HLOC, the MDT is responsible for making level of care recommendations on a child's comprehensive placement assessment (CCKids Policy 319).

Higher Levels of Care (HLOC) that may be considered include:



- Specialize Therapeutic Foster Care (STFC) Levels I & II
 - Therapeutic Group Care (TGH)/Qualified Residential Treatment Program (QRTP)
 - Behavioral Qualified Residential Treatment Program (BQRTP)
 - Psychiatric Residential Treatment Program (PRTC)/Statewide Inpatient Psychiatric Program (SIPP)
 - Substance Abuse Residential Treatment
- D. If the outcome of a CSS and/or an MDT recommends STFC, the BHS will proceed with a statewide search as outlined in CCKids Policy 404. The identified child placing agency accepting the youth will request authorization from the child's health plan directly based on medical necessity criteria being met as evidenced by the CSS/MDT discussion and adequate documentation.
- E. If the outcome of a CSS/MDT recommends TGH/QRTP, BQRTP, or PRTC/SIPP, the BHS will coordinate a suitability assessment with the Qualified Evaluator Network (QEN) to determine the proper level of care for a child and will proceed as outline in CCKids Policy 404.
- F. If the outcome of the CSS/MDT recommends Substance Abuse treatment, a referral to a substance abuse treatment provider will be made to determine the appropriate LOC.
- G. CCKids BHS will participate in ongoing MDTs, treatment team meetings and/or ad hoc meetings upon a youth admission into any HLOC and in collaboration with the SH CM, will ensure member continues to meet Medicaid criteria for the level of care in which s/he is placed as well as ensure suitability reassessments are completed time for youth who are under court-ordered dependency case management.
- H. BHSs will collaborate with the treatment provider, key stakeholders, and the youth's health plan on discharge planning and service delivery. BHSs will document all coordination activities as well as copies of CCKids specific notes into the Sunshine designated records system within one business day of the activity for all CWSP enrollees.

Education & Training

CCKids BHSs and NCCs provide education and training to caregivers, DCMs and CWSP members as appropriate on the importance of the following:

- Administering prescribed medication to members consistently as prescribed
- Member's receipt of routine PCP, dental and vision care
- Keeping appointments for behavioral health services, if applicable
- Knowing who the member's PCP is, the days and hours the PCP's office is open and how to contact the PCP 24 hours a day
- Contacting the PCP on a timely basis when the member begins to have symptoms of illness, appropriate use of the emergency room, and alternatives such as urgent care
- Health Plan benefits including expanded benefits and In Lieu of Service benefits (Care Grants, Transition Assistance, or requests for other relevant benefits)
- Health Plan self-help and after-hours resources
- Alternative to unnecessary emergency department utilization
- Health Plan covered contraceptive options available, and benefits covered for pregnant members



Training for caregivers may be provided:

- During initial training for new foster parents and annual training events with CCKids and/or contract Child Licensing Agencies
- Through Outreach activities
- Through newsletters
- During caregiver contacts while performing care coordination activities
- During monthly meetings with DCMs

CCKids ensures compliance that any communication, messaging, training and educational information related to CWSP is approved by Sunshine prior to sharing with stakeholder to ensure consistent and accurate messaging. In addition to the above, Education information is provided to caregivers and DCMs as needed to ensure they have access to information related to benefits.

Court Ordered Medicaid Services

Statutes have been enacted to impose a duty upon agencies responsible for child welfare services to provide children placed in their legal care for supervision and specifically for those placed in out-of-home care. CCKids is responsible for the well-being needs of these children served. When the court intervenes on behalf of the child enrolled in the Sunshine State Health Plan regarding physical and emotional well-being, CCKids will provide notification to the Plan.

- A. DCM will provide copies of applicable court orders to the BHS or NCC within one (1) business day of the order. If the actual order is not available, information will be provided verbally.
- B. The court order will be forwarded within two (2) business days to the Sunshine Health Program Manager assigned to CCKids by the BHC or NCC who will advise the following:
 - Reason for court order.
 - Action, if any is taken by CCKids, CMO or Children's Legal Services to address court's concerns.
 - Next court date and the expectations as to timeframes for implementation and compliance with the court order.
 - How information provided by Sunshine Health Plan will be used as it relates to recommendations of the court ordered services.

Complaints, Grievances, Disputes, Appeals

The Complaints, Grievances, Disputes, or Appeals process:

- Provides an opportunity for a Medicaid enrollee to express a Grievance or complaint related to the manner in which care or services were provided;
- Manages all Grievances, Complaints or Appeals in a timely and professional manner;
- Meets the requirements set forth in the contract with Sunshine Health;
- Comply with the Federal regulations designed to protect Medicaid enrollees.

The Sunshine Health QI Department will provide regular reports to CCKids through the Operating Committee on types of Complaints, Grievance, Disputes or Appeals, decisions made regarding these events and the results of any appeals both internal to Sunshine Health and external through State Fair Hearing process.



