

Child Welfare Specialty Plan

General: The Sunshine Health Child Welfare Specialty plan is for Medicaid recipients under the age of 21 who have an open case for child welfare services in the Department of Children and Families' Florida Safe Families Network database. The plan will work in concert with the Community Based Care agencies throughout the state to coordinate medical and behavioral health care for recipients in the child welfare system. This plan will be available in all eleven Agency for Health Care Administration regions.

Enrollment: MMA plans, including the statewide Child Welfare Specialty Plan, will be responsible for covering comprehensive Medicaid services for Medicaid-eligible recipients under the age of 21 with an open case for child welfare services in the Department of Children and Families' Florida Safe Families Network database system.

The Child Welfare Prepaid Mental Health Plan (CW-PMHP) will be ending at the time MMA goes live in each region. CW-PMHP enrollment will freeze 90 days prior to a region rolling out. During the enrollment freeze, recipients who are new to the child welfare system will receive services through fee-for-service until the MMA program is implemented in their region. Recipients who are eligible for the CW specialty plan will be automatically assigned to the CW specialty plan, but they may choose from among any of the MMA plans in their region. All MMA plans will cover the services included in the Medicaid State Plan, including specialized therapeutic foster care, therapeutic group care, behavioral health overlay services for child welfare settings, Statewide Inpatient Psychiatric Program, and comprehensive behavioral health assessment.

Provider Networks: The Child Welfare Specialty plan must meet the same network standards as standard MMA plans.

Authorization: Authorization for services will be conducted by the CW Specialty plan. The Children's Multidisciplinary Assessment Team (CMAT) through Department of Health will conduct level of care determinations for skilled nursing facilities and level of reimbursement determinations for medical foster care.

Payment: The CW Specialty plan will reimburse providers according to mutually agreed upon rates.

Contract Requirements: The CW Specialty plan has most of the same requirements as standard MMA plans. They are required to offer enhanced care coordination services to improve outcomes for their enrollees.

The Child Welfare Specialty Plan must coordinate services with the child welfare community based care organizations, Department of Children and Families, and other public or private organizations that provide services to dependent children and their families to ensure effective program coordination and no duplication of services.

Authority:

Section 409.962, F.S. - Definitions. (14) "Specialty plan" means a managed care plan that serves Medicaid recipients who meet specified criteria based on age, medical condition, or diagnosis.

409.974 Eligible plans.—

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(3) *Specialty Plans.*—Participation by specialty plans shall be subject to the procurement requirements of this section. The aggregate enrollment of all specialty plans in a region may not exceed 10 percent of the total enrollees of that region.

General authority for Specialty Plan Enrollment

Section 409.977, F.S - Enrollment

(1) *The Agency shall automatically enroll into a managed care plan those Medicaid recipients who do not voluntarily choose a plan pursuant to s. 409.969. The Agency shall automatically enroll recipients in plans that meet or exceed the performance or quality standards established pursuant to s. 409.967 and may not automatically enroll recipients in a plan that is deficient in those performance or quality standards. **When a specialty plan is available to accommodate a specific condition or diagnosis of a recipient, the Agency shall assign the recipient to that plan.** In the first year of the first contract term only, if a recipient was previously enrolled in a plan that is still available in the region, the agency shall automatically enroll the recipient in that plan unless an applicable specialty plan is available. Except as otherwise provided in this part, the Agency may not engage in practices that are designed to favor one managed care plan over another.*