




Policy and Procedures

<u>DEPARTMENT NAME</u> Utilization Management		
<u>SUBJECT</u> Health Risk Assessment and Primary Care Physician Selection	<u>POLICY NUMBER:</u> UM-012	
<u>APPROVAL:</u> 	<u>EFFECTIVE DATE:</u> 3/31/17	<u>REPLACES :</u> UM-012, dated 2/4/16

- I. **PURPOSE:** The Health Risk Assessment (HRA) is an assessment that is completed in order to gather basic health care information for children who are enrolled in the Child Welfare Specialty 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 assists with coordination of care. Health Risk Assessments contain current information based upon the members' health care status for the previous 90 (ninety) days.

- II. **REVIEW HISTORY:** New policy developed 2/4/16 requires revisions.

- III. **CONTACT:** Utilization Management Director

- IV. **PERSONS AFFECTED:** Children who are enrolled in the Sunshine Child Welfare Specialty Plan and other Medicaid plans.

- V. **POLICY:** Children entering the child welfare system who are served by the Child Welfare Specialty Plan will have a Health Risk Assessment completed within time frames set by the contract with CBCIH. A primary care physician will be selected for each child coming into the child welfare system. This includes all children with an open case in FSFN, excluding diversion cases.

- VI. **RATIONALE:** The Children's Network of Southwest Florida's processes to ensure compliance with the Florida Managed Medical Assistance Program Services Agreement with CBCIH will ensure timely completion and transfer of the HRA to the health care plan.

- VII. **CROSS REFERENCES:**
 - A. F. S 39.407 Medical Treatment
 - B. AHCA Contract FP026 with Sunshine Health

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C. Sunshine Health Vendor Agreement with Community Based Care Integrated Health

VIII. DEFINITIONS:

A. Child Welfare Case Manager – a certified child protection professional (CWCM) who is responsible for the coordination of services, completion of court reports and supervision of families and children who have been adjudicated dependent and require protective supervision

B. Child Health Check-up – previously known as EPSDT is a health check-up by a licensed health care professional as defined in Rule 59G-4.080, F.A.C. This screening shall take place within 72 hours of initial removal unless the child is returned to the home from which he or she was removed within 72 hours of removal. This includes a child removed from his or her home who was placed with relatives or non-relatives in an unlicensed setting. Child Health Check-Ups are also performed according to a periodicity schedule that ensures that children have a health screening on a routine basis

C. Comprehensive Behavioral Health Assessment (CBHA) - an in-depth, detailed assessment of the child's emotional, social, behavioral, and developmental functioning within the home, school, and community including direct observation of the child in those settings.

D. Florida Safe Families Network (FSFN): - an automated system to capture information and generate reports regarding each child that comes into the care of the Children's Network of Southwest Florida as a result of abuse, neglect, or abandonment. Florida's method of receiving reports/intakes, documenting investigations, and recording all casework services provided to protect children.

E. Health Risk Assessment/Screening - a web-based instrument developed to identify health care risks and needs which specifically affect systems of the body and the ability to engage in functional activities. The assessment is also utilized to assist in the identification of persons who may require additional care coordination or health case management, primarily for continuity of care purposes, upon initial enrollment and ninety (90) days thereafter.

F. In-Home Protective Supervision - services provided while a child remains in his or her own home and includes those cases where a child was removed, but has now been returned to the home of his or her parent or guardian. These services are designed to ameliorate the situation which led to the abuse or neglect report and monitor the risk factors in the home which may impact the child/children.

G. Integrate® - a web-based information system designed to integrate health, behavioral health and child welfare data into a single platform of applications.

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H. Lead Agency - an "eligible lead community-based provider" as defined in Section 409.1671(1)(e), F.S. The functions of a lead agency include: (a) Organize and manage a network of service providers; (b) Provide case management for any children/families referred. The Children's Network of Southwest Florida is the lead agency for Circuit 20.

