

# NWF Health Network Policy & Procedure

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<b>Series:</b>	300: Medical and Behavioral Health Care	
<b>Policy Name:</b>	Child Welfare Specialty Plan	
<b>Policy Number:</b>	311	
<b>Origination Date:</b>	5/1/2014	<b>Revised:</b> Board Meeting of 09/07/2023
<b>Regulation:</b>	Ch. 39, F.S. Ch. 409, F.S. 65C-30, F.A.C. Florida Medicaid Handbooks	
<b>Referenced Document:</b>	300-311 x 1, Durable Medical Care Tracking Log	

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## Policy

It is the policy of NWF Health Network (NWFHN), to assure that the physical and behavioral health needs of children under supervision are met. NWFHN has entered into an agreement with Community Based Care Integrated Health (CBCIH) which guides our coordination of the delivery of Medicaid services to those children enrolled in the Sunshine State Child Welfare Specialty Plan. Eligible members includes Children in foster care placement, Independent Living, Guardianship placement and Adopted via foster care system in Florida.

## Program Overview

**Eligibility:** The Child Welfare Specialty plan is open to children who have an open FSFN case. The Case Transfer Process is coordinated by the North West Florida Health Network and consists of members identified by NWFHN. The process is conducted within timeframes outlined in the North West Florida Health Network contract with the Department of Children and Families and Contracted Service Providers of North West Florida Health Network. The enrollment process will be coordinated by the North West Florida Health Network Revenue Maximization or designated staff and facilitated by the child welfare case manager and the Child in Care (CIC), ACCESS Florida System's staff (i.e., persons employed by the Department of Children in Families), involving the child's parent, caretaker and/or guardian, when applicable.

Joint participation by NWFHN, CBCIH, and Sunshine Health in integrated care team, including both physical health and Higher Level of Care MDT (HLOC MDT), medical foster care children's multidisciplinary assessment team (CMAT), staffing and comprehensive transition team meetings (CTTTM) regarding the needs of Covered persons. NWFHN, CBCIH, and Sunshine Health staffs who are managing the enrollee will prepare a summary of the enrollee's needs and recommendations for discussion at these meetings. The designated NWFHN, CBCIH, and Sunshine Health staff will follow up on actions as designated at the meetings and will document their actions.

## Procedures

### A. Staff

1. NWFHN will employ a qualified individual to serve as the Behavioral Health Coordinator and Nurse Care Coordination services.

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2. NWFHN staff will meet with the CBCIH Integration Manager quarterly.
3. NWFHN contracts with Case Management Organizations (CMO) for child welfare related services. Each CMO employs Dependency Case Managers (DCM) who provide overall case management for the children and families that they serve.

## B. Additional NWFHN Policies.

1. Please refer to the following policies:
  - a. *NWFHN OP 100-100; Case Transfer Staffing*
  - b. *NWFHN OP 100-104, Eligibility Verification*
  - c. *NWFHN OP 100-107, Medicaid Child Welfare Specialty Plan and Enrollment for In-Home Cases*
  - d. *NWFHN OP 200-203, Therapeutic Foster Care*
  - e. *NWFHN OP 200-204, Therapeutic Group Care*
  - f. *NWFHN OP 200-205, Residential Treatment Care*
  - g. *NWFHN OP 300-300, Initial Medical Screening and Consent for Treatment*
  - h. *NWFHN OP 300-301, Psychotropic Medication Management*
  - i. *NWFHN OP 300-302, Medication Treatment and Medication Management*
  - j. *NWFHN OP 300-305, Referrals for Comprehensive Behavioral Health Assessment*
  - k. *NWFHN OP 300-306, Crisis Response, Baker Act and Discharge NWFHN OP 300-307, Referrals for Behavioral Health Services*
  - l. *NWFHN OP 300-307, Referrals for Behavioral Health Services*
  - m. *NWFHN OP 300-309, Higher Level of Care Staffing*
  - n. *BBCB OP 500-509; Independent Living Services*
  - o. *NWFHN OP 700-703, Traditional, STFC, and Facility Waivers*
  - p. *NWFHN OP 900-910; Security Awareness Training*
  - q. *NWFHN OP 900-917; HIPAA Awareness*
  - r. *NWFHN OP 1100-1103; Pre-Employment Reference Checks*
  - s. *NWFHN OP 1100-1108; Background Screening*
2. Other related policies and procedures will be outlined in the sections to follow.

## C. Health Risk Assessment and Primary Care Physician Selection.

The purpose of the HRA is to gather basic health care information on children who are enrolled in the Child Welfare Special Plan and are active in child welfare or those who have been adopted and are receiving a maintenance adoption subsidy. Completion of the HRA ensures timely response to, and referral for, identified physical health and behavioral health care needs and assist with the coordination of care. Health Risk Assessments contain current information based upon the members' health care status for the previous ninety (90) days.

