

POLICY AND PROCEDURE

POLICY NAME: Transition Assistance Expanded Benefit	POLICY ID: FL.UM.15.00
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 11/2018	PRODUCT(S): Child Welfare Specialty Plan (CWSP)
REVIEWED/REVISED DATE: 05/19; 6/20, 7/21, 8/22	
REGULATOR MOST RECENT APPROVAL DATE(S): 08/2018	

POLICY STATEMENT:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved Transition Assistance as an expanded benefit. Sunshine Health considers coverage of Transition Assistance when appropriate to support the youth in establishing safe and stable housing as they transition out of the foster care system, 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 Transition Assistance funds as an Expanded Benefit for Sunshine Health's Child Welfare Specialty Plan. The goal is to provide alternative funding to support young adults transitioning out of the foster care system. The funds are intended to be used toward services and items that will support the transitioning youth in establishing safe and stable housing and are not Medicaid reimbursable. These fund could provide for assistance such as rental deposits, turning on utility service, or household supplies such as kitchen supplies and appliances, linens or furniture.

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:

Transition Assistance: Transition Assistance is a one-time fund of up to \$500 per young adult who is transitioning out of the foster care system up through age 21. This fund could be used to support youth who are transitioning out of the foster care system in establishing safe and stable housing and are not Medicaid covered benefits.

POLICY:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved Transition Assistance as an expanded benefit. Sunshine Health considers coverage of Transition Assistance when appropriate to support the youth in establishing safe and stable housing as they transition out of the foster care system, and after review on an individual basis, for the specific indications outlined in this policy.

PROCEDURE:

Transition Assistance Eligibility Criteria:

Eligibility criteria for the Transition Assistance 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
- Is or has been residing in licensed out of home foster care for a minimum of six (6) months immediately prior to the member's 18th birthday
- Member is between the ages of 18 to 21 years
- Member has demonstrated that they can benefit from transition assistance to establish safe and stable housing
- Service or item must be used for assistance such as rental deposits, turning on utility service, or household supplies such as kitchen supplies and appliances, linens or furniture Service or supply must be used for the member directly

Limitations / Exclusions:

The following limitations or exclusions apply:

- Member has been in licensed out of home foster care for a minimum of six (6) months immediately preceding the member's 18th birthday
- Maximum of \$500 total one-time benefit

Request Procedure:

FL.UM.15

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

1. Requests for Transition Assistance may be received from Child Welfare Community Based Lead Agencies (CBCs), CBC sub-contracted Case Management Agencies (CMOs), and adult Child Welfare Specialty Plan members only.
2. The request must be submitted on the Sunshine Health approved Transition Assistance Request Form (see Attachment A - Transition Assistance 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 or adult member making request
 - 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 support the transitioning youth in obtaining safe and stable housing
 - Description of the supporting documentation of the fund request, along with the attached supporting documentation
 - Total Transition Assistance amount requested
 - Supporting documentation describing specifics of the items or services, along with verification of the cost, must be attached to the Transition Assistance Request Form at the time of request. Examples of documentation are receipts, landlord statements of rental amounts or deposits, utility bills, website printouts of costs of household items, 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 Transition Assistance Request Form and supporting documentation are submitted via email to CWtransitions@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, FL 33323. For those submitted by email, a "Confirmation of Receipt" email is automatically sent to the requesting party.

Review Procedure:

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

1. The Transition Assistance 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 Transition Assistance 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 Transition Assistance 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 the Transition Assistance tracking system to confirm that a prior expanded benefit has not been provided.
4. Determination will be completed within seven (7) business days of receipt of a request, with all required documentation included. A Transition Assistance request may be partially or fully approved or denied.
5. If Sunshine Health 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 Transition Assistance request rests with the Vice President of Child Welfare Programs.

7. Any decision to deny, reduce, suspend or terminate a Transition Assistance expanded benefit 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 Transition Assistance funds 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, CBC contracted CMOs, 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 vendor directly, as appropriate.
4. If the requesting party is the 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 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 Transition Assistance Requests and Determinations

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

REFERENCES:

Grievance and Appeal System policy # FL.QI.11

ATTACHMENTS:

Transition Assistance Request Form (Attachment A)

Attachment A

SUNSHINE HEALTH CHILD WELFARE SPECIALTY PLAN
Transition Assistance Expanded Benefit Request Form

Date: _____

Name of Community Based Care (CBC)/Case Management Organization (CMO) staff person submitting form: _____

Name of CBC/CMO Agency: _____

Address of CBC/CMO: _____

Phone number of CBC/CMO: () _____



1301 International Pkwy.
Suite 400
Sunrise, FL 33323

Adult Member ONLY

Name of Adult Member: _____ Phone number: () _____

Address: _____

*Note: Completion of a W-9 form is required by the adult member in order to process the transition assistance payment. Payment is made directly to the adult member.

Member Name: _____

Member Medicaid Number: _____ Member DOB: _____

1. Member is or has been residing in licensed out of home foster care for a minimum of six (6) months immediately prior to the member's 18th birthday (check one):
 yes or no . If no, please stop here. If yes, please complete the additional information below.

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

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	08/12/2022

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 _____