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State/Territory Name: Florida

State Plan Amendment (SPA) #: FL-21-0033

This file contains the following documents in the order listed:

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850

Children and Adults Health Programs Group

November 15, 2021

Tom Wallace
Deputy Secretary for Medicaid
2727 Mahan Drive, MA #8
Tallahassee, FL 32308-5403

Dear Mr. Wallace:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number FL 21-0033, submitted on June 30, 2021, with additional information received on October 18, 2021 and November 3, 2021, has been approved. Through this SPA, Florida has demonstrated compliance with section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. This SPA has an effective date of July 1, 2020.

Section 5022 of the SUPPORT Act added Section 2103(c)(5) to the Social Security Act (the Act) and requires child health and pregnancy related assistance to include coverage of services necessary to prevent, diagnose, and treat a broad range of behavioral health symptoms and disorders. Additionally, section 2103(c)(5)(B) of the Act requires that these behavioral health services be delivered in a culturally and linguistically appropriate manner. Florida demonstrated compliance by providing the necessary assurances and benefit descriptions that the state covers a range of behavioral health services in a culturally and linguistically appropriate manner.

Your Project Officer is Joshua Bougie. He is available to answer your questions concerning this amendment and other CHIP-related matters. His contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-8117
E-mail: joshua.bougie@cms.hhs.gov

If you have additional questions, please contact Emily King, Division Deputy Director, Division of State Coverage Programs, at (443) 478-6811. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Amy Lutzky/

Amy Lutzky
Deputy Director

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Florida
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))_____ (Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: _____ Position/Title: _____
Name: _____ Position/Title: _____
Name: _____ Position/Title: _____

Disclosure Statement This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Introduction: Section 4901 of the Balanced Budget Act of 1997 (BBA), public law 1005-33 amended the Social Security Act (the Act) by adding a new title XXI, the Children's Health Insurance Program

(CHIP). In February 2009, the Children's Health Insurance Program Reauthorization Act (CHIPRA) renewed the program. The Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010, further modified the program. The HEALTHY KIDS Act and The Bipartisan Budget Act of 2018 together resulted in an extension of funding for CHIP through federal fiscal year 2027.

This template outlines the information that must be included in the state plans and the State plan amendments (SPAs). It reflects the regulatory requirements at 42 CFR Part 457 as well as the previously approved SPA templates that accompanied guidance issued to States through State Health Official (SHO) letters. Where applicable, we indicate the SHO number and the date it was issued for your reference. The CHIP SPA template includes the following changes:

- Combined the instruction document with the CHIP SPA template to have a single document. Any modifications to previous instructions are for clarification only and do not reflect new policy guidance.
- Incorporated the previously issued guidance and templates (see the Key following the template for information on the newly added templates), including:
  - Prenatal care and associated health care services (SHO #02-004, issued November 12, 2002)
  - Coverage of pregnant women (CHIPRA #2, SHO # 09-006, issued May 11, 2009)
  - Tribal consultation requirements (ARRA #2, CHIPRA #3, issued May 28, 2009)
  - Dental and supplemental dental benefits (CHIPRA # 7, SHO # #09-012, issued October 7, 2009)
  - Premium assistance (CHIPRA # 13, SHO # 10-002, issued February 2, 2010)
  - Express lane eligibility (CHIPRA # 14, SHO # 10-003, issued February 4, 2010)
  - Lawfully Residing requirements (CHIPRA # 17, SHO # 10-006, issued July 1, 2010)
- Moved sections 2.2 and 2.3 into section 5 to eliminate redundancies between sections 2 and 5.
- Removed crowd-out language that had been added by the August 17 letter that later was repealed.
- Added new provisions related to delivery methods, including managed care, to section 3 (81 FR 27498, issued May 6, 2016)

States are not required to resubmit existing State plans using this current updated template. However, States must use this updated template when submitting a new State Plan Amendment.

Federal Requirements for Submission and Review of a Proposed SPA. (42 CFR Part 457 Subpart A) In order to be eligible for payment under this statute, each State must submit a Title XXI plan for approval by the Secretary that details how the State intends to use the funds and fulfill other requirements under the law and regulations at 42 CFR Part 457. A SPA is approved in 90 days unless the Secretary notifies the State in writing that the plan is disapproved or that specified additional information is needed. Unlike Medicaid SPAs, there is only one 90 day review period, or clock for CHIP SPAs, that may be stopped by a request for additional information and restarted after a complete response is received. More information on the SPA review process is found at 42 CFR 457 Subpart A.

When submitting a State plan amendment, states should redline the changes that are being made to the existing State plan and provide a "clean" copy including changes that are being made to the existing state plan.