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1. A Health Risk Assessment will be completed within the Integrate CBCIH system for all enrolled children by the Nurse Care Coordinator, or designee, in collaboration with the DCM, Well-Being Specialist, and/or Behavioral Health Coordinator as applicable.
    - a. HRA entry for Children in Out-of-Home Care (licensed, relative, and non-relative placements) will occur within seven (7) days of case transfer to the CMO; and
    - b. Children served In-home shall be entered into Integrate within thirty (30) days of case transfer to the CMO.
  2. If the child is removed from an open Protective Supervision case or if an intrastate placement is made and a HRA has been completed, a new HRA is not required.
  3. A new HRA will be completed should a child roll off the CWSP for 90 days or more and then roll back onto the CWSP.
  4. NWFHN and CMO staff will adhere to HIPAA policies when completing and sharing HRAs.
  5. A Primary Care Physician (PCP) should be selected at the time of HRA completion. If a PCP is not in the network at the time of HRA completion, the worker can submit the HRA to CBCIH without selecting a PCP, but must then use the Integrate® PCP application to select a PCP prior to the monthly file exchange with Sunshine. PCP changes can be made with Choice Counseling as needed.
  6. Staff designated to complete HRA forms will receive training. All DCMs will be educated on the process during Pre-Service Training by NWFHN staff.
- D. Caseload Documentation (CASES)** Caseload documentation, via the Integrate "CASES" application, must be completed monthly for members who have health and behavioral health conditions that require coordination of care. The metric for Caseload Documentation includes members with these health and behavioral health conditions and requires a minimum of one (1) note per month, documenting the healthcare management functions that were provided by the Care Coordinators.
- E. Transition and Discharge Planning for Emancipating Youth.** Transition and Discharge Planning for youth aging out of the child welfare system is coordinated by NWFHN's CMOs. Independent Living services will be coordinated by Independent Living (IL) Specialists in which supportive and psycho-educational services are made available to these youth. These services shall promote increased capacity for independent living to include behavioral programming and structured interventions and contingencies to support the development of adaptive, pro-social interpersonal behavior.
1. IL Specialists maintain the case records of young adults receiving IL Services in FSFN.
  2. DCMs will coordinate with out-of-home caregivers on the assessment and provision of like skills, encouraging normalcy. Further, DCMs will assist in the development of age-appropriate activities and responsibilities offered to the youth.
  3. The IL Specialist will develop a Transition Plan with the youth and the youth's partners within the six (6) months following the youth's 18th birthday. The IL Specialist or designee will send all IL staffing invitations to [ILStaffing@cbcih.com](mailto:ILStaffing@cbcih.com) and [CW\\_IL\\_Staffing@CENTENE.COM](mailto:CW_IL_Staffing@CENTENE.COM). A transition plan is developed for all youth meeting this criteria, including those who have received Specialized Therapeutic Services. The plan includes all required items such as:
    - a. A clear description of services available at the age of 18, including Extended Foster Care;

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- b. Clear documentation that the youth has been advised of his or her right to re-enter foster care up until age 21;
  - c. Activities to achieve self-sufficiency and develop a personal support system;
  - d. Living Arrangement options; and
  - e. All items commonly referred to as 17 year old Judicial Review requirements (such as birth certificate, social security card, etc.).
4. The NWFHN Behavioral Health Care Coordinator conducts Multi-Disciplinary Team meetings regularly for all youth placed in therapeutic levels of care (therapeutic foster care, therapeutic group care, and residential treatment). For all youth age 17 ½ and older, the Behavioral Health Coordinator will invite the Independent Living Specialist and Well-Being Specialist to the HLOC MDT to assist with transition planning.
  5. Life Skills Services, which may include banking and budgeting skills, parenting skills, educational support, interviewing skills, employment training and counseling, will be provided by IL Specialists to young adults receiving Extended Foster Care services after the age of 18.
  6. NWFHN's Rev Max staff will work with CIC to facilitate Medicaid benefits after the age of 18 for all young adults receiving IL Services.
    - a. Young adults, 18 – 20, are eligible to select the Sunshine Child Welfare Specialty Plan as their MMA.
    - b. All letters and documents received by Rev Max for the IL young adults will be provided to the IL Specialist.
    - c. The IL Specialist will communicate the choice to the IL young adult so that the young adult may make a plan selection.
- E. Case Management Coordination between CBCIH and Sunshine Health. Sunshine Case Management is a program which includes more frequent contact with, and more intensive coordination of resources among, the enrollees, caregivers, providers, and individuals and organizations that provide behavioral and medical health support and services to the designated enrollees.
1. These activities include ensuring that CWSP enrollees attend appointments for medical, dental and behavioral health care, in accordance with Department of Children and Families requirements and as specified with the NCQA HEDIS measures. Upon request, a formal plan to address improvements may be requested for selected measures that do not meet the required threshold.
  2. Care Coordination will ensure timely and appropriate initial well-child check-ups, required for children who are removed and placed in shelter status, as well as ongoing health check-ups for plan enrollees, in accordance with the periodicity scheduled in the Florida Child Health Check-Up Coverage and Limitations Handbook (i.e., Early and Periodic Screening, Diagnostic, and Treatment-EPSTD) and in accordance with Healthcare Effectiveness Data and Information Set (HEDIS) requirements. CBCIH has contracted with Northwest Florida Health Network to coordinate services and to act as a liaison in the facilitation of these medical examinations for eligible children.
  3. Sunshine Case Managers identify possible members for the program through the review and evaluation of clinical information according to the established Sunshine Case Management criteria.

