

# POLICY AND PROCEDURE

<b>POLICY NAME:</b> Care Grant Expanded Benefit	<b>POLICY ID:</b> FL.UM.14.00
<b>BUSINESS UNIT:</b> Sunshine State Health Plan	<b>FUNCTIONAL AREA:</b> Utilization Management
<b>EFFECTIVE DATE:</b> 11/18	<b>PRODUCT(S):</b> Child Welfare Specialty Plan (CWSP)
<b>REVIEWED/REVISED DATE:</b> 05/19, 6/20, 7/21, 8/22	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> 09/18	

**POLICY STATEMENT:** It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved Care Grants as an expanded benefit. Sunshine Health considers coverage of Care Grants when appropriate to support healthy social, physical, and educational development for our members, and after review on an individual basis, for the specific indications outlined in this policy.

**PURPOSE:** To define parameters and criteria on which to review requests for Care Grants as an Expanded Benefit for Sunshine Health's Child Welfare Specialty Plan. The goal is to provide alternative funding for items and services for social, physical, and educational activities, that are not Medicaid reimbursable, benefit the member, and define limitations for the use of Care Grant as an expanded benefit.

**SCOPE:** Sunshine Health's Utilization Management and Operations Department for the Child Welfare Specialty Plan (CWSP) product.

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

## DEFINITIONS:

**Care Grants:** Care Grants are funds to support services or supplies that the member can use for social, physical, or educational activities, such as gym membership, swimming lessons, sports equipment or supplies, art supplies, and application fees for post high school education. These activities support healthy social, physical, and educational development of the member and are not Medicaid covered benefits.

## POLICY:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved Care Grants as an expanded benefit. Sunshine Health considers coverage of Care Grants when appropriate to support healthy social, physical, and educational development for our members, and after review on an individual basis, for the specific indications outlined in this policy.

## PROCEDURE:

### Care Grant Eligibility Criteria:

Eligibility criteria for the Care Grants expanded benefit includes all of the following criteria to be met:

- Meets eligibility for, and is enrolled in, the Sunshine Health Child Welfare Specialty Plan
- Ages birth to 21 years of age
- May benefit from involvement in a social, physical, or educational activity
- Service or supply requested must be used for a social, physical, or educational activity
- Service or supply requested must benefit the member's health and well-being
- Service or supply must be used for the member directly

### Limitations / Exclusions:

The following limitations or exclusions apply:

- Member must be ages birth to 21 years old
- Member must be enrolled in Sunshine Health's Child Welfare Specialty Plan
- Care Grants may not exceed \$150 per calendar year per member
- Services or supplies that are not for a social, physical, or educational activity are excluded

### Request Procedure:

The requestor must provide information relative to the Expanded Benefit that is being requested.

1. Requests for Care Grants may be received from Child Welfare Community Based Lead Agencies (CBCs), CBC sub-contracted Case Management Agencies (CMOs), adoptive parents, and adult Child Welfare Specialty Plan members only.
2. The request must be submitted on the Sunshine Health approved Care Grant Request Form (see Attachment A - Care Grant Request Form). All information on the request form must be completed in full and include the following:
  - Date of request
  - Name, address, phone number of CBC/CMO, adoptive parent, or adult member
  - If CBC/CMO is requestor, name of staff member making request
  - Member name, member date of birth and member Medicaid number
  - Items/services requested
  - Explanation of how the requested items/services benefit the member's social, physical or educational development
  - Description of the supporting documentation of the fund request, along with the attached supporting documentation
  - Total Care Grant amount requested
  - Supporting documentation describing specifics of the items or services, along with verification of the cost, must be attached to the Care Grant Request Form at the time of request. Examples of documentation are receipts, printouts of cost from websites, flyers from schools or other programs, or a written estimate of services to be provided. Documentation should clearly demonstrate the cost of the items or services is equal to the amount being requested.
3. The completed Care Grant Request Form and supporting documentation are submitted via email to [caregrants@centene.com](mailto:caregrants@centene.com). If unable to access email, requests may also be submitted by fax to 1-855-478-2890 or by regular mail to Sunshine Health's Child Welfare Operations Department at 1301 International Parkway Sunrise, Florida 33323. For those submitted by email, a "Confirmation of Receipt" email is automatically sent to the requesting party.
4. Funds, up to the maximum of \$150, may be incrementally requested throughout the calendar year. If a request is made for incremental funds, prior to the utilization of the maximum \$150, the requestor must submit another full Care Grant Request Form and supporting documentation to Sunshine Health for consideration following the same procedure as described above.