The template includes the following sections:

1. **General Description and Purpose of the Children's Health Insurance Plans and the Requirements**- This section should describe how the State has designed their program. It also is the place in the template that a State updates to insert a short description and the proposed effective date of the SPA, and the proposed implementation date(s) if different from the effective date. (Section 2101); (42 CFR, 457.70)
2. **General Background and Description of State Approach to Child Health Coverage and Coordination**- This section should provide general information related to the special characteristics of each state's program. The information should include the extent and manner to which children in the State currently have creditable health coverage, current State efforts to provide or obtain creditable health coverage for uninsured children and how the plan is designed to be coordinated with current health insurance, public health efforts, or other enrollment initiatives. This information provides a health insurance baseline in terms of the status of the children in a given State and the State programs currently in place. (Section 2103); (42 CFR 457.410(A))
3. **Methods of Delivery and Utilization Controls**- This section requires the State to specify its proposed method of delivery. If the State proposes to use managed care, the State must describe and attest to certain requirements of a managed care delivery system, including contracting standards; enrollee enrollment processes; enrollee notification and grievance processes; and plans for enrolling providers, among others. (Section 2103); (42 CFR Part 457. Subpart L)
4. **Eligibility Standards and Methodology-** The plan must include a description of the standards used to determine the eligibility of targeted low-income children for child health assistance under the plan. This section includes a list of potential eligibility standards the State can check off and provide a short description of how those standards will be applied. All eligibility standards must be consistent with the provisions of Title XXI and may not discriminate on the basis of diagnosis. In addition, if the standards vary within the state, the State should describe how they will be applied and under what circumstances they will be applied. In addition, this section provides information on income eligibility for Medicaid expansion programs (which are exempt from Section 4 of the State plan template) if applicable. (Section 2102(b)); (42 CFR 457.305 and 457.320)
5. **Outreach-** This section is designed for the State to fully explain its outreach activities. Outreach is defined in law as outreach to families of children likely to be eligible for child health assistance under the plan or under other public or private health coverage programs. The purpose is to inform these families of the availability of, and to assist them in enrolling their children in, such a program. (Section 2102(c)(1)); (42 CFR 457.90)
6. **Coverage Requirements for Children's Health Insurance**- Regarding the required scope of health insurance coverage in a State plan, the child health assistance provided must consist of

any of the four types of coverage outlined in Section 2103(a) (specifically, benchmark coverage; benchmark-equivalent coverage; existing comprehensive state-based coverage; and/or Secretary-approved coverage). In this section States identify the scope of coverage and benefits offered under the plan including the categories under which that coverage is offered. The amount, scope, and duration of each offered service should be fully explained, as well as any corresponding limitations or exclusions. (Section 2103); (42 CFR 457.410(A))

7. **Quality and Appropriateness of Care**- This section includes a description of the methods (including monitoring) to be used to assure the quality and appropriateness of care and to assure access to covered services. A variety of methods are available for State's use in monitoring and evaluating the quality and appropriateness of care in its child health assistance program. The section lists some of the methods which states may consider using. In addition to methods, there are a variety of tools available for State adaptation and use with this program. The section lists some of these tools. States also have the option to choose who will conduct these activities. As an alternative to using staff of the State agency administering the program, states have the option to contract out with other organizations for this quality of care function. (Section 2107); (42 CFR 457.495)
8. **Cost Sharing and Payment-** This section addresses the requirement of a State child health plan to include a description of its proposed cost sharing for enrollees. Cost sharing is the amount (if any) of premiums, deductibles, coinsurance and other cost sharing imposed. The cost-sharing requirements provide protection for lower income children, ban cost sharing for preventive services, address the limitations on premiums and cost-sharing and address the treatment of pre-existing medical conditions. (Section 2103(e)); (42 CFR 457, Subpart E)
9. **Strategic Objectives and Performance Goals and Plan Administration**- The section addresses the strategic objectives, the performance goals, and the performance measures the State has established for providing child health assistance to targeted low income children under the plan for maximizing health benefits coverage for other low income children and children generally in the state. (Section 2107); (42 CFR 457.710)
10. **Annual Reports and Evaluations**- Section 2108(a) requires the State to assess the operation of the Children's Health Insurance Program plan and submit to the Secretary an annual report which includes the progress made in reducing the number of uninsured low income children. The report is due by January 1, following the end of the Federal fiscal year and should cover that Federal Fiscal Year. In this section, states are asked to assure that they will comply with these requirements, indicated by checking the box. (Section 2108); (42 CFR 457.750)
11. **Program Integrity**- In this section, the State assures that services are provided in an effective and efficient manner through free and open competition or through basing rates on other public and private rates that are actuarially sound. (Sections 2101(a) and 2107(e); (42 CFR 457, subpart I)
12. **Applicant and Enrollee Protections**- This section addresses the review process for eligibility and enrollment matters, health services matters (i.e., grievances), and for states that use premium assistance a description of how it will assure that applicants and enrollees are given the opportunity at initial enrollment and at each redetermination of eligibility to obtain health benefits coverage other than through that group health plan. (Section 2101(a)); (42 CFR

