STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, November 1, 2002

CF OPERATING PROCEDURE
NO. 155-11

Mental Health/Substance Abuse

TITLE XXI BEHAVIORAL HEALTH NETWORK

This operating procedure describes program direction, operating requirements, and operating guidelines for the Title XXI Behavioral Health Network.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

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Assistant Secretary for
Programs

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DISTRIBUTION: X: OSES; OSLS; ASPGO; PDMH; PDMHY; DA(D1-15); DPOMH(D1-15).

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Chapter 1

GENERAL

1-1. Purpose. This operating procedure describes guidelines for the effective management of the Title XXI Behavioral Health Network with regard to continuity of service during transfers of children between districts/regions and district/region oversight responsibilities with regard to transfer management and payment of the Title XXI monthly capitation rate, initial screening and subsequent disenrollment requirements, the Statement of Understanding, eligibility and ineligibility letters, alternative services reporting, and quality assurance activities.

1-2. Scope. This operating procedure applies to the Title XXI Behavioral Health Network and each district/region's operation of the network.

1-3. References.

a. Chapter 65E-11, Florida Administrative Code (The Behavioral Health Network).

b. Sections 409.810 – 409.820, Florida Statutes (The Florida KidCare Act).

1-4. Definitions. For the purpose of this operating procedure, the following definitions shall be understood to mean:

a. Alternative Services means services outside of the department's Integrated Data System cost centers that are deemed necessary to meet the objectives outlined in a child's treatment plan.

b. Assessment means the systematic collection and integrated review of individual-specific data and completion of evaluations for determining clinical eligibility and treatment planning.

c. Behavioral Health Network means the statewide network of Providers of Behavioral Health Services who serve non-Medicaid eligible children with mental or substance-related disorders who are determined eligible for the Title XXI part of the KidCare Program. This network includes providers who are managed behavioral health care organizations, private and state funded mental health and substance-related disorders providers. The Behavioral Health Network is administered by the Department of Children and Families, Children's Mental Health State Program Office to provide a comprehensive behavioral health benefits package for children with serious mental or substance-related disorders.

d. Capitated Rate means the monthly rate of $1,000.00 per child per month that is paid to the provider regardless of number of service encounters received by the child. Under capitated rate contracts, the provider is at risk and assumes full responsibility for uncertainty in variations of utilization and price/cost/profit/loss when providing services under this contract.

e. Child Global Assessment Scale (CGAS) means the scale used to report the clinical judgment of a child's overall level of functioning as based on and as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-R Axis V).

f. Inmate of a public institution means an individual that is serving time for a criminal offense or confined involuntarily in state or federal prisons, jails, detention facilities, or other penal facilities. A facility is a public institution when it is under the responsibility of a governmental unit or when a governmental unit exercises administrative control.

g. Mental Health and Substance Abuse Software is an access program that allows providers to collect and report client demographics, service events, and outcome information to the Mental Health and Substance Abuse Warehouse system (formerly known as IDS or the Integrated Data System).

Chapter 2

TOPICS

2-1. Ensuring Continuity of Services for Children Transferring Between Districts/Regions/Providers.

a. The Title XXI district/region coordinator will ensure that the district's/region's behavioral health liaison from the sending provider shall contact the receiving district's/region's Title XXI district/region coordinator, the Children's Medical Services liaison, and Behavioral Health Network HQ in Tallahassee and that the behavioral health liaison shall provide the receiving district/region the child's name, social security number, effective date of transfer, and the county to which the child will be transferring. Additionally, the child's parent or guardian should be given the name, phone number, and address of the new behavioral health liasion.

b. Copies of the child's current treatment plan, demographic information, and all other pertinent information should be sent to the receiving provider prior to the child's transfer. Electronically transmitted confidential information shall follow established guidelines to ensure the confidentiality of this information is maintained

c. If applicable, the child should also be given enough medication to hold the child over until the receiving provider has had an opportunity to conduct their own assessment of the child's needs based on his or her presenting condition.

2-2. Slot Transfer Scenarios.

a. A child transfers from one open slot from a sending district/region into another open slot in the receiving district/region.

