

PROCEDURE

Series:	Operating Procedures	COA: CR.1 CFOP: N/A
Procedure Name:	Potential Quality of Care Incidents, Complaints, Grievances and Appeals	
Procedure Number:	OP1179	
Review Date:	04/06/17, 12/4/19, 06/20/21, 04/16/24	
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Effective Date:	07/11/14	
Applicable to:	Family Partnerships of Central Florida (FPOCF) Staff	

PURPOSE: The purpose of this policy is to outline the process that Family Partnerships of Central Florida (FPOCF) will use for reporting and tracking critical incidents and operational concerns that impact Child Welfare Specialty Plan (CWSP) enrollees, including Critical Incident Reports; Quality of Care Issues; Complaints; Grievances; and Appeals.

PROCEDURE:

References:

Sunshine Health Quality Improvement Program

Scope

This operating procedure applies to all Family Partnerships of Central Florida staff and subcontractors who are responsible for children enrolled in the Child Welfare Specialty Plan. If any of the responsibilities outlined in this procedure are contracted with an individual or other entity, the contracted provider must ensure compliance with this procedure, and the terms should be incorporated into the contract.

Application

This procedure applies to FPOCF and its subcontracted agencies and addresses care coordination activities that are provided on behalf of all CWSP plan enrollees.

Key Terms

Child Welfare Specialty Plan Enrollee—a child who is Medicaid eligible and is enrolled in the Sunshine Health, Child Welfare Specialty Plan, or the Sunshine Health Managed Medical Assistance Plan (MMA), due to an active status in the child welfare system of care. This includes children who have an open child welfare case, those who have been adopted from dependency, and those who are receiving extended foster care or independent living services.

Community Based Care (CBC) Lead Agency—an “eligible lead community-based provider” as defined in Section 409.1671(1) (e), F.S.

Managed care or MMA—refers to the Statewide Medicaid Managed Care plans, a health care system that integrates the financial management of medical and behavioral health services for eligible Medicaid recipients to deliver appropriate health care services to covered individuals. MMA

Plans have arrangements with selected providers to furnish a comprehensive set of health care services, as well as formal programs for ongoing quality assurance and utilization review.

Standards

Contractual requirements for Sunshine Health, and Community Based Care Lead Agencies require that a process be in place to:

- Provide an opportunity for a Medicaid enrollee to express a Complaint related to the way of care, or services were provided.
- Manage all Complaints, Grievances or Appeals in a timely and professional manner.
- Meet the requirements for reporting and tracking operational issues or concerns, complaints and grievances, quality of care issues and critical/adverse incidents, set forth in the contract between FPOCF and Sunshine Health.
- Comply with the Federal regulations designed to protect Medicaid enrollees.

Family Partnerships of Central Florida (FPOCF) is responsible for reporting and tracking information related to critical incidents and operational concerns in accordance with Sunshine's procedures. In that effort, this procedure ensures the timely reporting of information, related to critical incidents, quality of care issues or operational concerns, identified by FPOCF and its subcontracted agencies during coordination activities and interactions with enrollees, parents, caregivers, and providers.

Sunshine Health has developed a process for reporting and tracking operational issues or concerns, complaints and grievances, quality of care issues, and critical/adverse incidents. The Sunshine Health Quality Improvement Department will provide regular reports to FPOCF, via the Operating Committee, on types of Complaints, Grievance, Disputes or Appeals, decisions made regarding these events and the results of any appeals, both internal to Sunshine Health and external, via the State Fair Hearing process.

Definitions

Potential Quality of Care Incident—A potential quality of care incident is any alleged act or behavior that may be detrimental to the quality or safety of patient care; is not compliant with evidence-based standard practices of care; or that signals a potential adverse, critical or sentinel event.