457.1120)

Program Options. As mentioned above, the law allows States to expand coverage for children through a separate child health insurance program, through a Medicaid expansion program, or through a combination of these programs. These options are described further below:

- **Option to Create a Separate Program-** States may elect to establish a separate child health program that are in compliance with title XXI and applicable rules. These states must establish enrollment systems that are coordinated with Medicaid and other sources of health coverage for children and also must screen children during the application process to determine if they are eligible for Medicaid and, if they are, enroll these children promptly in Medicaid.
- **Option to Expand Medicaid-** States may elect to expand coverage through Medicaid. This option for states would be available for children who do not qualify for Medicaid under State rules in effect as of March 31, 1997. Under this option, current Medicaid rules would apply.

  Medicaid Expansion- CHIP SPA Requirements
  In order to expedite the SPA process, states choosing to expand coverage only through an expansion of Medicaid eligibility would be required to complete sections:
  - 1 (General Description)
  - 2 (General Background)

  They will also be required to complete the appropriate program sections, including:
  - 4 (Eligibility Standards and Methodology)
  - 5 (Outreach)
  - 9 (Strategic Objectives and Performance Goals and Plan Administration including the budget)
  - 10 (Annual Reports and Evaluations).

  Medicaid Expansion- Medicaid SPA Requirements
  States expanding through Medicaid-only will also be required to submit a Medicaid State plan amendment to modify their Title XIX State plans. These states may complete the first check-off and indicate that the description of the requirements for these sections are incorporated by reference through their State Medicaid plans for sections:
  - 3 (Methods of Delivery and Utilization Controls)
  - 4 (Eligibility Standards and Methodology)
  - 6 (Coverage Requirements for Children's Health Insurance)
  - 7 (Quality and Appropriateness of Care)
  - 8 (Cost Sharing and Payment)
  - 11 (Program Integrity)
  - 12 (Applicant and Enrollee Protections)

- **Combination of Options-** CHIP allows states to elect to use a combination of the Medicaid program

and a separate child health program to increase health coverage for children. For example, a State may cover optional targeted-low income children in families with incomes of up to 133 percent of poverty through Medicaid and a targeted group of children above that level through a separate child health program. For the children the State chooses to cover under an expansion of Medicaid, the description provided under "Option to Expand Medicaid" would apply. Similarly, for children the State chooses to cover under a separate program, the provisions outlined above in "Option to Create a Separate Program" would apply. States wishing to use a combination of approaches will be required to complete the Title XXI State plan and the necessary State plan amendment under Title XIX.

Where the state's assurance is requested in this document for compliance with a particular requirement of 42 CFR 457 et seq., the state shall place a check mark to affirm that it will be in compliance no later than the applicable compliance date.

Proposed State plan amendments should be submitted electronically and one signed hard copy to the Centers for Medicare & Medicaid Services at the following address:

Name of Project Officer
Centers for Medicare & Medicaid Services
7500 Security Blvd
Baltimore, Maryland 21244
Attn: Children and Adults Health Programs Group
Center for Medicaid and CHIP Services
Mail Stop - S2-01-16

Section 1. General Description and Purpose of the Children's Health Insurance Plans and the Requirements

1.1. The state will use funds provided under Title XXI primarily for (Check appropriate box) (Section 2101)(a)(1)); (42 CFR 457.70):

Guidance: Check below if child health assistance shall be provided primarily through the development of a separate program that meets the requirements of Section 2101, which details coverage requirements and the other applicable requirements of Title XXI.

1.1.1. ☐ Obtaining coverage that meets the requirements for a separate child health program (Sections 2101(a)(1) and 2103); OR

Guidance: Check below if child health assistance shall be provided primarily through providing expanded eligibility under the State's Medicaid program (Title XIX). Note that if this is selected the State must also submit a corresponding Medicaid SPA to CMS for review and approval.

1.1.2. ☐ Providing expanded benefits under the State's Medicaid plan (Title XIX) (Section 2101(a)(2)); OR

Guidance: Check below if child health assistance shall be provided through a combination of both 1.1.1. and 1.1.2. (Coverage that meets the requirements of Title XXI, in conjunction with an expansion in the State's Medicaid program). Note that if this is selected the state must also submit a corresponding Medicaid state plan amendment to CMS for review and approval.

