
Series:	Operating Procedures	COA: NET 2.03, 2.04, 7.0
Procedure Name:	Child Welfare Pre Paid Mental Health Plan (CWPMHP) Quality Assurance Monitoring of Therapeutic Foster Care Homes	CFOP: N/A
Procedure Number:	OP-1113	
Revision #/Date:	(3) 08/10/10	
Effective Date:	04/25/08	
Applicable to:	BFP staff and its subcontracted agencies	

PURPOSE: This operating procedure outlines the Brevard Family Partnership requirements for monitoring the Quality Assurance of the Therapeutic Foster Homes and funding of the Specialized Level of care of placements

PROCEDURE:

Central Region Licensing will notify that review is required of a Brevard Family Partnership (BFP) contracted foster home when the following concerns have been identified: homes that have had 3 abuse reports in 5 years, a verified abuse report, a waiver or open abuse investigation. Although the homes being reviewed may meet minimum licensing standards they are required to be reviewed for utilization purposes.

Monitoring

The Utilization Program Manager or designee will review the file for recommendation as to whether BFP will continue to utilize the home for service. The Utilization Program Manager will provide written notice to the Child Placing Agency, Central Region Licensing Specialist and Florida Collation for Children Child Welfare Prepaid Mental Health Plan Coordinator (as applicable) of the review results.

- A. The Central Region Licensing Specialist will provide notification to the Utilization Program Manager and Director of Operations for Children & Family Services when a home has been identified as having met the requirements for review. The Utilization Program Manager will then notify the Child Placing Agency of the need for review.
- B. All contracted Child Placing Agency providers shall be responsible for providing access to foster parent files for review by the Utilization Program Manager or other designee upon request.

Appeal and Grievance of Decisions Made by the Clinical Review/MDT Team

Clinical Reviews/MDT involve the review of children in licensed out of home care to determine the need for both an increased or decreased level of care. Recommendations are based upon medical necessity criteria and are intended to provide guidance for other services options in the event that

Specialized Therapeutic Foster Care (STFC) and Specialized Therapeutic Group Home (TGC) Care are not recommended. These children must be under the jurisdiction of Brevard County and be a part of the District 7B child welfare system. The team members that participate in the Clinical Review/MDT Process include the BFP Utilization Program Manager, BFP Intake Specialist, Substance Abuse and Mental Health (SAMH) Representative, Independent Living Specialist, School Board Representative, DJJ, ACHA, BFP Consulting Psychologist and corresponding Targeted Case Manager, Therapist and Child Welfare Care Manager.

All decisions made by the Clinical Review/MDT Team are made by a majority consensus vote. All persons in attendance to the staffing are required to provide written signature of their attendance as well as acknowledgement of the decision made by the team. Should a team member be in disagreement with the recommended level of care there is a section provided on the sign in sheet to document this. If a team member is in disagreement a staffing will be scheduled within 30 days to re-review the case and attempt to come to resolution. All decisions made by the BFP Clinical Review/MDT Team are recommendations only. Final approval for placement and funding are made by the Magellan Clinical Care Manager.

Appeal of Magellan Decisions Process

Final approval for placement and funding are made by the Magellan Clinical Care Manager. Should a member of the child's treatment team be in disagreement with the decision made by the Magellan Clinical Care Manager they would be advise to follow the Magellan Right To Appeal Process outlined in the Magellan Behavioral Health of Florida Provider Handbook (Section 3: Clinical Operations Standards Right To Appeal and Appeal Process Pages 25-29).

The enrollee or provider may file an appeal orally by calling the Magellan of Florida at 1-800-327-5542 or in writing to:

Magellan of Florida
7400 NW 19th Street Suite C
Miami, FL 33126

An Appeal must be filed with Magellan within 30 days when Magellan send a written notice of action. The Appeal will be immediately forwarded to the Magellan of Florida Grievance & Appeals Coordinator for investigation and resolution. Clinical issues will be referred to the Medical Director, Physician Advisor not previously involved in the case. The Appeal process can be expedited for urgent appeals with resolution no more than 72 hours after receipt of the expedited request. This may be extended up to 14 calendar days if the enrollee requests and extension or Magellan documents that there is a need for additional information and that the delay is in the enrollee's interest.

BY DIRECTION OF THE CHIEF EXECUTIVE
OFFICER:



DR. PATRICIA NELLIUS-GUTHRIE
Chief Executive Officer
Brevard Family Partnership

APPROVAL DATE: 8/18/10