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4. The Behavioral Health and/or Nurse Care Coordinator may recommend Sunshine Case Management services for an eligible enrollee. A record of the referral shall be maintained on a centralized log. Referrals can be made through Integrate or to Sunshine at (855) 463-4100.
5. The Sunshine Case Manager reviews the member's clinical information for possible SCM enrollment within five (5) business days of referral. The Sunshine Case Manager consults with the NWFHN Behavioral Health and/or NWFHN Nurse Care Coordinator, the Sunshine Clinical Supervisor or Medical Director or designee as necessary to make the decision about offering the SCM program to the enrollee.
6. If the decision is to offer SCM and after consulting with the NWFHN Behavioral Health and/or NWFHN Nurse Care Coordinator, the enrollee/legal guardian/caregiver is contacted by CBCIH to discuss treatment facilities and providers. The first contact attempt occurs within five (5) business days of the decision. During the outreach phase, a total of at least three (3) contact attempts are made at different times and on different days.
  - a. If not reached by phone, a follow-up letter is sent by Sunshine Health to the enrollee/legal guardian/caregiver that includes a description of the SCM program and contact information for enrollment.
  - b. If the enrollee/legal guardian/caregiver does not respond to the letter within thirty (30) days, the case is closed.
7. While the member is still hospitalized, the Sunshine Case Manager may request to join the family therapy session by phone to introduce the program and gain buy-in/consent from enrollee/legal guardian/caregiver.
8. Once contacted, the Sunshine Case Manager obtains the informed consent of the enrollee and/or legal guardian/caregiver for participation in the SCM program.
  - a. Every effort is made to obtain the enrollee's/legal guardian's/caregiver's oral and/or written consent within five (5) business days of the decision to offer the case management program based on meeting criteria.
  - b. Oral and/or written consent must be documented in the care management record and is shared by CBCIH with the NWFHN Behavioral Health and/or Nurse Care Coordinator.
  - c. Even when oral consent is obtained, written consent forms are sent to the enrollee/legal guardian/caregiver along with the description of the SCM program.
  - d. There may be times when it is not possible to obtain the informed consent of the enrollee. Specific reason(s) for the inability to obtain the consent must be documented in the case management record by DCMs, (e.g., member is actively psychotic or member is a danger to self and/or others).
9. The Sunshine Case Manager discloses the following information to the enrollee/legal guardian/caregiver at the onset of involvement in the case management program:
  - a. The nature of the SCM relationship;
  - b. The circumstances in which information obtained in the SCM relationship will be disclosed to third parties;
  - c. How and when enrollees/legal guardian/caregivers are to be provided with written notifications of SCM actions and recommendations;