1.1.3. ☐ A combination of both of the above. (Section 2101(a)(2))

1.1-DS ☐ The State will provide dental-only supplemental coverage. Only States operating a separate CHIP program are eligible for this option. States choosing this option must also complete sections 4.1-DS, 4.2-DS, 6.2-DS, 8.2-DS, and 9.10 of this SPA template. (Section 2110(b)(5))

1.2. ☐ Check to provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

1.3. ☐ Check to provide an assurance that the State complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan
Effective Date: July 1, 2020

Implementation Date: July 1,2020

SPA #FL-2021-0033 Purpose of SPA: To demonstrate compliance with section 5022 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT Act) in areas related to coverage of behavioral health screening prevention and treatment services, strategies to facilitate use of appropriate screening and assessment tools and the requirement that these services be provided in a culturally and linguistically appropriate manner.
Proposed effective date: July 1, 2020

Proposed implementation date: July 1, 2020

1.4- TC **Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.
N/A
TN No: Approval Date Effective Date

The State issued Tribal Correspondence to the Seminole and Miccosukee Tribes of Florida on May 28, 2021, describing the amendment. The State received no feedback regarding this amendment.

6.2.22. EPSDT consistent with requirements of sections 1905(r) and 1902(a)(43) of the Act

6.2.22.1 ☒ The state assures that any limitations applied to the amount, duration,

and scope of benefits described in Sections 6.2 and 6.3- BH of the CHIP state plan can be exceeded as medically necessary.

Florida's separate Children's Health Insurance Program provides behavioral health and substance abuse services to children ages one through eighteen years. The CHIP enrollees receive an array of age-appropriate behavioral health services through Florida Healthy Kids, the Behavioral Health Network (BNet), MediKids, and Children's Medical Services (CMS) Health Plan.

Healthy Kids: The Florida KidCare Act, outlines the benchmark health care benefits Florida Healthy Kids must include as medically necessary. The Florida Healthy Kids program serving children ages 5 to 19 does not provide Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Behavioral health and substance use disorder services in excess of those specified in the Florida KidCare Act may be obtained through the Behavioral Health Network (BNet) via CMS Health Plan enrollment. Florida Healthy Kids refers children and families in need of behavioral health and substance use disorder services to CMS Health Plan for clinical assessment.

MediKids: Children ages 1 through 4 eligible for CHIP services are enrolled in MediKids and receive EPSDT services. The program enrollees receive behavioral health services through Florida Medicaid's Managed Medical Assistance (MMA) Program health plans. MediKids enrollees are also age appropriate for medically necessary early intervention services provided through the Healthy Start and Early Steps programs.

Children's Medical Services Health Plan: The CMS Health Plan is a KidCare Title XXI program serving children and adolescents ages 1 through 18 years with special health care needs. Children enrolled in the CMS Health Plan are eligible for EPSDT services and are clinically eligible to receive medically necessary behavioral and developmental health services.

BNet is a statewide network of behavioral health service providers serving children ages 5 to 19 years of age with serious emotional disturbance, serious mental health disorder, or substance use disorders, eligible for the Florida KidCare Title XXI program and enrolled in the CMS Health Plan. A child enrolled in BNet receives medical health services from the CMS Health Plan, behavioral health services, and related medication through BNet.

BNet providers address enrollee's behavioral health needs through:

- In-home and outpatient individual and family counseling.
- In-home and outpatient targeted case management.

- Psychiatry services and medication management including direct access to the network service provider's pharmacy with no co-pays; and
- Advocacy and provision for wrap-around services to meet each child's social, educational, nutritional, and physical activity needs.

Pregnant Women: Florida has not elected to cover pregnant women under the CHIP option offered in section 2112 of the Social Security Act. Medically necessary mental health and substance use disorders services are offered to pregnant women through the Florida Medicaid (Title XIX) program.

Guidance: Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic or rehabilitative service may be provided, whether in a facility, home, school, or other setting, if recognized by State law and only if the service is: 1) prescribed by or furnished by a physician or other licensed or registered practitioner within the scope of practice as prescribed by State law; 2) performed under the general supervision or at the direction of a physician; or 3) furnished by a health care facility that is operated by a State or local government or is licensed under State law and operating within the scope of the license.

6.2.23. ☐ Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (Section 2110(a)(24))

6.2.24. ☐ Premiums for private health care insurance coverage (Section 2110(a)(25))

6.2.25. ☐ Medical transportation (Section 2110(a)(26))

Guidance: Enabling services, such as transportation, translation, and outreach services, may be offered only if designed to increase the accessibility of primary and preventive health care services for eligible low-income individuals.

6.2.26. ☐ Enabling services (such as transportation, translation, and outreach services) (Section 2110(a)(27))

6.2.27. ☐ Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))

6.2-BH Behavioral Health Coverage Section 2103(c)(5) requires that states provide coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children.

Guidance: Please attach a copy of the state's periodicity schedule. For pregnancy-related coverage, please describe the recommendations being followed for those services.

