

# Family Partnerships of Central Florida

## PROCEDURE

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**Series: Operations**      **Operating Procedures**      COA: NET 6.03  
CFOP: 175-40, 155-10

**Procedure Name:** Comprehensive Behavioral Health Assessments  
**Procedure Number:** OP-1004  
**Revision #/Date:** (4) 07/08/15, (5) 10/5/16 (6) 11/22/19 4/16/24  
**Review Date:** N/A  
**Effective Date:** 08/06/10

**Applicable to:** FPoCF staff and its subcontracted agencies

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**PURPOSE:** To outline the process for completion of the Comprehensive Behavioral Health Assessment for Family Partnerships of Central Florida (FPoCF) staff and its subcontracted Case Management Agency. This operating procedure specifically applies to children who are under the primary supervision of Family Partnerships of Central Florida as the Lead Agency.

### PROCEDURE:

References  
F.A.C. 65C-28.014  
CFOP 175-40, 155-10

### **Definition**

All children who are sheltered over 72 hours are to be referred for a Comprehensive Behavioral Health Assessment (CBHA) within one week of shelter date, in accordance with the CBHA referral guidelines contained in the current edition of the Medicaid Community Mental Health Services Coverage and Limitations Handbook. Prior to assignment, Medicaid eligibility must be established.

### **Out of Home Placement**

Children who are in out-of-home placement and who have been adjudicated dependent may be referred for a Comprehensive Behavioral Health Assessment if they are experiencing serious emotional or behavioral disturbance. The CBHA referral will be completed within 10 days of out-of-home placement if one has not been conducted within the past year. A recipient may only receive the service once per fiscal year (July 1 through June 30). Recipients must also meet the Medical Necessity Criteria as outlined in the Community Behavioral Health Services Coverage and Limitations Handbook.

### **Referral Form**

FPoCF has implemented a referral process with the Department of Children and Families Child Protective Investigator (CPI) that consists of completion of the CBHA Referral Form (dated 12/2/14) in order to request a CBHA. The Child Protective Investigator can elect to

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either fax or email a completed referral form to the FPoCF Point of Contact (POC) or designee to [intake@brevardfp.org](mailto:intake@brevardfp.org). Medicaid eligibility must be established and a network CBHA assessor must be available to accept receipt of the referral one business day after eligibility is determined.

## Requested Information

All referrals must be filled out completely. All information requested is necessary to refer to a provider. If a child or youth's Medicaid number has not yet been issued, notation to the application should indicate that the Medicaid number is currently being processed by the Rev Max Specialist.

## Documentation

The Shelter Order and the Consent for Release of Information form for the CBHA must be attached to the referral. The child's name, date of birth, social security number, address and parent or legal guardian's signature must be on the referral. The signature must be witnessed. The signature represents the parent's consent to release information to any of the specified providers. The specific provider will be chosen based on availability and will be assigned within one working day of the eligibility determination. If the parent or legal guardian is not available, or will not sign the consent, the shelter order shall replace the legal guardian's signature. For children who have been adjudicated dependent and are in foster care, the FPoCF subcontracted Care Manager shall sign the consent.

## Review of Assessment

In order to ensure dispositions are clinically appropriate, all CBHA's are reviewed with a checklist outlining all required information related to the child and the child's family. Each CBHA is reviewed to ensure that the Child and Adolescent Needs and Strengths (CANS-MH or CANS 0-3) assessment tool is included. Assessments are reviewed for quality and completeness as outlined in the Community Behavioral Health Services Coverage and Limitations Handbook prior to submission to the Dependency Care Manager. Any CBHA that is less than one year old is incorporated into the /MDT Staffing process to ensure that recommendations are followed as prescribed by the assessor and are appropriate based on the child's current needs.

Information received from the CBHA will be used to secure and monitor services within the FPoCF System of Care. The information is reviewed by the assigned Care Manager and Clinical Care Coordinator for the identified child and siblings. Results, findings and recommendations will be integrated into the Family Team Conferencing or Standing Team process. The family's needs will also be assessed during this time. It may also be necessary to review information in the context of a Clinical Review staffing when indicated.

The DCM will use the results and recommendations of the CBHA in developing the dependency case plan, including addressing the child's and family's mental health service needs. If the case plan is developed prior to the completion of the CBHA, the use of the assessment in developing, accessing, and referring for behavioral health services will be documented in the child's electronic case file. If the services recommended in the CBHA are not included in the child's current case plan, the recommendations in the CBHA shall be used

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to revise the current case plan if necessary. The revised dependency case plan must be filed with and approved by the court.