(1) Child from a sending provider transfers into receiving provider slot sometime after the current enrollment month begins. There will be no change in either district's/region's slot allocation.

(2) A contract amendment is not required since the receiving provider has an available slot.

b. A child transfers to a receiving district/region that has no available slots.

(1) If a slot is not available in the receiving district/region, the slot from the sending district/region will follow the child into the receiving district/region and will remain there until the first available slot in the receiving district/region becomes open.

(2) Children will be moved into the next available slot based on their official Children's Medical Services start date.

(3) Once the child is enrolled, the slot returns as a vacant slot to the sending provider.

(4) A contract amendment is not required since the cost of service is billed to the sending provider.

c. An enrolled waiting child transfers to a district/region with available slots.

(1) An enrolled waiting child will transfer from enrolled waiting status to enrolled status taking one of the receiving district's/region's available slots.

(2) A contract amendment is not required as enrolled waiting children are not considered officially enrolled in the Behavioral Health Network.

d. An enrolled waiting child transfers to a district/region with no available slots.

(1) An enrolled waiting child will transfer from enrolled waiting status in the sending district/region to enrolled waiting status in receiving district/region.

(2) Enrolled waiting children will be moved into the next available slot based on their official CMS start date.

2-3. Payment for Services During Transfers. The sending district's/region's Title XXI district/region coordinator (in conjunction with the contract manager, if different) must approve the prorated and/or capitation distribution and any capitation payment invoices prior to the distribution of funds.

a. Conditions for payment for services when a child transfers prior to next enrollment month.

(1) The sending provider retains a pro-rata share of the capitation for the month up to and including the actual date of transfer.

(2) The pro-rata share shall be determined by dividing the monthly capitation rate by the number of days in the current enrollment month. For example $1,000/30 = $33.33 per day. If the child moves out of the district/region on the 15th day, the sending provider would receive $499.95 for that child. The remaining balance of the capitation ($500.05) is paid to the receiving provider.

(3) The Title XXI district/region coordinator (or contract manager if not the same) should ensure the child is still eligible and enrolled prior to the approval of the invoice. If the child is still enrolled the sending district/region coordinator (or contract manager) will approve the invoice as prescribed by local district/region practice.

(a) Once approved and processed the sending Title XXI district/region coordinator or contract manager will complete an invoice to the receiving Title XXI district/region coordinator that will include the child's name, social security number, month of service, and the prorated amounts to be paid to both the sending and receiving providers.

(b) The receiving Title XXI district/region coordinator will provider their network provider with a copy of the invoice.

b. Conditions for payment for services after the initial transfer when there are still no available slots in the receiving district/region.

(1) At the end of the current enrollment month, the receiving provider will prepare an invoice with only the child's name, social security number, and month of service and send to the district/region program office for signature and approval.

(2) The Title XXI district/region coordinator (or contract manager if not the same) should ensure the child is still eligible and enrolled prior to the approval of the invoice. If the child is still enrolled the district/region coordinator (or contract manager) will approve the invoice and send back to

the sending provider in order to process the invoice for payment as prescribed by district/region practice.

(3) Upon receipt, the sending provider will pay the receiving provider the entire monthly capitation rate based on the approved invoice from the sending provider.

c. Payment for services for enrolled waiting children is done by invoicing the receiving district's/region's local Children's Medical Services office if the provider is serving these children. The department is not involved in these transactions. Enrolled waiting children's expenditures should not be reported to the department's Mental Health and Substance Abuse Warehouse System. Districts/regions should encourage their Title XXI providers to develop an agreement with their local Children's Medical Services office to be the behavioral health services provider for these children.