6.2.1- BH Periodicity Schedule The state has adopted the following periodicity schedule for behavioral health screenings and assessments. Please specify any differences between any covered CHIP populations:

- ☐ State-developed schedule
- ☒ American Academy of Pediatrics/ Bright Futures
- ☐ Other Nationally recognized periodicity schedule (please specify:)
- ☐ Other (please describe:)

6.3- BH Covered Benefits Please check off the behavioral health services that are provided to the state's CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders. If there are differences in benefits based on the population or type of condition being treated, please specify those differences.

Children enrolled in the Children's Medical Services Health Plan are eligible for EPSDT services and are clinically eligible to receive medically necessary behavioral and developmental health services. MediKids enrollees receive behavioral health services through Florida Medicaid's Managed Medical Assistance (MMA) Program providers. MediKids enrollees are also age appropriate for medically necessary early intervention services provided through the Healthy Start and Early Steps programs. The BNet program is available to children enrolled in the Children's Medical Services Health Plan, ages 5 through 18 who have mental health or substance use concerns. The BNet program is also available to children enrolled in the Title XXI Florida Healthy Kids program. If found clincally eligible for the CMS Health Plan program, the child is disenrolled from the Florida Healthy Kids Program as they can not be dually enrolled in both programs.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral health benefit.

Guidance: Please include a description of the services provided in addition to the behavioral health screenings and assessments described in the assurance below at 6.3.1.1-BH.

6.3.1- BH ☒ Behavioral health screenings and assessments. (Section 2103(c)(6)(A))

The amount, scope and duration of Florida Healthy Kids behavioral health screenings and assessment services, including substance use disorder evaluations, are provided as determined medically necessary.

6.3.1.1- BH ☒ The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

6.3.1.2- BH ☒ The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

Beginning in 2021, Florida Healthy Kids requires its managed care organizations (MCOs) to report the child core set measure, CDF-CH, "screening for depression and follow-up plan: ages 12-17". Florida Healthy Kids requires the MCOs to implement performance improvement projects to improve the rate of enrollees who have been screened for depression using a standardized tool and who had a documented follow-up plan for those enrollees with a positive screening. In addition, the Florida Healthy Kids Corporation (FHKC) requires the MCOs to make information about using age-appropriate, validated behavioral health screening tools available to providers on their provider-facing websites, provider manuals, and provider toolkits. The MCOs review and update websites, provider manuals, and provider toolkits annually or as needed. Providers are educated on where the tools are located during onboarding as a new network provider and as part of ad hoc/on-demand provider training.

The Agency for Health Care Administration and the University of South Florida collaborate to disseminate updates regarding behavioral health policy to Florida Medicaid health plans and medical providers in the form of Florida Medicaid Policy Transmittals and Policy Alerts as necessary through the Florida Behavioral Health Center website, which is updated every two weeks.

6.3.2- BH ☒ Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

Guidance: Psychosocial treatment includes services such as psychotherapy, group therapy, family therapy and other types of counseling services.

6.3.2.1- BH ☒ Psychosocial treatment
Provided for: ☒ Mental Health ☒ Substance Use Disorder

The amount, scope and duration of psychosocial treatment services provided by MediKids, Florida Healthy Kids, and CMS Health Plan, including outpatient treatment and counseling services for behavioral health and substance use disorder conditions, are provided as determined medically necessary.

6.3.2.2- BH ☒ Tobacco cessation
Provided for: ☒ Substance Use Disorder

The amount, scope and duration of tobacco cessation services provided by MediKids, Florida Healthy Kids, and CMS Health Plan, including therapy/counseling services and drugs prescribed for the purpose of tobacco cessation, are provided as determined medically necessary. Medically necessary services are rendered to recipients in lieu of service limits.

Guidance: In order to provide a benefit package consistent with section 2103(c)(5) of the Act, MAT benefits are required for the treatment of opioid use disorders. However, if the state provides MAT for other SUD conditions, please include a description of those benefits below at section 6.3.2.3- BH.

6.3.2.3- BH ☒ Medication Assisted Treatment
Provided for: ☒ Substance Use Disorder

The State covers all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

The amount, scope and duration of Florida Healthy Kids Medication Assisted Treatment services, including inpatient and outpatient services for psychological or psychiatric evaluation, diagnosis, and treatment, are provided as determined medically necessary. This applies to all subsections of 6.3.2.3.

6.3.2.3.1- BH ☒ Opioid Use Disorder

6.3.2.3.2- BH ☒ Alcohol Use Disorder

6.3.2.3.3- BH ☒ Other

6.3.2.4- BH ☒ Peer Support
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Florida Healthy Kids does not provide Peer Support Services as a covered benefit. Medically necessary Peer Support Services unavailable through Florida Healthy Kids coverage may be obtained through the BNet program.

6.3.2.5- BH ☒ Caregiver Support
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Florida Healthy Kids does not provide Caregiver Support Services as a covered benefit. Medically necessary Caregiver Support Services unavailable through Florida Healthy Kids coverage may be obtained through the BNet program.

