

# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

## POLICY/ PROCEDURE

<b>Policy/Procedure Number: MCUP3103</b>			<b>Lead Department: Health Services</b> Business Unit: Behavioral Health	
<b>Policy/Procedure Title:</b> Coordination of Care for Child Welfare-Involved Members			<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 04/21/2010		<b>Next Review Date:</b> 03/12/2026 <b>Last Review Date:</b> 03/12/2025		
<b>Applies to:</b>	<input type="checkbox"/> <b>Employees</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Partnership Advantage</b>	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input checked="" type="checkbox"/> <b>QUAC</b>	
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b>	<input checked="" type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b> <input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALING</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>	
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA			<b>Approval Date:</b> 03/12/2025	

**I. RELATED POLICIES:**

- A. MCUP3039 - Direct Members
- B. MCCP2024 - Whole Child Model for California Children's Services (CCS)
- C. MCAP7003 - CalAIM Community Supports (CS)
- D. MCCP2032 - CalAIM Enhanced Care Management (ECM)
- E. MPQD1001- Quality and Performance Improvement Program Description

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Claims
- C. Member Services

**III. DEFINITIONS:**

- A. Assembly Bill 2083: (Chapter 815, Statutes of 2018) System of Care for Children and Youth Memorandum of Understanding (MOU). This assembly bill requires each county to develop and implement an MOU outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. Entities must develop a coordinated, timely, and trauma-informed system-of-care approach, implementing related MOUs on the county level and establishing a joint interagency resolution team on the state level to assist counties in serving those children and youth.
- B. California Children's Services (CCS): A state program for children up to 21 years of age, who have been determined eligible for the CCS program due to the presence of certain diseases or health problems.
- C. Child Welfare-Involved Youth: Children and youth who meet one or more of the following conditions:
  - 1. Are under age 21 and are currently receiving foster care in California
  - 2. Are under age 21 and previously received foster care in California or another state within the last 12 months
  - 3. Have aged out of foster care up to age 26 (having been in foster care on their 18th birthday or later) in California or another state
  - 4. Are under age 18 and are eligible for and/or in California's Adoption Assistance Program;
  - 5. Are under age 18 and are currently receiving or have received services from California's Family Maintenance program within the last 12 months
- D. Children in Foster Care: Children who are in out-of-home placement under the care and custody of county welfare and probation departments.
- E. Direct Member: Direct Members are those whose service needs are such that Primary Care Provider (PCP)

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assignment would be inappropriate. Assignment to Direct Member status may be based on the Member's aid code, prime insurance, demographics or administrative approval based on qualified circumstances. A Referral Authorization Form (RAF) is not required for Direct Members to see Partnership network providers and/or certified Medi-Cal providers willing to bill Partnership for covered services. However, many specialists will still request a RAF from the PCP to communicate background patient information to the specialist and to maintain good communication with the PCP.

- F. Enhanced Care Management (ECM) Provider: A Provider of ECM. ECM Providers are community- based entities with experience and expertise providing intensive, in-person care management services to individuals in one or more of the Populations of Focus for ECM.
- G. ECM Lead Care Manager : A Member's designated care manager for ECM, who works for the ECM Provider organization. The Lead Care Manager operates as part of the Member's multidisciplinary care team and is responsible for coordinating all aspects of ECM and any Community Support (CS). To the extent a Member has other care managers, the Lead Care Manager will be responsible for coordinating with those individuals and/or entities to ensure a seamless experience for the Member and non- duplication of services.
- H. Medical Home: The provider identified as the Member's medical home or primary care provider (PCP) is responsible for managing the Member's primary care needs.
- I. Resource Family: In California, a Resource Family is a caregiver who provides out-of-home care for children in foster care. The Resource Family is approved to provide care on a temporary (foster care) and/or permanent (adoption and legal guardianship) basis and includes all types of caregivers in the child welfare and probation systems, formerly known as foster parents, approved relatives or approved Non-Relative Extended Family Member.
- J. Whole Child Model: This program provides comprehensive treatment for the whole child and care coordination in the areas of primary, specialty, and behavioral health for Partnership HealthPlan of California (Partnership) pediatric Members with a CCS-eligible condition(s).

#### IV. ATTACHMENTS:

A. N/A

#### V. PURPOSE:

To describe Partnership HealthPlan of California's coordination of care for child welfare-involved youth.

