



Comprehensive Behavioral Health Assessment

<u>Department Name</u> Utilization Management		
<u>CHAPTER:</u>	<u>SUBJECT:</u> Comprehensive Behavioral Health Assessments	<u>POLICY NUMBER:</u> UM-004
<u>APPROVAL:</u>	<u>EFFECTIVE DATE:</u> 2/1/2007	<u>REPLACES (policy # and date):</u> UM-04, 2004

- I. **PURPOSE:** Each child who enters into a licensed emergency shelter or the custody of the Children's Network of Southwest Florida will be provided with an in-depth and detailed assessment of the child's emotional, social, behavioral and developmental functioning and coordinated service delivery. If it is court ordered by the Judge, an assessment may be provided to in-home cases under protective supervision. This Comprehensive Behavioral Health Assessment provides assistance in placement and in the development of the dependency case plan as outlined in Operating Procedure (CFOP 155-10) and the Community-Based Care Partnership, LTD.

- II. **REVIEW HISTORY:** 2004, 2005

- III. **CONTACT:** Point of Contact

- IV. **PERSONS AFFECTED:** This operating procedure applies to all Case Management Organizations and Specialty providers within the geographic area and judicial circuit of the Children's Network of Southwest Florida. Referral priority is as follows:
 - A. All children ages 0-17 years of age removed from their homes and placed in a licensed shelter, foster care, relative placement or residential group care placement status and likely to remain in this placement through disposition hearing.

 - B. A child in licensed foster care who has not been provided an assessment within 12 months AND is experiencing significant behavioral and/or emotional difficulties in their current placement

 - C. Non relative placements will be addressed on a case by case basis and the capacity to provide timely assessments.

- V. **POLICY:** These Medicaid funded assessments are used to provide specific information about mental health and related needs, as well as recommendations for services that would provide guidance in permanency planning.

- VI. **RATIONALE:** Use of this assessment provides information that will aid in the development of strategies to move children placed in out of home care towards individualized, strength based case plans.

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VII. **CROSS REFERENCES:** Section 39.407 F.S.
Operating Procedure (CFOP 155-10)
Medicaid Community Mental Health Handbook
Community-Based Care Partnership Procedure

VIII. **DEFINITIONS:**

1. AHCA: The Agency for Health Care Administration, which is the agency of state government that administers Florida's Medicaid program.
2. Behavior Analysis Services: Techniques based on the identification of functional relationships between behavior and environment (i.e., antecedents, behavior and consequences) through direct observations and measurement based on the principles of behavior identified within the experimental analysis of behavior.
3. Case Plan: A written and executed time-limited agreement, as described in Chapter 39.601, F.S. negotiated between the child welfare case worker and the family and reviewed by the child welfare attorney. The case plan applies to the child throughout the continuation of voluntary services, dependency, out-of-home care, or termination of parental rights proceeding or related activity or process.
4. Child Welfare Case Manager: Employee of Case Management Organization (CMO) who provides case management services to dependent children.
5. Child Welfare Legal Services (CWLS): That function of the department assigned the responsibility for providing legal representation of the department in child dependency proceedings.
6. Comprehensive Behavioral Health Assessment: an in-depth, detailed assessment of the child's emotional, social, behavioral, and developmental functioning within the home, school, and community, including direct observation of the child in those settings.
7. Department: Department of Children and Families
8. Lead Agency: Children's Network of Southwest Florida, LLC, a licensed private community-based contract provider responsible for coordinating, integrating and managing a local system of supports and services for children who have been abused, abandoned or neglected and their families.
9. Out-of-Home Care: the placement of a child, arranged and supervised by the Department of Children and Families or its agent, outside the home of the child's custodial parent. This includes placement in licensed shelter, foster home, group home and relative as well as non-licensed placement.
10. SAMH: Substance Abuse and Mental Health and is used as an acronym for the two programs, mental health and substance abuse, that are generally managed through a single program office in the Department of Children and Families district or region.

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11. POC: Point of Contact is the central point of contact within a geographic area to assist child welfare staff in accessing and integration of mental health services for children under supervision by the lead agency.

IX. PROCEDURES:

The Point of Contact is the central point of contact within a geographic area to assist child welfare staff in accessing and integration of mental health services for children under supervision by the Children's Network of Southwest Florida.

- A. The Child Protective Investigator or Child Welfare Case Manager will complete a Comprehensive Assessment Referral form (Exhibit A) and Authorization for Comprehensive Behavioral Health Assessment (Exhibit B) and forward it to the Utilization Management Unit.
- B. Within (5) calendar days of physical removal of the child from the home, the Senior Utilization Management liaison will assign and forward the assessment packet to an approved provider of comprehensive behavioral health assessments. The packet must contain the following:
 1. Completed referral form.
 2. The parent's signed consent for the assessment OR copy of court order per F.S.39.407(3).
 3. Medicaid Authorization form (**Appendix B Medicaid Handbook**) signed by Children's Network of SWFL Representative (CBC) and/or SAMH per Medicaid if the child is not in shelter.
- C. A Utilization Management Liaison will log the referral into the Children's Network of Southwest Florida's tracking system.
- D. If/when the Child Welfare Case Manager is contacted by the assessor, the case manager should be prepared to provide the following at a minimum: (**assessors do not have unlimited access to CMO dependency files**).
 1. Current location of the child
 2. CSA (risk assessment)
 3. Copy of Shelter Petition
 4. Parent Information (not FCIC or NCIC reports)
 5. CMO case manager's phone number and email address for follow up
- E. The comprehensive behavioral health assessment provider will return the completed assessment to the Utilization Management Unit/POC within 24 calendar days of receipt of the referral.
 1. The POC will review the assessment, if the assessment is not complete or satisfactory, POC will return the assessment to the assessment provider within (1) working day. The comprehensive behavioral health assessment provider has (3) working days to correct the

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assessment and return corrected copy to POC.

