Section I. Definitions and Acronyms

The provisions in **Attachment II** and **Exhibit II-A** apply to this Specialty Plan, unless otherwise specified in this Exhibit.

Section I. Definitions and Acronyms

A. Definitions

Child Welfare Community-based Care Lead Agencies (CBC) – A non-profit agency that works across a DCF region under contract with DCF to facilitate the coordinated delivery of child welfare services.

Florida Safe Families Network (FSFN) – An electronic records and case management system used by DCF to document and track child welfare cases.

B. Acronyms

CBC – Child Welfare Community-based Care Lead Agencies

FSFN – Florida Safe Families Network

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Section II. General Overview

In accord with the order of precedence listed in **Attachment II**, any additional items or enhancements listed in the Specialty Plan's response to the Invitation to Negotiate are included in this Exhibit by this reference.

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Section III. Eligibility and Enrollment

A. Eligibility

1. Specialty Population Eligibility Criteria

a. The specialty population eligible to enroll in this Specialty Plan shall consist of only those mandatory and voluntary recipients specified in **Attachment II and its Exhibits**, and who meet the following criteria:

(1) Is a child, under the age of twenty-one (21) years;

(2) Has a child welfare case or post adoption case open for services as identified in the FSFN database; and

(3) Has an FSFN eligibility indicator in FMMIS.

b. The Agency reserves the right to make adjustments to the eligibility requirements and criteria used to identify recipients eligible to enroll in a Specialty Plan. The Agency may, at its sole discretion, expand the eligibility criteria to include young adults who choose to remain in extended foster care up to the age of twenty-six (26) years.

B. Enrollment

1. Specialty Plan-Specific Claims-Based Population Identification

a. The Agency shall identify the specialty population eligible for enrollment in the Specialty Plan based on daily eligibility criteria from FSFN.

2. Specialty Plan-Specific Verification of Eligibility

a. The Specialty Plan shall have policies and procedures, subject to Agency approval, to verify the specialty population eligibility criteria of each enrolled recipient. The Specialty Plan shall submit policies and procedures regarding screening for specialty population eligibility prior to implementation of such policies and procedures.

b. Policies and procedures regarding screening for specialty population eligibility must include:

(1) Timeframes for verification of specialty population eligibility criteria;

(2) Mechanisms for reporting the results of specialty population eligibility screening to the Agency;

(3) Mechanisms for submitting disenrollment requests for enrollees that do not meet specialty population eligibility criteria; and

(4) Such other verifications, protocols, or mechanisms as may be required by the Agency to ensure enrolled recipients meet defined specialty population eligibility criteria.

c. The Specialty Plan may develop and implement, subject to Agency approval, policies and procedures to identify recipients meeting the Specialty Plan eligibility criteria and who have not been identified by Agency. The Agency may enroll such recipients upon receipt of verification pursuant to the screening requirements specified above.

C. Disenrollment

The Specialty Plan shall submit involuntary disenrollment requests to the Agency or its designee, in a format and timeframe prescribed by the Agency, for each enrollee that does not meet the Specialty Plan eligibility criteria, pursuant to the specialty population screening requirements specified above.

D. Medicaid Redetermination Assistance

The Specialty Plan may develop and implement, subject to Agency approval, policies and procedures to provide assistance with Medicaid eligibility redetermination to enrollees in order to promote continuous Medicaid eligibility.

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Section IV. Marketing

The Specialty Plan shall develop and implement, subject to Agency approval, policies and procedures that ensure the confidentiality of recipients meeting eligibility criteria for the Specialty Plan in the conduct of any marketing activities pursuant to **Attachment II and its Exhibits**.

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Section V. Enrollee Services

A. General Provisions

There are no additional general provisions unique to the Specialty Plan.

B. Enrollee Material

The Specialty Plan shall develop and implement, subject to Agency approval, policies and procedures that ensure the confidentiality of recipients meeting eligibility criteria for the Specialty Plan in the distribution of all enrollee materials pursuant to **Attachment II and its Exhibits**.

C. Enrollee Services

There are no additional enrollee services provisions unique to the Specialty Plan.

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Section VI. Coverage and Authorization of Services

A. Required Benefits

There are no additional required benefits provisions unique to the Specialty Plan.