6.3.2.6- BH ☒ Respite Care
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Florida Healthy Kids does not provide respite care services as a covered benefit. Respite care services unavailable through Florida Healthy Kids coverage may be obtained through the BNet program.

6.3.2.7- BH ☒ Intensive in-home services
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Florida Healthy Kids does not provide intensive in-home services as a covered benefit. Intensive in-home services unavailable through Florida Healthy Kids coverage may be obtained through the BNet program.

6.3.2.8- BH ☒ Intensive outpatient
Provided for: ☒ Mental Health ☒ Substance Use Disorder

The amount, scope and duration of Florida Healthy Kids intensive outpatient services are provided as determined medically necessary.

The State defines intensive outpatient services as "outpatient" in Ch. 65E 14.021(4), F.A.C for BNet Services. The definition can be found below.

"Outpatient:

Outpatient services provide a therapeutic environment, which is designed to improve the functioning or prevent further deterioration of persons with mental health and/or substance abuse problems. These services are usually provided on a regularly scheduled basis by appointment, with arrangements made for non-scheduled visits during times of increased stress or crisis. Outpatient services may be provided to an individual or in a group setting. The group size limitations applicable to the Medicaid program shall apply to all Outpatient services provided by a SAMH-Funded Entity. This covered service shall include clinical supervision provided to a service provider's personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service."

6.3.2.9- BH ☒ Psychosocial rehabilitation
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Florida Healthy Kids does not provide psychosocial rehabilitation services as a covered benefit.
Psychosocial rehabilitation services unavailable through Florida Healthy Kids coverage may be obtained through the Title XXI CMS Heath Plan or the BNet program.

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

6.3.3- BH ☒ Day Treatment
Provided for: ☒ Mental Health ☒ Substance Use Disorder

The State defines day treatment and partial hospitalization to be the same benefit. See description provided in subsection 6.3.3.1 - BH.

Florida Healthy Kids does not cover day treatment services that are outside regular outpatient services. Title XXI CMS Health Plan or the BNet provides medically necessary day treatment services.

6.3.3.1- BH ☒ Partial Hospitalization
Provided for: ☒ Mental Health ☒ Substance Use Disorder

The State defines "partial hospitalization" as "Day Treatment" in Ch. 65E 12.021(4), F.A.C. The definition can be found below.

"Day Treatment:
Day treatment services provide a structured schedule of non-residential services for four (4) or more consecutive hours per day. Activities for children and adult mental health programs are designed to assist individuals to attain skills and behaviors needed to function successfully in living, learning, work, and social environments. Activities for substance abuse programs emphasize rehabilitation, treatment, and education services, using multidisciplinary teams to provide integrated programs of academic therapeutic, and family services."

6.3.4- BH ☒ Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))

Provided for: ☒ Mental Health ☒ Substance Use Disorder

A child who is an inmate of a public institution or patient in an institution for mental diseases is not eligible for the Florida KidCare program.

Florida Healthy Kids covers inpatient and residential treatment services for behavioral health and substance use disorder conditions.

BNet provides a limited number of days of medically necessary mental health and substance use crisis stabilization, inpatient and outpatient hospital services, and residential services. A child assessed as needing more than 30 days residential mental health or seven days residential substance use treatment is not clinically eligible for the BNet program. The BNet provider responsibility for inpatient is limited to 10 days per year for mental health, seven days for substance use, and the first 30 days of residential care, after which payment responsibility shifts back to the CMS Health Plan.

Children enrolled in either MediKids or Title XXI CMS Health Plan receive medical services and benefits from Medicaid providers. Program age-appropriate recipients under age 21 requiring medically necessary Statewide Inpatient Psychiatric Program (SIPP) can receive treatment in a psychiatric residential setting due to a primary diagnosis of emotional disturbance or serious emotional disturbance. SIPP services provide extended psychiatric residential treatment with the goal of facilitating successful return to treatment in a community-based setting. SIPP services include individual plan of care, assessment, routine medical and dental care, certified educational programming, recreational, vocational, therapeutic group and behavior analysis services and therapeutic home assignment.

Guidance: If applicable, please clarify any differences within the residential treatment benefit (e.g. intensity of services, provider types, or settings in which the residential

treatment services are provided).

6.3.4.1- BH ☒ Residential Treatment
Provided for: ☒ Mental Health ☒ Substance Use Disorder

The amount, scope and duration of Florida Healthy Kids residential treatment services are provided as determined medically necessary.

The State defines "Residential treatment" in Ch. 65E 12.021(4), F.A.C. The definition can be found below.

