

Chapter 2

COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENTS

2-1. Purpose. All children entering out-of-home care ages birth through 17 years who are Medicaid eligible are to be provided a CBHA. These Medicaid funded assessments are used to provide specific information about mental health and related needs. The needs identified through the CBHA and the recommendations for services are to be included in the family's case plan.

2-2. Scope. This applies to children in out-of-home placements as defined in Appendix A of this operating procedure.

2-3. Reference. Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook. Medicaid Handbooks can be down loaded at www.mymedicaid-florida.com, then click on Public Information for Providers, then click on Provider Support, then Handbooks.

2-4. Assessment Goals. As described in the Medicaid Handbook, the goals of the CBHA are to:

- a. Provide assessment of areas where no other information exists;
- b. Update pertinent information not considered current;
- c. Integrate and interpret all existing and new assessment information;
- d. Provide functional information, including strengths and needs, that will aid in the development of long term and short-term intervention strategies to enable the child to live in the most inclusive, least restrictive environment;
- e. Provide specific information and recommendations to accomplish family preservation, reunification, and permanency planning;
- f. Provide data to support a child specific staffing which may include information to assist in making the most appropriate placement, when out-of-home care or residential mental health treatment is necessary;
- g. Provide the basis for developing an effective, individualized, strength-based service plan; and,
- h. Provide detailed information on each of the CBHA components as specified in the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.

2-5. Process and Timelines.

a. The Department is authorized to have the CBHA performed without authorization from the court and without consent from a parent or legal custodian, per s. [39.407\(1\)](#), F.S. Within seven calendar days after the child is placed in shelter care, the child protective investigator (CPI) or the DCM will request that the Point of Contact refer the child for a Comprehensive Behavioral Health Assessment by submitting a completed Comprehensive Behavioral Health Assessment Referral (CF-MH [1053](#), available in DCF Forms), and a completed Authorization for Comprehensive Behavioral Health Assessment (CF-MH [1066](#), available in DCF Forms). Referral guidelines for CBHA may be found in Medicaid's Community Mental Health Services Coverage and Limitations Handbook.

b. Within one business day of receipt of a completed request, the POC will forward the "Authorization for Comprehensive Behavioral Health Assessment" form to an approved provider and

will input the referral data into a local CBHA automated tracking system authorized by the Lead Agency for this purpose.

c. The POC will request that the CBHA provider complete the summary page of the appropriate Child and Adolescent Needs and Strengths (CANS) assessment tool to serve as the front page of the completed report.

d. As required in the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook, within 24 calendar days of receipt of the authorization, the CBHA provider will complete the assessment and send the report of findings to the POC. The development of the CBHA shall include information provided by the child's parents and current caregiver whenever possible.

e. Within one business day of receipt of the CBHA report, the POC will review the report for quality and completeness and, if acceptable, will forward the report to the Lead Agency for distribution to the DCM or other designated staff. If the report is not complete or does not meet the Medicaid Handbook standards, the POC will return the report to the provider for revision.

f. The DCM will review the assessment report for any recommendations for behavioral health services and will make appropriate referrals for such services, asking the POC and/or other designated Lead Agency staff for consultation if needed. The DCM will also ensure that Children's Legal Services (CLS) receives a copy of the assessment at this time.

g. At any point during the assessment process, if the child is determined to have an urgent need for immediate behavioral health treatment, the dependency case manager will seek appropriate services for the child in the community. A score of 3 in "Risk Behaviors" or "Problem Presentation" areas of the CANS would indicate a high level of urgency for mental health services and will result in a referral for services to address the issue identified in the CANS.

h. The DCM will use the results and recommendations of the CBHA in developing the dependency case plan, including addressing the child's and family's mental health service needs. If the case plan is developed prior to the completion of the CBHA, the use of the assessment in developing, accessing, and referring for behavioral health services will be documented in the child's case file. If the services recommended in the CBHA are not included in the child's current case plan, the recommendations in the CBHA shall be used to revise the current case plan if necessary. The revised dependency case plan must be filed with and approved by the court.

i. When a child is experiencing serious emotional disturbance in out-of-home care, the CBHA may be used to re-assess the child's behavioral health service needs as established in the Medicaid Handbook.

2-6. Forms. The following forms are referenced in this chapter, and are available in DCF Forms:

- a. Comprehensive Behavioral Health Assessment Referral (CF-MH [1053](#)).
- b. Authorization for Comprehensive Behavioral Health Assessment (CF-MH [1066](#)).