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Communities Connected for Kids

Title		Number	
Medical & Behavioral Healthcare for Children in Out-of-Home Care		201	
Department: Clinical Services	**Owner** Director of Clinical & Placement Services	**Regulatory Authority/ Related Policies:** 39.407, F.S, CFOP 170-10, CFOP 170-18, 65C-28.003, 65C-28.014, 39.523 F.S., Trauma Screening Tool (Amended Memo) October 2024 **Related Policies:** 203	**Attachments:** CCKids CBHA Decision Tree
Effective Date: November 2013	**Last Revision:** July 2026	**Review Date:** July 2026	

Purpose:

It is the policy of Communities Connected for Kids (CCKids) to ensure that all children & youth under dependency case management supervision receive routine and preventive physical and behavioral healthcare when applicable.

CCKids adopted Chapter 2, Section 6 of the Children & Families Operating Procedures (CFOP) 170-11 & CFOP 170-18, Chapter 2 for *Comprehensive Behavioral Health Assessments (CBHA)* as procedure with specific lead agency determination outline in the designated section within this policy. Additionally, CCKids follows the procedures for consent outlined within the same operating procedure in Chapter 1.

Policy:

Initial Medical Screening

A. The Dependency Case Manager (DCM) will collaborate with the child's caregiver to schedule a Child Health Check-Up with a licensed healthcare professional, also known as the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. The goal is to have this initial health screening completed within 72 hours of the child being sheltered into care, however screening completed within 5 days will be considered on-time per 65C-29.008.

B. The caregiver should accompany the child to the appointment whenever possible to receive direct information from the healthcare providers and collect the after-visit summary documentation to file in the child's resource record (Green Book). If the child came into care with any medication, medically assistive devices or durable medical equipment, the person accompanying the child to the appointment shall ensure they are brought to the appointment.

C. The CCKids Nurse Care Coordinator (NCC) is available to assist the caregiver and DCM with coordinating any follow-up recommendations including, but not limited to specialist care referrals,

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follow-up appointments, and ensuring and prescriptions are filled. See CCKids Policy 203 for information on care coordination support available.

D. Results of the initial medical screening shall be entered into the case record by DCM. CCKids NCC will document care coordination for children on the Sunshine Health (SH) Child Welfare Specialty Plan (CWSP), *Pathway to Shine*, in the Sunshine designated record.

Comprehensive Behavioral Health Assessment (CBHA)

A. Within seven business days after a child has been placed in shelter care, The assigned DCM submits a referral for a CBHA through CCKids' authorized referral and tracking system, uRefer.

B. CCKids Eligibility Department Designee reviews referrals in the uRefer and completes the *Authorization for Comprehensive Behavioral Health Assessment* (DCF Form 1066 requirements embedded in the uRefer process) which includes verifying the child's Medicaid number before the referral is sent onto the CBHA Assessor. If Medicaid number is pending at the time the referral is submitted, the Eligibility Specialist completing the authorization will note the pending Medicaid status and push the referral through so as not to delay the assessment and request the CBHA provider to verify Medicaid prior to submitting invoices to CCKids.

C. CCKids Behavioral Health Specialist (BHS) is the local point of contact (POC) who is responsible for reviewing, accepting and distributing the completed & accepted CBHA to the assigned DCM. The CCKids BHS is responsible for uploading completed CBHAs in the child's case file.

D. The assigned DCM is responsible for ensuring referrals are made in accordance with the CBHA recommendations within 7 business days. CCKids BHS is available to assist with care coordination and linkages to services and support as outlined in CCKids Policy 203.

E. The CBHA Assessment completed by the local Circuit 19 assessors include the National Child Traumatic Stress Network (NCTSN) Child and Adolescent Needs and Strengths (CANS) (AKA Trama CANS).

Adverse Childhood Experiences (ACE) Questionnaire

A. For children who enter out of home care in an open dependency case, the assigned DCM is responsible for completing the ACE questionnaire to screen children for trauma upon removal with 21 days after the shelter hearing.

B. For children whose ACE score is six or more, the DCM is responsible for determining the appropriate referrals needed to ensure the child is receiving support. CCKids BHS is available to assist with care coordination and linkages to services and support as outlined in CCKids Policy 203.

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C. As noted in the above section related to CBHA assessments, all children sheltered into out-of-home care will receive a comprehensive trauma assessment, Trauma CANS, which is embedded in the CBHA assessment completed by Circuit 19 assessors.

On-Going Medical Treatment

A. CCKids adheres to the Florida Department of Health Immunizations Guidelines & the *Bright Futures Periodicity Schedule* (established by the American Academy of Pediatric (AAP) to ensure children are receiving routine physicals, developmental screening, and immunizations at key-age-appropriate intervals.
   - The AAP Schedule of well-child visits can be found here: AAP Schedule of Well-Child Care Visits - HealthyChildren.org

B. CCKids NCC is available to provide physical health care coordination as outlined in Policy 203. DCM, caregiver, and/or youth/enrollee of the Sunshine Health *Pathway to Shine* Child Welfare Specialty Plan (CWSP) and reach out for assistance in reviewing heath checkup summaries, identifying medical or dental needs and linkages/referrals to specialists.

C. All children and youth under dependency case management supervision will receive all medically necessary dental procedures as outlined in Title 19 Medicaid Dental Care.

