Family Partnerships of Central Florida
BREVARD | ORANGE | OSCEOLA | SEMINOLE

PROCEDURE

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, 10/02/2025
Review Date:	10/02/2025
Effective Date:	08/06/10
Applicable to:	FPOCF staff and its subcontracted agencies

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 Agencies. This operating procedure specifically applies to children who are under the primary supervision of Family Partnerships of Central Florida.

PROCEDURE:

References
F.S. 39.407
F.A.C. 65C-28.014
CFOP 175-40, 155-10, 170-18

Definition

All children who are sheltered over 72 hours are referred for a Comprehensive Behavioral Health Assessment (CBHA) within 7 calendar days 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 is 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 is completed within 7 calendar days of out-of-home placement if one has not been conducted within the past 12 months. 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

For initial shelters in Brevard County, the Child Protective Investigator (CPI) completes the Comprehensive Behavioral Health Assessment Referral in accordance with required referral standards by the Department of Children and Families. At the Case Transfer Staffing (CTS),

the DCF MDT Coordinator completes the corresponding consent and submits both forms to the FPOCF Point of Contact at c18cbha@familypartnerships.org. The FPOCF Point of Contact verifies shelter status and Medicaid eligibility then completes the Authorization for Comprehensive Behavioral Health Assessment as required by the Department of Children and Families. The completed referral, consent, and authorization forms are sent to a selected provider from FPOCF's network of contracted CBHA providers. The referral information is added to the FPOCF CBHA Tracker as required by the Department of Children and Families.

For initial shelters in Seminole, Orange and Osceola Counties the FPOCF Intake Behavioral Health Coordinator completes the Comprehensive Behavioral Health Assessment Referral and corresponding consent in accordance with required referral standards by the Department of Children and Families. The Intake Behavioral Health Coordinator verifies shelter status and Medicaid eligibility then completes the Authorization for Comprehensive Behavioral Health Assessment as required by the Department of Children and Families. The completed referral, consent and authorization forms are sent to a selected provider from FPOCF's network of contracted CBHA providers. The referral information is added to the FPOCF CBHA Tracker as required by the Department of Children and Families.
Referrals, consents and authorizations must be sent to an approved provider within 1 business day of receipt of referral.

Referrals on Existing Out of Home Care Cases

Case management is responsible for submitting the Comprehensive Behavioral Health Assessment Referral and corresponding consent to the FPOCF Point of Contact by emailing c9cbha@familypartnerships.org or c18cbha@familypartnerships.org for cases involving: (1) a new baby born on an existing case and placed in out-of-home care, (2) to update a CBHA for a child already in out-of-home care whom has not had a CBHA within the past 12 months, or (3) on a re-open Permanent Guardianship case in which a CBHA is needed and one has not been completed within the past 12 months. The FPOCF Point of Contact will verify the child's shelter status and Medicaid eligibility to submit the referral, consent and Authorization for Comprehensive Behavioral Health Assessment to a selected provider from FPOCF's network of contracted CBHA providers.

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 on the referral should indicate that the Medicaid number is currently being processed by the intake and Eligibility Specialist and an anticipated effective date

The Consent to Mental Health Assessment and Authorization for Release of Information form must be attached to the referral and include the parent or legal guardian's signature. The signature must be witnessed. The signature represents the parent's consent to release information to any of the specified providers. If the parent is unavailable or unwilling to sign the consent, the Child Protective Investigator or Dependency Case Manager shall sign the consent and include a copy of the shelter order in place of the parent's signature.

Review of Assessment

To ensure dispositions are clinically appropriate, all CBHA's are reviewed for 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 and Permanency 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 is used to secure and monitor services within the FPOCF System of Care. The information is reviewed by the assigned Dependency Case Manager and Clinical Services Coordinator for the identified child and siblings. Results, findings and recommendations are 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 Dependency Case Manager uses 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 to revise the current case plan if necessary. The revised dependency case plan must be filed with and approved by the court.

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 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

To be reimbursed, the assessment must be completed and received by the FPOCF POC or designee no later than 21 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 provider agency assigned, date referral assigned, date due and received date. The FPOCF POC will then review the CBHA to ensure that the assessment contains all required information and will then be forwarded to the assigned Dependency Case Manager with a corresponding cover sheet outlining next steps needed by case management for the child's identified needs If there are concerns noted in the assessment, the FPOCF Behavioral Health Coordinator must work with the assessor to make the appropriate corrections within 3 days of receipt of the initial CBHA. The Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook require CBHAs to be completed within 24 calendar days from receipt of the authorization.

Centralized Tracking System

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

Distribution of Assessment

Upon receipt of a complete and accurate assessment, the FPOCF Behavioral Health Coordinator distributes the CBHA to the Dependency Case Manager and Supervisor, the case management Assistant Program Director and Program Director, the Permanency Specialists and Behavioral Health Specialists where applicable, GAL, Clinical Services Team, and other agency point of contacts specific to the child's unique needs as identified in the assessment. The Behavioral Health Coordinator uploadsthe CBHA to the Medical Tab in FSFN and upload the completed assessment to the Sunshine portal for members of the health plan.

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 to ensure accuracy of demographics, appropriateness of billable hours and observations, content of the child's emotional, behavioral, social, and developmental functioning, as well as identified needs and recommendations. If an assessment has omitted information, content is not 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, and 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 to determine if use of the provider should be suspended or terminated.

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

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

APPROVAL DATE: 10/31/2025