

Template 6 Behavioral Health Network Participant Forms

Contract Reference: Sections A-1.2, C-1.3 and Guidance 12

BNet Screening and Eligibility Tracking Form

Form completed by:	Date:
Telephone No.:	Lead Agency:
Referral Source: (Check one)	
CMS <input type="checkbox"/>	FHK <input type="checkbox"/>
School <input type="checkbox"/>	Parent <input type="checkbox"/>
Other <input type="checkbox"/>	
If FHK Referral or FHK Active – Indicate family account Number →	

Client Data			
Insert following data for the child:			
SSN:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Last Name:		Date of Birth:	
First Name:		County of Residence:	
Middle Initial:		Legal Custodian's Name:	

Part I – Initial Screening – Clinical Eligibility		
Check or complete appropriate boxes.	Yes	No
Child meets all of the Behavioral Health Network Treatability Criteria: 1) Title XXI eligible for KidCare; 2) at least 5 and not yet 19 years of age; 3) requires level of care not available in other KidCare programs and in excess of benchmark benefits in Ch. 409; 4) expected to show improvement or achieve stability from program benefits; 5) requires no more than 30 days residential treatment at time of assessment; 6) family willing to participate in treatment plan goals and objectives. Unmet Criteria: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's custodian has signed the <i>Statement of Understanding</i>.	<input type="checkbox"/>	<input type="checkbox"/>
If "YES" to both of the above, proceed to Part II, Assessment - Clinical Eligibility		
Date of Screening:	Behavioral Health Liaison's Initials:	

Part II – Assessment – Clinical Eligibility		
The child must meet the clinical eligibility criteria described below as determined by a certified professional designated for making clinical eligibility determinations.		
Criteria:	Diagnosis	
	Primary	Secondary
1. Child has a primary ICD-9-CM or ICD-10-CM Diagnosis of mental disorders or substance-related disorders.		
2. Child demonstrates a significant level of functional impairment as measured by the Children's Global Assessment Scale (CGAS) with a score of 50 or below.	CGAS Score	
Note: A child diagnosed with Attention-Deficit/Hyperactivity Disorder as the primary diagnosis does not qualify for Behavioral Health Network services.		
Date of Assessment:	Liaison's Initials:	Circuit Coordinator's Initials:

BNet Reverification and Request for Disenrollment Form

Form Completed By:		Date:
Telephone:	Lead Agency:	
Purpose of Submission: (Check one)	Reverification <input type="checkbox"/>	Request for Disenrollment <input type="checkbox"/>

Client Data			
Insert following data for the child:			
SSN:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Last Name:		Date of Birth:	
First Name:		County of Residence:	
Middle Initial:		Legal Custodian's Name:	

Part I – Assessment – Reverification		
Criteria:	Diagnosis	
The child must meet the clinical eligibility criteria described below.	Primary	Secondary
1. The child has a primary ICD-9-CM or ICD-10-CM diagnosis of mental disorders or substance-related disorders.		
2. Child demonstrates a significant level of functional impairment as measured by the Children's Global Assessment Scale (CGAS) with a score of 50 or below.	CGAS Score:	
Note: A child diagnosed with Attention-Deficit/Hyperactivity Disorder as the primary diagnosis does not qualify for Behavioral Health Network services.		
Date of Assessment:	Behavioral Health Liaison's Initials:	

Part II – Assessment – Request for Disenrollment				
Indicate in the check box(es) the reason(s) justifying the Disenrollment action.				
Note: Nonpayment of premium, Medicaid eligibility, and turning age 19 are automatic, system-driven disenrollments that do not require submission of a request for disenrollment.				
Child has other insurance coverage.				<input type="checkbox"/>
Child has moved out of state.				<input type="checkbox"/>
Child has been placed in residential treatment exceeding thirty (30) days.				<input type="checkbox"/>
Indicate type of placement here:				
Child is an inmate of a Public Institution.				<input type="checkbox"/>
Indicate type of institution here:				
Child no longer meets the criteria for Behavioral Health Network services as evidenced by:				<input type="checkbox"/>
Declines Services <input type="checkbox"/>	Noncompliance <input type="checkbox"/>	CGAS >50 <input type="checkbox"/>	Completed Tx <input type="checkbox"/>	Other <input type="checkbox"/>
Specify "Other" here:				
Liaison's Initials:	Date:	Circuit Coordinator's Initials:		

**Statement of Understanding
Parent/Guardian Responsibilities for a Child in the Behavioral Health Network**

Parent/Guardian initial next to each item explained. Print name, sign and date at bottom of page.

Initial



- 1.____ The Behavioral Health Network (BNet) is part of the Children’s Medical Services Managed Care Plan (CMS Plan).
 - Children enrolled in BNet must also be enrolled in the CMS Plan and receive their medical care through the CMS Plan.
 - Both programs are part of Florida KidCare.
 - Children eligible for the CMS Plan may decline enrollment in that plan, but then cannot be enrolled in BNet.

- 2.____ After you apply for KidCare, you will receive a letter telling you the date your child’s enrollment will start.
 - Starting on that date, your child must get all necessary medical care through the CMS Plan.
 - You may have to change your child’s primary care provider.

- 3.____ Openings in BNet are limited, and at times may not be immediately available in some areas.
 - You may get a letter telling you that your child will be placed on a wait list for a BNet opening.
 - If so, your child will get both medical and behavioral services through the CMS Plan while on the wait list.
 - Services through BNet will begin when there is an opening for your child.

- 4.____ You must pay a monthly premium for coverage in KidCare (except for Medicaid) by the first day of the month, a month in advance.
 - There is no additional premium for BNet services, and there are no co-payments or other fees.
 - However, you must pay your KidCare premium on time every month to maintain your child’s coverage
 - If the premium is not paid on time, your child will not be eligible for BNet services until you:
 - Make the monthly premium payment to KidCare
 - Call KidCare at 1-800-821-5437 and request reinstatement
 - Wait 30 days from the date of disenrollment.
 - KidCare will not pay for any medical or behavioral health care your child receives while coverage is not in force.
 - After reinstatement, if there is a wait list for BNet enrollment in your area, your child will be placed on the wait list.
 - BNet services will continue when there is an opening for your child.

- 5.____ A representative of the Behavioral Health Network has explained the above information to me.

Printed Name of Parent/Guardian

Signature

Date