I. Medicaid –program authorized by Title XIX of the Social Security Act. It is a state-administered health insurance program that is jointly funded by the Federal and State governments. Medicaid is an open-ended entitlement program, with states receiving federal reimbursement for every eligible claim they submit. Medicaid" as defined in Rule 59G-1.010, F.A.C. which includes eligibility based on income for most groups using Modified Adjusted Gross Income (MAGI).

J. Out-of-Home Care- the placement of a child in licensed and non-licensed settings, arranged and supervised by the Children's Network of Southwest Florida, outside of the home of the parent.

K. "Relative" or "Relative Caregiver - a person who meets the definition of a relative and who is not being paid as a licensed foster or shelter parent for purposes of caring for a child in his or her custody.

IX. PROCEDURES:

A. General Requirements:

1. Health Risk Assessments must be completed within 30 of enrollment for all children who are enrolled in the Child Welfare Specialty Plan by the lead agency with legal jurisdiction. If a child is dis-enrolled from the CWSP for any reason, and the gap in enrollment exceeds ninety (90) days, a new HRA must be completed and submitted within 30 days of the subsequent enrollment date.

2. For cases being transferred to the Children's Network of Southwest Florida where the child(ren) was removed from the home, designated staff shall complete the Health Risk Assessment (HRA) within (7) business days of the Intake, Triage and Referral staffing. The HRA will be routed for data entry into the Integrate system. If the child is removed from an open Protective Supervision case and a HRA has already been completed, a new HRA is not required.

3. Cases being transferred to the Children's Network of Southwest Florida for Protective Supervision, voluntary or involuntary shall have the Health Risk Assessment (HRA) completed and entered into the CBCIH data system within (30) business days of the child's enrollment into the Child Welfare Specialty Plan.

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4. Cases being transferred Intrastate to another Lead Agency will not require a new HRA be completed by the receiving Lead Agency upon verification from the child welfare case manager from the sending Lead Agency that a HRA was completed. This includes:

- a. Courtesy Supervision
- b. Relative and Non-relative placements
- c. Pre- adoptive placements
- d. Placements in a residential program or facility or STFC home

B. Specific Requirements:

1. The Integrate® HRA application consists of conditionally-based questions to collect baseline information on the health and behavioral health care needs of each child enrolled in the Sunshine State Specialty Plan and is used to create the approved Health Risk Screening form for health plans. It is also used to complete the selection of a Primary Care Physician (PCP) from the participating providers in the Sunshine network.

2. Health Risk Assessments must be completed in the Integrate® HRA application within 30 days of enrollment into the Child Welfare Specialty Plan. HRA forms contain protected health information (PHI) and shall follow federal regulations for protecting and disseminating PHI (e.g., HIPAA, HITECH). HRA forms completed by one individual (FSFN User ID) cannot be edited by another (FSFN User ID); however, designated staff within the Children's Network may view completed HRA forms, when necessary, to initiate or coordinate medical and/or behavioral health services in accordance with contract requirements.

3. The Integrate® HRA application incorporates selecting a PCP for the member directly within the application. If a PCP is not selected at the time of HRA completion, the HRA can be submitted to CBCIH without selecting a PCP, but then the Children's Network of Southwest Florida must contact Sunshine to change the PCP by an approved notification method.

4. Designated staff shall be responsible for ensuring that a PCP is selected within 30 days after the enrollment in a health plan. Designated staff shall work with any persons to collect the relevant, current information on the child's health and well-being and enter the information into Integrate. All contacts with case participants will be documented in FSFN within two business days.

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5. The Integrate® PCP application is a web-based system that allows authorized persons to select the member's primary care physician from the participating providers in the Sunshine network.
6. Staff at the Children's Network shall be trained on both the Integrate® HRA application and the Integrate® PCP application by CBCIH.
7. The Children's Network of Southwest Florida will review management reports provided by CBCIH to assist them in completing HRA forms for every eligible member. By using exception reports on members who do not have a PCP selected in the system, the Children's Network of Southwest Florida can select a PCP for assignment prior to data transmission to Integrate.

