

SUNSHINE HEALTH CHILD WELFARE SPECIALTY PLAN
TRANSITION ASSISTANCE EXPANDED BENEFIT OVERVIEW & PROCEDURES

Effective 12/1/18

OVERVIEW:

Sunshine Health will provide Transition Assistance Funds as an expanded benefit for members in the Child Welfare Specialty Plan who are between the ages of 18-21 and transitioning out of the foster care system. The Transition Assistance Fund is a **one-time disbursement of up to \$500 per young adult**. These funds must be used to support youth in establishing safe and stable housing which are items and services not covered by Medicaid. Examples of approved items or services are *rental deposits, connecting utility services, household supplies; such as, kitchen supplies and appliances, linens or furniture*.

TRANSITION ASSISTANCE FUND ELIGIBILITY & CRITERIA

- Meets eligibility for, and is enrolled in, the Sunshine Health Child Welfare Specialty Plan at the time of request.
- Must be between the ages of 18-21.
- **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.**
- The Child Welfare Specialty Plan member demonstrates benefit from Transition Assistance funds to establish safe and stable housing.
- Items or services must be directly used for the Child Welfare Specialty Plan member.

REQUEST PROCEDURE

1. Requests for Transition Assistance expanded benefit may be received from Child Welfare Community Based Lead Agencies (CBCs), CBC sub-contracted Case Management Organizations (CMOs), or adult Child Welfare Specialty Plan members only.
2. The request must be submitted on the Sunshine Health approved Transition Assistance Expanded Benefit Request Form. All information on the form must be completed in full to include:
 - a. Date of request
 - b. Name, address, phone number of CBC/CMO, or adult member
 - c. If CBC/CMO is requestor, then list name of staff member making the request
 - d. Member name, member date of birth and member Medicaid ID
 - e. List of items or services requested
 - f. Explanation of how the requested items and services supports the transitioning youth in obtaining safe and stable housing
 - g. Description of supporting documentation containing list of items/services including total amount requested
 - h. Total **one-time fund** amount not to exceed \$500
3. Supporting documentation describing items or services, along with verification of cost, must be submitted at the time of initial request. The supporting documentation is to be attached to the Transitional Assistance Expanded Benefit Request Form. Any forms received without supporting documentation will not be processed. Examples of supporting documentation are receipts, landlord statements on rental amount or deposit, utility bills, website

printouts including cost of household items, or a written estimate of services to be provided. Documentation must clearly demonstrate that the cost of items or services requested is equal to the amount being requested.

4. The completed Transitional Assistance Expanded Benefit 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, Florida 33323. For those submitted by email, a "Confirmation of Receipt" email is automatically sent to the requesting party.

REVIEW PROCEDURE

1. The Transitional Assistance Expanded Benefit Request Form and supporting documentation will be received by a designated Sunshine Health Child Welfare (CW) staff member. Within two (2) business days of receipt, the staff member logs receipt and documents into an internal tracking system. The staff member will review the request for accuracy and completion. If additional information is needed, the CW staff member will make two (2) documented attempts to obtain necessary information from requesting party. If there is no response or continued lack of necessary information, the request will be denied and the requesting party will be notified within seven (7) business days of the original request.
2. The CW staff member will verify the member indicated on the Transitional Assistance Expanded Benefit Request Form is active in Sunshine Health Child Welfare Specialty Plan at the time request. If the member was not active in the SH CWSP at the time of the request, the Transitional Assistance Fund request will not be processed and the requestor will be notified.

PAYMENT PROCESS

1. The following are appropriate payees: CBC lead agencies and CMOs, or adult Child Welfare Specialty Plan members.
2. If the requesting party is a CBC lead agency or CMO, the check will be issued to the respective agency. The agency is responsible for disbursing payment to the member.
3. If the requesting party is the adult Child Welfare Specialty Plan member, a W-9 form is required to process payment. The check for payment will be issued to adult Child Welfare Specialty Plan member.
4. Payment will be sent to the requesting party through standard U.S. mail within 45 calendar days of the finance department receiving the fully completed, approved payment request, with all required back-up documentation.