



Policy: Developmental Disability Service Access for Children in Out of Home Care

ChildNet Number: CN 004.030

Original Approved Date: June 9, 2010

Policy Revised Date(s): June 22, 2010

Policy Sunset Date:

COA Standard(s): NET 1.02, 2.01, 2.03, 4.01, 4.02, 4.03, 5.02, 6.01, 6.02, 6.03, 7.01, 7.03, 9.01, 9.02

Statement of Policy:

The purpose of this policy is to fully integrate services for children in the Department's custody who have a developmental disability. It provides standards to ensure that children are screened and assessed as to their need for services which are provided with ease of entry into a system of accessible, individualized services in support of their permanency goals. ChildNet's intent is that these services and supports enable the child to live in the least restrictive setting appropriate to the child's needs. The policy provides for a system of accessing and tracking referrals, coordinating service provision to ensure timeliness and quality of care and to work toward continuous improvement in service delivery and responsiveness. It further provides guidance for making appropriate, safe, and necessary placement decisions to address the child's developmental disability.

Board Chair Signature:

Date:

11/19/10



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Definitions (If any):

Agency for Persons with Disabilities (APD) - An agency operating within the state of Florida specifically tasked with serving the needs of Floridians with developmental disabilities. The APD works in partnership with local communities and private providers to assist people who have developmental disabilities and their families. APD also provides assistance in identifying the needs of people with developmental disabilities for supports and services.

Behavior Analysis Services - Intervention based on the identification of functional relationships between behavior and environment (i.e., antecedents, behavior and consequences) through direct observations and measurement based on the principles of behavior identified within the experimental analysis of behavior. Behavior analysis involves the design, implementation and evaluation of systematic environmental changes in contextual factors, establishing operations, antecedent stimuli, reinforcement and other consequences, based on these identified functional relationships. The purpose is to produce socially significant improvements in the behavior of children and their caregivers (the most significant "environments" of children). Behavior analysis is a distinct discipline, and it does not rely on cognitive therapies and expressly excludes psychological testing, neuropsychology, psychotherapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

Behavioral Review - Gathering information via interview(s), record review(s) and/or observation(s) in relevant settings to assess the seriousness of a child's behavior and the extent of necessary behavioral interventions. A behavioral review will result in recommendations regarding the necessity for additional services.

Child - A person under the age of 18, who is not married or has not been emancipated.

Certified Behavior Analyst - A person certified in accordance with section 393.17, F.S., or by the Behavior Analyst Certification Board, Inc.

Comprehensive Behavioral Health Assessment (CBHA) - An in-depth, detailed assessment of the child's emotional, social, behavioral, and developmental functioning within the home, school, and community, including direct observation of the child in those settings.

Department - Stands for Department of Children and Families (DCF).



Dependency Case Manager - The ChildNet employee who coordinates all services rendered to dependent children and their families. The Dependency Case Manager will, to the extent feasible, serve as the single and continuous point of contact for the child and family for the duration of their involvement with the child protection system.

Developmental Disabilities Medicaid Waiver - The Developmental Disabilities (DD) Waiver is a Medicaid program that provides home and community-based supports and services to eligible persons with developmental disabilities living at home or in a home-like setting. The DD waiver is funded by the federal Centers for Medicare and Medicaid Services (CMS) and matching state dollars. The waiver is operated by the Agency for Persons with Disabilities, under the authorization of the Agency for Health Care Administration, Division of Medicaid.

Least Restrictive - Treatment and conditions of treatment that, separately and in combination, is no more intrusive or restrictive of freedom than reasonably necessary to achieve a substantial therapeutic benefit or to protect the child or others from physical injury.

Child Specific Staffing) - The group of people brought together to plan and coordinate mental health and related services to meet the needs of the child in the most appropriate, least restrictive setting in the community. Members of the team should include: the child, unless clinically contraindicated; the child's parent or legal guardian and other caregiver, such as the foster parent; the Dependency Case Manager/DCM; the child's therapist and/or behavior analyst; and others who may have information or services to offer for the child's service plan. The multidisciplinary team serves as a resource to ChildNet in the development and revision of the child's case plan in support of the child's permanency goals.

Out-of-Home Care - The placement of a child, arranged and supervised by ChildNet, outside of the home of the child's custodial parent. This includes placement in licensed (i.e.: shelter, foster home, group home) and non-licensed (i.e.: relative) settings.

Waiver Support Coordinator - A waiver support coordinator is an enrolled waiver provider of support coordination services who is selected by the recipient enrolled in the waiver (or his guardian or guardian advocate) to assist the recipient who receives waiver services in gaining access to needed waiver and Medicaid state plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained. The waiver support coordinators are responsible for ongoing monitoring of supports and services to ensure they are provided to meet the recipients' needs. They also initiate and oversee the process of assessment and reassessment of the recipients' level of care and the review of support plans at such intervals as described in the support coordination section of the Medicaid handbook.