**Review Procedure:**

To assist in determining the appropriate utilization of Care Grants expanded benefit, the eligibility criteria established in this policy will be applied.

1. The Care Grant Request Form is received by a designated Sunshine Health Child Welfare (CW) Operations staff member. Within two (2) business days of receipt, the staff member logs receipt of the Care Grant Request into an internal tracking system that is maintained through a Child Welfare Specialty Plan Share Point site.
2. Within two (2) business days of receipt, the Care Grant Request Form is reviewed for accuracy and full completion. If additional information is needed, the CW Operations staff must make at least two (2) documented attempts to obtain the necessary information from the requesting party, within the original seven (7) day timeframe. If there is no response or continued lack of necessary information, the request will be denied, and the requesting party must be notified of the denial within seven (7) business days of the original request. Upon receipt of this notice, the member, or their representative, may initiate the appeal process.
3. The Sunshine Health staff member will review any previously approved Care Grant requests, and the amount, within the corresponding calendar year to verify if the member is eligible to receive Care Grant funds due to the \$150 per year maximum.
4. Determination will be completed within seven (7) business days of receipt of a request, with all required documentation included. A Care Grant request may be partially or fully approved or denied.
5. If Sunshine is unable to make a decision due to matters beyond its control, it may extend the decision time frame once, for up to an additional four (4) calendar days if the extension is in the best interest of the member. Within

seven (7) days of the original request, the member or member's authorized representative must be notified of the extension and the expected date the determination will be made.

6. The initial determination of approval or denial, based upon the established eligibility criteria, is made by the Director of Operations for Child Welfare Programs. Final determination of approval or denial of the Care Grant request rests with the Vice President of Child Welfare Programs.
7. Any decision to deny, reduce, suspend or terminate a Care Grant must be made by the Vice President of Child Welfare Programs.
8. If the determination results in a denial, reduction or termination of coverage, a Sunshine Health CW Operations staff notifies the requesting party via email, if an option, and by mail within one (1) business day after the decision is made. The written notice of the decision, is noted in the Agency approved notice of adverse determination template, including the reason, right to appeal, and the appeal process. The notice is sent to the member or member's representative, if applicable, with a copy to the requesting party, within three (3) business days of the determination. The written notification explains the rationale used to make the adverse determination which is written in a manner that is easily understood by the member; and includes an identifying number on each notice of adverse benefit determination.
9. In addition to filing an appeal, the requesting party may discuss any denial decision with the Director of Operations or the Vice President of Child Welfare Programs.
10. For any member appeal of an adverse decision, all available information is considered, including additional information provided by the member or their caregiver, and the CBC. The process as outlined in the Grievance and Appeal System policy # FL.QI.11 is followed.
11. If there is a change in the determination as a result of the appeal, a written notification of the change in determination will be sent to the member and their caregiver with a copy to the requesting party.

