**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**

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| 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**: 1[ ] 2[ ] 3[ ] 4[ ] 5[ ] 6[ ]  | [ ]  | [ ]  |
| **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**

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| 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