Appendix 1: BNet Administrative Protocol (found in Guidance Document 12)

Step I: Initial Contact with the Child

1. The KidCare program currently accepts applications for enrollment in KidCare continuously throughout the year. Upon initial contact with the child, the Behavioral Health Liaison (Liaison) must determine whether the family has previously submitted an application for KidCare enrollment, and if so, within the past 120 days. If a current application is not on file with KidCare, the Liaison will assist the family in completing an application or reactivating a previously filed application. Concurrent with completing the application, the Liaison should administer the screening portion of the Behavioral Health Network Screening and Eligibility Tracking Form (Form), and also complete the Statement of Understanding form.
2. If the initial contact is made at a time when enrollment is closed for any reason, the Form should indicate that the child is not eligible for enrollment in the Behavioral Health Network (BNet) as KidCare enrollment is currently closed. The Liaison should inform the parents regarding the restrictions on enrollment and advise them to apply when enrollment reopens. Even in periods of closed enrollment, the family should submit the application form to KidCare, where it will be forwarded to the Department of Children and Families, Office of Economic Self-Sufficiency and screened for Medicaid eligibility.
3. If the parent advises that the child is already enrolled in KidCare, the Liaison proceeds to Step II: Screening to determine whether an assessment is warranted.

Step II: Screening

1. The Liaison must use the current version of the Form.
2. If the child receives a positive screen, the Liaison completes Part I of the Form and proceeds to Step III: Complete Assessment.
3. If the child receives a negative screen, the Liaison completes only Part I of the Form, and submits the Form to the ME, with a copy to the Children's Medical Services (CMS) area office. The ME forwards a copy of the Form to the BNet coordinator at SAMH Headquarters.
4. If the Liaison is processing a referral on a child previously screened by the Liaison or another Provider, the Liaison reviews the previous screening results to determine whether the screen was negative or positive. If positive, the Liaison proceeds to Step III: Complete Assessment.
5. If the previous screen was negative, the Liaison conducts the screen again. If the new screen is positive, the Liaison proceeds to Step III: Complete Assessment. If the new screen is negative, the Liaison completes only Part I of the Form and submits the Form to the ME, with a copy to the CMS area office. The ME forwards a copy to the BNet coordinator at SAMH Headquarters. The ME may, alternatively, approve the Liaison to submit enrollment-related forms directly to SAMH Headquarters with a copy to the ME.

Step III: Complete Assessment

1. Following a positive screen, the Liaison conducts, or arranges the service delivery of, a complete assessment, which may also include one or more of the following steps:
    a. Verification of previous screening results;
    b. Face-to-face interview with the child's family;
    c. Completion and/or review of additional assessments as needed (if an assessment has not been completed within the past six months, a new assessment must be completed); and
    d. Resolution of any conflicting results.

2. If the results of the child's assessment are positive, the Liaison completes Part II of the Form and proceeds to Step IV: Final Behavioral Health Network Determination.
3. If the results of the child's assessment are negative for BNet clinical eligibility, the Liaison completes Part II of the Form and submits the Form to the ME, with a copy to the CMS area office.
4. The ME forwards a copy of the Form to SAMH Headquarters. Alternatively, the ME may approve the Liaison to submit enrollment-related forms directly to SAMH Headquarters with a copy to the ME.

