

APPENDIX N

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PROCEDURES FOR CHILDREN IN SUBSTITUTE CARE

BACKGROUND:

Children who have been adjudicated dependent or delinquent and are in the legal custody of a public agency and/or under the jurisdiction of the juvenile court and are living outside of their homes in any of the following settings: shelter homes, foster homes, groups homes, supervised independent living, Residential Treatment Facilities (RTFs) and residential child care facilities, and are living in the Lehigh/Capital (L/C), Southeast (SE), Southwest (SW), New West (NW), or New East (NE) HealthChoices (HC) zones, are mandated to enroll in the HealthChoices (HC) Managed Care Program.

The Office of Children, Youth and Families (OCYF), along with representatives of the county children and youth agencies (CCYAs), juvenile probation offices (JPOs), private children and youth agencies, Pennsylvania Children and Youth Administrators Association, and the Juvenile Court Judges' Commission have worked with the Offices of Medical Assistance Programs (OMAP) and Mental Health and Substance Abuse (OMHSAS) to establish policies and procedures for CCYAs, JPOs, and private children and youth agencies to follow in order to ensure that children in substitute care receive access to appropriate health care. The Department, through its various Request for Applications (RFAs) and contracts, also attempted to assure that all of the HealthChoices Physical Health Managed Care Organizations (PH-MCOs), Behavioral Health Managed Care Organizations (BH-MCOs), and the Enrollment Assistance Program (EAP) Contractor are aware of their responsibilities to ensure that children in substitute care receive timely and appropriate access to all health care services. The RFAs and contracts also contain provisions that require "special needs populations" to receive additional support in accessing the HealthChoices Program. Children in substitute care are considered part of the "special needs population."

In this document we will sometimes refer to the HealthChoices Program, as the "Program" as this program is a Medical Assistance (MA) Program.

These procedures are intended to:

1. Provide the EAP Contractor, CCYAs and JPOs with information on how to determine if a child who comes into substitute care is already enrolled with a Program;
2. Provide the EAP Contractor, CCYAs and JPOs with information on how to enroll, process plan changes and disenroll children in substitute care from the Program;
3. Provide guidance to the EAP Contractor, CCYAs and JPOs on choosing the most appropriate Program Primary Care Provider (PCP) for children in substitute care;
4. Assure that CCYAs, JPOs, JDCs, and Private Children and Youth Agencies are informed of how to access HC or FFS behavioral health care services;
5. Provide the EAP Contractor, CCYAs, JPOs, Private Children and Youth Agencies and Juvenile detention centers (JDCs) with the policies and procedures established by the Department for juveniles placed temporarily in JDCs under the HealthChoices Program, and;

6. Provide the EAP Contractor, CCYAs, JPOs and Private Children and Youth Agencies with the HC or FFS policies and procedures for children whose adoptions have been finalized.

DISCUSSION:

I. DETERMINATION OF MEDICAL ASSISTANCE PROGRAM ENROLLMENT AT THE TIME OF PLACEMENT.

There are several ways the CCYA or JPO can determine if a child in substitute care is enrolled with one of the Programs at the time of placement. The agency should begin by asking the child's parent(s) if they are currently receiving Medical Assistance (MA) on behalf of the child. If they are currently receiving MA, the CCYA or JPO should then ask if the parent(s) has enrolled the child with one of the HealthChoices PH-MCOs. If the child is enrolled in HealthChoices, the CCYA or JPO should ask the parent(s) in which PH-MCO the child is enrolled. If the parent(s) has answered "Yes" to both of the questions above, the CCYA or JPO should ask the parent(s) for both the child's MA (ACCESS) card and their PH-MCO card. If a child is enrolled in the Program, they will have a PH-MCO card, Identification Card in addition to their ACCESS card. Both the ACCESS card and PH-MCO membership card are needed to receive medical services.