#### **Payment Process:**

1. Payments for approved Care Grants will be processed by manual check requests. The request for the manual check is generated by a designated Sunshine Health staff member and submitted to the Finance Department within seven (7) business days of the approval.
2. The following are appropriate payees: CBC lead agencies and CMOs, adoptive parents, or adult Child Welfare Specialty Plan members.
3. If the requesting party is the CBC lead agency or a CMO, the check for payment will be issued to that agency. The agency is responsible for disbursing the payment to the member or the member's caregiver, as appropriate.
4. If the requesting party is the adoptive parent or an adult Child Welfare Specialty Plan member, a W-9 form is necessary to process the payment. The check for payment will be issued to the adoptive parent or the adult Child Welfare Specialty Plan member, as appropriate.
5. The payment will be sent to the requesting party through standard U.S. mail within 45 calendar days of the check request submission.

#### **Tracking of Care Grant Requests and Determinations**

Care Grant requests and determinations are logged and tracked by a designated Sunshine Health staff person through an internal tracking database. This Care Grant tracking system will be maintained through a Child Welfare Specialty Plan Share Point site.


<b>REFERENCES:</b>
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FL.QI.11 Grievance and Appeal System Policy
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<b>ATTACHMENTS:</b>
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Care Grant Request Form (Attachment A)
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Attachment A



1301 International Pkwy.  
Suite 400  
Sunrise, FL 33323

**SUNSHINE HEALTH CHILD WELFARE SPECIALTY PLAN**  
Care Grant Expanded Benefit Request Form

Date: \_\_\_\_\_

Name of CBC staff submitting form: \_\_\_\_\_

Name of CBC: \_\_\_\_\_

Address of CBC: \_\_\_\_\_

Phone number of CBC: ( ) \_\_\_\_\_

**Post Adoption ONLY**

Name of Parent: \_\_\_\_\_ Phone number of Parent: ( ) \_\_\_\_\_

Address of Parent: \_\_\_\_\_

\*Note: Completion of a W-9 form is required by the parent to process the care grant. Payment is made directly to the parent.

Member Name: \_\_\_\_\_

Member Medicaid Number: \_\_\_\_\_ Member DOB: \_\_\_\_\_

1. List items/services being requested:

\_\_\_\_\_

\_\_\_\_\_

2. Please describe how this request benefits the child socially, physically or educationally.

\_\_\_\_\_

\_\_\_\_\_

3. Description of supporting documentation submitted (Care Grant Requests submitted to Sunshine Health without supporting documentation cannot be processed.)

\_\_\_\_\_

\_\_\_\_\_

Total benefit amount requested: \$ \_\_\_\_\_

- Preferred method is to email form & supporting documentation to [caregrants@centene.com](mailto:caregrants@centene.com).
- The form and supporting documentation can be faxed to 1-855-478-2890
- The form and supporting documentation may be mailed to: Sunshine Health 1301 International Parkway, Suite 400, Sunrise, FL 33323. Attention: Child Welfare Specialty Plan Department
- Please send any questions via email to [caregrants@centene.com](mailto:caregrants@centene.com).

Sunshine Health Internal Use Only:

\_\_\_\_ Approved    \_\_\_\_ Partial Approval    \_\_\_\_ Denied

Signature of Director of Operations, Child Welfare Programs: \_\_\_\_\_

If partially approved or denied, reason: \_\_\_\_\_

Date of determination: \_\_\_\_\_

Signature of VP, Child Welfare Programs: \_\_\_\_\_

1-855-463-4100  
TDD/TTY 1-800-955-8770

SunshineHealth.com

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SunshineHealth.com

**ROLES & RESPONSIBILITIES: Utilization Management**

**REGULATORY REPORTING REQUIREMENTS: N/A**

**REVISION LOG**

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy created	09/14/2018
Archer reload to fix system issue	No content reviewed or revised	05/16/2019
Annual Review	Updated approver #3 to VP Medical Affairs. No content changes.	06/30/2020
Annual Review	No changes needed	07/23/2021
Annual Review	No changes needed	08/10/2022

**POLICY AND PROCEDURE APPROVAL**

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

SVP Compliance \_\_\_\_\_  
 Senior Dir. Compliance \_\_\_\_\_