
Series:	Operating Procedures	COA: NET 6.03 CFOP: 175-04
Procedure Name:	Comprehensive Behavioral Health Assessments	
Procedure Number:	OP-1004	
Revision #/Date:	N/A	
Effective Date:	08/06/10	
Applicable to:	BFP staff and its subcontracted agencies	

PURPOSE: To outline the process for completion of the Comprehensive Behavioral Health Assessment for Brevard Family Partnership (BFP) staff and its subcontracted Case Management Agencies.

PROCEDURE:

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. 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 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).

Referral Form

CBHA Referral Form dated 07/09/07 is the operational form to request a CBHA. The Child Protective Investigator will fax or mail a completed referral form to the BFP Utilization Program Manager located at 760 North Drive, Ste. C Melbourne, FL 32934. The Medicaid Specialist will verify Medicaid eligibility. The UM Program Manager will then prepare the Authorization for CBHA (Appendix B) and will make the referral to a subcontracted provider within the Brevard County network within one working day of receipt of the referral. Prior to assignment Medicaid eligibility must be established and a network CBHA assessor must be available to accept receipt of the referral.

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 Child in Care Specialist.

Documentation

The Shelter Order and the Consent for Release of Information form for CBHA must be attached to the referral. The child's name, date of birth, social security number, address and parent or legal guardian 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 1 working day of the referral. 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 BFP 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 by a BFP Utilization Review Specialist and/or BFP UM Program Manager. 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 page 2-2-4 – 2-2-7. prior to submission to the Dependency Care Manager. CBHA's less than one year old are incorporated into the Clinical Review/MDT Staffing process to ensure that recommendations are followed as prescribed by the assessor and are appropriate based on the child's current needs.

Coordination

In order to ensure completion of CBHA referrals within the required time frame (i.e., CPI referrals are submitted within 72 hours of shelter) Brevard Family Partnership addresses this issue in a weekly Operations Conference Call which includes Program Administrators of each Child Protective Investigation Units, Dependency Care Manager Program Directors and supervisors. In addition, a weekly shelter audit of all children coming into care is held on a conference all in which the provider agency, Dependency Care Manager, Intake Specialist and Utilization Review Specialist are present to review the case and assess any needs the child has at that time. A review form is completed which include the date of CBHA referral and name of referring CPI in order to ensure that submission of the referral has been provided. If a referral has not yet been submitted or information is still needed (i.e. signed Release of Information, Court Order, demographic information, etc.) this task will be assigned at this time.

Timeframe

In order to be reimbursed the assessment must be completed and received by the BFP UM Program Manager no later than 24 calendar days after the date of referral. Each referral is logged in a CBHA database log with to reflect the funding source, date of referral, name of assessor assigned, date referral assigned, date due and received date. The UM Program Manager will then review to ensure that the assessment contains all required information and will then be forwarded to the assigned Care Manager. The assessment will be completed prior to enrollment and will be provided to all relevant parties within 10 days of enrollment and prior to the completion of the Individualized Treatment Plan.

Centralized Tracking System

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

Distribution of Assessment

Once complete the CBHA Referral Coordinator will electronically submit the assessment to the UM Program Manager. The assessment will be reviewed for required documentation, recommendation, 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 within one business day of receipt of the assessment.

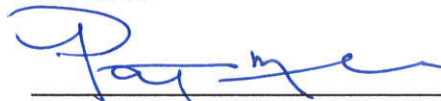
Staff Qualifications

Comprehensive Behavioral Health Assessments must be personally rendered by individuals who have been certified/recertified by the Community Based Care, and Magellan Behavioral Health as meeting the specific education and training requirements (See Community Behavioral Health Services Coverage and Limitations Handbook 2-2-9). Certification will be withdrawn if the provider fails to continue to meet the specific qualifications to provide these services.

Quality Assurance

BFP Utilization Program Manager 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 complete or other issues or concerns are the UM Program 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 UM Program Manager 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 CWPMHP Clinical Coordinator to determine if use of the provider should be suspended or terminated.

BY DIRECTION OF THE CHIEF EXECUTIVE
OFFICER:



DR. PATRICIA NELLIUS-GUTHRIE
Chief Executive Officer
Brevard Family Partnership

APPROVAL DATE: 8/18/10