#### VI. POLICY / PROCEDURE:

- A. Partnership communicates with foster care agencies, group homes and resource families for those Members identified as child welfare-involved by the Medi-Cal Eligibility Data System (MEDS).
- B. If a Member is identified as being a child welfare-involved youth, a review of medically necessary services that require prior authorization will be performed by Partnership's Utilization Management (UM) Department.
  - 1. Foster care Members will be assigned to Direct Member status. (See policy MCUP3039 Direct Members)
  - 2. Medically necessary services will be authorized to the in-network or out-of-network provider when indicated and medically necessary and appropriate.
  - 3. Members identified as being high risk are referred to case management. Referrals are indicated for Members who are in need of multiple referrals and services, complex medical needs, or need for coordination of services with multiple agencies.
  - 4. Child welfare-involved youth who are also medically eligible for services under the Whole Child Model (CCS children) are assigned a medical home. The provider identified as the child's medical home is responsible for managing the child's primary care needs and coordinating the child's care for both the CCS-eligible condition(s) and the non-CCS-eligible condition(s).

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5. Family caregivers of foster care program beneficiaries may be eligible for respite services through CalAIM Community Supports Services as per Partnership policy MCUP3142.
- C. The Child Welfare Liaison shall be the primary internal and external contact for any concerns or assistance needed for child welfare-involved youth.
  1. Effective January 1, 2024, as per the Department of Health Care Services (DHCS) All Plan Letter ([APL](#)) 24-013 “Managed Care Plan Child Welfare Liaison,” Partnership designates a Child Welfare Liaison to ensure the needs of Members involved with child welfare and foster care are met.
  2. Partnership designates an appropriate number of staff to serve as Child Welfare Liaison(s) to meet the health care needs of children and youth involved in child welfare in each county of Partnership’s service area.
    - a. Additional Child Welfare Liaisons are designated as needed to ensure the health care needs of children and youth involved in child welfare are met. Staffing is commensurate to the number of Members involved in child welfare enrolled with Partnership.
    - b. Partnership reassesses staffing levels at regular intervals to ensure effectiveness in serving children and youth involved in child welfare throughout Partnership’s service areas.
  3. Roles and Responsibilities of the Child Welfare Liaison
    - a. The Child Welfare Liaison assists staff who coordinate care on behalf of children and youth involved in child welfare to ensure the health care needs of these Members are met.
    - b. The Child Welfare Liaison serves as a leader within Partnership to advocate on behalf of children and youth involved in child welfare by serving as a point of contact to identify and resolve escalated case specific, systematic, and operational obstacles for accessing services.
    - c. The Child Welfare Liaison provides assistance and resources to staff responsible for the Member’s care coordination, including contracted ECM Lead Care Manager or the Children and Youth Involved in Child Welfare Population of Focus and applicable county child welfare staff as described in APL 24-013.
    - d. The Child Welfare Liaison’s duties are not intended to duplicate care coordination activities provided by other staff members or Providers, but rather to support and act as a resource to solve escalated issues regarding Partnership’s services as they arise.
    - e. The Child Welfare Liaison’s roles and responsibilities include, but are not limited to, the following:
      - 1) Technical Assistance: Supports internal and external staff in care coordination and issue resolution
      - 2) Contact Point: Serves as a contact for resolving member service access issues
      - 3) Referral Pathways: Collaborates with County Child Welfare as well as internal and external ECM staff to ensure effective ECM referral processes
      - 4) Enrollment Support: Assists with member enrollment/disenrollment during County changes
      - 5) Service Coordination: Navigates and coordinates various benefits and services
      - 6) Internal Coordination: Works with additional internal liaisons for specific member populations
      - 7) County Liaison Coordination: Collaborates with designated county liaisons as needed
      - 8) Quarterly Meetings: Attends meetings with county child welfare agencies
      - 9) Quality Improvement Input: Participates in quality improvement activities
      - 10) Training Compliance: Ensures adherence to training provisions of the MOU
      - 11) Foster Youth Rights: Educates staff on the Foster Youth Bill of Rights
      - 12) Trauma-Informed Care: Promotes trauma-informed approaches in interactions
  4. To enhance relationships between Partnership and county child welfare agencies for youth involved in child welfare, the Child Welfare Liaison shall:
    - a. Participate in Partnership’s Community Advisory Committee (CAC), the Quality Improvement Health Equity Committee (QIHEC) Committee, and additional committees and meetings that potentially impact Members involved in child welfare and foster care.