1. Critical incidents are events that negatively impact the health, safety, or welfare of an enrollee
2. An adverse incident is an injury of a member occurring during the delivery of a service that Sunshine Health covers

Operational Issue or Concern—An issue or concern of an operational nature that Sunshine Health and its sub-contractors or vendors share with Sunshine Health's Child Welfare Program leadership to seek resolution. These issues can be member-specific or general in nature, but they are not considered to be complaints. While they may identify concerns about processes or operations, they are not reported due to member dissatisfaction.

Complaint—Any oral or written expression of dissatisfaction by an enrollee submitted to the Child Welfare Specialty Plan or to a state agency and resolved by close of business the following business day. A complaint is a subcomponent of the grievance system. Complaints that are not resolved within 24 hours become grievances (unless the complaint is from a network provider).

Grievance—An expression of dissatisfaction by or on behalf of an enrollee or a provider to the Sunshine Health Child Welfare Specialty Plan or the Agency for Health Care Administration. This expression of dissatisfaction may be filed either verbally or in writing and may be made directly to Sunshine Health or FPOCF and/or FPOCF Client Relations Specialist. Complaints that are not resolved within twenty-four (24) hours become grievances (unless the complaint is from a network provider).

Grievance Procedure and Grievance System—An organized process for addressing enrollees' grievances, including the system for reviewing and resolving enrollee grievances or appeals. Components must include a grievance process, an appeal process, and access to the Medicaid fair hearing.

General Requirements:

Family Partnerships of Central Florida has a procedure and process in place related to incident reporting, operational issues and concerns, complaints, grievances, and quality of care issues. The requirements of this procedure are included. FPOCF Annual training related to the compliance program, which includes identification and submission of complaints, is provided to FPOCF staff who may communicate with members.

I. Potential Quality of Care Incidents

The purpose of the Critical Incident Reporting procedure is to define the process for reporting critical incidents to Sunshine Health in accordance with the Child Welfare Specialty Plan contract requirements and in concert with Department of Children and Families Operating Procedures. Sunshine Health is required to submit Incident Reports to the Agency for Health Care Administration within eight (8) hours of receipt of the report from FPOCF and/or Network Provider. Specifically, this procedure will:

- Establish guidelines for reporting and analyzing critical incidents.
 - Identify and define critical incidents that must be reported per the requirements set forth in the contract between FPOCF and Sunshine Health.
 - Comply with the Federal regulations designed to protect Medicaid enrollees.
- A. The following Critical Incidents are required to be reported to Sunshine Health, and apply to all Child Welfare Specialty Plan enrollees who are receiving services from a program under contract with Sunshine (i.e., incidents that occur within residential programs receiving reimbursement for the provision of behavioral health services), unless otherwise specified:
1. **Enrollee Abuse or Neglect:**
 - a. Incidents of abuse or neglect.
 - b. Incidents regarding enrollees that have led, or may lead, to media reports.
 2. **Enrollee Death:** Incidents involving the death of any enrollee (reporting is mandatory for all enrollees).
 3. **Permanent Disfigurement:** Incidents involving the permanent disfigurement of an enrollee (reporting is mandatory for all enrollees).
 4. **Fracture or Dislocation of Bones or Joints:** Fracture or dislocation of bones or joints.
 5. **Neurological, Physical and/or Sensory Functional Limitations:** Functional limitations that are observed following an enrollee's discharge from a facility.
 6. **Enrollee Major Illness or Injury:** Incidents of major illness, including suicide attempts and suicidal ideation.
 7. **Enrollee Brain Damage:** Incidents of brain damage (reporting is mandatory for all enrollees).