B. Expanded Benefits

1. Specialty Plan-Specific Expanded Benefits

The Specialty Plan shall offer any specialty plan-specific expanded benefits to eligible enrollees in the applicable managed care program, subject to any Agency-approved service limitations set forth in **Attachment I, Exhibit I-A** of this Contract.

C. Excluded Services

There are no additional excluded services provisions unique to the Specialty Plan.

D. Coverage Provisions

There are no additional coverage provisions unique to the Specialty Plan.

E. Care Coordination/Case Management

1. Care Coordination/Case Management Program Description

a. In addition to the provisions set forth in **Attachment II and its Exhibits**, the Specialty Plan shall provide care coordination/case management to enrollees appropriate to the needs of persons meeting the Specialty Plan eligibility criteria. The Specialty Plan shall develop, implement and maintain an Agency-approved care coordination/case management program specific to the specialty population.

b. The Specialty Plan shall submit a care coordination/case management program description annually to the Agency, at a date specified by the Agency. The care coordination/case management program description shall, at a minimum, address:

(1) The organization of care coordination/case management staff, including the role of qualified and trained nursing, social work, pharmacy, and specialty health personnel in case management processes;

(2) Maximum caseload for case managers with an adequate number of qualified and trained case managers to meet the needs of enrollees;

(3) Case manager selection and assignment, including protocols to ensure new enrollees are assigned to a case manager immediately;

(4) Protocols for initial contact with enrollees, as well as requirements for the frequency and type of ongoing minimum contacts with enrollees;

(5) Surrogate decision-making, including protocols if the enrollee is not capable of making his/her own decisions, but does not have a legal representative or authorized representative available;

(6) Outreach programs that make a reasonable effort to locate and/or re-engage enrollees who have not received follow-up care for ninety (90) days or more;

(7) Enrollee access to case managers, including provisions for access to back-up case managers as needed;

(8) Assessment and reassessment of the acuity level and service needs of each enrollee;

(9) Care planning for pediatric and psychiatric treatment that is tailored to the individual enrollee and is in agreement with evidenced based guidelines for pediatric and psychiatric treatment;

(10) Coordination of care through all levels of practitioner care (primary care to specialist);

(11) Monitoring compliance with scheduled appointments, laboratory results and medication adherence;

(12) Coordination with and referrals to providers of other related services for enrollees of the Specialty Plan;

(13) Interventions to avoid unnecessary use of emergency departments, inpatient care, and other acute care services;

(14) Patient education to assist enrollees in better management of their health issues including the principles of recovery and resiliency.

(15) Linking enrollees to community or other support services.

2. Care Coordination/Case Management Staff Qualifications

a. The Specialty Plan shall have sufficient care coordination/case management staff, qualified by training, experience and certification/licensure applicable to the Specialty Plan population.

b. The Specialty Plan shall establish, subject to Agency approval, qualifications for all care coordination/case management staff that include clinical training, licensure and a minimum number of years of relevant experience. The Specialty Plan may request a

waiver for staff without the aforementioned qualifications on a case-by-case basis. All such waivers must be approved in advance, in writing by the Agency.

3. Case Management Supervision

The Specialty Plan shall establish a supervisor-to-case-manager ratio that is conducive to a sound support structure for case managers. Supervisors must have adequate time to train and review the work of newly hired case managers as well as provide support and guidance to established case managers. A system of internal monitoring of the case management program, to include case file audits and reviews of the consistency of enrollee assessments and service authorizations, must be established and applied, at a minimum, on a quarterly basis. The results of this monitoring, including the development and implementation of continuous improvement strategies to address identified deficiencies, must be documented and made available to the Agency upon request.

4. Care Coordination/Case Management and Staff Training

a. The Specialty Plan shall provide all care coordination/case managers with adequate orientation and ongoing training on subjects relevant to enrollees of the Specialty Plan. The Specialty Plan shall develop a training plan to provide uniform training to all care coordination/case management. This plan should include formal training classes as well as practicum observation and instruction for newly hired staff.

b. The Specialty Plan shall provide all newly hired care coordination/case management staff orientation and pre-service training covering areas applicable to responsibilities and duties performed.

c. In addition to review of areas covered in orientation, the Specialty Plan shall also provide all care coordination/case management staff with regular ongoing in-service training on topics relevant to enrollees of the Specialty Plan.

d. The Specialty Plan shall maintain documentation of training dates and staff attendance as well as copies of materials used for orientation, pre-service and in-service training for care coordination/case management staff.

