sunshine health

Clinical Policy: Care Grant Expanded Benefit

Reference Number: FL.CP.BH.01
Date of Last Revision: 06/26

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

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.

Policy/Criteria

I. It is the policy of Sunshine Health that Care Grants as an expanded benefit are **medically necessary** when all of the following criteria are met:

A. Meets eligibility for, and is enrolled in, the Sunshine Health Child Welfare Specialty Plan on the date the request is received;
B. Birth to 21 years of age;
C. May benefit from involvement in social, physical, or educational activities;
D. Service or supply requested must be used for a social, physical, or educational activity;
E. Service or supply requested must benefit the member's health and well-being;
F. Service or supply must be used for the member directly;
G. Care Grant does not exceed $150 per calendar year per member;
H. 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;
I. 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:
   1. Date of request;
   2. Name, address, phone number of CBC/CMO, adoptive parent, or adult member;
   3. If CBC/CMO is requestor, name of staff member making request;
   4. Member name, member date of birth and member Medicaid number;
   5. Items/services requested;
   6. Explanation of how the requested items/services benefit the member's social, physical, or educational development;
   7. Description of the supporting documentation of the fund request, along with the attached supporting documentation;
   8. Total Care Grant amount requested;
   9. 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.

Note: The completed Care Grant Request Form and supporting documentation are submitted via email to 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 P.O. Box 459089, Fort Lauderdale, Florida 33345-9089. For those submitted by email, a "Confirmation of Receipt" email is automatically sent to the requesting party.

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.

II. It is the policy of Sunshine Health that Care Grants as an expanded benefit are **not medically necessary** when one or more of the following criteria are met:
   A. Member is not enrolled in Sunshine Health's Child Welfare Specialty Plan;
   B. Member is > 21 years old;
   C. Care grant exceeds $150 per calendar year per member;
   D. Services or supplies are not for social, physical, or educational activities.

Background

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.[2]

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description

HCPCS Codes	Description

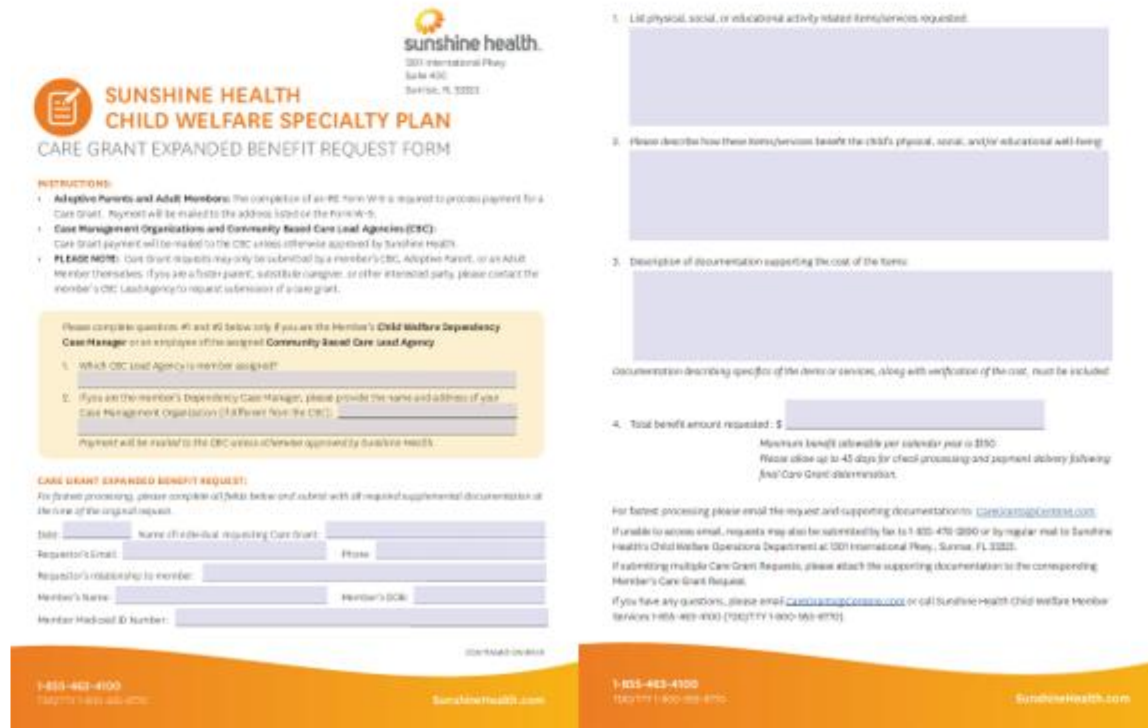
Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date		09/18
Annual review; no changes		06/20

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Annual review; no changes		07/21
Annual review; no changes		08/22
Transitioned policy to new state specific template and sent to market for approval; policy number changed from FL.UM.14.00 to FL.CP.BH.01.	06/23	
Annual review; Reworded some extraneous language with no clinical significance. Updated address information in I.J. References reviewed and updated.	08/23	
Annual review; Reworded language in Criteria II. with no clinical significance. Updated Caregiver Benefit Request Form-Attachment A photo. References reviewed and updated.	08/24	
Annual review completed. Criteria I.J-I.K. reformatted into a note. References reviewed and updated. Florida Health Plan disclaimer added to footer.	07/25	
Annual review. References reviewed and updated.	06/26	

References

1. FL.QI.11 Grievance and Appeal System Policy
2. Agency for Health Care Administration. Statewide Medicaid Managed Care Expanded Benefits. https://ahca.myflorida.com/content/download/25545/file/Health%20Plan%20Expanded%20Benefits%20Grid%202025%20-%2011-7-2024.xlsx.pdf. Effective February 1, 2025. Accessed May 12, 2026.
3. Thompson V. National Academy for State Health Policy. How state Medicaid programs serve children and youth in foster care. https://www.nashp.org/wp-content/uploads/2022/05/NASHP_Foster-Care-Brief_final.pdf. Published May 2022. Accessed May 12, 2026.

Attachment A



sunshine health.

SUNSHINE HEALTH
CHILD WELFARE SPECIALTY PLAN
CARE GRANT EXPANDED BENEFIT REQUEST FORM

SunshineHealth.com

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.

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