"Residential Level I.
These licensed services provide a structured, live-in, non-hospital setting with supervision on a twenty-four hours per day, seven days per week basis. A nurse is on duty in these facilities at all times. For adult mental health, these services include group homes. Group homes are for longer-term residents. These facilities offer nursing supervision provided by, at a minimum, licensed practical nurses on a twenty-four hours per day, seven days per week basis. For children with serious emotional disturbances, Level 1 services are the most intensive and restrictive level of residential therapeutic intervention provided in a non-hospital or non-crisis support unit setting, including residential treatment centers. Medicaid Residential Treatment Centers and Residential Treatment Centers are reported under this Covered Service. On-call medical care shall be available for substance abuse programs. Level 1 provides a range of assessment, treatment, rehabilitation, and ancillary services in an intensive therapeutic environment, with an emphasis on treatment, and may include formal school and adult education programs.

Residential Level II.
These facilities are licensed, structured rehabilitation-oriented group facilities that have twenty-four hours per day, seven days per week, supervision. Level II facilities house persons who have significant deficits in independent living skills and need extensive support and supervision. For children with serious emotional disturbances, Level II services are programs specifically designed for the purpose of providing intensive therapeutic behavioral and treatment interventions. Therapeutic Group Home, Specialized Therapeutic Foster Home – Level II, and Therapeutic Foster Home – Level 2 are reported under this Covered Service. For substance abuse, Level II services provide a range of assessment, treatment, rehabilitation, and ancillary services in a less intensive therapeutic environment with an emphasis on rehabilitation and may include formal school and adult educational programs.

Residential Level III.
These licensed facilities provide twenty-four hours per day, seven days per week supervised residential alternatives to persons who have developed a moderate functional

capacity for independent living. For children with serious emotional disturbances, Level III services are specifically designed to provide sparse therapeutic behavioral and treatment interventions. Therapeutic Group Home, Specialized Therapeutic Foster Home – Level I, and Therapeutic Foster Home – Level 1 are reported under this Covered Service. For adults with serious mental illness, this Covered Service consists of supervised apartments. For substance abuse, Level III provides a range of assessment, rehabilitation, treatment and ancillary services on a long-term, continuing care basis where, depending upon the characteristics of the individuals served, the emphasis is on rehabilitation or treatment.

Residential Level IV.
This type of facility may have less than twenty-four hours per day, seven days per week on-premises supervision. It is primarily a support service and, as such, treatment services are not included in this Covered Service, although such treatment services may be provided as needed through other Covered Services. Level IV includes satellite apartments, satellite group homes, and therapeutic foster homes. For children with serious emotional disturbances, Level IV services are the least intensive and restrictive level of residential care provided in group or foster home settings, therapeutic foster homes, and group care. Regular therapeutic foster care can be provided either through Residential Level IV "Day of Care: Therapeutic Foster Home" or by billing in-home/non-provider setting for a child in a foster home."

6.3.4.2- BH ☒ Detoxification
Provided for: ☒ Substance Use Disorder

The amount, scope and duration of Florida Healthy Kids detoxification services are provided as determined medically necessary.

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility-based services in order to avoid inpatient hospitalization.

6.3.5- BH ☒ Emergency services
Provided for: ☒ Mental Health ☒ Substance Use Disorder

The amount, scope and duration of Florida Healthy Kids emergency services are provided as determined medically necessary.

6.3.5.1- BH ☒ Crisis Intervention and Stabilization
Provided for: ☒ Mental Health ☒ Substance Use Disorder

The amount, scope and duration of Florida Healthy Kids crisis intervention and stabilization services are provided as determined medically necessary.

The State distinguishes Crisis Stabilization from Crisis Support/Emergency services in Ch.

65E-14.021(4), F.A.C. The definitions can be found below.

"Crisis Stabilization.
These acute care services offered twenty-four hours per day, seven days per week, provide brief, intensive mental health residential treatment services. These services meet the needs of individuals who are experiencing an acute crisis and who, in the absence of a suitable alternative, would require hospitalization."

"Crisis Support/Emergency.
This non-residential care is generally available twenty-four hours per day, seven days per week, or some other specific time period, to intervene in a crisis or provide emergency care. Examples include mobile crisis, crisis support, crisis/emergency screening, crisis telephone, and emergency walk-in."

6.3.6- BH ☒ Continuing care services
Provided for: ☒ Mental Health ☒ Substance Use Disorder

6.3.7- BH ☒ Care Coordination
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Florida Healthy Kids does not cover care coordination services. Medically necessary Mental Health and Substance Use Disorder Care Coordination unavailable through Florida Healthy Kids coverage may be obtained through the BNet program.

CMS Health Plan and MediKids define Care Coordination in conjunction with the delivery of Case Management. The goal of this service is to assess, plan, implement, coordinate, monitor, and evaluate the options and services required to meet health needs using communication and all available resources to promote quality outcomes.