Even when the parent(s) provides the CCYA or JPO with the information identified above, the CCYA or JPO should always confirm that the child is eligible for MA and that the PH-MCO enrollment is correct. This can be accomplished in several ways:

- A. If the CCYA or JPO has access to the Eligibility Verification System (EVS), they can use the child's ACCESS card recipient identification number and card issue number, or the child's social security number and date of birth, to determine if the child is MA eligible. EVS will also indicate into which program the child is enrolled.
- B. If the CCYA or JPO has access to the Department's Client Information System (CIS), they can directly access CIS to determine the child's current MA eligibility status and enrollment.
- C. If the CCYA or JPO does not have access to EVS or CIS, the CCYA or JPO can contact their County Assistance Office (CAO) to immediately determine the child's current MA eligibility status and enrollment information.

If the child is not currently receiving MA, the CCYA or JPO must follow the current policies and procedures outlined in OCYF Bulletin #99-93-06 related to Automatic Medical Assistance Enrollment for Children Placed by County Children and Youth Agencies and Juvenile Probation Offices. These policies and procedures assure that a child placed in substitute care is immediately enrolled to receive MA benefits upon entering placement.

II. MEDICAL ASSISTANCE ENROLLMENT/DISENROLLMENT PROCEDURES FOR CHILDREN IN SUBSTITUTE CARE.

Medical Assistance Program enrollments, plan changes and disenrollments are done by an automated process when information is transmitted by electronic files from the CIS to the EAP Contractor and from the EAP Contractor enrollment files to the PH-MCO. The information transmitted from CIS to the EAP Contractor's information system determines if an individual is eligible to be enrolled in the HealthChoices Managed Care Program. This is done by checking the individual's MA eligibility status, as well as, whether or not the PH-MCO is valid in the county and facility/placement where the individual resides, as indicated by the respective codes for MA benefits on CIS. If the county where placed is a valid service area, and the facility/placement code is valid for managed care enrollment and the individual's MA eligibility status indicates that they are eligible to be enrolled in the Managed Care Program, the individual will be enrolled in one of the PH-MCOs operating in the

county where the individual resides. The HealthChoices liaison is the staff person(s) designated by their agency and given the authority to enroll and disenroll children in substitute care into a Program, as well as, make Primary Care Physician (PCP) selections and/or changes.

In addition, if a child is residing somewhere other than his/her originating county, a county where placed code and a facility/placement code must be entered on CIS by the CAO. The CAO is provided this information from the County Children and Youth Agency or Juvenile Probation Office on a "CCYA/JPO Request for CAO Action" (CY60) form. If the county where placed code is no longer a valid service area for the Program, the individual is automatically disenrolled. Likewise, if the facility/placement code is not a valid facility/placement code for participation within the Program, the individual is automatically disenrolled and enrolled in the program that is valid in that service area.

CCYAs and JPOs must identify the actual physical location of all children who are placed in substitute care and must contact their local CAO to assure that the appropriate county where placed code and facility/placement code are entered on CIS to enable the child to access MA-funded physical health care services through the MA Program operating in the county where the child is physically placed.

III. MEDICAL ASSISTANCE ENROLLMENT/DISENROLLMENT PROCESS.

Each CCYA and JPO must have policies and procedures in place that ensure appropriate and **timely** enrollment and PCP selection for children in substitute care. In establishing these policies and procedures, the following principles should be applied when making all enrollment decisions:

- Decisions must be based on the individualized needs of the child.
- Decisions must attempt to maintain the continuity of the child's care and minimize disruption.
- Decisions must include information obtained from all those who know the child best.
- Decisions must include parental input, if the child's parent(s) are available and willing to participate, and if parental involvement is appropriate and would not jeopardize the child's health and safety.
- Decisions must be made within two weeks of the child's placement to ensure timely access to health care services and avoid auto-assignment.

PROCEDURES:

I. GUIDELINES ON CHOOSING THE MOST APPROPRIATE PH-MCO AND PCP FOR A CHILD IN SUBSTITUTE CARE.

The following questions should be considered by the CCYA and JPO for PH-MCO and PCP selections:

1. Is the child currently enrolled in a HealthChoices PH-MCO? If yes, with which plan is the child enrolled?
2. What is the location and type (e.g. foster home, group home, shelter) of the child's placement?
3. What is the anticipated duration of the child's placement (short-term – 90 days or less, or long-term)?
4. Who is the child's current PCP?