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- b. Collaborate with Counties to identify opportunities for coordination of, and alignment with, each County Interagency Leadership Team's efforts in implementing the AB 2083 System of Care for Children and Youth MOU, and participate in the Systems of Care Local Interagency Leadership Team meetings to which Partnership is invited.
  - c. Collaborate with other Child Welfare Liaisons internally and with Child Welfare Liaisons in other Managed Care Plans to discuss best practices, lessons learned, and sharing of information and resources.
5. Partnership designates staff for the Child Welfare Liaison position who can competently fulfill their roles and responsibilities and meet the criteria of having the expertise, demonstrable experience, or sufficient training in the following programs, processes, and practices:
  - a. Child welfare services and county behavioral health services
  - b. County care coordination and assessment processes, which may include, the full spectrum of requirements pertaining to service coordination, including referral requirements and processes, care management, and authorization processes
  - c. Trauma-informed care practices
6. The Child Welfare Liaison's additional expertise, experience, and training shall include, but is not limited to, the following:
  - a. Have a Master's degree and/or other additional training in social work, public health nursing, or another related field
  - b. Have familiarity with Medi-Cal enrollment and disenrollment processes, as well as county social services agency processes for updating addresses and other eligibility information
  - c. Have experience or training in coordinating care within child welfare services and juvenile justice systems and understand the [Foster Youth Bill of Rights](#).
7. Partnership will notify the county child welfare agency and DHCS of a change in the designated Child Welfare Liaison as soon as practicable, but no later than five working days from the change.
8. Partnership will submit the Child Welfare Liaison contact information to the "Liaison Directory" section available on the Managed Care Operations Division (MCPD)-MCP Submission Portal.
  - a. For delegated Subcontractors that serve children and youth involved with child welfare, Partnership will submit contact information of the Subcontractor's Child Welfare Liaison(s) to the MCPD-MCP Submission Portal. Partnership shall ensure Subcontractors' compliance with the requirements of APL 24-013.
9. Partnership conducts quality improvement activities pursuant to policy MPQD1001 Quality and Performance Improvement Program Description.
- D. As necessary, the Department of Social Services Foster Care Program's Social Workers may be contacted by Partnership Member Services Representatives, the County Child Welfare Liaison, and/or Health Services Case Management staff to facilitate coordination of care.
- E. If the child has been placed outside of the counties Partnership serves, the County Child Welfare Liaison, a Member Services Representative or the Care Coordination Department will assist in the coordination of the change of county by connecting the foster caregiver, county welfare services agency, county probation department, or any other person authorized to make medical decision to the Department of Health Care Services (DHCS) Ombudsman as per Assembly Bill [\(AB\) 1512, Torrico Medi-Cal: Foster Children](#), October 2007.

## VII. REFERENCES:

- A. Department of Health Care Services (DHCS) All County Welfare Directors Letter [\(ACWDL\) 97-02](#) "Participation of Foster Care and Adoption Assistance Program Children in Medi-Cal Managed Care" (January 13, 1997)
- B. DHCS [ACWDL 00-22](#) "Letter To Notify Counties of Three New Aid Codes For Children in the Kinship Guardian Assistance Payment and Adoption Assistance Programs" (April 10, 2000)

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- C. Other applicable DHCS All County Welfare Directors Letters (ACWDLs) regarding Foster Care as cataloged on this website: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Pages/ACWDLbyyear.aspx>
- D. Assembly Bill [\(AB\) 1512, Torrico. Medi-Cal: Foster Children](#) approved and filed October 11, 2007.
- E. DHCS All Plan Letter [\(APL\) 23-029](#) Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities (10/11/2023)
  - 1. [County Social Services Programs and Child Welfare MOU template](#) (DHCS Contract Attachment B)
- F. DHCS All Plan Letter [\(APL\) 24-013](#) Managed Care Plan Child Welfare Liaison (09/18/2024)
- G. [California Foster Youth Bill of Rights](#)

**VIII. DISTRIBUTION:**

- A. Partnership Department Directors
- B. Partnership Provider Manual

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Chief Health Services Officer

**X. REVISION DATES:** 04/18/12; 02/18/15; 02/17/16; 02/15/17; \*03/14/18; 03/13/19; 03/11/20; 02/10/21; 05/11/22; 05/10/23; 05/08/24; 03/12/25

\*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

**PREVIOUSLY APPLIED TO:** N/A