

# NWF Health Network Policy & Procedure

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<b>Series:</b>	300: Medical and Behavioral Health Care	
<b>Policy Name:</b>	Referrals for Comprehensive Behavioral Health Assessment	
<b>Policy Number:</b>	305	
<b>Origination Date:</b>	3/9/2009	<b>Revised:</b> Board Meeting of 10/26/2023
<b>Regulation:</b>	39.407, F.S. CFOP 175-40, Chapter 2	

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## Policy

It is the policy of NWF Health Network (NWFHN), to require all Child Protective Investigators (CPIs) or contracted Case Management Organizations (CMOs) to refer for a Comprehensive Behavioral Health Assessment (CBHA) for all children entering out-of-home care who are Medicaid eligible.

## Procedure

### A. General.

1. All children entering out-of-home care will be provided a Comprehensive Behavioral Health Assessment (CBHA) The purpose of the CBHA is to:
  - a. Provide assessment of areas where no other information is available;
  - b. Update pertinent information not considered current;
  - c. Integrate and interpret all existing and new assessment information;
  - d. Provide functional information, including strengths and needs that will aid in the development of strategies to enable the child to live in the least restrictive environment;
  - e. Provide specific information and recommendations to accomplish family preservation, reunification, or re-entry and permanency planning;
  - f. Provide data to support the most appropriate placement when out-of-home care or residential mental health treatment is necessary;
  - g. Provide the basis for developing the behavioral health component of the case plan.
2. Assessments used for decision making for therapeutic placement may not be older than one (1) year.
3. CBHAs for children with no diagnosis shall be invoiced by the provider using the codes R69 for Diagnosis Deferred and Z71.1 for No Diagnosis.
4. Annual update of the CBHA is not a requirement. A child in licensed foster care who has not been provided an assessment within twelve (12) months AND is experiencing significant behavioral and/or emotional difficulties in his/her current placement is eligible for an annual comprehensive behavioral health assessment. The CBHA Assessor will complete the summary page of the Child and Adolescent Needs and Strengths (CANS-MN or CANS 0-3) assessment tool to serve as the first page of the completed report.

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5. The assessment does not require authorization from the court or consent from a parent or legal guardian.

## **B. Referrals from CPI or DCM, According to DCF Operating Procedure.**

1. Within seven (7) days of the child being placed in out-of-home placement, the Child Protective Investigator (CPI) or Case Manager will forward a CBHA Referral to the appropriate email by Circuit/ Provider (either [CBHA2@nwfhealth.org](mailto:CBHA2@nwfhealth.org); [CBHA14@nwfhealth.org](mailto:CBHA14@nwfhealth.org) [CBHA1FFF@nwfhealth.org](mailto:CBHA1FFF@nwfhealth.org) or [CBHA1LCI@nwfhealth.org](mailto:CBHA1LCI@nwfhealth.org)) This email includes multiple NWFHN employees as well as the Behavioral Health Care Coordinator whom will check referrals for completeness, including Medicaid status and the Appendix.
  - a. If Medicaid eligibility has not been determined, the request for the CBHA will remain pending until Medicaid eligibility is determined.
    - i. The status of this determination will be checked no less than one time weekly until the determination has been completed. If an incomplete referral is not remedied within fourteen (14) days of being returned, it will be considered void and the PI/DCM will be required to submit a new, complete referral.
    - ii. A complete referral must be assigned to an assessor within one (1) business day. Upon the assessor agreeing to complete the CBHA, an Acceptance Letter is issued, indicating the name of the Assessor and the due date of the draft report. Without an acceptance letter, a referral is not considered accepted or assigned. DCMs should pay particular attention to an Acceptance Letter at Case Transfer since without such a document, there is no assurance that a referral was made and in process.
2. Within twenty-four (24) calendar days of receipt of the referral, the CBHA Assessor will complete the assessment and submit the finalized report.
3. NWFHN cannot guarantee throughout the assessment that a child/children will remain in a placement or that all parties needed to complete an assessment will be available or cooperative. If an assessor is unable to complete the assessment for any reason, the Behavioral Health Coordinator must be contacted immediately.
4. The NWFHN Behavioral Health Coordinator and the Circuit Administrator or designee will review a random sample of assessments each month for quality and completeness.

## **C. Referrals from Dependency Case Managers (DCMs).**

1. The CBHA can be updated if a child meets medical necessity for an additional assessment (as described in *subsection A.4.*, above).
2. The DCM will forward a completed CBHA Referral to the Behavioral Care Coordinator has the responsibility of assuring that medical necessity is met.

## **D. Tracking.**

1. Referrals will be tracked by the Behavioral Health Care Coordinator at NWFHN, when deemed necessary. This tracking will ensure that timelines are met and that the referral source (PI or DCM) is provided a completed CBHA assessment.
2. Data will be available giving details including:
  - a. Timeliness of processing;
  - b. Provider utilization;

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- c. Trends; and
  - d. Diagnostic information.
3. The NWFHN Behavioral Health Care Coordinator and the Circuit administrator, or designees will maintain a current list of all active CBHA Assessors.

## **E. Follow-up Action to be Taken Upon Receipt of Assessment.**

- 1. Quarterly, Case Management Cases will be reviewed by the NWFHN QA Specialist to determine if the CBHA has been completed and placed in the case file and uploaded to FSFN.
- 2. DCMs are expected to refer for the services recommended in the assessments. Additionally, the CBHA will be used to further develop the dependency case plan, including addressing the Child's and Family's behavioral health service needs.

## **F. Provider Agency Requirements.**

- 1. Behavioral health care coordinator shall ensure that agencies employing persons conducting CBHA assessments meet provider certification and credentialing requirements of AHCA, MMAs and/or those as outlined in the Medicaid Community Behavioral Health Services Coverage and Limitations Handbook and other applicable Florida Statutes regarding licensure.
- 2. CBHA Assessors have the ability and responsibility to refer a child directly to a Baker Act facility when that intensive level of crisis intervention is necessary during the course of completing a CBHA.