5. Transition of Care

a. The Specialty Plan shall develop and maintain transition of care policies and procedures for enrollees who are transitioning out the child welfare system which shall include provision for convening a comprehensive treatment team meeting to discuss the services and supports the enrollee will need post-separation. If the services are not covered by Medicaid, the Specialty Plan shall inform the enrollee, or their authorized representative, of any community programs that may be able to meet their needs and make the necessary referrals, as needed.

b. The Specialty Plan shall begin transition planning one (1) year prior to the expected date upon which an enrollee will age-out of the child welfare system.

c. The Specialty Plan shall begin transition planning immediately upon notification that an enrollee has achieved permanency status.

F. Quality Enhancements

There are no additional quality enhancements provisions unique to the Specialty Plan.

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G. Authorization of Services

The Specialty Plan shall ensure its Utilization Management Program Description, service authorization systems, practice guidelines and clinical decision-making required pursuant to **Attachment II and its Exhibits** are consistent with prevailing standards of professional medical practice and with standards regarding the most recent clinical practice guidelines in pediatric and psychiatric treatment. The Specialty Plan shall develop and implement, subject to Agency approval, policies and procedures to notify the Agency of clinical practice guidelines for pediatric and psychiatric treatment.

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Section VII. Grievance and Appeal System

There are no additional grievance and appeal system provisions unique to the Specialty Plan.

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Section VIII. Provider Services

A. Network Adequacy Standards

1. Specialty Plan-Specific Network Capacity Enhancements

a. The Specialty Plan shall select and approve its Primary Care Providers (PCPs) that practice in one of the following areas: general practice, family practice, pediatrics, obstetricians, and internal medicine. The Specialty Plan shall ensure that physicians with training and demonstrated experience in treating persons with behavioral health needs are members of the provider network and can be designated as PCPs.

b. Notwithstanding the Provider Network Standards established in **Attachment II**, Section VIII, Provider Services, the Specialty Plan shall, at a minimum, maintain enhanced provider ratios as indicated in the Managed Medical Assistance Provider Network Standards Child Welfare Specialty Plan Enhancements Table, Table 1, below. for the Specialty Plan. The Agency shall determine regional provider ratios based upon one hundred and twenty percent (120%) of the Specialty Plan's actual monthly enrollment measured at the first of each month, by region.

TABLE 1
MANAGED MEDICAL ASSISTANCE
PROVIDER NETWORK STANDARDS
CHILD WELFARE SPECIALTY PLAN ENHANCEMENTS TABLE

	Urban County		**Rural County**		**Regional Provider Ratios**
Required Providers	*Maximum Time (minutes)*	*Maximum Distance (miles)*	*Maximum Time (minutes)*	*Maximum Distance (miles)*	*Providers per Recipient*
Primary Care Providers					
Pediatrics (Including Adolescent Medicine)	30	20	30	20	1:500
Behavioral Health					
Licensed Practitioners of the Healing Arts	30	20	30	20	1:750
Board Certified or Board Eligible Child Psychiatrists	30	20	30	20	1:2,500

2. Specialty Plan Network Adequacy Measures

a. Notwithstanding the Provider Network Standards established in **Attachment II**, Section VIII., Provider Services, the Specialty Plan shall comply with the regional standards for each measure as specified in the Provider Network Adequacy Measures Child Welfare Specialty Plan Table, Table 2, below.

TABLE 2
PROVIDER NETWORK ADEQUACY MEASURES
CHILD WELFARE SPECIALTY PLAN TABLE

Measure		Region							
		2	4	5	6	7	9	10	11
The Managed Care Plan agrees that no more than ___ percent of enrollee hospital admissions, by region, shall occur in non-participating facilities, excluding continuity of care periods, as defined in Subsection VII. H., Continuity of Care in Enrollment. Admissions through the emergency department are not included in this standard.	Standard	10	10	6	10	10	10	10	10
The Managed Care Plan agrees that no more than ___ percent of enrollee specialty care (physician specialists) utilization, by region, shall occur with non-participating providers, excluding continuity of care periods, as defined in Subsection VII. H., Continuity of Care in Enrollment. Hospital based specialists are not included in this standard.	Standard	15	15	15	10	15	15	10	15

b. The Specialty Plan shall maintain network contracts with ninety percent (90%) of the providers available in each region for the following services:

(1) Specialized Therapeutic Foster Care

(2) Specialized Therapeutic Group Care

(3) Behavioral Health Overlay Services

(4) Comprehensive Behavioral Health Assessments

B. Network Management

The Specialty Plan shall address the availability and accessibility of specialty providers relevant to the specialty population in its annual network plan submitted to the Agency in accordance with **Attachment II and its Exhibits**.