## Authorization

- A. Any CBHA that requires over 15 hours up to 20 hours requires authorization by the Senior Executive of Programs to the child welfare managed health plan. CBHAs are designed to provide functional information that will aid in the development of treatment interventions, to provide data to promote the most appropriate out-of home placement, and to provide recommendations related to permanency. The expectation is that the CBHA for siblings when appropriate will share data related to the family such as: legal, mental health, substance abuse history; functional, cultural, ecological analysis; and family caregiver needs and strengths. CBHAs for children ages 0-5 up to 15 hours may be conducted without a request for authorization of additional hours. Siblings (all ages) are allowed up to 10 hours for CBHAs after the first child who is allowed up to 15 hours. Any additional hours require authorization.
- B. Assessors completing CBHAs for an enrollee of Community Based Care Integrated Health (CBCIH) shall utilize the approved Time Log and must submit a log with the completed assessment. The following conditions must be present for a provider to request authorization for additional assessments hours:
1. Child has been previously diagnosed with a mental health condition and displays significant behavioral health concerns, or significant developmental/medical concerns that necessitate additional time for interviewing, observation and record review.
  2. Child has treatment concerns demonstrating a lack of progress in current program, recent hospitalizations, frequent moves and/or treatment disruptions, which necessitate additional time for interviewing observation and record review.
  3. Child's treatment/medical history and behavioral health concerns have complicated the process of differential diagnosis, necessitating additional time for interviewing, observation and record review.
  4. Siblings: Children have multiple parent/caretaker relationships making the parent/caretaker interview process lengthier.
- C. A provider request for authorization for additional hours to complete an assigned CBHA **shall** be submitted to Sunshine Health/Cenpatico case management as soon as it is determined that one of the above conditions is present.

## Out of County Assignment of CBHA

If FPoCF receives a request from Out of County to complete a CBHA on a child placed in the local area, FPoCF Behavioral Health Coordinator or POC communicates with the Behavioral Health Coordinator from the sending CBC and assists in making the referral for services. If FPoCF needs a CBHA completed on a child that is placed out of the local area, the FPoCF

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Behavioral Health Coordinator or POC communicates with the FPoCF Behavioral Health Coordinator in the area where the child is placed to make this request.

## **Timeframe**

In order to be reimbursed, the assessment must be completed and received by the FPoCF POC or designee no later than 24 calendar days after the date of referral. Each referral is logged in a CBHA log to reflect the funding source, date of referral, name of assessor assigned, date referral assigned, date due and received date. The FPoCF POC will then reviews the CBHA to ensure that the assessment contains all required information and will then be forwarded to the assigned Care Manager.

## **Centralized Tracking System**

All CBHA referrals are logged and tracked in a centralized database. The data collected includes payer source, date of referral, assessor assigned, date assigned, due date and completion date.

## **Distribution of Assessment**

Once complete, the agency point of contact will electronically receive the assessment. The assessment will be reviewed for required documentation, recommendations, time frame compliance and signature; and will be logged into the CBHA database log. The CBHA will then be forwarded to the assigned Dependency Care Manager, DCM Supervisor, Intake Specialist, Utilization Review Specialist and GAL, if applicable, and all other relevant parties to the case within one business day of receipt of the assessment.

## **Staff Qualifications**

Comprehensive Behavioral Health Assessments must be personally rendered by individuals who have been certified/recertified by Family Partnerships of Central Florida, and meet requirements as outlined in the Specialized Therapeutic Services Coverage and Limitation Handbook as meeting the specific education and training requirements (See Specialized Therapeutic Services Coverage and Limitation Handbook). Certification will be withdrawn if the provider fails to continue to meet the specific qualifications to provide these services.

## **Quality Assurance**

The FPoCF POC or Behavioral Health Coordinator is responsible for review of all CBHA assessments upon submission. CBHA's are reviewed for content of the child's emotional, behavioral, social, and developmental functioning as well as for recommendation of services, needs and placement. A CBHA Checklist is utilized as a tool for ensuring all required areas of the assessment are addressed in full. If an assessment has omitted information, content is not

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complete or there are other issues or concerns, the FPoCF /Behavioral Health Coordinator will immediately contact the Referral Coordinator of the agency with whom the assessment was completed to request that revisions be made. If corrections, omissions, submission time exceeds the allotted 24 calendar days or recommendations are not corrected the POC or Behavioral Health Coordinator will contact the funding source (ACHA Area Representative and/or CWPMHP Coordinator) for guidance and assistance in reaching resolution to the issues. If ongoing problems or concerns are identified with a particular provider, a review will be conducted with the CBCIH Regional Coordinator to determine if use of the provider should be suspended or terminated.

BY DIRECTION OF THE PRESIDENT AND  
PRESIDENT AND CHIEF EXECUTIVE  
OFFICER:



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

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