

Series:	Operating Procedures	COA: NET 2.03, 2.04, 4.03, 7.01, 7.02, 7.08, 7.09 CFOP: N/A
Procedure Name:	Clinical Review & CWPMHP	
Procedure Number:	OP-1111	
Revision #/Date:	(4) 08/06/10	
Effective Date:	10/15/07	
Applicable to:	BFP staff and its subcontracted agencies	

PURPOSE: To outline the process for staffing children with the Clinical Review Team and accessing CWPMHP services

SUBJECT: Clinical Review & Child Welfare Pre-Paid Mental Health Plan

PROCEDURE:

Clinical Review Process

Clinical Reviews/MDT involve the review of children in licensed out of home care to determine the need for both an increased or decreased level of care. Recommendations are based upon medical necessity criteria and are intended to provide guidance for other services options and interventions in the event that Specialized Therapeutic Foster Care (STFC) and Specialized Therapeutic Group Home Care (TGC) are not recommended. These children must be under the jurisdiction of Brevard County and be a part of the Circuit 18 child welfare system.

The core team members that participate in the Clinical Review/MDT Process include the Brevard Family Partnership (BFP) Utilization Program Manager, BFP Intake Specialist, BFP Utilization Review Specialist, Substance Abuse and Mental Health (SAMH) Representative, Department of Juvenile Justice (DJJ), ACHA representative, Independent Living Specialist, School Board Representative, BFP Consulting Psychologist and corresponding Targeted Case Manager, Therapist and Child Welfare Care Manager. Clinical Reviews/MDT's are held every Tuesday beginning at 9:00am. Requests for Clinical Review/MDT staffing are submitted to the UM Program Manager and can be made by any party of the child's treatment team. Referrals for Clinical Review/MDT Staffing are submitted to the UM Program Manager via electronic request. Dependent on the current needs and issues a child will be placed on the next available agenda but can be reviewed at an emergency staffing if required.

Scheduling of Clinical Review Staffings

Agendas are created weekly and distributed electronically to all relevant parties involved in the child's treatment including but not limited to the foster parent, Child Placing Agency representatives, Guardian Ad Litem, Child Management Agency, DJJ, SAMH, ACHA and school personnel. In the event that a child scheduled for Clinical Review/MDT is cancelled

the child will be placed on the preceding week's agenda. Documents necessary for decision making for placement at the various levels of therapeutic placements are currently specified in the Medicaid Handbook. Clinical Review/MDT meetings will be cancelled and rescheduled if all of the following can not be present: UM Program Manager or designee, SAMH Representative, School Board Representative and provider representative/therapist. Emergency Clinical Reviews/MDT's will be held within one business day of the request. The UM Program Manager will contact all team members to advise of emergency Clinical Review/MDT location and time. Those members that are unable to personally appear will participate via a phone conference whenever possible. In the event that all team members are unable to be present, the team will reach consensus through the majority of the members that are able to participate.

The Dependency Case Manager, Dependency Case Manager Supervisor, Program Director, BFP UM Program Manager or current placement provider will determine that a child may need intensive therapeutic placement based on the child's lack of functioning in their current placement. This determination is usually under continual consult with the UM Program Manager (BFP Point of Contact).

The Brevard Family Partnership Intake & Placement Unit or the Dependency Case Manager will contact the UM Program Manager to schedule Clinical Review/MDT Staffings for children who may require higher end therapeutic placement into Specialized Therapeutic Foster Care Level I & II, Therapeutic Group Care and Residential Psychiatric Treatment (State Inpatient Psychiatric Program).

If a Clinical Review/MDT staffing needs to be cancelled and rescheduled, the Cancelled Clinical Review/MDT Procedure will be followed for cancellation purposes. Steps 1-4 of this policy will be followed in order to reschedule the cancelled staffing.

Representatives from AHCA and SAMH are required to review therapeutic packets and/or participate as members of the multi-disciplinary team when placement requires the signing of an Appendix or capacity waiver. In the event that circumstances prevent the attendance of one or both of these agencies at the Clinical Review/MDT, their signatures may be obtained after their agency representative reviews the placement packet. If the team recommends a waiver, the BFP Point of Contact or designee will ensure distribution and appropriate tracking of the information. A Statement of Client Confidentiality along with clinical notes/summary of case staffing is maintained on each case staffed and provided to all relevant parties to the case.

