

Interagency Agreement: Coordination of Services for Children Served by More than One Agency

COMMUNITY SERVICES

| Agency | Eligibility | What Can Be Provided | Cost Sharing Principles |
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| AHCA | | | |
| APD | A developmental disability as defined in FS 393. Person is on a DD Waiver, on the waiting list for the Waiver, or is an APD client not eligible for the waiver. | A full range of community support, behavioral assistance, in home support, work related and day training services designed to allow the person to live successfully in the community. | APD will be involved in cost sharing when person is eligible for APD services. If person is not on the DD Waiver, APD may use other funds to provide short-term needs. APD will evaluate placing persons on the DD Waiver based upon their crisis criteria. Cost for community program/treatment services should be shared equally by all parties for whom the child is eligible for these services. |
| DCF Child Welfare | Children for whom a call has been made to the DCF hotline regarding suspected abuse and/or neglect, and the child will/or is receiving case management services from the Community Based Care Lead Agencies case managed provider. | Services that address the child’s need for permanency, safety, and well-being associated with the existing or impending risk of abuse and neglect. This can include a wide range of therapeutic services, child development services, and family-support services. Medicaid funds the majority of mental health and substance abuse services. | For children served by multiple agencies, each agency that provides community-based services and for which the child is eligible will contribute equally to the community based care. The CBC Lead Agency will provide the room and board rate for licensed foster care. |
| DCF SAMH | Eligible under target populations of Chapter 394 and 397. Generally, includes children who have a diagnosed | SAMH has a handbook that lists all the available services. The community based services include a range of in-home and office based services. Medicaid funds services for children who are enrollees. SAMH operates a the Behavioral | Medicaid provides the majority of mental health and substance abuse services for children. When Medicaid is not available |

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| | emotional disorder in AXIS I of the DSM-IV-R and severe enough to severely limit functioning in their daily life, or a substance abuse disorder. Autism is not considered an emotional disorder for DCF Children's Mental Health services. | Health Network which is part of the Children's Medical Services Title 21 program and provides community based services for children with serious emotional disorders. Services are provided through community mental health programs geared to serve children who can benefit from cognitively based therapeutic interactions. | and the child is eligible for services from these agencies, funding for services should be equitably shared among the programs. |
| DJJ | Youth who have a law infraction and either have been adjudicated as delinquent or have been determined at high risk further law violations and are served through diversion. | Services include those that address the youth's probably of re-offending. Substance abuse and mental health services may be provided as well as perhaps specialized services for youth with developmental disabilities who are eligible. Family Functional Therapy and Multi-Systemic Therapy (mental health evidence based practices) are provided to youth and their families. | Medicaid should be used to provide the majority of mental health and substance abuse services for youth for Medicaid compensable services for Medicaid enrollees. When Medicaid is not available and the child is eligible for services from these agencies, funding for services should be equitably shared among the programs. |
| DOE | | | |
| OEL | | | |
| DOH | Eligibility for Medical Foster Care Program is determined through the Child Multidisciplinary Assessment Team (CMAT) staffing. CMS provides care coordination for children in Medical Foster Care. | All children in medical foster care are covered by Medicaid, so there are no services provided under Title XXI. The Title XXI-funded CMS Network follows Florida Medicaid coverage of inpatient and outpatient psychiatric and substance abuse services and provides pharmacy benefits through a pharmacy benefits manager. | This program is funded: Medicaid (Health Services and DCF(home broad and room rate to the MFC home. CMS funds and provides for care coordination. For each Medical Foster Care (MFC) child, the Community Based Care agency, who are contracted by the Department of |

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| | Behavioral Health | | <p>Children and Families Child Welfare Program, pay the MFC parent a monthly board rate for the child's room and board expenses. The MFC parent is a Medicaid provider and bills Medicaid a per diem rate for rendering MFC Personal Care Services for each MFC child, according to the child's level of reimbursement, which is established by CMS' Children's Multidisciplinary Assessment Team</p> <p>CMS provides for care coordination. For Medicaid enrolled children, AHCA pays for all behavioral health services covered under the regular Medicaid benefit package. CMS does not pay for these services.</p> <p>For Title XXI-funded enrollees, CMS receives a monthly premium payment and covers services included in the Medicaid community mental health benefit package. CMS does not cover services provided in an Institution for Mental Disease (IMD).</p> |
| GAL | Best interest representation of dependent foster youth as provided under Ch. 39 | The GAL Program reviews all disposition recommendations and changes in placement, and must be present at all critical stages of the dependency proceeding. | N/A |