5. What physical health care medical providers are currently being used by the foster parent(s)/placement provider?
6. Will the child be best served by the current PCP or the physical health care medical provider used by the foster parent(s)/placement provider?
7. Does the child have any special physical health/behavioral health care needs or diagnoses?
8. Is the child currently using any ancillary services (e.g. durable medical equipment, nursing services, therapists, specialists)? If yes, from whom are these services currently being delivered?
9. Is the child currently on any prescription medication? If so, what medications are they taking and what pharmacy is currently being used?
10. Is or should the child be receiving behavioral health care services?
11. Does the child currently receive disease management services? If yes, for what disease(s)?
12. Once the answers to the questions listed above are obtained, the guidelines below are intended to assist CCYAs and JPOs in making the most appropriate PH-MCO enrollment/disenrollment and PCP selections for children in substitute care.

II. GUIDELINES FOR MAKING AN ENROLLMENT/PCP SELECTION FOR PHYSICAL HEALTH CARE SERVICES FOR A CHILD NOT ALREADY ENROLLED IN THE HEALTHCHOICES MANAGED CARE PROGRAM.

If the child meets the criteria for enrollment into physical health managed care plan, the following procedures must be followed:

- Determine which PH-MCO provider network will allow the child to maintain all current provider relationships.
- If none of the PH-MCOs will allow the child to maintain all current provider relationships, determine which PH-MCO will provide the most continuity of medical providers or will provide continuity with the most important medical providers.
- Determine if the child's parent(s) have a particular preference about which PH-MCO the child should be enrolled in or the child's PCP?
- Determine if the child's foster parent(s)/placement provider have a preference.
- Determine which PH-MCO provider network will best meet the medical needs of the child.

A. When to consider maintaining a child in his/her current PH-MCO:

1. All of the child's current physical health care medical providers can continue to be used.
2. The child is only expected to be in placement for a temporary period (90 days or less).
3. Current PH-MCO can continue to meet most important physical health care needs of the child.

B. When to consider changing the child's PH-MCO/PCP:

1. Child requires physical health specialty care that the current PH-MCO network of specialists cannot meet and another PH-MCO can.
2. Child is placed in a facility that has an on-site physician that is enrolled with a different PH-MCO.
3. The child is geographically placed in an area that would make it difficult for the child's current PCP to manage the child's physical health care effectively.

III. COMPLETING THE ENROLLMENT FORM FOR PHYSICAL HEALTH CARE SERVICES FOR MANAGED CARE.

Once the process of HealthChoices PH-MCO plan and PCP selection is complete, the CCYA or JPO must complete a managed care enrollment form for MA eligible children in substitute care. The CCYA or JPO must complete the appropriate form. **Only** the CCYA who has legal custody of a child or JPO with supervision under the juvenile court has the authority to enroll that child into one of the HealthChoices PH-MCOs.

CCYAs/JPOs CANNOT DELEGATE THIS AUTHORITY TO ANY OTHER PERSON OR ENTITY (e.g. residential provider, foster care agency or foster parents).

THE ENROLLMENT FORM MUST BE SIGNED BY THE CHILD'S PARENT(S) IF AVAILABLE AND APPROPRIATE, OR BY A DESIGNEE OF THE CCYA WITH LEGAL CUSTODY OF THE CHILD OR JPO DESIGNEE AUTHORIZED BY THE JUVENILE COURT. EACH CCYA AND JPO MUST DESIGNATE SPECIFIC STAFF (MANAGED CARE LIAISONS) WHO WILL BE SIGNING THE ENROLLMENT FORMS. IT IS NOT APPROPRIATE FOR ALL CASEWORK/SOCIALWORK/PROBATION STAFF TO SIGN ENROLLMENT FORMS.

Once the appropriate managed care enrollment form is completed and signed, the CCYA or JPO is responsible to submit the completed form to the EAP Contractor to complete the enrollment. The completed and signed enrollment form must be maintained in the child's record, even if the enrollment is processed by phone. There must be documentation in the child's record that the phone enrollment occurred, accompanied by the signed enrollment form.