Technical assistance is provided through The Partnership. Additional clinical oversight and placement review is provided by the CWPMHP STFC/TGC Clinical Coordinator and Magellan's Residential Care Manager. Results and minutes of each Clinical Review staffing are submitted electronically to the CWPMHP STFC/TGC Clinical Coordinator. The Clinical Coordinator reviews all documentation to ensure that recommendations and interventions are clinically appropriate. The DCM, parent/caregiver, and provider (as applicable) will be notified by the UM Program Manager when an initial authorization is recommended or denial of continued authorization is received from The Partnership. Notification of Status Change reflecting a movement to a less restrictive or more restrictive level of care, SIPP, STFC or TGC denial, discharges or Baker Acts will be provided to the Child Welfare Care Manager and/or supervisor, Guardian Ad Litem or Attorney, Parent (if

not TPRd) or current Legal Guardian, ACHA Area Representative and ACHA Contract Manager.

Should it be determined that the child does not meet medical necessity criteria for therapeutic placement, the UM Program Manager will assist the Child Welfare Case Manager regarding other community service recommendations. Children who do not meet the medical necessity criteria for specialized levels of care may be assessed for appropriateness in a BFP Enhanced Family Support Home. Placement in family support care homes is based on the established internal criterion including CAFAS/PECFAS scores, behavioral descriptions and child profile, and service provision requirements of foster parents (see BFP Family Support Home matrix for additional information).

Geographic Area Served

The Brevard Family Partnership Clinical Review/MDT team serves all children under the age of 18 who have an open dependency case that was initiated in Brevard County, Florida regardless of the child's actual placement location. The BFP Multidisciplinary Team is located in the Department of Children & Families District 7 and Agency for Health Care Administration Area 7.

Absentee Clinical Review Team Members

The UM Program Manager will provide copies of the Clinical Review/MDT staffing notes, including staffing outcomes, tasks assigned and signature pages to all interested absentee parties at the conclusion of the Clinical Review/MDT staffing. The UM Program Manager will fax or email the staffing review form to the interested parties within 48 hours of the staffing date.

The interested parties may include, but is not limited to; the Biological Parent(s), Attorney(s), Child Legal Services (CLS), Guardian Ad Litem (GAL), Foster Parent(s), Group Home Staff or Current Caregivers, Dependency Case Manager Supervisor, Program Director, Targeted Case Manager, Adoptions Staff, Therapist(s), Child Placing Agencies, Department of Juvenile Justice, DCF Substance Abuse and Mental Health (SAMH) Program Office, Agency for Health Care Administration (AHCA) and Agency for Persons with Disabilities representatives.

The Brevard Family Partnership UM Program Manager will provide copies to Statewide STFC & TGC Coordinator and STFC/TGC/SIPP program liaisons to ensure staffing notes and recommendations are included in client's treatment file.

Clinical Review Packet

The Clinical Review/MDT packet should contain the following: CWPMHP Clinical Review Form, Comprehensive Behavioral Health Assessment (CBHA) (when used for decision making for Specialized Therapeutic Foster Care the assessment may not be older than one year). An up to date CBHA is considered best practice in the event that other pertinent and relevant clinical information are not available when making a recommendation for a specific level of care. The packet should also contain a Treatment Plan, Suitability Assessment, school records, Department of Juvenile Justice (DJJ) records, treatment

summaries, psychological evaluations, and psychiatric evaluations as applicable. Five copies of the Clinical Review/MDT Packet are provided prior to or at the start of the Clinical Review/MDT meeting for the core team members to review. The UM Program Manager may return a request for STFC or TGC if the packet does not meet the requirements for documentation as outlined in the Medicaid Handbook. The packet may also be returned if adequate clinical history to make a decision is not provided. Representatives from AHCA and SAMH are required to review therapeutic packets and/or participate as members of the multi-disciplinary team when placement requires the signing of an Appendix or capacity waiver. In the event that circumstances prevent the attendance of one or both of these agencies at the MDT, their signatures may be obtained after their agency representative reviews the placement packet. If the team recommends a waiver, the UM Program Manager will ensure distribution and appropriate tracking of the information.

Clinical Review Documentation

Minutes/Clinical Review/MDT Notes are taken to address the child's current treatment issues, behaviors, changes since last review (if applicable), needs, previous placements, interventions utilized, Suitability Assessment results (if applicable and a request for a TGC or SIPP level of care is being determined), permanency plan, length of stay requested, negative effects of multiple placements, positive gains achieved in less restrictive setting, discharge plan, summary, tasks and recommendations. Copies are provided to each team member at the conclusion of each staffing.