In accordance with section 394.4573(1)(a), F.S. BNet utilizes the definition of "Care Coordination" to mean "the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage". The purpose of the BNet program Care Coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among Title XXI children and adolescents. Care Coordination is not an independent service, but rather a collaborative effort to efficiently target an individual's treatment resource needs, effectively manage and reduce risk, and promote accurate diagnosis and treatment.

6.3.7.1- BH ☒ Intensive wraparound

Provided for: ☒ Mental Health ☒ Substance Use Disorder

Florida Healthy Kids does not cover intensive wraparound services. Medically necessary Intensive Wraparound services unavailable through Florida Healthy Kids coverage may be obtained through the BNet program.

6.3.7.2- BH ☒ Care transition services
Provided for: ☒ Mental Health ☐ Substance Use Disorder

Florida Healthy Kids does not cover care transition services. Medically necessary care transition services unavailable through Florida Healthy Kids coverage may be obtained through the Title XXI CMS Health Plan or the BNet program.

The state references "care transition" services as comprehensive discharge planning (i.e., aftercare, post discharge and follow-up services). These services are provided in accordance with Title 42, CFR, section 441, Subpart D (for providers licensed under the state Rule Chapter 65E-9, F.A.C.). The services are designed to facilitate the successful, therapeutic movement of a child from one setting or set of services to another. The state requires the Statewide Inpatient Psychiatric Program (SIPP) provider to ensure community supports and aftercare treatment are in place prior to discharge. The monitoring of aftercare services is required to determine the appropriateness of the post discharge plan of care and to ensure the discharge plan is correctly implemented. Comprehensive discharge planning includes, but is not limited to:

1. Services recommended by the child/adolescent's treatment team consistent family's strengths and needs.
2. Therapeutic services for the child/adolescent and family or caregiver to prepare for change outside of inpatient treatment.
3. Inclusion of the child/adolescent's assigned targeted case manager in treatment team meetings prior to discharge.
4. Assisting the child/adolescent and family or caregiver locate appropriate provider for delivery of aftercare services and document participation of planning for post-SIPP services.
5. Referral and coordination to providers of recommended services, including liaison with the receiving school setting and primary medical care provider.

6.3.8- BH ☒ Case Management
Provided for: ☒ Mental Health ☒ Substance Use Disorder

As required by federal law, the state provides services to eligible children if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Child Health Services Targeted Case Management services are available

as medically necessary. Case management services are provided through the state CHIP managed care plans. Prior authorization may be required once a member exceeds plan limits/units.

6.3.9- BH ☐ Other
Provided for: ☐ Mental Health ☐ Substance Use Disorder

6.4- BH Assessment Tools

6.4.1- BH Please specify or describe all of the tool(s) required by the state and/or each managed care entity:

☒ ASAM Criteria (American Society Addiction Medicine)
☐ Mental Health ☒ Substance Use Disorders

☒ InterQual
☒ Mental Health ☒ Substance Use

The state Managed Medical Assistance Plan may utilize a national standardized set of criteria (e.g. InterQual, MCG Guidelines) or other evidence-based guidelines approved by the Agency to approve services. Such criteria and guidelines shall not solely be used to deny, reduce, suspend or terminate a good or service, but may be used as evidence of generally accepted medical practices that support the basis of a medical necessity determination.

☒ MCG Care Guidelines
☒ Mental Health ☒ Substance Use Disorders

☒ CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)
☒ Mental Health ☒ Substance Use Disorders

☒ CASII (Child and Adolescent Service Intensity Instrument)
☒ Mental Health ☒ Substance Use Disorders

☒ CANS (Child and Adolescent Needs and Strengths)
☒ Mental Health ☒ Substance Use Disorders

☒ State-specific criteria (e.g. state law or policies) (please describe)
☒ Mental Health ☒ Substance Use Disorders

The Behavioral Health Network (BNet) provider agencies are contractually required to use the state prescribed Children's Global Assessment Scale (CGAS). Additionally, all BNet provider agencies use biopsychosocial assessments.

☐ Plan-specific criteria (please describe)
☐ Mental Health ☐ Substance Use Disorders

☐ Other (please describe)
☐ Mental Health ☐ Substance Use Disorders

☒ No specific criteria or tools are required
☒ Mental Health ☒ Substance Use Disorders

Florida Healthy Kids requires the MCOs to adopt evidence-based practice guidelines and encourages the use of validated screening and assessment tools but does not require any specific criteria or tool.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

6.4.2- BH ☒ Please describe the state's strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

Florida Healthy Kids requires the MCOs to make information about using validated assessment tools available to providers using the same facilitation strategies as described in section 6.3.1.2-BH.

6.2.5- BH Covered Benefits The State assures the following related to the provision of behavioral health benefits in CHIP:

☒ All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.

☒ The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.