2-4. Initial Eligibility Determination and Assessment.

a. Every child referred to the Behavioral Health Network shall be screened as a first step in determining the child's clinical eligibility for services. If the screening indicates the child has the potential to meet the Behavioral Health Network clinical eligibility criteria described in this section, an assessment shall be conducted.

b. A child shall be considered eligible for behavioral health services from the Behavioral Health Network when the child is determined to be Title XXI eligible for the Florida KidCare Program, be at least five (5) years of age and not yet nineteen (19) years of age; and,

(1) The child requires a level of care not available in other KidCare programs; and,

(2) The child is expected to show improvement or achieve stability as a direct result of the services to be rendered under the benefit package specified in Chapter 65E-11, Florida Administrative Code; and,

(3) At the time of assessment, the child requires no more than 30 days of residential treatment; and,

(4) The child's family indicates a willingness to participate in the goals and objectives outlined in the child's treatment plan; and,

(5) The child meets the Title XXI Behavioral Health Network's clinical eligibility criteria.

c. The Title XXI district/region coordinator is responsible for ensuring "The Behavioral Health Network Screening and Eligibility Tracking Form" is properly completed prior to approval and submission to the Title XXI Behavioral Health Unit in Tallahassee. Each of the following items must be legibly filled out.

(1) Provider Information and Referral Source Section. The following must be indicated.

(a) Who is filling out the form.

(b) This person's phone number with area code.

(c) Name of lead agency that is responsible for child.

(d) The referral source is circled or checked.

(e) If this is a Florida Healthy Kids referral, the Florida Healthy Kid account number is provided.

(2) Demographic Section.

(a) The child's social security number, last name, first name, date of birth and county of residence are indicated.

(b) The legal custodian's last name and first name are noted.

(3) Part I – Initial Screening.

(a) The box indicating whether or not the child meets the Title XXI Behavioral Health Network treatability criteria is checked or circled.

(b) The box indicating whether or not the child's parents have signed the Statement of Understanding is checked or circled. A child will not be considered for enrollment until such time that the child's custodian has signed the Statement of Understanding.

(c) Person conducting the screening has indicated the date of the screening and their initials are indicated.

(4) Part II – Assessment Clinical Eligibility. The person conducting the assessment has indicated that the child meets the following Title XXI Behavioral Health Network clinical criteria:

(a) The child has a DSM-IV-R Axis I clinical classification of mental disorder or substance-related disorder.

(b) Attention-Deficit Disorders are excluded as DSM-IV-R Axis I mental disorders in determining clinical eligibility for the Behavioral Health Network:

(c) The child is experiencing significant functional impairment as a result of his or her condition as demonstrated by a CGAS score of 50 or below.

(d) The date of the assessment and initials of the person conducting the assessment are indicated.

d. If all of the above is correctly filled out, the district/region coordinator signs the form, makes two copies with one going back to the liaison and one going to the Title XXI Behavioral Health staff at the Children's Mental Health state program office.

e. Formatting the Screening and Tracking Form.

(1) Prior to printing The Behavioral Health Network Screening and Eligibility Tracking Form you will need to do the following:

(a) Set Microsoft word default to Word 6.0/95.

(b) On your Microsoft Word Menu bar at the top of the screen, click on Tools, then Options, select Save tab. In the box that indicates "Save Word files as," select Word 6.0/95 (*.docs).

(c) The form itself should have the following margins 1.0 left, right, top, bottom, header, and footer.

(d) Font should be set to Abadi MT Condensed 10 point.

(e) Always detach electronic files from E-mail and save to your hard drive. Do not print form directly from your E-mail application.

(2) The screening and tracking form should only be one page in length.

2-5. The Statement of Understanding.

a. The Statement of Understanding is intended to be used by the Behavioral Health Liaison as a tool to facilitate understanding by parents/guardians of key points about the program and their responsibilities to their child as an enrollee in the Behavioral Health Network. The form needs to be completed only once per child unless the responsible parent/guardian changes.

b. The Behavioral Health Liaison should plan to complete the Statement of Understanding sometime during the process of explaining the program to the parent/guardian and completing the screening/assessment instrument. The procedure requires that:

(1) Each point of the Statement of Understanding is explained to, and is initialed by, the parent/guardian.

(2) The form be signed and dated by the parent/guardian and signed by the Behavioral Health Liaison.

(3) The form becomes part of the file maintained by the Behavioral Health Liaison on the child.

(4) A copy of the completed form be provided to the ADM district/region office along with the screening/assessment instrument.

(5) A copy of the signed and dated form is provided to the parent/guardian.