Statement of Procedure:

I. Screening, Eligibility, and Referral Process

Screening of children occurs, at intake and throughout care, to ensure identification of children who may qualify and ease of entry into the Agency for Persons with Disabilities (APD) system to allow for expeditious service access.



A. At Initial Intake

1. Upon initial shelter removal of a child into the dependency system, ChildNet's Dependency Case Manager, Behavioral Health Services Specialist (BHSS) reviews the daily shelter hearing report to identify any child that may meet APD eligibility criteria. The BHSS maintains current eligibility information in order to minimize administrative barriers to prompt service delivery. The eligibility criteria include the following:
 - a. Intellectual Disability
 - b. Severe forms of Autism
 - c. Spina Bifida Cystica or Myelomeningocele
 - d. Cerebral Palsy
 - e. Prader Willi Syndrome
 - f. Down Syndrome
 - g. Phelan-McDermid Syndrome
 - h. Children between the ages of 3-5 years old at high risk of a developmental disability
2. If a child is identified to have one or more of the APD eligibility criterion, the BHSS is to contact the Agency for Persons with Disabilities' (APD) Intake Personnel, within two business days, to inquire as to if the child is currently a client of APD or has previously been determined eligible. If so, the BHSS informs ChildNet's Director of Service Coordination and at that time, the BHSS is to document the child's information into ChildNet's APD eligibility data base within two business days. If the child is enrolled in the Florida Developmental Disabilities Medicaid Waiver Program, that information is also to be entered into the database by the BHSS.
3. If the child is not currently an APD client, the BHSS reviews the documents for eligibility criteria and contacts the assigned Dependency Case Manager to obtain additional necessary documentation in order to make the referral to APD. This documentation includes, but is not limited to psychological evaluations, Intelligence Quotient scores, adaptive functioning assessments, medical records, school records and any other applicable testing.
4. Once all required documentation is compiled, the BHSS submits the referral packet to APD's Eligibility Determination Staff. The BHSS is to follow-up with APD's Eligibility Staff until an eligibility determination has been reached.
5. Upon determination of eligibility by APD and subsequent notification, the BHSS is to request the eligibility letter, inform the assigned Dependency Case Manager of the determination, and forward the documentation of eligibility determination to the assigned Dependency Case Manager. The BHSS is to document the determination in ChildNet's APD referral and eligibility database. If the child becomes enrolled in the Florida DD Medicaid Waiver Program, that information, is also to be entered into the database by the BHSS.



B. Active/Open Cases

Children involved in active cases may also be screened for APD eligibility criteria by the assigned Dependency Case Manager, ChildNet's Behavioral Health Services Specialists, and/or ChildNet's Educational Services Specialist. These ChildNet staff members shall maintain current eligibility information in order to minimize administrative barriers to prompt service delivery.

1. Current APD Eligibility Criteria is distributed to Dependency Case Managers annually by the Service Coordination Department and Dependency Case Managers are to review their cases to determine if any of the children on their caseloads may be eligible (if not already determined to be eligible previously). If so, the assigned Dependency Case Manager is to contact the BHSS who is then to proceed with steps 2-5 above.
2. ChildNet's Behavioral Health Services Specialists (BHSS) receive completed Comprehensive Behavioral Health Assessments (CBHA) for children and review all Behavioral Health Service recommendations with the assigned Dependency Case Manager. If a developmental delay is identified in the CBHA which would meet one or more of the APD eligibility criterion, the BHSS is to forward the CBHA and any other relevant documentation of the disability to the designated BHSS, within two business days of the review, who is to proceed with steps 2-5 above.
3. Behavioral Health Support Specialist (BHSS) reaches out to the DCM at minimum monthly to see if any additional documentation has been obtained in order to review and determine if the child is now APD eligible. In addition, the BHSS makes recommendations for additional evaluations that could benefit the child.

II. Inter-Agency Collaboration and Multidisciplinary Staffing

A. Developmental Disabilities (DD) Medicaid Waiver Program Wait List Staffing

In efforts to ensure that services are structured so as to readily adapt to the service environment and meet the needs of the children, multidisciplinary staffings are coordinated with APD and other relevant parties for dependent children who have been found to be eligible for APD services but are on the 'wait list' for the Developmental Disabilities Medicaid Waiver Program.

In Broward:

1. On a minimum of a quarterly basis, ChildNet's BHSS is to communicate with APD's designated representative to identify eligible children and develop a staffing schedule. In addition, at the quarterly staffings – children who are on the APD waitlist are reviewed for needed services as well as case plan status and identified aftercare services.
2. ChildNet's BHSS is to notify the assigned Dependency Case Manager/DCM, a representative from the School Board of Broward County and/or ChildNet's Educational Services Specialist, DCF, and a representative from the Agency for Health Care Administration (AHCA) of the staffing schedule.



