Navigating Medicaid Managed Care for Children in the Child Welfare System:

HOW WE CAN WORK TOGETHER TO GET CHILDREN THE HEALTHCARE THEY NEED
Children’s Medicaid ≠ Adult Medicaid

The Goal is to Provide Children the Health Care They Need When They Need It*

Medicaid and EPSDT

- The Medicaid *Early and Periodic Screening, Diagnosis and Treatment* (EPSDT)* Program;

- Children’s Benefit Package within the Medicaid Program;

- Required for all Medicaid eligible children and youth under age 21;

- Broader range of services than the Medicaid services available to adults;

- Emphasis on prevention and helping children grow into healthy, productive adults.

*42 U.S.C. § 1396a(a)(43) & 1396d(r)(5).
What is EPSDT?

- The EPSDT program in Florida is called the “Child Health Check-Up” program;

- EPSDT is a comprehensive health benefit for all Medicaid-eligible children and youth under age 21;

- An “entitlement” program pursuant to 42 U.S.C. §§ 1396(a)(43) & 1396d(r)(5). See also § 409.905(2), F. S.
EPSDT Required Treatment

Treatment – the T in EPSDT

- Any illness or condition that is discovered during a screen must be treated and covered by EPSDT – medical, dental, mental health;

- Medicaid covered services necessary to “correct or ameliorate” a diagnosed physical or mental condition whether or not the state covers these services for adults;

- “Medically necessary” standard unique and broad in scope.
What Does “Medically Necessary” Mean for Children?

- Different medically necessary standards exist for Medicaid-eligible children and adults;

- Standard more restrictive for adults:
  - Services must be “necessary to protect life, to prevent significant illness or significant disability or to alleviate severe pain”;

- Standard much broader for children:
  - Services necessary “to correct or ameliorate” a physical or mental illness or condition are covered.
Beware of the wrong medically necessary standard being used for children!

- Florida’s definition of “medically necessary” services under the Florida Medicaid Program only includes the adult standard:
  - “Necessary to protect life, to prevent significant illness or significant disability or to alleviate severe pain...” Fla. Admin. Code R. 59G- 1.010(166);

- Despite using a more restrictive definition the state and MMA health plans must still apply the correct, federally-required medically necessary standard for children:
  - Services necessary “to correct or ameliorate” a physical or mental illness or condition are covered;

- Florida’s Medicaid definition of “medically necessary” can cause confusion and increase risk that children are denied medically necessary services due to wrong adult standard being applied.
Make Sure Requests for EPSDT Covered Services and Treatments are Made Correctly

- Must include a statement from the provider that the request is under EPSDT to “correct or ameliorate” the child’s condition;

- Remind everyone involved of the importance of applying the appropriate “correct or ameliorate” standard;

- If service or treatment is denied look to see if the adult standard (i.e. necessary to protect life, prevent significant illness, or alleviate severe pain) was misapplied.
How Do Children Receive Medicaid Services in Florida and Who Are the Key Players?
Children’s Medicaid in Florida: Who’s in Charge?

- The Agency for Health Care Administration (AHCA) is the single state agency responsible for administering Medicaid (services and coverage); BUT

- DCF is responsible for determining Medicaid eligibility;

- Children’s Medicaid is part of the Florida KidCare Program (the state’s Children’s Health Insurance Program (CHIP) and Children’s Medicaid for uninsured children under age 19);

- The Florida KidCare Program includes:
  - Medicaid for Children
  - MediKids
  - Healthy Kids; and
  - Children’s Medical Services (CMS).
Florida’s Statewide Medicaid Managed Care (SMMC) & Managed Medical Assistance (MMA)

- SMMC is Florida Medicaid Program’s new system for providing services to Medicaid recipients;

- Includes two components:
  - Long-Term Care Managed Care Program
  - Managed Medical Assistance Program (MMA);

- AHCA contracts with managed care plans to provide Medicaid services to Medicaid recipients similar to how DCF contracts with CBCs to provide child welfare services;

- Requires nearly all Medicaid recipients to enroll in a managed care plan.
Children Not Required to Enroll in Managed Care

- Children with other creditable coverage;

- Children in Development Disabilities centers;

- Children on Developmental Disability Home & Community-Based Care Waivers and waiting lists;

- Children receiving services in a Prescribed Pediatric Extended Care (PPEC) Center.
Significant Changes for Children Under MMA

- During transition to MMA in 2014, many children (particularly those in CW) may have had to change plans or providers;