The HealthChoices PH-MCOs and the Department have a Special Needs Unit (SNU). The SNUs have a list of individuals from each CCYA and JPO who are the designated HealthChoices Managed Care liaisons. Each SNU designates specific staff to handle CCYA and JPO cases. Communication related to children in substitute care must go through the SNU. SNU staff will only speak with those individuals who are designated on the HealthChoices liaison list regarding enrollment services and PCP changes. Therefore, it is important to keep the State Office of Children, Youth and Families informed of any changes in the individuals designated as liaisons.

County children and youth agencies **DO NOT** have the authority to enroll delinquent children into a HealthChoices PH-MCO. Delinquent children must be enrolled in a HealthChoices PH-MCO by their parent(s). If a parent is unavailable or refuses to cooperate with the enrollment process, the Juvenile Court may authorize the probation officers, the CCYA, or the facility with physical custody of the youth to complete the enrollment process. If such action is required, a court order must be issued to provide this authorization for each youth. A standard order may be developed for this purpose.

IV. ACCESSING BEHAVIORAL HEALTH SERVICES FOR CHILDREN IN SUBSTITUTE CARE.

For children placed in substitute care, payment and coverage responsibilities for behavioral health care services will be determined by the type of facility, authorization of placement and both the county of custody/court supervision and the county of placement. It is imperative that the correct county where placed code and facility/placement code are used as these will determine access to services and payment and coverage responsibility and determine if the child's behavioral health will be covered under the BH-MCO or the Fee-For-Service Program.

Through the Managed Care HealthChoices Program, the Department will contract with county government in each of the 67 counties to deliver managed behavioral health care services to MA recipients in their county of residence. Most county Mental Health/Intellectual Disabilities offices subcontract with private managed care organizations to deliver behavioral health services. There is no separate enrollment process for managed behavioral health care services. Once an MA recipient enrolls in one of the physical health Medicaid programs, the recipient is also enrolled in the BH-MCO operating in their county of custody/court supervision.

For children in substitute care who are enrolled in a BH-MCO and require behavioral health services, a request must be made to the BH-MCO in which the child is enrolled. Each CCYA and JPO has a written Letter of Agreement (LOA) with their county BH-MCO. These LOAs specify the way in which requests for behavioral health services for children in substitute care will be handled in the county.

V. POLICIES AND PROCEDURES FOR JUVENILES PLACED TEMPORARILY IN JUVENILE DETENTION CENTERS (JDCs).

Juveniles who are placed temporarily in JDCs who are eligible for MA benefits will continue to receive those benefits during placement in a JDC. The juvenile's MA benefits will continue according to the following policies and procedures:

A. Juveniles who are enrolled in the HealthChoices Program prior to entrance at the JDC.

Juveniles who are enrolled in a HealthChoices PH-MCO and placed in a JDC located either inside or outside the HealthChoices Program area will continue to be covered by the PH-MCO in effect on the date of placement for a maximum of thirty-five (35) consecutive days. The juvenile will be disenrolled from the PH-MCO after the 35th consecutive day of placement. Physical health care services provided to a juvenile after 35 consecutive days of placement will be covered under the Fee-for-Service Program.

B. Juveniles who are not MA eligible prior to entrance at the JDC.

Juveniles who enter a JDC, who are not receiving MA benefits prior to placement, must first be made eligible for MA benefits. The policies and procedures contained in OCYF Bulletins #00-94-12 regarding "Request for Medical Assistance Benefits for Juveniles Placed in County Juvenile Detention Centers" and #00-96-03 regarding "Update of Policies and Procedures for MA Benefits for Juveniles in Detention Centers" should be followed.

Juveniles who enter a JDC who are not receiving MA benefits prior to placement will be enrolled in the HealthChoices Program once determined MA eligible.

VI. POLICY FOR ADOPTION ASSISTANCE CHILDREN.

The following policies and procedures are specifically for those children and adolescents whose adoptions have been finalized by the court and for whom the county children and youth agency is continuing to provide financial support through an adoption assistance agreement with the adoptive parents.

A child who is permanently placed in an adoptive home must receive their MA-funded physical health services through the HealthChoices Program. Thus, the following policies apply to these children whose adoptions have been finalized by the court, hereafter, referred to as the adopted child.