C. Other Assessments

The Children's Network of Southwest Florida will work cooperatively with CBCIH to ensure staff completes any agreed-upon additional assessments to assist with case management activities. Additional assessments will be entered by the next business day of completion of the assessment.

X. EXHIBITS:

Health Risk Assessment Instructions and Tips

Health Risk Assessment sample form



Health Risk Assessment

Tips Sheet and Instructions

General Instructions:

- Please get the most accurate information possible.
- If member/parent/case manager/caregiver unable to answer yes or no, try to ask clarifying questions.
- Use current data, last three (3) months (unless otherwise noted).
- Additional information provided is to help clarify on what basis the question should be answered.

Information on how to respond to each question:

- Last Name: <Pre-populated FSN data>
- First Name: <Pre-populated FSN data>
- Date of Birth: <Pre-populated FSN data>
- Medicaid ID: <Pre-populated FSN data>
- FSN Person ID: <Pre-populated FSN data>
- FSN Case ID: <Pre-populated FSN data>
- Completed By: Name of person completing the form.
- Completed By Phone Number: Name of person completing the form
- Relationship to child: Select the applicable relationship listed for the person who is giving information for this form.
- Date completed: Current date form completed MM/DD/YYYY.
- Current Medicaid health plan assignment: Enter the current Medicaid plan, such as MedIPASS, HMO name, PSN name, etc.
- Current Medicaid mental health plan assignment: Enter the current Medicaid mental health plan, such as Child Welfare Pre-Paid Mental Health Plan, HMO name, PSN name, etc.
- Is the child enrolled in Children's Medical Services: Select **Yes** or **No** if the child is currently enrolled with CMS.
 - If No, does the child need to be referred to Children's Medical Services: Select **Yes** or **No** if the child needs to be enrolled with CMS.
- Primary Care Physician (Select the PCP to assign to child): Enter the practitioner name, provider group name, or city and the list will filter to your criteria to make a PCP selection for the child. If the practitioner is "closed", the child should only be assigned if they are currently a patient or receiving treatment.
- What is child's first language? Select one of the options listed which reflects the primary language the child speaks.

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**Sunshine Health, Child Welfare Specialty Plan
Children's Health Risk Assessment (HRA), Version 2.0**

Please complete the information below. This information will be utilized by Sunshine Health to identify potential health management programs that may assist in managing the child's care.

HRA Completion Date: _____

Member's Name: _____ Date of Birth: _____ Medicaid ID#: _____

FSFN Person ID#: _____ FSFN Case ID#: _____

Name of Person Completing this Assessment:			
Relationship to Child:			Contact Number:
Primary Care Physician Information (Child Welfare Specialty Plan Enrollment)			
PCP Practitioner's Name:			Group/Practice Name:
PCP Address:			Telephone:
	City:	State:	Zip Code:

Please answer the questions below to the best of your ability, checking the box that best answers the question

What is the Child's first language?	<input type="checkbox"/> Chinese	<input type="checkbox"/> Mandarin
	<input type="checkbox"/> Creole	<input type="checkbox"/> Other
	<input type="checkbox"/> English	<input type="checkbox"/> Spanish
	<input type="checkbox"/> French	<input type="checkbox"/> Vietnamese
Does the Child need a translator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Child receiving any of the following services/levels of care?	<input type="checkbox"/> BHOS	<input type="checkbox"/> STFC
	<input type="checkbox"/> SIPP	<input type="checkbox"/> STGC
Has the Child been referred for an MDT (Multi-Disciplinary Team)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Child of age to be attending school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is he/she in a special education program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Child have any doctor appointments scheduled in the next three (3) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the name of the doctor?	Doctor's Name	
What is the condition for which the child is seeing the doctor?		
Does the Child have any medical tests, surgery or other procedures scheduled in the next three (3) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the name of the provider?	Provider's Name	
If yes, what service is the child receiving?		
Does the Child have any dental appointments scheduled in the next three (3) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the name of the dentist?	Dentist's Name	
Does the Child have any appointments with a mental health provider scheduled in the next three (3) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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