D. The child's caregiver is responsible for ensuring documentation from each medical and/or dental visit is maintained in the child resource record (AKA Green Book) and that the Green Book is provided at each medical, physical, or behavioral health appointment. The DCM is responsible for reviewing and monitoring the Green Book and ensuring that the child's case file is updated accordingly.

Approved by:

DocuSigned by:
Carol DeLoach
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Carol DeLoach, CEO

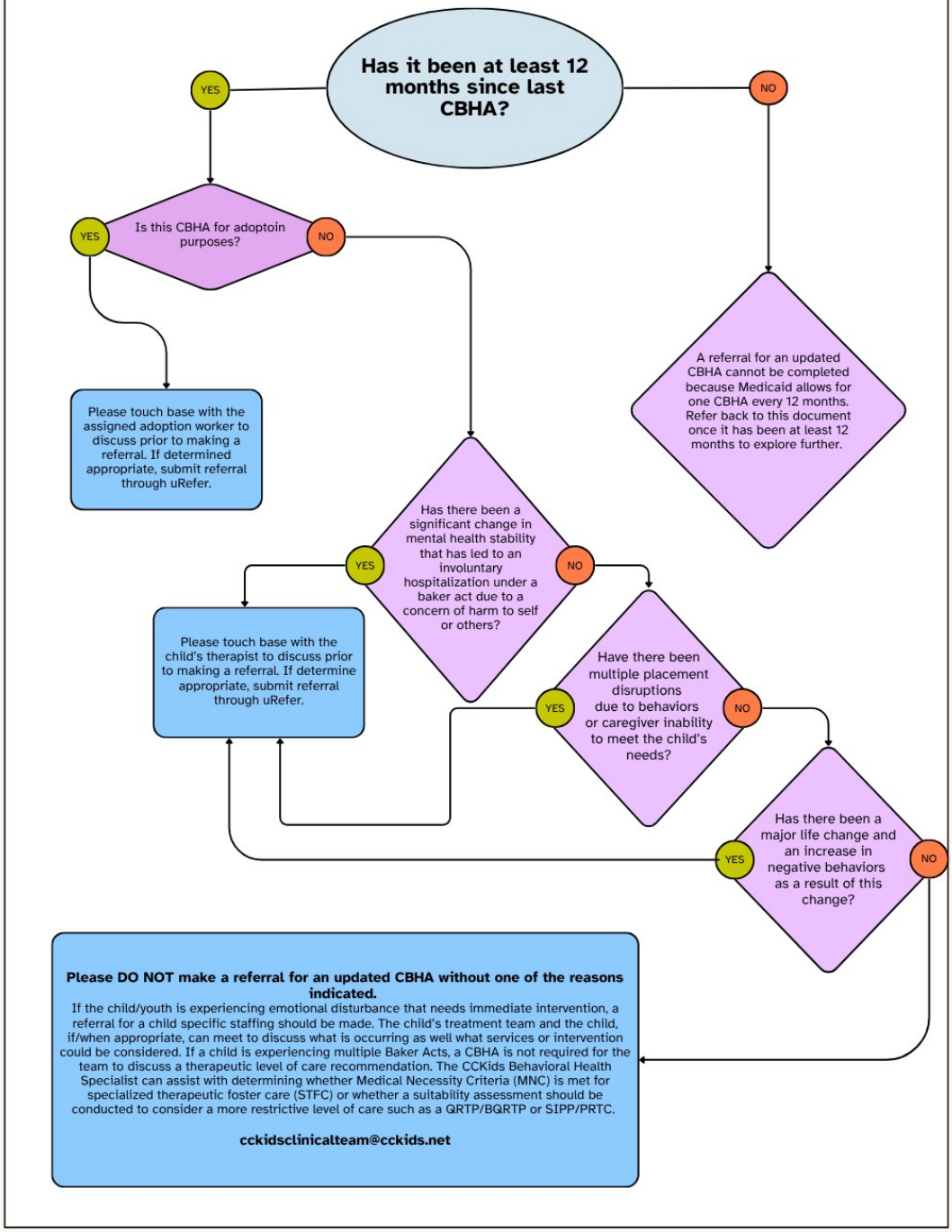
When to refer for an updated *Comprehensive Behavioral Health Assessment*

- CBHAs are for children birth-17 years of age who are placed in out-of-home care.
- Medicaid will authorize and pay for one CBHA per 12 month period only.
- After one year, another CBHA may be considered if the child is experiencing serious emotional distrubace in out-of-home care, as established in the Medicaid Handbook.

References:
CFOP 170-18 Chapter 2
65C-28.014 Behavioral Health Services
CCKids Policy 201



Communities Connected *for* Kids



Please DO NOT make a referral for an updated CBHA without one of the reasons indicated.

If the child/youth is experiencing emotional disturbance that needs immediate intervention, a referral for a child specific staffing should be made. The child's treatment team and the child, if/when appropriate, can meet to discuss what is occurring as well what services or intervention could be considered. If a child is experiencing multiple Baker Acts, a CBHA is not required for the team to discuss a therapeutic level of care recommendation. The CCKids Behavioral Health Specialist can assist with determining whether Medical Necessity Criteria (MNC) is met for specialized therapeutic foster care (STFC) or whether a suitability assessment should be conducted to consider a more restrictive level of care such as a QRTP/BQRTP or SIPP/PRTC.

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