

Behavioral Health Network (BNet) Guidelines and Requirements

Requirement:	Title XXI of the United States Public Health Services Act
Frequency:	Annual Monitoring Monthly Alternative Services Provision Documentation
Due Date:	10 th of each month with invoice

Administrative Protocol

The Behavioral Health Network (BNet) provides for the needs of children enrolled in the Children's Medical Services Network component of the Title XXI Florida KidCare Program, who are diagnosed with serious mental health or substance abuse concerns as specified in s. 65E-11, F.A.C. The Managing Entity is responsible for contracting with Network Service Providers to provide BNet services throughout the region.

Network Service Providers contracted for BNet services shall have an employee designated as the "Behavioral Health Liaison," as defined in s. 65E-11.002(4), F.A.C., to provide timely and effective BNet services to eligible children requiring those services. This administrative protocol provides essential steps that must be observed in the Network Service Provider's process of enrolling eligible children into the program, reviewing client progress and continued eligibility, and timely disenrollments consistent with federal and state law and rules.

Enrollment

Step I: Initial Contact with the Child

The KidCare program usually accepts applications for enrollment continuously throughout the year. Upon initial contact with the child, the BNet provider agency's 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) (form attached below).

If the initial contact is made at a time when KidCare 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 be counseled to submit the application form to KidCare, where it will be forwarded to the Department of Children and Family Services, Office of Economic Self-Sufficiency, and screened for Medicaid eligibility.

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

The Liaison must use the current version of the Form, as specified by the Substance Abuse and Mental Health (SAMH) Headquarters and required by the Managing Entity of its contracted BNet Network Service Provider.

If the child meets all of the Behavioral Health Network Treatability Criteria as outlined on the Form and the child's custodian has signed the Statement of Understanding, this is considered a positive screen and the Liaison completes Part I of the Form and proceeds to **Step III: Complete Assessment**.

If the child does not meet all of the Behavioral Health Network Treatability Criteria as outlined on the Form or the child's custodian has not signed the Statement of Understanding, this is considered a negative screen. The Liaison completes only Part I of the Form, indicating by checking one of the check boxes which eligibility criterion was not met, and submits the Form to the Managing Entity, with copies to SAMH Headquarters and the Children's Medical Services (CMS) area office. The Managing Entity will copy the SAMH Regional office or provide summary information regarding the process as specified by that office. If the Liaison is processing a referral on a child previously screened by the Liaison/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**.

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 and copies as detailed above under Enrollment Step II: Screening, paragraph c.

Step III: Complete Assessment

Following a positive screen, the Liaison conducts, or arranges for, a complete assessment, which may also include one (1) or more of the following steps:

- Verification of previous screening results;
- Face-to-face interview with the child's family;
- Completion and review of additional assessments as needed (if an assessment has not been completed within the past six (6) months, a new assessment must be completed); and
- Resolution of any conflicting results.

If the child meets clinical eligibility criteria for BNet, including a primary ICD-9-CM mental or substance-related disorder (excluding Attention-Deficit/Hyperactivity Disorder) and a Children's Global Assessment Scale (CGAS) score of 50 or below, the Liaison completes Part II of the Form and proceeds to

Step IV: Final Behavioral Health Network Determination.

If the child does not meet clinical eligibility criteria, the Liaison completes Part II of the Form and submits the Form as detailed above under Enrollment Step II: Screening, paragraph c.

Step IV: Final Behavioral Health Network Determination

Following a determination that the child meets clinical eligibility criteria, the Liaison forwards the completed Form to the Managing Entity, with copies to SAMH Headquarters and the CMS area office, along with a recommendation regarding acceptance of the child for BNet enrollment. The ME receives the completed Form and reviews the material to determine whether it agrees with the Liaison's recommendation. If the Liaison's recommendation is to accept the child for BNet services and the Managing Entity agrees, no further action is required of the Managing Entity. Based on the assessment form already provided to SAMH Headquarters, the child will be routinely processed for enrollment by SAMH Headquarters staff and submitted to CMS Headquarters as clinically eligible for enrollment.

If the Managing Entity disagrees with the Liaison's recommendation regarding a child's qualification for BNet enrollment, it must immediately notify the SAMH Regional and Headquarters offices and convene a multi-disciplinary team locally to review the case and determine eligibility. The team decision is binding.

If the Liaison's recommendation is to accept the child into BNet and the Managing Entity concurs, but no slot is currently available, the child is enrolled in CMS and designated behavioral health eligible. All medically necessary services, both physical and behavioral, are provided through CMS resources pending the availability of a BNet slot. The child will appear on each month's final BNet enrollment list in enrolled waiting (EW) status.

Reverification

Enrolled and enrolled waiting (EW) clients must be re-verified for continued clinical eligibility no less than every six (6) months. The six-month calendar begins with the date of assessment indicated on the Form. Subsequent reverifications should occur no less than every six months, even if the client loses continuous coverage during some part of the six-month period. Clients who lose and then regain coverage more than six months from the last assessment date will be held in EW status pending receipt of a submitted reverification form or valid disenrollment form.