- Procedures for requesting approval of services (prior authorization) may have changed;

- Specialty plans are available for children who meet certain criteria;

- Particularly significant for children, MMA health now provide all health services including:
  - Dental Services; and
  - Behavioral Health Services
    - Statewide Inpatient Psychiatric Services;
    - Specialized Therapeutic Care;
    - Behavioral Health Overlay Services.
Standard and Specialty MMA Health Plan

- In each region, there is a set number of standard MMA plans recipients can choose from to provide their Medicaid services;

- In addition to regular MMA Health Plans, “Specialty Plans” are available for recipients who meet specified criteria based on age, condition, or diagnosis (e.g. HIV/AIDS, Mental Illness, Diabetes, Child Welfare);

- Recipients who do not choose another plan through the choice counseling process are assigned to the Specialty Plan for which they qualify.
Hierarchy of Assignment of Specialty Plans Available for Children

Sunshine Health Child Welfare Specialty Plan
Available to all children in the child welfare system
Available to children adopted from child welfare

Children’s Medical Services Network Plan (CMSN)
Available for children with special health care needs

Magellan Complete Care
Available for Medicaid recipients with a serious mental illness

Clear Health Alliance
Available for Medicaid recipients with HIV/AIDS
# Managed Medical Assistance Standard Plans

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Regions of Operation</th>
<th>Contact</th>
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<tbody>
<tr>
<td>Amerigroup Florida</td>
<td>5, 6, 7, and 11</td>
<td>Telephone number: 1-800-600-4441 TDD: 711 <a href="http://www.myamerigroup.com/fl">www.myamerigroup.com/fl</a></td>
</tr>
<tr>
<td>Better Health</td>
<td>6 and 10</td>
<td>Telephone number: 1-800-514-4561 TDD: 711 <a href="http://www.betterhealthflorida.com">www.betterhealthflorida.com</a></td>
</tr>
<tr>
<td>Coventry Health Care of Florida</td>
<td>11</td>
<td>Telephone number: 1-800-441-5501 TDD: 711 <a href="http://www.coventryfimcd.com">www.coventryfimcd.com</a></td>
</tr>
<tr>
<td>Humana Medical Plan</td>
<td>1, 6, 9, 10, and 11</td>
<td>Telephone number: 1-800-477-6931 TDD: 711 <a href="http://www.humana.com">www.humana.com</a></td>
</tr>
<tr>
<td>Molina Healthcare of Florida</td>
<td>1, 4, 6, 7, 8, 9, and 11</td>
<td>Telephone number: 1-866-422-2541 TDD: 800-955-8771 <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a></td>
</tr>
<tr>
<td>Prestige Health Choice</td>
<td>2, 3, 5, 6, 7, 8, 9, and 11</td>
<td>Telephone number: 1-855-355-9800 TDD: 1-855-358-5856 <a href="http://prestigehealthchoice.com">prestigehealthchoice.com</a></td>
</tr>
<tr>
<td>South Florida Community Care Network (SFCCN) d/b/a Community Care Plan (CCP) (Name Change Effective 7/15/2016)</td>
<td>10</td>
<td>Telephone number: 1-866-899-4828 TDD: 1-855-655-5303 New website <a href="http://www.cccpcares.org">www.cccpcares.org</a> (Effective 7/15/2016)</td>
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<tr>
<td>Simply</td>
<td>11</td>
<td>Telephone number: 1-800-887-6888 TDD: 711 <a href="http://www.simplyhealthcareplans.com">www.simplyhealthcareplans.com</a></td>
</tr>
<tr>
<td>Staywell</td>
<td>2, 3, 4, 5, 6, 7, 8, and 11</td>
<td>Telephone number: 1-866-334-7927 TDD: 1-877-247-6272 <a href="http://www.wellcare.com">www.wellcare.com</a></td>
</tr>
<tr>
<td>Sunshine Health Plan</td>
<td>3, 4, 5, 6, 7, 8, 9, 10, and 11</td>
<td>Telephone number: 1-866-796-0530 TDD: 1-800-955-8770 <a href="http://www.sunshinehealth.com">www.sunshinehealth.com</a></td>
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# Managed Medical Assistance Specialty Plans