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- d. The availability of a complaint process and the method by which to obtain access to it;
  - e. If requested, a description of the rationale for selecting the enrollee for SCM services; and
  - f. A listing of the enrollee's rights and responsibilities.
10. Once an enrollee is accepted into the SCM program, the Sunshine Case Manager will contact the NWFHN Behavioral Health and/or Nurse Care Coordinator to staff and review the case to determine if there are any additional needs or supports, any outstanding or upcoming appointments, or needed home visits. Participating in this staffing (which may include a multidisciplinary team meeting) are the Behavioral Health Coordinator and/or Nurse Coordinator, the Sunshine Case Manager, the Dependency Case Manager and/or Dependency Case Manager Supervisor, and may also include the enrollee/legal guardian/caregiver, current provider(s), and the Guardian Ad Litem (as appropriate).
11. In the event it is determined a home visit is needed, the Sunshine Case Manager, NWFHN Behavioral Health and/or Nurse Care Coordinator, and Dependency Case Manager and/or Dependency Case Manager Supervisor shall designate a date and time along with who shall participate in the home visit.
- F. Durable Medical Equipment Moves in LOC Changes. NWFHN is committed to facilitation the transfer of durable medical equipment (DME) when children need to change placements across the State.
1. NWFHN is committed to the placement of children in their home county. If there is no available and appropriate placement option, NWFHN Placement staff will seek a placement outside of area. In the event additional assistance is needed, the CBCIH Integration Manager will assist NWFHN in locating an appropriate therapeutic placement by requesting a statewide search with the assistance of other Behavioral Health Coordinators. If the child is in need of a specialized level of care such as Specialized Therapeutic Foster Care, Therapeutic Group Care, Behavioral Health Overlay Services or Statewide Inpatient Psychiatric Program, NWFHN will follow procedure related to level of care changes, movements, transitions and discharge planning.
  2. Once an appropriate placement/level of care has been located and prior to the movement of the child, the DCM shall inventory any DME which needs to follow the child in order to ensure continuity of care and to minimize the replacement of DME.
  3. The DCM shall ensure all DME identified prior to the move which needs to follow the child, accompanies the child to his/her new placement/level of care. The DCM or NWFHN Nurse Care Coordinator (NCC) shall notify the Sunshine Health Nurse Coordinator who in turn shall coordinate with NWFHN for the movement of larger DME, such as beds. The DCM shall confirm the DME arrived and is functioning once the child is in his/her new placement. If the child moves out of the CBC catchment area and courtesy supervision is needed, the DCM shall remain in communication with the Courtesy DCM to verify any initial and ongoing issues/concerns.
  4. The DCM shall notify the Nurse Care Coordinator in the event the DME cannot follow the child or if the DME is not functioning upon arrival to the new placement. The Nurse Care Coordinator shall notify the staff of the Sunshine Health utilization management staff within one business day of any issues.
- G. Court Ordered Medicaid Services. Statutes have been enacted to impose a duty upon agencies responsible for child welfare services to provide for children placed in their legal care for supervision and specifically for those placed in out-of-home care. NWFHN is responsible for the well-being needs of these children served. When the court intervenes on behalf of the child enrolled in the Sunshine

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State Health Plan regarding physical and emotional well-being, NWFHN will provide notification to the Plan.

1. DCM will provide copies of applicable court orders to the Well-Being Specialist, Behavioral Health Coordinator or Nurse Care Coordinator within one (1) business day of the order. If the actual order is not available, information will be provided verbally.
2. The court order will be forwarded within two (2) days to the CBCIH Integration Manager and Sunshine Health Plan Regional Case Manager assigned to NWFHN.
3. The Regional Case Manager will be advised of the following:
  - a. Reason for court order.
  - b. Action, if any taken by NWFHN, CMO or Children's Legal Services to address court's concerns.
  - c. Next court date and the expectations as to timeframes for implementation and compliance with the court order.
  - d. How information provided by Sunshine Health Plan will be used as it relates to recommendations of the court ordered services.
  - e. CBCIH will make determinations as to whether the clinical recommendations and court ordered services comply with state law, policy, and procedures and that the services are evidence based and meet medical necessity.

## H. Critical Incidents, Quality of Care Notifications and Operational Concerns

1. Provides an opportunity for a Medicaid enrollee to express a Grievance or complaint related to the manner in which care or services were provided;
  2. Manages all Grievances, Complaints or Appeals in a timely and professional manner;
  3. Meets the requirements set forth in the contract between NWFHN, CBCIH and Sunshine Health;
  4. Consistently collects comments for CBCIH management review; and
  5. Complies with the Federal regulations designed to protect Medicaid enrollees. The Sunshine Health QI Department will provide regular reports to CBCIH 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 NWFHN Behavioral Health Coordinator or Nurse Care Coordinator will provide additional information related to a filed complaint, grievance, appeal or provider dispute when requested by Sunshine staff.
      - i. Requested information will be provided to Sunshine within two (2) business days.
      - ii. In the case of an expedited appeal, the requested information will be provided within twenty-four (24) hours.
    - b. See also *NWFHN OP Series 1500: Client Rights*.
- I. Fraud and Abuse Compliance Plan; Anti-Fraud Plan. NWFHN will notify Sunshine Health of potential fraud, abuse, and/or waste.
1. Sunshine Health, CBCIH, and NWFHN has a Compliance Plan for the prevention, detection, monitoring, and reporting of fraud, waste, abuse and overpayment.