A qualifying mental health or substance abuse diagnosis and a CGAS score of 50 or less are requirements for enrollment in BNet. A client who's CGAS score exceeds 50, but is considered unlikely to maintain that level of progress, may be retained for an additional two months period after which they must be reassessed. A subsequent score greater than 50 must result in disenrollment. A score of 50 or lower requalifies the client for routine reverification at six-month periods. The ME must monitor appropriate use of this provision.

The Reverification and Request for Disenrollment Form is used to capture the results of a reverification assessment (form attached below.) The first two sections are completed to identify the BNet provider agency and the client. The Reverification box in the first section must be checked and the primary diagnosis block and CGAS score must be completed. If a secondary diagnosis is known, it should be provided. The Liaison's initials and the date of the reverification must be provided.

The same distribution protocol as specified above under Enrollment Step II: Screening, paragraph c, is followed for reverification reporting. The ME must enforce the requirement for regular and timely reverifications including the provision of accurate data elements essential to recording the reverification and maintaining program integrity.

Disenrollment

The BNet program recognizes several categories of disenrollment: those related to loss of clinical eligibility, and those related to loss of Title XXI coverage. Loss of clinical eligibility requires submittal of a disenrollment form initiated by the Liaison, and bars a client from participating in BNet unless reenrolled in the program. The client's eligibility code, as transmitted to and recorded by CMS, is changed from an enrolled or enrolled waiting code to an X, indicating "Not clinically eligible for BNet." This type of disenrollment applies when a client's CGAS score exceeds 50, when having completed treatment, when experiencing a change in primary diagnosis to one not accepted for BNet coverage, or when being noncompliant with or declining services. There are other reasons why a client may be disenrolled with an X code including turning age 19, moving out of state, being incarcerated, or having other insurance.

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All of these reasons, except aging out, require a client to be reenrolled to again to receive BNet services. All require submittal of a disenrollment form.

Administrative disenrollments include becoming Medicaid eligible, nonpayment of premium, and failure of renewal. These do not declare a client ineligible, allowing reinstatement after the administrative issue is resolved. Information on these terminations is provided to BNet by CMS, and do not require submittal of a disenrollment form. BNet changes the eligibility code from an enrolled code to an enrolled waiting code and keeps that code for 12 months before determining the eligibility data out of date and requiring reenrollment.

The ME must monitor timely submittal of disenrollment forms to ensure that a client who is not receiving services does not show up on the agency's enrollment list and eligible for capitation payment. The ME must also protect the health insurance coverage of clients who may be submitted for disenrollment for pecuniary reasons. Disenrollment forms should receive the same degree of scrutiny as enrollment forms, and should be submitted no later than the published monthly cut-off date for submittals.

The Reverification and Request for Disenrollment Form is used for disenrollments. The top section identifying the BNet provider agency must be completed fully, including a check mark in the Request for Disenrollment check box. The second section identifying the client must be completed. Part I does not require completion, but does not invalidate the form if completed. Part II – Assessment – Request for Disenrollment must be completed, clearly indicating the reason for disenrollment. If the reason is "Child has other insurance coverage," any information regarding identification of the other insurance should be included in the available space. If residential treatment or incarceration is indicated, the additional information requested should be provided. If the reason is the child no longer meets BNet criteria, the indication should be limited to just one of the choices, or specify "other" and elaborate briefly. The data from multiple responses cannot be captured. The Liaison's initials and the date of the request must be completed.

Submittal of disenrollment forms follows the same path as enrollments and reverifications, as detailed above under Enrollment Step II: Screening, paragraph c.

BEHAVIORAL HEALTH NETWORK

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 <input type="text"/> →	

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 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 (Code Series 314.00) as the primary diagnosis does not qualify for Behavioral Health Network services.		
Date of Assessment:	Liaison's Initials:	ME Coordinator's Initials:

BEHAVIORAL HEALTH NETWORK

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 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 (Code Series 314.00) 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:	ME Coordinator's Initials:		

Behavioral Health Network

Required Reports

Name	Due Date	Number of Copies	Send to:
Monthly Data Required by CFOP 155-2	Within 10 calendar days after end of month	Electronic Submission	SAMH Headquarters as appropriate
Alternative Services Provision Documentation (Other than Pharmaceuticals)	Within 10 calendar days after end of month	One (1) hard copy, or one (1) faxed copy, or one (1) encrypted attachment to an email to each recipient.	Region SAMH Program Office Contract Manager/ME BNet Network Manager/ SAMH Headquarters
Alternative Services Provision Documentation (Pharmaceuticals only)	Within 10 calendar days after end of month	One (1) hard copy, or one (1) faxed copy, or one (1) encrypted attachment to an email to each recipient.	Region SAMH Program Office Contract Manager/ME BNet Network Manager /SAMH Headquarters
Statement of Program Cost	August 1st following close of the contract year (June 30)	One (1) hard copy, or one (1) faxed copy, or one (1) encrypted attachment to an email to each recipient.	Region SAMH Program Office Contract Manager/BNet Network Manager/SAMH Headquarters
Auxiliary Aid Service Record	Monthly, by the fifth business day of the month to the regional office and copy by the 10 th to each month to Network Manager	One (1) electronic submission	Region SAMH Program Office/BNet Network Manager