2-6. Reverification and Request for Disenrollment Form.

a. The Title XXI district/region coordinator is responsible for ensuring “The Behavioral Health Network Reverification and Request for Disenrollment Form” is properly completed prior to approval and submitted to the Title XXI Behavioral Health staff at the Children’s Mental Health state program office. Reverification occurs every six months. Each of the following items must be legibly filled out.

(1) Provider Information and Referral Source Section. The following must be indicated.

(a) The person who is filling out the form.

(b) This person’s phone number with area code.

(c) Name of lead agency that is responsible for child.

(2) Demographic Section.

(a) The child’s social security number, last name, first name, date of birth, and county of residence are indicated.

(b) The legal custodian’s last name and first name are noted.

(3) Part I – Assessment – Reverification. The person conducting the assessment has indicated that the child meets the following Title XXI Behavioral Health Network clinical criteria:

(a) The child has a DSM-IV-R Axis I clinical classification of mental disorder or substance-related disorder.

(b) Attention-Deficit Disorders are excluded as DSM-IV-R Axis I mental disorders in determining clinical eligibility for the Behavioral Health Network:

(c) The child is experiencing significant functional impairment as a result of his or her condition as demonstrated by a CGAS score of 50 or below.

(d) The date of the assessment and the initials of the person conducting the assessment are indicated.

(4) Part II – Assessment – Request for Disenrollment. The person conducting the assessment has indicated at least one of the following.

(a) The parent has neglected to pay the premium; or,

(b) The child has turned 19 years of age; or,

(c) The child is Medicaid eligible or obtained other insurance coverage; or,

(d) The child has moved out-of-state; or,

(e) The child has been placed in residential treatment exceeding thirty days; or,

(f) The child is an inmate of a public institution; or,

(g) At reverification, the child no longer meets the Title XXI Behavioral Health Network's clinical or treatability eligibility criteria (completes treatment, refuses services, noncompliance, CGAS score above 50).

b. Formatting the Reverification and Request for Disenrollment Form. Prior to printing the Behavioral Health Network Screening and Eligibility Tracking Form and to ensure that the tracking form will print out as one page, you will need to do the following:

(1) Set Microsoft word default to Word 6.0/95.

(2) On your Microsoft Word Menu bar at the top of the screen, click on Tools, then Options, select Save tab. In the box that indicates "Save Word files as," select Word 6.0/95 (*.docs).

(3) The form itself should have the following margins 1.0 left, right, top, bottom, header, and footer.

(4) Font should be set to Abadi MT Condensed 10 point.

(5) Always detach electronic files from E-mail and save to your hard drive. Do not print form directly from your E-mail application.

(6) The Reverification and Request for Disenrollment form should only be one page in length.

2-7. Applicant Eligibility and Ineligibility Letters.

a. Applicants for the Behavioral Health Network should receive written notification that the child for whom the application was filed has been found clinically eligible or ineligible for enrollment. This notification should be consistent throughout the state and not conflict with notification requirements and letters used by KidCare. Also, confusion and enrollment delay can result if the applicant does not understand the next steps in the process. The model letters to which this procedure applies satisfy all of the necessary criteria.

b. The model letters are used statewide to inform Behavioral Health Network applicants that they have been screened and assessed and found to be either clinically eligible or ineligible to enroll in the network. If eligible the letter sent to the parents will briefly describe the enrollment process remaining. The ineligibility letter will describe the reasons for the child's ineligibility and briefly describe how the parent can enroll in other KidCare programs. No other language is to be substituted for the language used in the model letter.

(1) The letter should be sent on lead agency letterhead by the Behavioral Health Liaison within five working days following the date that clinical eligibility/ineligibility is determined.

(2) A copy of the dated and signed letter must be filed in the applicant's enrollment file retained by the Liaison.

(3) A copy of the letter must be forwarded by the Liaison to the attention of the member services representative in the local Children's Medical Services Network office at the same time that the letter is sent to the applicant.

2-8. Alternative Services Reporting.

a. As a part of the Title XXI Behavioral Health Network benefits package, children are eligible to receive services that are not a part of the traditional state cost center/service event matrix. These services include, but are not limited to professional consultation, medication, recreation, parent assistance, home management, respite, wrap around services and other discretionary activities.

b. The services allowable under this provision, and the corresponding reimbursement rates, will be reviewed by the Title XXI district/region coordinator.