C. Provider Credentialing and Contracting

1. Provider Training Verification

The Specialty Plan shall require formal training or verification of completed training for network providers in the use of behavioral health assessment tools, assessment instruments and in techniques for identifying individuals with unmet behavioral health needs, and evidence-based practice, the dependency system, and trauma-informed care.

D. Provider Services

1. General Provisions

The Specialty Plan shall develop and implement, subject to Agency approval, a continuing education program that provides ongoing education with continuing education (medical and non-medical) to network providers, at no cost to such providers, on topics including, but not limited to, evidence-based practice.

2. Additional Provider Handbook Requirements

a. In addition to the provisions set forth in **Attachment II**, Section VIII., Provider Services, the Specialty Plan shall include Specialty Plan-specific information regarding proposed policies and procedures, to include information on:

(1) Specialized provider education requirements;

(2) Requirements for care in accordance with the most recent clinical practice guidelines for pediatric and psychiatric treatment;

(3) Treatment adherence services available from the Specialty Plan;

(4) PCP criteria including procedures for required use of approved assessment instruments for behavioral health;

(5) Specialist Case Management policies and procedures including role of the provider in the Specialty Plan's medical case management/care coordination services;

(6) Referral to services including services outside of the Specialty Plan's covered services and services provided through interagency agreements;

(7) Collaboration with DCF and CBCs to facilitate obtaining medical and case plan information and records; and

(8) Quality measurement standards for providers and requirements for exchange of data.

E. Claims and Provider Payment

There are no additional claims and provider payment provisions unique to the Specialty Plan.

Section IX. Quality

A. Quality Improvement

1. Specialty Plan-Specific Quality Improvement Plan Requirements

a. In addition to the requirements set forth in **Attachment II and its Exhibits**, the Specialty Plan's Quality Improvement (QI) Plan shall include measurement of adherence to clinical and preventive health guidelines consistent with prevailing standards of professional medical practice and with standards regarding the most recent clinical and evidence-based practice guidelines for pediatric and psychiatric treatment.

B. Performance Measures (PMs)

1. Specialty Plan-Specific Performance Measure Requirements

a. In addition to the provisions set forth in **Attachment II and its Exhibits**, the Specialty Plan shall collect data and report on the following additional nationally-recognized performance measures from the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP in the Child Core Set Table, Table 3, below, which shall be certified by a qualified auditor.

TABLE 3 CHILD CORE SET	
1	Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-BH)
2	Contraceptive Care – Most and Moderately Effective methods: Ages 15-20 (CCW-CH)
3	Developmental Screening in the First Three Years of Life (DEV-CH)

b. The Specialty Plan shall collect data and report on the additional Healthcare Effectiveness Data and Information Set performance measures in accordance with **Attachment II and its Exhibits**.

C. Performance Improvement Projects

There are no additional performance improvement projects provisions unique to the Specialty Plan.

D. Satisfaction and Experience Surveys

1. Enrollee Satisfaction Survey

a. In lieu of the requirements of **Exhibit II-A**, Section IX.D.1.a, the Specialty Plan shall conduct an annual CAHPS survey for a time period specified by the Agency, using the Child CAHPS Health Plan Survey with Children with Chronic Conditions (CCC) supplemental items.

b. In lieu of the requirements of **Exhibit II-A**, Section IX.D.1.b. and in addition to the Child CAHPS with CCC supplemental items, the Specialty Plan shall include item MH2 through MH4 (related to Behavioral Health) from the CAHPS Health Plan Survey – Supplemental Items for the Adult Questionnaires. The Managed Care Plan shall include the following item in its Child CAHPS surveys:

(1) How would you rate the number of doctors you had to choose from?

Response options: Excellent, Very Good, Good, Fair, Poor, No Experience

E. Enrollee Record Requirements

There are no additional enrollee record requirements provisions unique to the Specialty Plan.