<table>
<thead>
<tr>
<th>Plan Name</th>
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<th>Contact</th>
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</thead>
</table>
| **Children’s Medical Services - Children with Chronic Conditions** | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11 | Telephone number: 1-800-664-0146  
- CMS Integrated Care System - Ped-I-Care (regions 1, 2, 3, 4, 5, 6, and 7)  
Telephone number: 1-866-376-2456  
TDD: 1-800-955-8771  
pedicare.pediatrics.med.ufl.edu/  
- CMSN Integrated Care System - South Florida Community Care Network (SFCCN) (regions 8, 9, 10, 11)  
Telephone number: 1-866-209-5022  
TDD: 1-855-655-5303  
www.sfchp.org |
| **Clear Health Alliance - HIV/AIDS** | 1, 2, 3, 5, 6, 7, 8, 9, 10, and 11 | Telephone number: 1-877-577-9043  
TDD: 711  
www.clearhealthalliance.com |
| **Freedom Health - (Dual Eligibles Only) Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF) or Cardiovascular Disease (CVD)** | 3, 5, 6, 7, 8, 9, 10, and 11 | Telephone number: 1-877-655-2424  
TDD: 1-800-955-8771  
www.FreedomHealth.com |
| **Magellan Complete Care - Serious Mental Illness** | 2, 4, 5, 6, 7, 9, 10, and 11 | Telephone number: 1-800-327-8613  
TDD: 1-800-424-1694  
http://www.magellancompletecareoffl.com |
| **PHC, Inc. - HIV/AIDS** | 10 and 11 | Telephone number: 1-888-997-0979  
TDD: 711  
positivehealthcare.net/ |
| **Sunshine Health Plan - Child Welfare** | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11 | Telephone number: 1-866-796-0530  
TDD: 1-800-955-8770  
www.sunshinehealth.com |
Tips For Navigating the MMA Program & Making the Most of MMA Consumer Protections
SMMC Choice Counseling Website

www.flmedicaidmanagedcare.com

Use this website to:

- Identify a Medicaid recipient’s assigned MCO;
- Get information about Plans;
- Request Plan change during 120 day change period; and
- Request “good cause” disenrollment to change plans after 120 day change period has expired.

Or call SMMC Choice Counseling at: 1-877-711-3662
Provider Network Adequacy

- Health Plans must maintain a network of providers that is sufficient to provide all of the Medicaid covered services;

- Health Plan must ensure that services are provided promptly and are readily available to recipients;

- Maximum time and distance requirements set out in provider contracts available at: http://ahca.myflorida.com/Medicaid/statewide_mc/plans.shtml;

- Lack of providers should be reported immediately to AHCA. http://www.fdhc.state.fl.us/medicaid/ or 1-877--254-1055
Network Adequacy Includes Timely Access

Timely Access/Network Adequacy Standards:

- Require plans to maintain adequate network of providers to ensure recipients can access care in a timely manner and within maximum travel times and distance;

- Standards vary by region and provider/specialty type.

**Sample Averages** for Primary Care Physicians (PCP):

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<tr>
<th></th>
<th>Urban</th>
<th>Rural</th>
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<tbody>
<tr>
<td>Maximum Travel Distance</td>
<td>20 mi.</td>
<td>20 mi.</td>
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<tr>
<td>Maximum Travel Time</td>
<td>30 min.</td>
<td>30 min.</td>
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</table>

PCP services & referrals to specialists: urgent care – 1 day; sick care – 1 wk; well-care – 1 mo.
Dental Services for Children

- Dental services are an important, but underutilized, service for children under Medicaid;

- Dental services fall under the EPSDT and all “medically necessary” Medicaid covered dental services are covered for children;

- Adult dental services are not covered under Medicaid, which has led to confusion and “myths” about children’s coverage:
  - Examples of “children dental myths” include:
    - Sedation is not covered;
    - Orthodontics are not covered;
    - No dental providers are available so child has to wait 6 months for care.

- MMA plans often contract with “dental health plans” with other names (e.g. Dentaquest, MCNA), but the MMA plan is still ultimately responsible for providing the service and coordinating care.
AHCA’s new webpage on Florida Medicaid Dental Coverage for Children:

Florida Medicaid Dental
Dental Care for Your Health

Dental Care for Children Ages 0-20: What Florida Medicaid Covers

Florida Medicaid wants to make sure your child is healthy. Part of being healthy is taking care of your teeth. Below is a list of services that will help your child have healthy teeth, with no cost to you.