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2. Initial identification of suspicious activity may occur through, although not limited to, any of the following activities:
    - a. Internal claim audits;
    - b. Treatment record reviews;
    - c. Recognition of altered bills;
    - d. Member and/or customer complaints;
    - e. Suspicion raised by CBC, CBCIH, or Sunshine State personnel; or
    - f. An external source.
  3. NWFHN Staff are required to immediately report identified suspected cases of fraud, waste, or abuse. This is documented and submitted to the Local Compliance Officer and Sunshine Health Plan Special Investigation Unit:
    - a. Sunshine Health Corporate Compliance: (866) 685-8664
    - b. Compliance Officer Email Shivana Gentry: [compliance@cbcih.com](mailto:compliance@cbcih.com)
    - c. Sunshine Health Compliance Officer Telephone Number: (866) 796-0530, (321) 441-2060, or (321) 217-3679
    - d. Sunshine Compliance Email: [Compliancefl@centene.com](mailto:Compliancefl@centene.com)
    - e. AHCA Consumer Complaint Hotline: 1-888-419-3456
    - f. Florida Attorney General's Office: 1-866-966-7226
    - g. Florida Medicaid Program Integrity Office: 1-850-412-4600
    - h. [http://apps.ahca.myflorida.com/InspectorGeneral/fraud\\_compliantform.aspx](http://apps.ahca.myflorida.com/InspectorGeneral/fraud_compliantform.aspx)
  4. See also *NWFHN OP 1300-1338: Fraud and Abuse Prevention Plan*. In addition, *NWFHN OP 1100-1124 Reporting Irregularities (Whistle Blowing)* , addresses the agency's Whistle Blower policy.
  5. NWFHN 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. NWFHN staff will acquire this through supervision and CMO staff will receive this information during Pre-Service Training provided by NWFHN.
- J. Network Referral and Provider Training. NWFHN 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. NWFHN may refer providers for credentialing and network admission to Sunshine Health and Cenpatico.
1. NWFHN will review all new provider requests to be added to the Sunshine State/Cenpatico network. The NWFHN Well-Being Specialist, Integration Specialist, Contract Specialist, Nurse Care Coordinator, Behavioral Health Coordinator, or other NWFHN staff may also be involved.



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2. Upon completion of or receipt of a New Provider form by the prospective provider; NWFHN will make an internal decision regarding adding the provider based upon service array needs within the geographic area.
  3. Completed New Provider forms shall be sent to the CBCIH Integration Manager. The CBCIH Integration Manager shall review the forms for completeness and submit the completed forms to the appropriate MMA Network staff.
    - a. MMA Network staff will review new provider requests at least monthly with consideration as to how this provider addresses: 1) access, 2) availability, 3) quality of care concerns (by adding the provider in the area) or 4) meets an identified specific need.
    - b. NWFHN will assist In the event that additional information regarding the provider is needed.
    - c. If after review and discussion the provider does not address one of the four (4) areas described in *subsection K.3.a, above*, NWFHN will be notified that the provider is not recommend for addition to the Network.
  4. See also *NWFHN OP 700-709, Provider Recruitment and Network Development*.
  5. Claims Disputes. NWFHN will refer any provider claims issues to the CBCIH North Region Integration Manager assigned to the Child Welfare Specialty Plan for handling.
- K. Sunshine Health will provide Psychotropic Medication Utilization Review (PMUR) reports to the Nurse Care Coordinator and/or Behavioral Health Care Coordinator when applicable. The PUMR reports are initiated based on facts that are determined by Sunshine Health. Upon receipt of a PMUR report, the Nurse Care Coordinator or Behavioral Health Care Coordinator will review the report with the appropriate parties( to include provider and DCM) seek clarity (if necessary), and address any relevant findings. Updates will be provided to Sunshine as requested.
- L. Compliance Program
1. NWFHN will adhere to and/or participate in the compliance requirements of CBCIH policy as follows:
  2. NWFHN has a comprehensive Compliance Program which includes the following components to address all compliance-related activities and functions (see NWFHN Annual Training Plan):
    - a. Fraud, Waste and Abuse Prevention, Reporting and Training
    - b. Privacy and Security Practices, including requirements for HIPAA training and completion of an Annual Risk Assessment
    - c. Compliance Program Training
    - d. Code of Conduct
  3. NWFHN procedures provide a road map for identifying and responding to security incidents. As part of the annual risk assessment, NWFHN periodically tests practices to ensure that responses are swift and appropriate. Security incidents are tracked and logged by the NWFHN HIPAA and Security Officer, to include any related responses and follow up actions. Procedures and processes related to responding to security incidents are discussed during the quarterly BAA Vendor Compliance Meeting with Community Based Care Integrated Health (CBCIH), as well as internal compliance meetings and communicated to NWFHN staff and sub-contractors to ensure awareness and prevention.