2. The POC will review the assessment for quality, completeness, and any indicated urgent need for mental health service and will forward the assessment to the CMO case manager within (1) working day of receipt. If the assessment indicates an urgent need, POC shall ask the Child Welfare Case Manager to obtain parental consent or court order for services and the Child Welfare Case Manager will expedite the referral for needed services.
3. The assessment provider also has the ability and a responsibility to refer a child or adult family member directly to a Baker Act receiving facility when that intensive level of crisis intervention is needed. The assessment provider will be asked to contact POC as soon as possible if the assessment provider has initiated Baker Act procedures or referred the child directly to an addiction receiving facility. POC is responsible for notifying the Child Welfare Case Manager of the assessor's intervention decision.

F. Most children in foster care are covered by Medicaid. The Lead Agency will use Lead Agency funding to provide assessments to *only* those children who, due to their circumstances, are not covered by Medicaid.

X. **SERVICES AFTER THE ASSESSMENT**

1. A UM Services Liaison will log the completion date of the comprehensive behavioral health assessment into the Children's Mental Health Comprehensive Behavioral Health Assessment statewide tracking system, complete Service Authorization in the Qualifacts system based upon the assessment recommendations (except those indicating enhanced placement or placement into residential settings). Every effort will be made to forward the Service Authorization to the Child Welfare Case Manager at the time the completed Comprehensive Behavioral Health Assessment is forwarded to the case manager.
2. The assigned Utilization Management Liaison will document the status of these services/referrals in the Qualifacts system.

XI. **EXHIBITS:**

Exhibit A: Comprehensive Behavioral Assessment Referral Form

Exhibit B: Authorization for Comprehensive Behavioral Health Assessment – Appendix B

Exhibit C: Comprehensive Behavioral Health Assessment Recommendation – 30 Day Follow Up Form

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Exhibit A



Please complete this form and forward it to the Revenue Maximization Unit (Fax # (239) 425-6345 along **with the Authorization for Comprehensive Behavioral Health Assessment form (Appendix B) and Shelter Order (or last court order showing current placement if not a brand new shelter)**)

Child's Name: _____ Sex: _____ D.O.B. _____ Race: _____

SSN #: _____ Medicaid #: _____

Shelter Date: _____ Date Referred to SPOA: _____

Type of Placement (Relative/Shelter): _____

Name of Caregiver: _____ Phone #: () _____

Address of Caregiver: _____

School Child Attends: _____

Reason for Shelter : (Abuse, Neglect, Abandonment) _____

Name of Parents: _____ Phone/Cell/Pager #: () _____

Name(s) of siblings: 1. _____ Location: _____

2. _____ Location: _____

3. _____ Location: _____

Preliminary Goal (Reunification, adoption, expedited termination of parental rights) _____

What services and with whom are services currently provided to the child/family _____

Prior reports to DCF (date, findings, indications) _____

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Has there been any identified mental illness in child/family? _____

Has there been any identified alcohol or other drug use with the child/family? _____

Please provide the following Department or CMO Information: LSF FPS DCF
County: Lee Charlotte Collier Hendry Glades

Child Welfare Case Manager _____ Phone Number (____) _____

Child Protective Investigator _____ Phone Number (____) _____

CWCM or PI Supervisor _____ Phone Number (____) _____

****Please ensure the above contact information is filled out legibly and completely (include area codes for phone number) as another county may be calling for information if this is an out of district placement/referral.***

NON-IVE _____	IVE _____	IVA/IVE RELATIVE _____	ADOPT _____	PS _____
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239/226-1524 | fax 239/226/1115 | 2232 Altamont Ave | Fort Myers, FL 33901

Revised November 2006

Exhibit B

**AUTHORIZATION FOR
COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENT**

This is to certify that

Child's Name _____ Date _____

Medicaid Number _____

has been screened and determined to be in need of a Comprehensive Behavioral Health Assessment (W1059) as outlined in the Medicaid Community Mental Health Services Coverage and Limitations Handbook. The comprehensive behavioral health assessment will be provided by

_____(provider)

District SAMH Representative

Date

AUTHORIZATION FOR COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENT FOR CHILD IN SHELTER

This is to certify that

Child's Name _____ Date of Referral _____

Medicaid Number _____ Shelter Name _____

Shelter Address _____

has been screened and determined to be in need of a Comprehensive Behavioral Health Assessment (W1059) as outlined in the Medicaid Community Mental Health Coverage and Limitations handbook. The behavioral health comprehensive assessment will be provided by

_____(provider)

District Child Welfare/CBC Representative

Date

to be placed in recipients (child's) medical record



Exhibit C

Comprehensive Behavioral Health Assessment Recommendation Summary Form

CMO: LSF FPS UM Liaison: _____

Date Sent to CMO: _____ Case Manager: _____

30 Day Due Date: _____ Supervisor: _____

CBHA Provider & Assessor: _____

Child(ren) Name	DOB	SSN	Medicaid Number

The above child(ren) received an in-depth and detailed assessment of his/her emotional, social, behavioral and developmental functioning within the family home, school and community. To ensure that service planning and service delivery are holistic and non-duplicative, the comprehensive behavioral health assessment recommendations are to be integrated into the child's permanent case plan. **Any necessary service authorizations have been attached & all referrals must be made within 30 days of receipt of this paperwork.**

Recommendations

1. Child Welfare Case Manager to _____

2. Child Welfare Case Manager to _____

3. Child Welfare Case Manager to _____

4. Child Welfare Case Manager to _____