8. **Enrollee Spinal Damage:** Incidents of spinal damage (reporting is mandatory for all enrollees).
 9. **Enrollee Exploitation:** Incidents of exploitation, to include victims of Human Trafficking (HT) or the Commercial Sexual Exploitation of Children (CSEC).
 10. **Major Medication Incidents:** Incidents involving medication.
 11. **Altercations Requiring Medical Intervention:** Altercations requiring medical intervention and leading to subsequent hospitalization or major illness of the enrollee.
 12. **Enrollee Involvement with Law Enforcement:** The arrest of an enrollee.
 13. **Enrollee Elopement, Escape or Missing:**
 - a. Incidents involving the unauthorized absence of an enrollee in a contracted or licensed residential substance abuse and/or mental health program.
 - b. Incidents involving enrollees, whose whereabouts are unknown, and in which attempts to locate the enrollee have been unsuccessful.
- B. Sunshine Health requires that FPOCF have procedures and processes related to submission of critical incidents for Child Welfare Specialty Plan enrollees to Sunshine Health Critical incidents are to be submitted within eight (8) hours of receipt of a report/knowledge of an event, and must include the following information (in addition to the information pertaining to the incident and the circumstances surrounding the incident):
1. Enrollee's First and Last Name
 2. Enrollee's Date of Birth
 3. Enrollee's Medicaid ID number
 4. Program Name and Location
 5. Program Type, if applicable (i.e., Statewide Inpatient Psychiatric Program; Specialized Therapeutic Group Care; Specialized Therapeutic Foster Care; Behavioral Health Overlay Services)
- C. FPOCF submits incident reports to Sunshine Health. Submission of incident reports may be done via email or via fax, utilizing the FPOCF internal reporting mechanism and format.
- D. FPOCFE mail: Incident reports may be submitted via Sunshine Health's secure and monitored notification mailbox, as well as to Sunshine Health's Leadership:
- [SUN PQI@centene.com](mailto:SUN_PQI@centene.com);
 - cwsp_notifications@centene.com
- A. The Sunshine Health Program Manager is responsible for monitoring compliance with procedures related to the reporting requirements as part of the quarterly CBC Lead Agency monitoring process.

II. **Complaints, Grievances and Appeals**

- A. Complaints and grievances shall be reported to Sunshine Health within twenty-four (24) hours of FPOCF learning of the complaint or grievance.
- B. FPOCF may receive information related to a potential Complaint, Grievance or Quality of Care Issue from an enrollee, a treatment provider or FPOCF on behalf of an enrollee.
- C. FPOCF will immediately notify Sunshine Health (or designee) of a complaint or grievance that is reported by:
 - D. An enrollee.
 - E. FPOCF on behalf of an enrollee.
 - F. A parent, guardian, or caregiver on behalf of an enrollee; or
 - G. A provider, either on behalf of an enrollee or due to a specific provider dispute.

- H. Within twenty-four (24) hours of receipt of a complaint, grievance, or quality of care issue FPOCF immediately submits the report and attached documentation directly to / Sunshine Health via email, as indicated below:
- I. Email: Complaints, grievances and quality of care issues may be submitted via Sunshine Health's secure and monitored notification mailbox, as well as to Sunshine Health's Leadership:
 - SUN_PQI@centene.com; (Complaint)
 - cwsp_notifications@centene.com (Complaint and Grievance)
- J. Upon FPOCF learning of a Pote issue, Sunshine Shine Health staff will be available for consultation, review and/or participation in the MDT process, as well as other case staffing's for enrollees who may be impacted or involved.
- K. Per the Vendor Services Agreement, Covered Person complaints, grievances and appeals are not delegated to FPOCF. Nevertheless, FPOCF may be called upon to provide information. A request for information on a standard appeal shall be responded to within 2 business days. An expedited appeal shall be responded to within the same business day.
- L. Complaints will be reported to Sunshine Health both as described above and, in a format, frequency and process established by Sunshine Health.
- M. Sunshine Health's SHP Quality improvement department is responsible for investigating the potential quality of care issues, complaints, or grievances and taking appropriate action.
- N. Sunshine Health must clearly communicate whether the appeal is standard or expedited and give the appropriate deadline at the time of the request.
- O. The Integration Manager is responsible for monitoring compliance with procedures related to the reporting requirements as part of the quarterly CBC Lead Agency monitoring process.

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:



PHILIP J. SCARPELLI
President and Chief Executive Officer
Family Partnerships of Central Florida

APPROVAL DATE: 11/12/2025