- Office Visits
- Cleanings
- Fluoride Application
- Sealants
- Space Maintainers
- Oral Exams (initial and every 6 months)
- X-rays
- Fillings and Crowns
- Root Canals
- Periodontal Services
- Prosthodontics (Dentures)
- Analgesia and Sedation
- Injectable Medications
- Palliative Treatment
- Hospitalization

Some Services may require permission from your health plan before the dentist performs the service. This is called a prior authorization. For more details about dental services, contact your health plan.
Behavioral Health Care for Children

- Remember: Timely access applies to behavioral health services – a child waiting for months to see a therapist is not permitted!

- Some behavioral health services can have specific (more complex) authorization procedures:
  - Residential behavioral health services (e.g. therapeutic group and SIPP) have a special pre-admission process – See AHCA resource at: [http://www.fdhc.state.fl.us/medicaid/e-library/pdfs/Coordinating_Access_to_RBHS_for_Children.pdf](http://www.fdhc.state.fl.us/medicaid/e-library/pdfs/Coordinating_Access_to_RBHS_for_Children.pdf)
  
  - Applied Behavior Analysis for children with Autism Spectrum Disorders are provided by Medicaid, not the child’s MMA Plan - See AHCA resource at: [http://www.fdhc.state.fl.us/medicaid/statewide_mc/pdf/Medicaid_Covered_Services_Not_Covered_by_MMA_Plans_2016-06-06.pdf](http://www.fdhc.state.fl.us/medicaid/statewide_mc/pdf/Medicaid_Covered_Services_Not_Covered_by_MMA_Plans_2016-06-06.pdf)
Medicaid Covered Services Not Covered by Health Plans

Applied Behavior Analysis (ABA)

- **What is Applied Behavior Analysis?**
  Applied behavior analysis (ABA) services provide highly structured interventions with the goal of targeting and decreasing maladaptive behaviors.

- **What services are covered?**
  The services must be provided as specified in the provider alerts on the Agency's website and the service-specific Medicaid *Coverage and Limitations Handbook* based upon the provider's enrollment type with Florida Medicaid.
  - For community behavioral health providers, services include:
    - Evaluation
    - Assessment
    - Treatment plan development and review
    - Therapeutic behavioral on-site, behavior management
    - Therapeutic behavioral on-site, therapeutic support
  - For iBudget development disability waiver providers, services include:
    - Behavior analysis assessment
    - Behavior analysis
    - Behavior assistant services
  - For early intervention service providers, services include:
    - Screening
    - Evaluation and follow-up evaluation
    - Individual and group early intervention session

- **Who is eligible to receive ABA services?**
  Medicaid recipients under the age of 21 years who have a diagnosis of autism or autism spectrum disorder

- **Who is eligible to provide ABA services?**
  Services are provided by qualified providers based upon the criteria established in each of the service-specific handbooks specified above.

- **How can recipients access ABA services?**
  Medicaid health plans are not required to provide ABA services. ABA services are reimbursed through the fee-for-service delivery system. However, health plans play an important role in coordinating care for their enrollees, including making appropriate referrals for non-covered services. Health plans should refer enrollees to the Agency at (877) 254-1055 to get a list of qualified ABA providers in their area and to provide them with assistance in accessing this service. For additional information about ABA services, please visit the Agency's website. The Agency's website contains more information about service authorization forms, billing instructions, and frequently asked questions.
Don’t Forget the Basics of Managed Care

- Health Plan Member Handbooks provide critical information and should be first place to go when problems come up;

- Encourage recipients to know and build a relationship with their Primary Care Provider;

- Make use of health plan services such as Case Management Programs and learn about Plan specific programs;

- Use the Medicaid Landing Page to locate additional information or submit a question
  
  http://www.fdhc.state.fl.us/medicaid
Welcome to Medicaid!

Medicaid is the medical assistance program that provides access to health care for low-income families and individuals. Medicaid also assists the elderly and people with disabilities with the costs of nursing facility care and other medical and long-term care expenses.

In Florida, the Agency for Health Care Administration (Agency) is responsible for Medicaid. The Agency successfully completed the implementation of the Statewide Medicaid Managed Care (SMMC) program in 2014. Under the SMMC program, most Medicaid recipients are enrolled in a health plan. Nationally accredited health plans were selected through a competitive procurement for participation in the program.

The Division of Medicaid’s website is designed to align with our functional organizational structure.