Step IV: Final Behavioral Health Network Determination

1. Following a positive assessment, the Liaison forwards the completed Behavioral Health Network Screening and Eligibility Tracking Form to the ME BNet Coordinator, with a copy to the area CMS office, along with a recommendation regarding acceptance of the child for BNet enrollment. The ME may approve the Liaison to submit enrollment-related forms directly to SAMH Headquarters with a copy to the ME, however, the ME's role in approving a child's enrollment remains unchanged.
2. The ME receives the completed Form and reviews the material to determine whether it agrees with the Liaison's recommendation regarding the child. If the Liaison's recommendation is to accept the child for BNet services and the ME agrees, the ME approves the child's Form and notifies the Liaison and the BNet coordinator at SAMH Headquarters.
3. The BNet coordinator at SAMH Headquarters officially notifies CMS Headquarters.
4. If the ME disagrees with the Liaison's recommendation regarding a child's qualification for BNet enrollment, it must convene a multi-disciplinary team to review the case. The team decision is binding.
5. If the Liaison's recommendation is to accept the child into BNet and the ME concurs, but no capacity is currently available, the child is enrolled in CMS, designated behavioral health eligible, and provided all medically necessary services, both physical and behavioral, through CMS resources pending the availability of BNet capacity.

Step V: Reverification of BNet Eligibility

1. The BNet Service Provider must re-verify enrolled clients for continued clinical eligibility no less frequently than every six (6) months. The six-month time period begins for each client with the date of assessment indicated on the enrollment Screening and Eligibility Tracking Form or the last, subsequent reverification on file.
2. Criteria for continued enrollment in BNet are a qualifying mental health or substance use disorder diagnosis and a CGAS score of 50 or less, or a subsequently adopted successor instrument, approved by the Department, with a comparable measure of functionality. The provider may retain for up to an additional two-month period a client whose CGAS score exceeds 50, but who is considered unlikely to maintain that level of progress, after which the client must be reassessed. The provider must disenroll the client if the subsequent score is greater than 50. A score of 50 or lower re-qualifies the client for subsequent reverification at six-month intervals.
3. The provider uses the Reverification and Request for Disenrollment Form to capture the results of a reverification assessment. The provider completes the first two sections to identify the BNet Service Provider and the client; checks the Reverification box in the first section; populating the primary diagnosis and CGAS score blocks; and provides a secondary diagnosis, if known. The Liaison initials the form and enters the date of the reverification.
4. The provider follows the same distribution protocol as specified above under Enrollment Step II: Screening, paragraph 3, to report reverifications.

Step VI: Disenrollment Processing

1. BNet recognizes two categories of disenrollment: those related to loss of clinical eligibility, and those related to loss of Title XXI coverage. All disenrollments reflecting the loss of clinical eligibility require submittal of a disenrollment form by the Liaison, and exclude a client from participating in BNet unless reenrolled in the program. This type of disenrollment applies to the following:
    a. client's CGAS score exceeds 50;
    b. client completed treatment;
    c. primary diagnosis is changed to one not covered;
    d. client declines or is noncompliant with services; or
    e. client is admitted to residential treatment exceeding 30 days.
2. The following disenrollments relate to loss of Title XXI coverage and also require submittal of a disenrollment form:
    a. client moves out of state;
    b. client is incarcerated;
    c. client obtains other insurance coverage; or
    d. client turns 19 years of age.
3. The following administrative actions also terminate a client, but do not require submittal of a disenrollment form, as CMS provides the information directly to BNet in monthly data files:
    a. client is determined Medicaid eligible;
    b. parent or guardian fails to pay monthly premium;
    c. parent or guardian fails to complete renewal; or
    d. parent or guardian requests cancellation of client's enrollment in BNet.
4. The BNet Service Provider will use the Reverification and Request for Disenrollment Form to request disenrollment of a client, completing the top section identifying the BNet Service Provider, checking the Request for Disenrollment check box, and completing the second section identifying the client. Part I does not require completion. The provider will complete Part II – Assessment – Request for Disenrollment, indicating the reason for disenrollment. If the reason is that the child has other insurance coverage, the provider should briefly include information that will help identify the other insurance. If either residential treatment or incarceration is indicated, the provider should include the additional information requested on the form. If the reason is that the child no longer meets BNet criteria, the provider must check the most pertinent one of the listed choices, or specify "other" and elaborate briefly in the space provided. The Liaison will initial and the date the form.
5. Submittal of disenrollment forms follows the same path as enrollments and reverifications, as detailed above under Enrollment Step II: Screening, paragraph 3.