Clinical Review Centralized Tracking

All children residing in TGC must be reviewed at the Clinical Review/MDT staffing a minimum of every 3 months in coordination with the Suitability Assessment requirements. All children residing in STFC must be reviewed at the Clinical Review/MDT staffing a minimum of every 6 months. All Clinical Review/MDT Staffing dates, purpose and outcomes are maintained in a centralized tracking system (BFP Database). In addition, copies of all Clinical Review/MDT Agendas are maintained by the UM Program Manager.

Medicaid Specialist

The Medicaid Specialist tracks Medicaid eligibility for both dependent and adopted children through the Florida Medicaid Management Information System (FMMIS), acts as the liaison for Medicaid issues for the Magellan Child Welfare Pre Paid Mental Health Plan, the Agency for Health Care Administration, Economic Self Sufficiency, Care Managers, adoptive parents and foster parents. The Medicaid Specialist provides technical assistance and oversight in the area of the Magellan database development, tracking, monthly review of the Magellan census to include weekly authorizations and claims paid and interfaces with the Department of Children and Families Child in Care Specialist regarding enrollment status and troubleshooting when indicated. The Medicaid Specialist completes annual Medicaid renewals for adopted children and for the Interstate Compact on Adoption Assistance (ICAMA) recipients.

Medical Necessity Criteria

In accordance with Florida Administrative Code 59G-1.010 (166) medical necessity criteria means that: 1. The medical or allied care, goods, or services furnished or ordered must

meet the following conditions: a. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain; b. Be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment and not in excess of the enrollee's needs; c. Be consistent with generally accepted professional medical standards and determined by the Medicaid program, and not experimental or investigational; d. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and e. Be furnished in a manner not primarily intended for the convenience of the enrollee's caretaker, or the provider. 2. "Medically necessary" or "medical necessity" for inpatient hospital services requires that those services furnished in a hospital or inpatient basis could not, consistent with the provisions of appropriate medical care, be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type and 3. The fact that a provider has prescribed, recommended or approved medical or allied goods, or services does not, in itself, make such care, goods or services medically necessary or a covered service.

Scope of Magellan Funded Services

Inpatient Services for children and adolescents Intensive twenty four hour services occurring in an appropriately licensed mental health facility. Services are provided under the supervision of a licensed child and adolescent psychiatrist and are focused on reducing immediate risk due to dangerousness to self or others, grave disability, complicating medical conditions (co existing with mental health condition) that leave the enrollee at significant risk. Treatment is highly intensive, and is provided in a secure environment by a multidisciplinary team of qualified mental health professionals.

Inpatient Hospitalization services

Intensive twenty four hour services, occurring in an appropriately licensed mental health facility. Services are provided under the supervision of a licensed psychiatrist and are focused on reducing immediate risk due to dangerousness to self or others, grave disability, or complicating medical condition (coexisting with a mental health condition) that leave the enrollee at significant risk. Treatment is highly intensive, and is provided in a secured environment by a multidisciplinary team of qualified mental health professionals.

- A. Crisis Stabilization Unit: This service can substitute for inpatient as a downward substitution on a 2 day Crisis Stabilization Unit day for 1 inpatient day ration when determine medically appropriate.
- B. Emergency Room Services: Mental health treatment services provided by qualified mental health professionals that are available 24 hours per day 7 days per week and directed towards assessing and treating crisis situations of a clinical nature. These services are commonly provided in a hospital setting supervised by a licensed physician.
- C. Psychiatric Clinic and Psychiatric Visits/Individual Therapy: Services include routine outpatient mental health services such as evaluation and assessment, individualized treatment planning, medication management and individual counseling and therapy.
- D. Psychiatric Electroconvulsive Therapy (ECT): This established form of treatment can be used for a variety of mental conditions particularly Major Depression, Bipolar Disorder and Catatonic Schizophrenia. Although mainly used with adults, ECT may