(1) Alternative Services shall be approved so long as they are identified as part of the child's individualized treatment plan. The treatment plan shall be based on strength based assessment and Alternative Services shall be used to enhance services that will enable the child to remain in the community and to meet the unique individualized needs of the child.

(2) Documentation of approved Alternative Services shall include the name of the district/region Behavioral Health Network Care Coordinator with signature and shall contain the following elements:

(a) District/region identifier;

(b) Provider name;

(c) Provider federal Identification number (FID);

(d) Description of Alternative Service;

(e) Unit type; and,

(f) Unit cost.

(3) To track the provision of Pharmaceutical and approved Alternative Services, documentation shall contain the following elements:

(a) County in which service was provided;

(b) Provider federal Identification number (FID);

(c) Client social security number;

(d) Date of services;

(e) Name of medication, strength, and schedule if applicable;

(f) Units; and ,

(g) Unit cost.

(4) The number of units for a prescribed drug depends on how the unit cost is reported. If the unit cost reported is the prescription price, the number of units would be one (1). If the unit cost reported is the price per dose, the number of units would be the number of doses in the prescription. In either case, the number of units multiplied by the unit cost should equal the total cost of the prescribed drug.

c. Once received, the district/region BNet coordinator is required to forward the Alternative Services Reports to the Behavioral Health Network central office in Tallahassee.

2-9. Quality Assurance Monitoring.

a. The Children's Mental Health Central Office Title XXI unit is responsible for Behavioral Health Network (BNet) policy development and for liaison with Children's Medical Services Network in accomplishing the BNet enrollment process. The unit has no direct, contractual relationship with any district or region lead agency provider. At the same time, as BNet is a statewide program with all districts/regions sharing common operational requirements specified by central office, it is incumbent upon the central office Title XXI unit to review BNet operations in each district/region periodically and to render technical assistance where appropriate. It is a goal of the central office unit to routinely review each district/region at least once each fiscal year.

b. This protocol establishes a common review methodology for use throughout the state by central office staff. The reviews are intended to supplement the administrative and performance reviews conducted by district/region contract management staff, and to focus on those elements of program operations that are unique to BNet and/or essential to successful contractor performance.

c. Preparation.

(1) Notification and Scheduling. Approximately 15 workdays prior to establishing a firm review date, the affected district/region BNet Coordinator shall be apprised by email of an impending review visit. The email should provide an approximate date and request information on the coordinator's availability to some extent participate in the review on the approximate date(s) in question. The coordinator should be requested to determine the availability of key agency personnel, including the behavioral health liaison, on the proposed review date(s). Details of the review schedule

should be worked out among all affected parties. It is important that the district/region coordinator and the Behavioral Health Liaison be present or available at specific times during the review.

(2) Sample Considerations. Approximately two weeks prior to the agreed-upon review date, the central office Title XXI unit will query the BNet enrollment database to identify enrollees and enrollment/disenrollment dates in the district/region to be reviewed. Depending on criteria to be discussed below, a sample of approximately 10 enrollees should be selected for chart review. The department's Mental Health and Substance Abuse Warehouse system will be queried to capture a sample of the service events to be matched with chart entries to validate the accuracy of the Mental Health and Substance Abuse Warehouse System reporting. The query should span the portion of the enrollment period selected for review. Multiple service dates subsequent to the last review conducted should be reviewed for each record. Likewise, the alternative services database should be queried to identify the alternative services provided to the selected enrollees during the period selected for review.

(a) If the lead agency has been the district/region contractor for the entire period to be sampled and reviewed, any enrollee of that district/region should provide usable service encounters. If the contractor is relatively new to BNet in the district/region, the sample will be most productive if the period reviewed is that in which the current contractor has held the contract. The focus should normally be on understanding and correcting problems with current operations.

(b) If the contractor has not been reporting to the Mental Health and Substance Abuse Warehouse System as required, some of the sample should include records of relatively long-term enrollees with few or no service events on file with Mental Health and Substance Abuse Warehouse System. The focus of reviewing those charts will be to see if appropriate services have been provided, despite the lack of service event reporting. If the contractor has reported to Mental Health and Substance Abuse Warehouse System as required, service dates of active records should span the enrollment period. A sample of these will demonstrate the consistency and accuracy of records keeping, as well as the maintenance of regular contact with each client.