- A. The CCKids BHS or NCC will provide additional information related to a filed complaint, grievance, appeal or provider dispute when requested by Sunshine staff.
 - a. The requested information will be provided to Sunshine within two (2) business days.
 - b. In the case of an expedited appeal, the requested information will be provided within 24 hours.
- B. CCKids will take no further action for any disputes forwarded to Sunshine Health.
- C. See also CCKids Consumer Handbook: Client Rights and CCKids Policy # 813: Inquiries, Complaints, and Grievances.

Fraud, Waste and Abuse Compliance Plan; Anti-Fraud Plan

CCKids will notify Sunshine Health of potential fraud, abuse, and/or waste.

- A. Sunshine Health has a Compliance Plan for the prevention, detection, monitoring, and reporting of fraud, waste, abuse and overpayment.
- B. Initial identification of suspicious activity may occur through, although not limited to, any of the following activities:
 - Internal claim audits;
 - Treatment record reviews;
 - Recognition of altered bills;
 - Member and/or customer complaints;
 - Suspicion raised by CCKids or Sunshine State personnel; or
 - An external source.
- C. CCKids Staff are required to immediately report identified suspected cases of fraud, waste or abuse. All referrals are to be directed to:
 - Sunshine Health's Compliance Hotline: 1-800-345-1642
 - Compliance Unit Email: Compliance@sunshinehealth.com
 - Compliance Officer Telephone Number: 1-866-796-0530
 - Sunshine Health's Anonymous and Confidential Hotline: 1-866-685-8664
 - https://apps.ahca.myflorida.com/InspectorGeneral/fraud_compliantform.aspx
- D. See also CCKids Employee Handbook addresses the agency's *Employee Responsibility for Detecting & Preventing of Fraud, Waste and Abuse* and *Whistle Blower Protection* policy.
- E. CCKids will ensure that its staff and CMO staff are trained to understand how to recognize fraud and abuse and how to report it to appropriate parties. CCKids staff will acquire this through supervision, and CMO staff will receive this information during Pre-Service Training provided by CCKids.

Quality of Care Incident Reporting & Notifications

Quality of Care of Service means issues or services that compromise patient safety or have an adverse effect on an enrollee.



Procedure:

1. The CCKids Behavior Health Supervisor, BHS, NCC, and Care Coordination Support Specialist are responsible for the ongoing education of DCMs on Quality of Care.
2. Quality of Care concerns may be identified during provider contract monitoring, child specific staffings, multidisciplinary team meetings, CBHA review, discussions with DCMs, foster parents, or GALs, as well as other sources.
3. Upon notification of a Quality of Care of services issue, the BHS or NCC will provide timely notification to the Sunshine Health Program Manager.
 - a. CCKids will report all potential quality of care incidents to Sunshine immediately, but no later than within 24 hours of becoming aware of the incident.
 - b. Potential Quality of Care Incidents (PQI), which include Adverse incidents, Critical incidents and Media events are reported to the health plan.
 - c. CCKids will submit incident reports to Sunshine Health via SUN_PQOC@CENTENE.COM and CWSP_Notifications@CENTENE.COM.
4. CCKids staff and the Sunshine Health Program Manager will provide coordination and assistance as needed to support monitoring patient safety and quality of care.
5. Sunshine Health's Quality Improvement Department is responsible for investigating the potential Quality of Care service issue and take applicable action.
6. CCKids will ensure that its staff and CMO staff are trained to understand Quality of Care issues and how to report concerns to appropriate parties. CCKids staff will acquire this through supervision, and CMO staff will receive this information during Pre-Service Training provided by CCKids.

Network Referral and Credentialing Assistance:

CCKids strives to deliver services in response to the individual needs of children in the child welfare system as well as give enrollees choice from a network of providers. We are committed to the development of a network of providers who have experience with the child welfare population and to establish "medical homes" by adding and contracting with providers who support an approach of providing comprehensive care, including the use of individual health records or online portals; portability of records; and evidence-based care protocols. CCKids may refer providers for credentialing and network admission to Sunshine Health.

- A. CCKids must approve all new provider requests to be added to the Sunshine Health network. At a minimum, approval will be granted by the BHS for behavioral health services or the NCC for physical health services. The CCKids Behavioral Health Supervisor and Contract Specialist may also be involved.
- B. Upon completion of or receipt of a New Provider form by the prospective provider; CCKids will make an internal decision regarding adding the provider based upon service array needs within the geographic area.
- C. Completed New Provider forms shall be sent to the Sunshine Health Program Manager. The coordinator shall review the forms for completeness and submit the completed forms to the appropriate MMA Network staff.



- MMA Network staff will review new provider requests at least monthly with consideration as to how this provider addresses: access, availability, quality of care concerns (by adding the provider in the area) or meets an identified specific need.
- CCKids will assist if additional information regarding the provider is needed.
- If after review and discussion the provider does not address one of the four areas above, CCKids will be notified that the provider is *not recommended* for addition to the Network.

Claims Disputes: will refer any provider claims issues to the identified Sunshine Provider Relations Specialist assigned to the Child Welfare Specialty Plan for handling.

Approved by:

DocuSigned by:

Carol DeLoach

665999492311426...

Carol DeLoach, CEO