- be considered for adolescents with severe suicidal and depressive symptoms whose illness has not responded to medication or other forms of treatment.
- E. Psychological Testing: Battery of testing that renders a multi axis diagnosis complete with clinical interview, impressions, summaries and recommendations.
 - F. Psychiatric Consultation: A physician consultation must include a psychiatric examination (including the Mental Status Exam) and evaluation of the enrollee with information from family members or significant others as appropriate. Written documentation of an exchange of information with the attending physician and/or primary care physician must be included.
 - G. Inpatient psychiatric visit: An inpatient psychiatric visit must be documented with a mental health procedure code and mental health diagnosis code. All procedures with a minimum time requirement must be documented in the medical record to show the time spent providing the service to the enrollee. Daily physician visits with documentation of such are required.
 - H. Individual Treatment Plan Development and Modification: This includes an individualized treatment plan that is developed using an assessment tool by creating a structured, goal oriented schedule of services. This plan is developed by the enrollee and treatment team and contains attainable goals and measurable objectives.
 - I. Evaluation and Assessment Services: Evaluation and Assessment Services covers a spectrum of diagnostic tests including a Psychiatric Evaluation, Brief Behavioral Health Status Examination, Psychiatric review of records, In Depth Assessment (diagnostic tool for collecting information to establish or support a diagnosis and development or modification to the treatment plan and discharge criteria) Bio Psychosocial Evaluation (provides information on biological, psychological and social factors that may have contributed to the enrollee's need for services. The evaluation includes a brief Mental Status Exam and preliminary service recommendations) Psychosocial Testing (assessment, evaluation and diagnosis of the enrollee's mental status or psychological condition through the use of standardized testing methodologies) and Limited Functional Assessment (limited to the administration of functional assessments required by the Department of Children and Families (DCF) including Multinomah Community Ability Scale, Functional Assessment Rating Scale and the Children's Functional Assessment Rating Scale.
 - J. Medical and Psychiatric Services: Includes the evaluation of the need for medication, evaluation of clinical effectiveness and side effects of medication, prescribing, dispensing and administering of medications, medication education, planning related to service delivery and evaluating the status of the enrollee's community functioning. This can broadly include Medication Management, Brief Individual Medical Psychotherapy, Group Medical Therapy, Behavioral Health Screening Service, Behavioral Health Services, Methadone or Buprenorphine Administration.
 - K. Mental Health Counseling/Therapy: Treatment Services provided by qualified mental health professionals that are directed towards ameliorating symptoms of a mental health disorder and/or maintaining stability and functional autonomy for enrollees with severe and persistent mental illness. Outpatient services are specific in targeting the symptoms or problems being treated. The most common service types are individual and family therapy, group therapy and behavioral health day services.

- L. Psychosocial Rehabilitative Services: Services that assist enrollees with functional disabilities resulting from mental illness in order to develop, enhance, and/or retain: psychiatric stability, social competencies, personal adjustment and/or independent living competencies, so that enrollees experience more success and satisfaction in the environment of their choice and can function as independently as possible (and as age appropriate).
- M. Therapeutic Behavioral On Site Services for Child and Adolescents: This service is designed to assist children who have complex needs as well as their families, in an effort to prevent a more intensive and restrictive behavioral health placement. coverage must include the provision of these services outside the traditional office setting. The process must be driven by assessment of the individual needs and strengths of each enrollee and family, and be developed and directed by a treatment team.
- N. Therapy: Therapeutic behavioral therapy services include a clinical assessment of mental health, substance abuse or behavioral disorders to determine treatment needs. An assessment and implementation plan is created with the enrollee and his/her family to incorporate the child or adolescents' natural support system. These services also provide development, implementation, and monitoring of behavior programming for the enrollee a well as individual and family therapy as needed.
- O. Behavior Management Services: Behavior Management Services provide an assessment of behavior problems, and functions of those problems and related skills deficits and assets. This assessment also identifies primary and other important caregiver skills deficits and assets related to the enrollee's behaviors and the interactions that will motivate, maintain or improve behavior.
- P. Therapeutic Support Services: Therapeutic support services must be related to the enrollee's treatment plan goals and objectives and must include one or more of the following: one to one supervision and intervention with the enrollee during therapeutic activities in accordance with the treatment plan, skill training of the enrollee for restoration of those basic living and social skills necessary to function in the enrollee's own environment, and assistance to the enrollee and family in implementing the behavioral goals identified through family counseling and development of the treatment plan.

Crisis Intervention Mental Health Services and Post Stabilization Services

This includes mobile assessment, referral, intervention and triage services that can occur in any one of a number of settings. These settings include the enrollee's home, residential placement settings, outpatient clinics, foster homes, inpatient medical units, etc. Crisis intervention services include intervention activities of less than 24 hour duration (within a 24 hour period) designed to stabilize an enrollee in a psychiatric emergency.

