**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 | FHK | School | | Parent | Other |
| If FHK Referral or FHK Active – Indicate family account Number | | | | |  |

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| --- | --- | --- | --- |
| **Client Data**  Insert following data for the child: | | | |
| SSN: |  | Gender: | Male  Female |
| Last Name: |  | Date of Birth: |  |
| First Name: |  | County of Residence: |  |
| Middle Initial: |  | Legal Custodian’s Name: |  |

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| --- | --- | --- | --- |
| **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**: 123456 | |  |  |
| **Child’s custodian has signed the *Statement of Understanding.*** | |  |  |
| If **“YES”** to both of the above, proceed to **Part II, Assessment - Clinical Eligibility** | |  |  |
| Date of Screening: | Behavioral Health Liaison’s Initials: | | |

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| **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 | | Request for Disenrollment |

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| **Client Data**  Insert following data for the child: | | | |
| SSN: |  | Gender: | Male  Female |
| Last Name: |  | Date of Birth: |  |
| First Name: |  | County of Residence: |  |
| Middle Initial: |  | Legal Custodian’s Name: |  |

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| **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: | | |

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| **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. | | | | | |  |
| Child has moved out of state. | | | | | |  |
| Child has been placed in residential treatment exceeding thirty (30) days. | | | | | |  |
| Indicate type of placement here: | | | | | | |
| Child is an inmate of a Public Institution. | | | | | |  |
| Indicate type of institution here: | | | | | | |
| Child no longer meets the criteria for Behavioral Health Network services as evidenced by: | | | | | |  |
| Declines Services | Noncompliance | | CGAS >50 | | Completed Tx | Other |
| 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.

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Printed Name of Parent/Guardian Signature Date