

# NWF Health Network Policy & Procedure

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<b>Series:</b>	300: Medical and Behavioral Health Care	
<b>Policy Name:</b>	Referrals for Behavioral Health Services	
<b>Policy Number:</b>	307	
<b>Origination Date:</b>	03/09/2009	<b>Revised:</b> Board Meeting of 10/23/2025
<b>Regulation:</b>	39.407, F.S. 394.9082, F.S. 65C-12, F.A.C. 65C-14, F.A.C. 65E-5.400, F.A.C. CFOP 155-10	

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## Policy

It is the policy of NWF Health Network (NWFHN), to meet the therapeutic needs of children and families.

## Procedure

### A. Developing and Accessing Community-Based Service Options.

1. Behavioral Health Overlay Services (BHOS) in Residential Group Care.
  - a. NWFHN will determine if a child is in need of placement in residential group care.
  - b. If the identified placement is a BHOS provider and the child is expected to receive these services while placed, the provider must request authorization from the child's assigned MMA.
    - i. The Sunshine Health/Cenpatico case manager will notify NWFHN of the authorization for children enrolled in the Child Welfare Specialty Plan.
    - ii. NWFHN will notify the Sunshine Health/Cenpatico case manager, for youth enrolled in the Child Welfare Specialty Plan, within forty-eight (48) hours of notification by the DCM of movement of the child such as discharge, reunification or runaway status which may impact authorization.
2. Crisis Stabilization Units provide short-term residential evaluation and crisis stabilization for persons experiencing an acute mental or emotional crisis.
  - a. Children admitted to these facilities are those who are believed to meet the criteria for involuntary treatment under Florida's Baker Act who require inpatient psychiatric care during a period of crisis.

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- b. The purpose of this service is to evaluate the child's condition, stabilize the child, and provide recommendations for appropriate follow-up treatment upon release.
3. Individualized Wrap-Around Services are "packages" of treatment and related services designed to enable the child to remain in the child's own home, foster home, or other community setting.
4. Outpatient Treatment/Outpatient Medical is the provision of individual, group or family therapy by mental health professionals, including psychiatrists, psychologists, and mental health counselors.
  - a. Treatment settings may include community mental health centers, private offices, the child's home or school, and other settings.
  - b. In-home behavioral services and supported community activities, such as therapeutic friends or community support aides, are also considered outpatient treatment.
5. Specialized Therapeutic Foster Care is a Medicaid-funded program of intensive mental health treatment provided in specially recruited and trained foster homes.
  - a. Therapeutic Foster Care provides mental health services for children with emotional and behavioral disturbances living in a foster family home.
  - b. The program is designed to provide the supervision and intensity of programming required to support children with moderate to severe emotional and/or behavioral problems and to avoid the need for admission to an inpatient psychiatric hospital or residential treatment center. See *NWFHN 300-309, Multi-Disciplinary Team and Integrated Care Team Meetings*, as STFC requires an MDT staffing.

**B. Referrals to Mental Health Services.** Children with Medicaid coverage are eligible for the previous array of Medicaid-funded mental health services. NWFHN will work with the Case Management Organizations (CMOs) to ensure timely access, using the following procedures:

1. The DCMs will identify mental health service needs through the Comprehensive Behavioral Health Assessment.
2. Requests for NWFHN contracted services will be submitted through the Purchase of Service System.
3. The Dependency Case Manager (DCM) is responsible for keeping the therapists or other mental health providers informed about significant changes in the child's life that could affect mental health status and treatment.

**C. Crisis Hospital Admissions and Treatment.**

1. At such time as a child may need hospitalization for acute behavior and/or mental health issues, the DCM or caregiver will contact 9-1-1 or the Crisis Stabilization Unit in their area. Criteria for admission may include, but not be limited to, voluntary admission and Baker Act admission.

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2. In a Baker Act or similar crisis situation, the DCM will coordinate the screening and admission, supply necessary information to the facility, and coordinate required signatures and/or obtain court orders for admission and treatment as needed.
3. The DCM together with the caregiver and the parent if the parent's rights remain intact will supply all information required by the facility to make a determination on whether the child is appropriate for admission.
4. Prior to admission, crisis stabilization units require certain information, including:
  - a. Release of Information;
  - b. Child's legal status (voluntary or Baker Act/Ex Parte);
  - c. Custody documentation (court documents identifying authority to sign for treatment);
  - d. Current Medicaid status information (eligibility and number, treatment history, family history);
  - e. Clinical assessments or reports.
5. The DCM will coordinate the actual admission process to the facility with the child's caregiver (i.e., transportation, arrangements for clothing and any personal items, etc.).
6. The DCM will make reasonable efforts to notify the child's parents whenever a child is admitted to a crisis stabilization unit, unless the parent's rights have been terminated or the parent's location is unknown.
7. Because these are acute care settings, DCMs will aggressively pursue placement options and remain in contact with the facility on a regular basis.
8. DCMs will attend treatment team meetings and other forums where information about the child can be shared and an appropriate placement plan created for the child.