Substance Abuse Services

Enrollees will receive Medicaid funded substance abuse services through the fee for service system; Magellan care managers will use the Florida Supplement to the ASAM PPC-2R assist enrollees in obtaining and locating needed services in this area.

Mental Health Targeted Case Management Services

This includes direct outpatient services delivered in the enrollee's home or residence and/or community setting. These services are directed toward the rehabilitation of behavioral/social/emotional deficits and/or amelioration of symptoms for enrollees with a serious mental illness or emotional disorder. Such services are designed to provide assistance to priority population enrollees in accessing needed resources and services in order to achieve stability in the community.

Therapeutic Foster Care

Specialized Therapeutic Level 1

Magellan Behavioral Health Criteria states that Level 1 is for enrollees whom have a serious emotional disturbance, including a mental, emotional or behavior disorder as diagnosed by a psychiatrist or other licensed practitioner of the healing arts. Without specialized therapeutic foster care, the enrollee would require admission to a psychiatric hospital, the psychiatric unit or a general hospital, a crisis stabilization unit or a residential treatment center or has, within the last two years, been admitted to one of these settings. A history of delinquent acts and has a serious emotional disturbance. The enrollee may exhibit maladaptive behaviors such as destruction of property, aggression, running away, use of illegal substance, lying, stealing etc. The enrollee may display impaired self concept, emotional immaturity or extreme impulsiveness and immaturity impairs decision making and places the enrollee at risk in a non therapeutic community setting or there is a history of abuse and neglect and serious emotional disturbance. The enrollee's emotional and behavioral patterns are marked by self destructive acts, impaired self concept, heightened aggression, or sexual acting out. Additional signs of social and emotional maladjustment such as lying, stealing, eating disorders and emotional immaturity may also be identified. Individuals may have also been determined through Clinical Reviews/MDT that the enrollee cannot be adequately treated with less intensive services, been a victim of abuse or neglect and been determined by the Department of Children and Families, district Child Welfare and Community Based Care program office to require out of home care.

Note that no more than two specialized or regular foster care children or children committed to the Department of Juvenile Justice may reside in a home being reimbursed for specialized therapeutic foster care services. Only in the case of placement of a sibling(s) of the therapeutic foster care child may the two child limit be exceeded and only when the specialized therapeutic foster home has the licensed capacity. The waiver must be approved in the context of the Clinical Review/MDT. An Over Capacity Waiver Log is maintained by UM Program Manager. Any requests for OCW must be approved by the UM Program Manager, COO Children & Family Services and signed by the CEO or designee for initial request. A CPA Licensure Log is also maintained which reflects the current number of children a home is licensed for and what level of care (traditional, specialized therapeutic, medical, etc.) the home is licensed for. Any request for an OCW is cross referenced with the above mentioned logs to ensure that no Specialized Therapeutic Foster Home exceeded the capacity of 2 unless it is in the case of placement of a sibling(s) and an OCW is reviewed and approved prior to placement.

Specialized Therapeutic Level 2

Level 2 is for an enrollee who meets the criteria for Level 1 and who exhibits more severe maladaptive behaviors such as destruction of property, physical aggression toward people or animals, self inflicted injuries and suicide indications or gestures or an inability to perform activities of daily and community living due to psychiatric symptoms. The enrollee requires more intensive therapeutic interventions and the availability of highly trained specialized therapeutic foster parents. Specialized therapeutic foster care services may be used for crisis intervention for an enrollee for whom placement must occur immediately in order to stabilize a behavioral, emotional or psychiatric crisis. The enrollees must be in foster care or commitment status and meet Level 1 or Level 2 criteria.

Clinical Reviews/MDT must be utilized to determine the level of specialized therapeutic foster care services required by the enrollee, and review each child/adolescent status to reauthorize services no less than every six months. A specialized therapeutic foster home may be used as a temporary crisis intervention placement for a maximum of 30 days. Any exception to the length of stay must be approved in writing through the Clinical Review/MDT process.

Note that no more than two specialized or regular foster care children or children committed to the Department of Juvenile Justice may reside in a home being reimbursed for specialized therapeutic foster care services. Only in the case of placement of a sibling(s) of the therapeutic foster care child may the two child limit be exceeded and only when the specialized therapeutic foster home has the licensed capacity.