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RESIDENTIAL SERVICES

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| AHCA | | | |
| APD | Same as above and residential care has been determined as a necessary service. | Residential care in groups homes, residential habilitation centers, and out-side of the DD waiver, Intermediate Care Facilities for Persons with Developmental Disabilities. | For children served by Community Based Care for child welfare, the room and board rate will be paid by DCF using an enhanced rate. For children who are eligible for multiple agency services that provide residential care, the cost of treatment/program component will be equally shared by all programs serving the child. |
| DCF Child Welfare | Court order for out-of-home care, and there is no foster home option available that can meet the child's needs. | CBC Lead Agency may provide residential group care. | The CBC Lead Agency pays the room and board rate. Medicaid pays for group home treatment for emotional disorders if a bed is available, and the Statewide Inpatient Psychiatric Program provides for inpatient level of care for emotional disorders if a bed is available. For children who are eligible for services from multiple agencies and Medicaid is not providing for the residential treatment/program, these agencies will equally share the cost of the residential treatment/program component. |

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| <p>DCF SAMH</p> | <p>Children eligible for SAMH services in accordance with Chapter 394 and 397 who meet the medical necessity requirement for residential treatment for emotional disorders.</p> | <p>Therapeutic Group Home and Residential Inpatient. Services are usually funded by Medicaid.</p> | <p>Medicaid provides the majority of mental health and substance abuse residential services for children including therapeutic group homes and Statewide Psychiatric Inpatient Program (SIPP). When Medicaid is not available and the child is eligible for residential treatment for emotional disorders from multiple agencies, funding for services should be equitably shared among the agencies.</p> |
| <p>DJJ</p> | <p>Youth served by DJJ who have been determined to be in need of residential DJJ commitment or who need residential treatment/programs.</p> | <p>DJJ operates multiple levels of residential facilities for commitment due to delinquency for youth who have been adjudicated delinquent. Funding for residential treatment is available for youth who do not require residential commitment for delinquency but due to emotional or substance use disorders require residential treatment. It is possible that DJJ may provide residential treatment/programs for eligible youth who require residential treatment for behavioral and developmental issues including those who have a developmental disability.</p> | <p>DJJ is fully responsible for the cost of commitment programs. Medicaid provides the majority of mental health and substance abuse residential treatment services for children including therapeutic group homes and Statewide Psychiatric Inpatient Program (SIPP). When Medicaid is not available and the child is eligible for residential treatment for emotional disorders or behavioral/developmental disabilities from multiple agencies, funding for services should be equitably shared among the agencies.</p> |
| <p>DOE</p> | | | |
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| DOH | <p>Title XXI-funded CMS Network enrollees may qualify for the Behavioral Health Network (BNet). BNet is a capitated program with a limited number of slots. Potential enrollees must exhibit specific clinical criteria to be eligible for enrollment. A child requiring more than 30 days of residential care at the time of application for enrollment in BNet may not be enrolled. An enrolled child requiring and admitted to more than 30 days of residential care must be disenrolled from BNet after the first 30 days have expired. For more information about BNet, please call 850-413-9610.</p> | <p>The CMS Network covers Medicaid community mental health services for Title XXI-funded enrollees. . BNet serves Title XXI-funded CMS Network enrollees with severe behavioral or substance use problems per section 409.8135, F.S., and Chapter 65E-11, F.A.C. BNet provides the Medicaid Community Mental Health array of services, but in addition provides limited (10 days) psychiatric or substance abuse hospital services and up to 30 days of residential care</p> | <p>CMS operates under a fee for service payment arrangement with Medicaid. Medicaid pays state plan services. CMS does not pay for residential costs for Medicaid enrolled children. For Florida KidCare Title XXI enrolled children, CMS receives a monthly premium payment for health services.</p> <p>CMS does not cover residential services, statewide inpatient psychiatric program (SIPP) services or Medicaid waiver services.</p> |
| GAL | <p>Best interest representation of dependent foster youth as provided under Ch. 39</p> | <p>The GAL Program reviews all disposition recommendations and changes in placement, and must be present at all critical stages of the dependency proceeding.</p> | <p>N/A</p> |