(3) Review Logistics. It should be determined beforehand whether the charts to be reviewed are in one location, can be gathered by the contractor to one location, or if the reviewer must travel to multiple locations to review charts. If the latter is the case, the review will take longer and more time may have to be scheduled for the review. Also, it should be determined whether the charts to be made available by the contractor are clinical charts or case management charts or both. It may be that the contractor is the case management entity and provides few or no direct clinical services. The provider network may be dispersed throughout the community and may provide only limited documentation to the lead agency, principally as related to billing.

(a) If the clinical charts are not filed in the lead agency contractor's location, it should be determined:

1. Whether it will be possible to view the charts; and,

2. How and where that may be accomplished. The reviewer must decide on the practical feasibility of the process in the time available.

(b) All of the above relates to the lead time to be given the provider in pulling the charts to be reviewed. Ideally, the sample should be provided to the lead agency contractor 48 hours, excluding weekends and holidays, before the reviewer's scheduled arrival. However, if charts must be gathered from multiple locations, more time must be allowed the contractor.

d. Recording Findings.

(1) Chart Review Instrument. The review sample of service events resulting from the Mental Health and Substance Abuse Warehouse System query should be entered on the standardized *BNet Chart Review Instrument*, one client per instrument. The Mental Health and Substance Abuse Warehouse System query may be exported as an Excel file, allowing cutting and pasting from the Excel file to the review instrument file, which is available in either Excel or MS Word.

(2) Other Review Instruments. In addition to the chart review instrument, other standard review materials include a *Lead Agency Provider Questionnaire*, a *BNet Review Questionnaire – Children's Medical Services Network*, and a *Participants List*. The Behavioral Health Liaison must be asked to identify the Children's Medical Services Network locations and staff normally involved with BNet. The reviewer should make contact, either face-to-face or by telephone, with those locations and people and should complete the Children's Medical Services Networ*k* questionnaire with them. If face to face contact is not feasible on site, the form can be completed by telephone before or during the review, or after return to central office.

(a) The *Participants List* is intended to facilitate recording the identity, affiliation and contact telephone number of everyone encountered during the review. The information is essential to creating a complete record of the review and for writing the review report.

(b) The *Lead Agency Provider Questionnaire* is intended to ensure that all pertinent information is collected from the lead agency. However, the reviewer should not be limited to only the information requested by the questionnaire. The questionnaire asks a series of questions intended to create an understanding of how the agency manages the Behavioral Health Network in its district/region, and also provides ready contractor background information for the reviewer.

(3) Several of each type form should be taken to the review site. With the exception of the *Chart Review Instrument*, the other forms are set up as tables to facilitate on line data entry, i.e., the space on each line for data entry will expand until the **Enter** key is pressed. Unless a laptop computer containing these forms is carried on site, copies of the forms should be expanded and printed in advance to facilitate hand written entries. Following return to central office, the information collected on the forms should be converted to word processing entries for easily read attachments to the review report and a permanent electronic record.

e. Review Report to Report Findings. The review report should be completed in draft for internal review within 30 calendar days of the final date of the review and should be organized as follows:

(1) Table containing a summary of the district/region and contractor demographics, including all review participants.

(2) Standard description of the BNet program.

(3) Description of the district/region organization, demographics, contractor organization and BNet-related processes.

(4) Description of the review process actually followed.

(5) Review findings.

f. Recommendations.

(1) Cover Letter. A review cover letter addressed to the district/region office ADM program supervisor should be developed for the bureau chief's signature. It should recommend that the district/region require a corrective action plan of the contractor for any recommendations that require action by the contractor. The review letter should also request that reports of the contractor's corrective action (planned and actual) be copied to the bureau chief's attention.

(2) Subsequent on-site reviews should partially focus on the accomplishment of corrective action planned or claimed in a contractor's report of corrective action.

(3) A copy of the report and signed cover letter must be forwarded to the Children's Medical Services Network BNet liaison at the same time as the review is forwarded to the district/region office.