



Series: 200: Medical and Behavioral Health Care

Policy Name: Clinical Consultations & Referrals for Higher Level Assessments

Policy Number: 213

Origination Date: 10/1/2018

Attachments: Notice of Assessment
Assessment Referral

Policy

In order to support timely permanency, it is the policy of Communities Connected for Kids (CCKids) to ensure that higher level assessments are made available within a reasonable time by our subcontractors, scheduled promptly by CCKids staff, and responsibly attended by the individuals referred for assessment. No-shows and rescheduled appointments impact the availability of timely services for other individuals.

Higher level assessment services include, by are not limited to: psychological assessments, parental capacity evaluations, and/or psychosexual assessments. Once the need for such services is identified, CCKids clinical team members are available to provide consultation in determining in need for assessments of caregivers and the type of assessment needed at any point in time of the dependency case. Dependency Case Management will ensure that the expectations for attendance and the assessment of a no-show fee is made clear at the times services are agreed to in the case plan.

Procedure

A. Developing and Accessing Community-Based Service Options

1. Communities Connected for Kids' Behavioral Health and Contract Departments will manage the availability of Higher-Level Assessments with community providers.
 - a. Dependency Case Manager (DCM) is to complete UREFER for Communities Connected for Kids (Psychological, Psychosexual, Parental Capacity Evaluations, etc.).
 - b. Clinical consultation with DCM will be set up by the CCKids Behavioral Health Supervisor to discuss reason for referral etc. as well as approval to move forward. It is the responsibility of DCM to invite other participants/parties that may need to be included as appropriate.
 - c. If the referral is approved, DCM completes assessment referral with case status and services questions and returns it to clinical department along with supporting documentation regarding the client to include all of the below but not limited to.
 - Case Plan
 - Shelter/Dependency Petition/Court Documents
 - Comprehensive Behavioral Assessment for all involved children (if available)



- Visitation/Observation notes for all children
 - Mental Health Treatment Records (if available)
 - Educational Records (if available)
 - Any other pertinent records
- d. Behavioral Health Supervisor then sends completed referral to provider to begin process of scheduling appointment.
- e. Behavioral Health Supervisor is the liaison with all higher level assessors and works to schedule the appointments and provide this information to the Dependency Case Manager.
- f. Behavioral Health Supervisor will provide a notice of assessment to the DCM. The DCM is responsible for documenting that the notice was provided to the client for verification that the client was made aware of the date/time and location.
- g. Completed written assessment reports are sent to Communities Connected for Kids' behavioral health staff to distribute to appropriate parties. Written assessment reports are expected to be completed by the provider within 6 weeks of completion of any assessment.

B. Missed appointments

1. Once appointment is scheduled, the Behavioral Health Supervisor provides a notice of assessment to the DCM which includes the appointment date and time and no-show fee information. DCM is responsible to provide such notice to the client.
2. The client is responsible to attend the appointment. If an emergency arises, a 24 hr. notice of cancellation is to be provided to CCKids clinical department via phone 772-708-2924 or email melanie.krunker@cckids.net. [Cancellations](#) can be received by either parent or DCM. If the parent contacts the clinical department for cancellation, DCM will be notified of the cancellation via email.
3. If 24-hour notice is provided, no fee will be assessed and the appointment will be rescheduled as soon as possible and a new *Notice of Assessment* will be sent out to DCM for distribution.
4. If the appointment is a no-call/no-show, no rescheduled appointment will be provided until confirmation of how the parent plans to get to the appointment is received from the DCM to CCKids clinical department.
5. If a client has missed an appointment, it is the responsibility of the DCM to inform the courts and all parties as to the missed appointment. This may be deemed as non-compliance with his/her case plan tasks.
6. If a second appointment is missed after a 24 hour cancellation or it is a second no-call/no show, the appointment will not be rescheduled until DCM reviews with his/her supervisor and CLS and a determination made:
 - a. if the assessment should still take place



- b. and/or if it should be up to the parent to arrange their own appointment with a CCKids approved provider and provide documentation accordingly.
- 7. Any missed appoint fees assessed by provider will be provided to CLS via DCM for review with parent's legal counsel to determine payment of fees.

Approved: Carol Deloach

Carol Deloach, CEO
October 1, 2018



Notification of Assessment

Client Name:	Date of Birth:	Today's Date:	Appointment Date/ Time:
Evaluator:		Phone:	Email:
Provider:		Dependency Case Manager:	
Address: ____ Ft. Pierce: 2506 Acorn Street, Suite A, 34950 ____ Okeechobee: 202 N.W. 5 th Ave. (we are located inside breakthrough recovery building) ____ Vero Beach office: 1635 14 th Ave. Suite 1621 Vero Beach 32960 ____ Martin County: 744 Colorado Ave. Stuart		Type of Assessment: ____ Psychological with Personality Assessment ____ Psychological with Intellectual Assessment ____ Parental Capacity Evaluation ____ Psychosexual Evaluation ____ Other (please specify)	
<p>* If it is necessary to cancel your scheduled appointment, we require that you call or e-mail Melanie Kranker with Communities Connected for Kids at least 24 hours in advance at : 772-708-2924 or Melanie.kranker@cckids.net</p> <p>*Any client who fails to show or cancels/reschedules an <i>appointment</i> with no 24 hour notice may acquire a cancellation fee of up to \$300.</p>			

Assessment Referral

___ Psychological with Personality Assessment

___ Psychological with Intellectual Assessment

___ Parental Capacity Evaluation

___ Psychosexual Evaluation

___ Other (please specify)

Case Manager's Name and Telephone Number:

Summary of Case

When did the client become involved with the Department

What was the reason for involvement with the Department

Has the client been in and out of the Department, if yes, why?

Names and DOB of involved children

Where are the children currently placed?

Do the children currently experience any major mental health, intellectual, learning or behavioral problems? (If yes, please explain)

What services have been recommended/provided to the parent and children?

Has the client completed any of the recommended services?

What is the recommendation of the Department?

Records required (if available)

- a. Case Plan
- b. Shelter/Dependency Petition/Court Documents
- c. Comprehensive Behavioral Assessment for all involved children (if available)
- d. Visitation/Observation notes for all children
- e. Mental Health Treatment Records (if available)
- f. Educational Records (if available)
- g. Any other pertinent records