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4. As part of an effective compliance process, NWFHN staff participates in the annual training provided by CBCIH and the Department of Children and Families such as Fraud, Waste Abuse, Compliance Program, Conflict of Interest, Code of Conduct, and HIPAA and Security Awareness Training.
5. NWFHN shall follow the CBCIH Compliance plan which includes the CBCIH Compliance Committee which oversees conformance. NWFHN staff shall notify CBCIH of any complaints and follow the NWFHN established processes for reporting critical incident reports, quality of care issues, operational concerns, as well as the NWFHN fraud, waste and abuse (Anti-Fraud Plan).
6. NWFHN uses audits and other evaluation techniques to monitor compliance in the reduction of an identified problem area.
7. NWFHN utilizes an annual risk assessment to include but not limited to:
  - a. Review of operational goals and objectives to ensure quality services and to meet performance measures
  - b. Compliance with Fraud, Waste and Abuse procedures and assessment of the FWS Program Effectiveness
  - c. Monitoring and oversight of subcontractors and adherence to contract requirements, performance standards and HEDIS measures.
  - d. HIPAA compliance and adherence to Privacy and Security practices
  - e. Review practices related to Incident Reporting
  - f. Subcontractor hiring practices and enforcement of disciplinary measures
8. NWFHN shall complete the CBCIH Annual Contract Compliance Attestation to ensure compliance with:
  - a. Privacy and Security Practices
  - b. Employee Orientation and Training
9. To ensure compliance, NWFHN participates with CBCIH in the quarterly monitoring process, the CBCIH Contract Compliance Manager's annual compliance monitoring including the signed annual Compliance Attestation attesting to compliance with both Compliance Program requirements and Operational Program requirements.
10. The NWFHN Compliance Program requirements include:
  - a. Identification of the NWFHN HIPAA Compliance Officer and NWFHN HIPAA Security Officer as these roles are responsible for:
    - i. Developing and implement Privacy and Security Policies and Procedures, including the process and tracking methods for data breaches and PHI disclosures
    - ii. Distributing and posting of the Notice of Privacy Practices
    - iii. Conducting the Annual HIPAA Audit with the results provided to CBCIH upon request.
  - b. Providing Notification to CBCIH, Integration Manager, Contract Compliance Manager and upon request to the Sunshine Health Compliance Department regarding:
    - i. Potential data breaches and inadvertent disclosures of personal health information (PHI), including documentation and tracing of each instance

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- ii. Critical/Adverse Incidents, in accordance with CBCIH policies and procedures for Incident Reporting
  - c. NWFHN Behavioral Health Care Coordinator and Nurse Care Coordinator Employee Orientation and Training
    - i. New Employee Orientation within thirty (30) days of hire
    - ii. Annual Training
      - a) Acknowledgement of Receipt of CBCIH's policies and procedures (Orientation only)
      - b) HIPAA Privacy and Security Training/Certification (Orientation and Annually thereafter)
      - c) Security Information Training/Certification (Orientation and Annually thereafter)
      - d) Fraud, Waste and Abuse Training/Certification (Orientation and Annually thereafter)
      - e) Compliance Program Training
11. NWFHN has developed effective lines of communication with CBCIH and Sunshine Health for all compliance issues that consist of:
- a. Recurring meetings with all levels of leadership where compliance issues are discussed
  - b. Regular meetings with NWFHN and Contracted Staff will be held to discuss program benefits, procedures/processes and compliance issues.
  - c. Monthly regional conference calls with Behavioral Health Care Coordinators, Nurse Care Coordinators and Post-Adoption staff to discuss regional issues and to disseminate specific information related to each program area.
  - d. Frequent meetings with the NWFHN and contracted staff, to discuss a variety of topics, including but not limited to: plan operations, program compliance and member care coordination issues.
  - e. Quarterly on-site or technological monitoring visits to assess compliance with the CBCIH contract and operationalizing the management of the Child Welfare Specialty Plan, to assess the care coordination efforts of the CBC, to ensure contractual compliance, and to allow for the opportunity to discuss/identify areas opportunities for improvement. The monitoring process includes an assessment of NWFHN's progress regarding Key Performance Indicators, measured services and performance goals (HEDIS) as well as a discussion of identified barriers in attempting to achieve specified measures.
  - f. Annual on-site or desk review contract compliance to assess contract compliance and to allow the opportunity to discuss potential compliance and/or operational issues.
  - g. An annual statewide meeting is held to discuss best practices and to provide general program updates.
  - h. The NWFHN BHC and NCC will document care coordination activities in Integrate under the IMV Note section which will be monitored and reported by CBCIH.
12. NWFHN participates in annual training provided by CBCIH as part of the NWFHN Compliance Program Training which includes but it not limited to the following areas:

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- a. Code of Conduct and Disciplinary Standards
  - b. Fraud, Waste and Abuse Reporting
  - c. Privacy and Security Practices
  - d. Member Complaints and Grievances
  - e. Potential Quality of Care Incidents (PQI)
- M. Privacy and Security Practices: NWFHN ensures compliance with HIPAA and Privacy Practices which include but are not limited to:
1. Protected Health Information (PHI) shall be kept physically secure within a locked office or file cabinet
  2. At minimum, HIPAA and Security Awareness Training must occur within thirty (30) days of hire and annually thereafter
  3. Potential breaches should be reported as soon as reasonably possible, but in no case should they be reported more than fourteen (14) calendar days following discovery of the breach. NWFHN is required to utilize CBCIH Form 1004A, Data Breach Reporting, to be completed in its entirety to include the following information:
    - a. Description of the circumstances under which the breach occurred;
    - b. The date of the breach and the date that the breach was discovered;
    - c. Description of the types of PHI involved in the incident;
    - d. Identification of each individual whose PHI is known or is reasonably believed by NWFHN to have been affected; and
    - e. Recommendations that NWFHN may have, if any, regarding the steps that individuals may take to protect themselves from harm
    - f. Report privacy concerns to the CBCIH Contract Compliance Manager/HIPAA Privacy Officer and CBCIH Compliance Officer: Shivana Gentry 407-920-0245, [complanice@cbcih.com](mailto:complanice@cbcih.com).
- N. Educating Caregivers on Health Plan.
1. NWFHN acknowledges that important information on health care information and services should be shared by Dependency Case Manager (DCM) with caregivers for children in the Sunshine Health Child Welfare Specialty Plan.
    - a. NWFHN will participate in all training conducted by the CBCIH and/or Sunshine Health.
  2. NWFHN will only utilize training materials approved by CBCIH.
  3. NWFHN will train Care Coordinators, DCM, and any other direct care staff on the importance of sharing the following information with all caregivers (whether foster parents, parents, or relative/non-relative caregivers):
    - a. Administering prescribed medications to child consistently as prescribed;
    - b. Knowing who the Primary Care Physician (PCP) is for the child including office hours and how to contact the PCP twenty-four (24) hours a day;
    - c. When to contact the PCP in order to receive timely services when a child begins to have symptoms of illness;

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- d. When to go to the emergency room and for what conditions;
  - e. When to use alternatives to the emergency room including the PCP's office and urgent care;
  - f. Knowing who provides dental and vision care for the child; and
  - g. Keeping all appointments, physical or behavioral health services.
4. Training for caregivers on the information above may be provided:
- a. In the initial training for new foster parents and in the mandatory foster parent trainings each year;
  - b. In monthly face-to-face meetings between the DCM and the caregiver in their homes;
  - c. In initial and ongoing staffing meetings with parents, foster parents and relative/non-relative caregivers.
- O. Communications and Approved Training. Materials developed by Sunshine Health that may be utilized by CBCIH and NWF include but are not limited to:
- 1. Child Welfare Specialty Plan Orientation
  - 2. Fraud, Waste and Abuse Training
  - 3. Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) Training
  - 4. Other trainings, presentations and materials as provided by Sunshine Health
- P. Performance and Contract Compliance Measures
- 1. NWFHN staff will monitor HEDIS measures per Vendor Agreement
  - 2. NWFHN staff will participate in quarterly and annual monitoring with CBCIH
  - 3. NWFHN will comply with Compliance Program and Operational Program requirements per the annual contract compliance attestation
  - 4. NWFHN will develop an action plan as needed for improvement.
  - 5. BHC and NCC review the KPI and performance indicator reports and monitor for areas of improvement.
  - 6. BHC has processes in place to ensure the 7 day follow-up is completed with children post a baker act episode.
  - 7. NWFHN staff, specifically the Behavioral Health Care Coordinator and Nurse Care Coordinator will participate in the quarterly face to face meeting held by CBCIH
  - 8. Key Performance Indicators (KPI) have been established to provide a metric on which to gauge NWF's performance related to targeted areas, including but not limited to:
    - a. Enrollment
    - b. HRA Compliance
    - c. HEDIS
    - d. Caseload Documentation.
    - e. Routine Medical Care and Screening
    - f. Medication Follow-up