- If the adopted child is originally from one Managed Care zone for physical health and is permanently placed in an adoptive home located in a different Managed Care zone for physical health, the adopted child must receive their MA-funded physical health care services through the Medicaid Managed Care Program operating in the county in which they are permanently placed. The adoptive parents are responsible to enroll the child with one of the HealthChoices physical health plans and select a PCP. The PH-MCO selected by the adoptive family is programmatically and fiscally responsible to provide services for the adopted child. In addition, if the child requires behavioral health services, the BH-MCO operating in the county where the adopted child is residing is programmatically and fiscally responsible to provide services for the child.
- If the adopted child is permanently placed in an adoptive home located within the same Managed Care zone as their foster PH-MCO, and the adoptive parents choose to maintain the same HealthChoices PH-MCO, the CAO submits an “Adoption CAO Correction of MCO Coverage Form”, as is directed in the Supplemental Handbook Chapter 850.63CAO of the Adoptive Family Responsibilities. The Department’s MAP Tech Unit of BDCM is designated to change the assigned PH-MCO in the adoption record to the same PH-MCO in the foster record in order to ensure continuity of care for the adopted child with their PCP. This ensures that the same PH-MCO is programmatically and fiscally responsible to provide services for the adopted child. In addition, if the child requires behavioral health services, the BH-MCO operating in the county where the adopted child is residing is programmatically and fiscally responsible to provide services to the child.

If a child is in a pre-adoptive status, the policies and procedures related to children in substitute care continue to be followed. However, at the point that the adoption is finalized by the court, the new policies and procedures related to children in permanent adoptive placements as described above should be followed.

These policies and procedures affect only health care benefits for the child. The original placing county children and youth agency will continue to retain responsibility for adoption assistance payments to the adoptive family.



HealthChoices CY5 & JPO Enrollment/Plan Change Form

PHONE#: 717-540-6217; TTY#: 1-800-618-4225; FAX # 717-540-6202

Secure Encrypted Email Only: specialneeds@maximus.com

Today's Date: _____	
Please Indicate Type of Request:	<input checked="" type="checkbox"/> Enrollment <input type="checkbox"/> Plan Change

CONTACT INFORMATION:	
County Appointed Liaison: _____ _____ County: _____ Phone#: _____ Ext. _____	Agency: _____ _____ Email Address: _____

CHILD'S INFORMATION:	
Child's Name: _____ Social Security#: _____ **County of Placement: _____	DOB: _____ Recipient ID#: _____ **Facility Code: _____

****Please confirm that the County of Placement & Facility Codes are accurate or we will be unable to process**

PLEASE ENROLL THE ABOVE-NAMED CHILD WITH THE MCO/PCP SELECTED BELOW:		
<input type="checkbox"/> Aetna Better Health (43, 50, 53, 59, 56) <input type="checkbox"/> AmeriHealth Caritas (57, 37) <input type="checkbox"/> AmeriHealth Caritas Northeast (41)	<input type="checkbox"/> Gateway (31, 51, 36) <input type="checkbox"/> Geisinger Health Plan (44) <input type="checkbox"/> Health Partners (45)	<input type="checkbox"/> Keystone First (47) <input type="checkbox"/> UnitedHealth Care (32, 52, 42) <input type="checkbox"/> UPMC for You (34, 35, 54)

PRIMARY CARE PROVIDER (PCP): **Information Required**	
*Physician Full Name: _____ _____ _____ *Complete Address: _____ _____ _____ *City: _____ *Zip Code: _____	*Physician's Phone#: _____ _____ _____ *Group Affiliation: _____

SPECIAL NEEDS/ADDITIONAL COMMENTS:			
<input type="checkbox"/> Asthma <input type="checkbox"/> Autism <input type="checkbox"/> Birth Defects <input type="checkbox"/> Diabetes	<input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Down Syndrome <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Drug/Alcohol	<input type="checkbox"/> Mental Health <input type="checkbox"/> Intellectual Disabilities <input type="checkbox"/> Physical Disabilities	<input type="checkbox"/> Pregnancy;(write due date here): <input type="checkbox"/> Other (list here):

WORKFORCE SCREENING SURVEY: *For ages 18 and older

Local employment and training resources may be available to help you reach your career goals. Would you like to learn more about services that can help you get a high school diploma or GED®, get technical training, or find a new job?

Yes No Choose Not to Answer