Some examples of where key information can be found under the new structure are below:

<table>
<thead>
<tr>
<th>Looking for information on:</th>
<th>Go to:</th>
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<tbody>
<tr>
<td>Behavior Analysis Services Provider Information</td>
<td>Bureau of Medicaid Policy</td>
</tr>
<tr>
<td>Health Plan Contracts and Information</td>
<td>Statewide Medicaid Managed Care</td>
</tr>
<tr>
<td>Health Plan Enrollment</td>
<td>Bureau of Medicaid Data Analytics</td>
</tr>
<tr>
<td>Health Plan Rates</td>
<td>Bureau of Medicaid Data Analytics</td>
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</table>
What Do You Do if Services are Denied, Reduced or Terminated?

- Recipients have the right to notice and the opportunity for a Medicaid Fair Hearing under 42 C.F.R. 431. 200 et seq.

- All MMA plans are required to use the same template when denying, reducing or terminating services – follow the instructions on that notice under “How to Ask for a Fair Hearing”

- **If it is a termination, reduction or suspension of an ongoing service and an appeal is filed within 10 days of written notice, recipients also have the right to continued services pending a decision.** 42 C.F.R. 431. 230 & 438.420

- The Department of Children and Families hears the appeal if it involves Medicaid eligibility; AHCA will hear the appeal for denial or reduction of services, starting in 2017;

- Not required yet, but by July 2017 recipient will required to exhaust Health Plan grievance and appeal process first before filing fair hearing requests.
MMA Internal Grievance and Appeals

- Recipients can file a complaint, grievance, or appeal directly with their MMA health plan:
  - Complaint or Grievance = complaint or dissatisfaction about something other than an “Action” (e.g. poor customer service, wrong information given by provider);
  - Appeal = request for review or redetermination of an "Action";
  - Action = whenever a Medicaid service is denied, limited, changed, terminated or delayed.

- Directions for filing internal grievance and appeals are found in the “Notice of Action” all MMA plans are required to use when denying, reducing or terminating services and in the MMA Health Plan Members Handbook;

- Make Use of Health Plan Member Handbooks – they include valuable information about members’ rights and available services.
A Road Map for Child Advocates assisting with Appeals of EPSDT Service denials

- Make sure the request for services “fits” under one of Medicaid’s covered services under federal law;

- Make sure a treating professional has recently prescribed the needed service and that the request includes a statement that the request is under EPSDT to “correct or ameliorate” the child’s condition;

- Identify a health care professional, preferably the treating physician, who can substantiate the need for the services through a letter and ideally through testimony if a hearing is necessary;

- Obtain copies of this documentation and submit them with appeal.
AHCA SMMC “Complaint Center”

- AHCA has a SMMC Complaint Center for ANYONE to call to make a complaint about ANY problem relating to SMMC;

- Complaints can be made online at:
  
  https://apps.ahca.myflorida.com/smmc_cirts

  or

  1-877-254-1055

- AHCA is using this process to assist to help identify access to health care problems so it’s extremely important to report problems.
New KidCare Coverage for Immigrant Children

- Beginning 7/1/2016, lawfully residing immigrant children no longer have to wait 5 years to be eligible for KidCare (Medicaid & Healthy Kids);

- The Florida KidCare Website includes helpful resources on this new coverage: [http://www.floridakidcare.org/eligibility/non-citizens-2016.html](http://www.floridakidcare.org/eligibility/non-citizens-2016.html)

- The Healthy Kids Full Pay coverage option is available to children who are still not eligible for KidCare due to citizenship status. [https://www.healthykids.org/cost/fullpay/](https://www.healthykids.org/cost/fullpay/)
Medicaid Statutes & Regulations

- **Federal Medicaid Statute**
  - 42 U.S.C. §§ 1396a(a)(43) & 1396d(r)(5)

- **Federal Regulations**
  - 42 C.F.R. Part 441.1 (B)

- **Florida Statutes**
  - §409.903, F.S.
  - §409.961 et seq.

- **Florida Administrative Rules**
  - Fla. Admin Code Rules. 65A-1 and 59G-1
Florida Coverage Policies & Contracts

- Medicaid Service Coverage Policies (formerly called the Coverage and Limitation “Handbooks” & draft rules)
  - http://www.fdhc.state.fl.us/medicaid/review/Promulgated.shtml

- SMMC contracts between the AHCA and the SMMC health plans

- DCF policies and procedure on Medicaid Eligibility (ACCESS Manual)
For additional information or assistance, please contact:

Toni Pollard  
Legal Aid Society of Palm Beach County, Inc.  
(561)822-9804  
tpollard@legalaidpbc.org

or

Amy Guinan Liem  
Florida Legal Services, Inc  
(850) 385 -7900  
amy@floridalegal.org