Specialized Therapeutic Group Home (TGC)

An ICD-9-CM diagnosis of a) 295.0 through 298.9 or b) 294.8, 294.9 through 301.9, 307.1, 307.23, 307.5 through 307.7, 308.0 through 312.4, 312.81 through 314.9 and 303.0 through 305.9 and either have been enrolled in a special education program for the seriously emotional disturbed or emotionally handicapped or have scored 50 or below on the Axis V Global Assessment of Functioning Scale or CGAS with the past six months. The justification to the score must be well documented and detailed on the certification form. The enrollee must be diagnosed by a psychiatrist or other licensed practitioner of the healing arts as having a moderate to serious psychiatric, emotional or behavioral disorder and due to the emotional or psychiatric symptoms, is exhibiting severe maladaptive behaviors or an inability to perform activities of daily living. The enrollee must require intensive, structure mental health interventions and the availability of highly trained therapeutic group care staff. The enrollee must have reached the maximum health benefit from a more restrictive setting or a less restrictive treatment option may be have been tried or considered and not found sufficient to meet safely the enrollee's treatment needs.

Each enrollee must be reviewed via the Clinical Review/MDT process and must reauthorize no less than every six months for the first twelve consecutive months of placement and then no less than every month for the following 12 consecutive months. The focus of service must be directly related to the enrollee's mental health or substance abuse condition. The intensity and individual utilization of treatment services must be determined by, and must be directly related to the enrollee's specific needs as identified in the individualized treatment plan and reflected in the clinical record.

The Independent Living Coordinator is a core member of the Clinical Review/MDT team in order to ensure transition and discharge planning issues are addressed in conjunction with

the required IL staffing for this population. Once a child reaches his/her sixteenth birthday an Independent Living Specialist will conduct a Subsidized Living Staffing to review and identify what qualifications are needed, assess the youth's goals and objectives and assist in the transition/discharge planning process.

Youth who are seventeen years of age and are placed in a TGC will have an Independent Living Staffing upon their 17th birthday to review their benefits prior to turning eighteen.

During any time a youth is placed in a TGC level of care and are between 16-18 years of age they will be eligible to participate in monthly skills training meetings and quarterly Independent Living events and activities. Specific criteria will be established for each youth depending upon their strengths and needs in conjunction with their treatment team.

Authorization and Placement Notification

If the recommendation by the Clinical Review/MDT Team is for the service of Specialized Therapeutic Foster Care or Group Care, the UM Program Manager will contact the Magellan Care Manager within one working day of the recommendation for authorization. Should it be determined that the child does not meet medical necessity criteria for this level of placement, the UM Program Manager will contact the Child Welfare Care Manager and advise them of the decision and assist them regarding other community service recommendations. The UM Program Manager works with BFP Intake Specialists to identify placements for levels of care. If an out of plan placement is needed, the UM Program Manager will work with the CWPMHP Coordinator to identify placement to ensure that all legal and programmatic processes are in compliance prior to placement outside of the geographic district. The UM Program then coordinates and obtains initial authorization and concurrent reviews for STFC and TGC level of treatment. Once authorization has been obtained the UM Program Manager notifies BFP intake Specialists, the Child Placing Agency and the assigned Care Manager through electronic written notification. A Notification of Status Change is submitted to all identified parties and a copy is maintained in the Intake and Placement case file.

Discharge Notification

If it is determined by the Clinical Review/MDT Team or by the Magellan Clinical Care Manager that a child no longer meets Medical Necessity Criteria for an identified level of care the BFP POC will notify the Child Welfare Dependency Care Manager, Guardian Ad Litem (if one is assigned) and Child Placing Agency of this decisions to discharge the client in writing via the Notification of Status Change form. Discharge planning is addressed in each Clinical Review/MDT staffing to determine the most appropriate and least restrictive service/placement available to meet the child's needs. This plan is reviewed at each Clinical Review/MDT staffing to ensure that an appropriate discharge plan remains in effect and is one that all team members are in agreement on. The discharge plan can be altered at any time outside of Clinical Review/MDT to meet the needs of the child.



BY DIRECTION OF THE CHIEF EXECUTIVE
OFFICER:

A handwritten signature in blue ink, appearing to read "Patricia Nellius-Guthrie", written over a horizontal line.

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

APPROVAL DATE: 8/18/10