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g. Psychiatric Hospitalization and Crisis Stabilization Follow-up

h. Prenatal/ Post-Partum Care

**Q. Background Screening**

1. NWFHN will adhere to NWFHN Policy 1108 as it relates to Background Screening. Additionally, CBCIH will complete required background screenings of both CBCIH staff and designated NWFHN staff, comparing these persons to the federal List of Excluded Individuals and Entities (LEIE) and the federal System for Award Management (SAM) to identify excluded parties.
2. This process acknowledges that should NWFHN hire or contract staff, including Behavioral Health Care and Nurse Care Coordinators, to provide care coordination services as required in the Florida Managed Medical Assistance Program Services Agreement with Community Based Care Integrated Health (CBCIH) will adhere to hiring practices and background screening requirements necessary to fulfill contract requirements with Sunshine Health and CBCIH, respectively. This procedure also acknowledges that NWFHN is aware that personnel-related information, including background screening, employee resumes and training information may be requested by CBCIH and provided to Sunshine Health upon request.
3. NWFHN shall ensure that the Behavioral Health Care and Nurse Care Coordinators are properly vetted in accordance with contract requirements. NWFHN will work with CBCIH to ensure staff have met qualifications and have received required training.
4. Personnel and training related tasks for NWFHN staff and designated sub-contractors are outlined below:

Personnel/Training/Compliance Task	Frequency	CBC BHCC	CBC NCC	Other
Hire/Role Date	<30 From Hire/Role Date	x	x	x
Conflict of Interest Statement	<30 From Hire/Role Date	x	x	x
CWSP Training Checklist (Date)	<30 From Hire/Role Date	x	x	
CWSP Training Checklist (Doc)	<30 From Hire/Role Date	x	x	
Checklist - Resume	<30 From Hire/Role Date	x	x	
Checklist - Job Description	<30 From Hire/Role Date	x	x	
Background Screening Results	<30 From Hire/Role Date	x	x	
Qualifications Met	<30 From Hire/Role Date	x	x	
Waiver Obtained	<30 From Hire/Role Date	x	x	
EPStaffCheck (LEIE/SAM)	<30 From Hire/Role Date	x	x	x
CWSP Orientation Training	<30 From Hire/Role Date			x
Initial - P&P/Code Acknowledgement	<30 From Hire/Role Date	x	x	x

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Initial - EPSDT Training	<30 From Hire/Role Date			
Initial - Compliance	<30 From Hire/Role Date	x	x	x
Initial - FWA	<30 From Hire/Role Date	x	x	x
Initial - HIPAA	<30 From Hire/Role Date	x	x	x
Initial - Security Awareness	<30 From Hire/Role Date	x	x	x
Annual - P&P/Code Acknowledgement	Annual 7/31	x	x	x
Annual - EPSDT Training	Annual 7/31	x	x	x
Annual - Compliance	Annual 7/31	x	x	x
Annual - FWA	Annual 7/31	x	x	x
Annual - HIPAA	Annual 7/31	x	x	x
Annual - Security Awareness	Annual 7/31	x	x	x

5. NWFHN staff shall adhere to the CBCIH Code of Conduct and Disciplinary Standards
6. NWFHN shall report potential conflicts of interest affecting the execution of the subcontract to CBCIH within one (1) business day of discovery. All subcontractor employee conflicts of interest shall be reviewed and documentation maintained by NWFHN for review by CBCIH upon request when the employee works under the contract.
7. NWFHN staff is required to sign a Conflict of Interest Statement. This statement must be signed within 45 days of hire and annually thereafter. NWFHN staff is required to report potential conflicts of interest affecting the execution of the subcontract to CBCIH within one (1) business day of discovery.
8. CBCIH utilizes a CBCIH-CBC Lead Agency CWSP Employee Training checklist with new NWFHN Behavioral Health Care Coordinators or NWFHN Nurse Care Coordinators to ensure that personnel requirements are met and that relevant training topics are discussed.
9. Candidates for employment with NWFHN may not be hired until background screening clearance letters from the FDLE, FBI, & local criminal records have been received. CBCIH Integration Managers will verify that background screening was completed during the CBCIH orientation process and/or during quarterly monitoring visits, and CBCIH maintains copies of the results on file to be submitted to Sunshine upon request.
10. CBCIH Leadership (or the CBCIH designee) shall be consulted by NWFHN and will review each situation on a case-by-case basis. If grounds exist for the dismissal of any employee or intern as a result of a background screening, CBCIH management or the designee will provide written notification stating the specific disqualifying event and/or record that indicates non-compliance with applicable statutes, policies, etc.
11. It is the responsibility of the NWFHN to notify CBCIH of arrest or credentialing/licensure issues which may adversely impact the operation or reputation of CBCIH.

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## R. Access to the Secure Provider Portal (SPP)

1. The Nurse Care Coordinator (NCC) shall have access to the SPP as a means to assist the child welfare staff in understanding the services provided, to assist in identifying needed services, and to allow for document review.
2. The NWFHN representative will inform CBCIH of all users authorized by the CBC, and will contact the CBCIH representative when new users are in need of authorization or no longer require access.