F. Provider- Specific Performance Monitoring

There are no additional provider-specific performance monitoring provisions unique to the Specialty Plan.

G. Additional Quality Management Requirements

There are no additional quality management provisions unique to the Specialty Plan.

H. Continuity of Care in Enrollment

There are no additional continuity of care in enrollment provisions unique to the Specialty Plan.

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Section X. Administration and Management

A. Organizational Governance and Staffing

a. The Specialty Plan shall employ a dedicated Child Welfare Medical Director to oversee case management and utilization management for specialty plan enrollees.

B. Subcontracts

There are no additional subcontracts provisions unique to the Specialty Plan.

C. Information Management and Systems

There are no additional information management and systems provisions unique to the Specialty Plan.

D. Encounter Data Requirements

There are no additional encounter data provisions unique to the Specialty Plan.

E. Fraud and Abuse Prevention

There are no additional fraud and abuse prevention provisions unique to the Specialty Plan.

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Section XI. Method of Payment

A. General Provisions

There are no additional general provisions unique to the Specialty Plan.

B. Fixed Price Unit Contract

There are no additional fixed price unit provisions unique to the Specialty Plan.

C. Payment Provisions

There are no additional payment provisions unique to the Specialty Plan.

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Section XII. Financial Requirements

A. Insolvency Protection

There are no additional insolvency protection provisions unique to the Specialty Plan.

B. Surplus

There are no additional surplus provisions unique to the Specialty Plan.

C. Interest

There are no additional interest provisions unique to the Specialty Plan.

D. Third Party Resources

There are no additional third party resources provisions unique to the Specialty Plan.

E. Assignment

There are no additional assignment provisions unique to the Specialty Plan.

F. Financial Reporting

There are no additional financial reporting provisions unique to the Specialty Plan.

G. Inspection and Audit of Financial Records

There are no additional inspection and audit provisions unique to the Specialty Plan.

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Section XIII. Sanctions

A. Contract Violations and Non-Compliance

There are no additional provisions unique to the Specialty Plan.

B. Corrective Action Plans (CAP)

There are no additional CAP provisions unique to the Specialty Plan.

C. Performance Measure Sanctions

In addition to the provisions set forth in the **MMA Exhibit II-A**, the Agency will review the Specialty Plan's data related to the performance measures specified heretofore to determine acceptable performance levels and may establish sanctions for these measures based on those levels after the first year of the Contract. In addition to the provisions set forth in the MMA Exhibits, the Agency reserves the right to determine performance measure groups which shall be subject to the sanction provisions for the Specialty Plan performance measures.

D. Other Sanctions

There are no additional other sanction provisions unique to the Specialty Plan.

E. Notice of Sanctions

There are no additional notice provisions unique to the Specialty Plan.

F. Dispute of Sanctions

There are no additional dispute provisions unique to the Specialty Plan.

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Section XIV. Liquidated Damages

A. Damages

Additional damages issues and amounts unique to this Specialty Plan are specified below.

B. Issues and Amounts

1. Specialty Plan-Specific Liquidated Damages

a. In addition to the provisions set forth in **Attachment II and its Exhibits**, if the Specialty Plan fails to perform any of the services set forth in the Contract, the Agency may assess liquidated damages for each occurrence listed in the Issues and Amounts Table, Table 4, below.

TABLE 4
LIQUIDATED DAMAGES ISSUES AND AMOUNTS

#	MMA PROGRAM ISSUES	DAMAGES
1.	Failure to verify specialty population eligibility criteria of an enrolled recipient within the timeframes in the Specialty Plan's policies and procedures.	One hundred fifty dollars **($150.00)** per day for every day beyond the enrollment date.
2.	Failure to comply with required Specialty Plan policies and procedures subject to Agency approval pursuant to the Contract.	One thousand dollars **($1,000.00)** per occurrence.

b. In addition to the provisions set forth in **Attachment II and its Exhibits**, the Agency will review the Specialty Plan's performance related to the performance measures specified heretofore to determine acceptable performance levels and may set liquidated damages for these measures based on those levels after the first year of the Contract.

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Section XV. Special Terms and Conditions

The Special Terms and Conditions in Section XV., Special Terms and Conditions apply to the Specialty Plan unless specifically noted otherwise in this Exhibit.

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Section XVI. Reporting Requirements

There are no additional reporting requirements unique to the Specialty Plan.

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