3. The assigned Dependency Case Manager is to notify and invite the parents/legal guardians of the identified children (if parental rights are still intact) and the following parties, when applicable: Guardian Ad Litem, Attorney Ad Litem, behavioral health therapist, behavior analyst, targeted case manager and/or any other appropriate member of the child's support system and/or treatment team.
 4. The BHSS completes staffing reports and forwards the reports to APD and all other parties within one week following completion of the staffing. The Dependency Case Manager/DCM shall place a copy of the report in the case file.
 5. The assigned Dependency Case Manager is to document the occurrence of the multidisciplinary staffing, those in attendance and outcome in the Statewide Automated Child Welfare Information System (SACWIS) within two business days.
- B. Staffing for children with a cooccurring developmental disability and behavioral health issues.

For children with developmental disabilities, who also may suffer from behavioral health problems, the resource of a Child Specific Staffing (CSS) may be utilized to review the child's need for additional services or a higher level of residential care. A service coordination staff will schedule the child for an upcoming CSS. In addition, service coordination follows up on a minimum of a quarterly basis for children who are on the APD waitlist or waiver to see what services the child is currently receiving and current behaviors the child is displaying.

C. Inter-Agency Agreement Case Staffings

A statewide Inter-Agency Agreement including the Department of Children and Families, the Department of Juvenile Justice, The Agency for Persons with Disabilities, and the Agency for Health Care Administration exists to allow for the provision of inter-agency case staffing for especially complex cases where systemic issues may present as barriers to the child accessing services. Therefore, in cases where systemic barriers may arise that prevent the achievement of desired outcomes related to the needs of the children served, and resolution cannot be met by any of the above-mentioned steps, the following is to occur:

1. Any staff member who identifies a barrier to a specific case is to request an Inter-Agency Staffing by contacting ChildNet's Director of Service Coordination.
- D. The Director of Service Coordination is to collaborate and work directly with the Administration of the local APD office to identify and resolve any local implementation problems.

III. Transition Planning

- A. If the child is achieving permanency (reunification, adoption or permanent guardianship) a letter will be generated by the Dependency Case Manager or BHSS (Palm Beach) to request placement of the child on the Medicaid Waiver.



1. Once placement of child occurs in the permanent home, the BHSS shall notify APD, with the accompanying court documents.
 2. Follow-up shall continue with APD until the child is placed on the Medicaid Waiver.
- B. The BHSS is to facilitate requests for the “DD Waiver Services Prioritization Tool” (often referred to as a “crisis tool”) for APD eligible adolescent youth, who are preparing for transition out of the foster care system and are on the wait list for the Developmental Disabilities Medicaid Waiver Program.
1. The BHSS is to contact the assigned Dependency Case Manager eight weeks prior to the child’s 18th birthday to provide them with the template letter to be utilized for the request. In Palm Beach, the BHSS writes the letter.
 2. The Dependency Case Manager/BHSS is to complete the request letter, specifically documenting the youth’s crisis needs as he/she prepares to exit the foster care system and the Dependency Case Manager shall return the letter to the BHSS within one week.
 3. Upon receipt of the completed letter from the Dependency Case Manager, the BHSS is to submit the letter to the local APD office, requesting the “DD Waiver Services Prioritization Tool” for the youth.
 4. One week following the submission of the request letter to APD, BHSS is to follow-up with the local APD office representative to inquire regarding the status. If determination is not provided, the BHSS is to follow up with the local APD office representative weekly as to the status until the youth’s 18th birthday.
 5. Upon notification of the child’s enrollment into the DD Medicaid Waiver Program (or notice of denial), the BHSS is to inform the Dependency Case Manager and Dependency Case Manager Supervisor.
- C. If the youth is already enrolled in the DD Medicaid Waiver Program, the Dependency Case Manager is to communicate with and include the Waiver Support Coordinator in transitioning planning and coordination of transitional service needs. The Dependency Case Manager/DCM is to notify and invite the assigned Waiver Support Coordinator to all Independent Living Staffings that are scheduled for the youth.

IV. Placement and Use of APD Licensed Foster and Group Homes

ChildNet makes efforts to ensure that children are placed in homes that are most appropriate to meet their individualized service, safety, and cultural needs in the least restrictive environment available.

A. When seeking placement for a child with a developmental disability:

1. ChildNet’s Intake and Placement Advocate (IPA) is to make every effort to identify and place a child into an “enhanced” foster home or group home with an agency that is contracted with ChildNet to specifically provide services for children with developmental disabilities. These agencies are contracted to provide specialized



training to their foster parents and other necessary supports and services that are critical to safely and effectively serving children in this population.

2. If this is not possible, the Director of Intake and Placement or designee is to contact the Director of Service Coordination (Broward)/BHSS (Palm Beach) to request consideration of an APD licensed foster or group home. APD must provide approval to ChildNet for placement of any dependent child into an APD licensed foster or group home.
3. If authorization is granted by APD to utilize an APD licensed foster or group home, staff member may only refer to those APD licensed foster or group homes that have been specifically recommended by APD's placement office.
4. Should it be determined that the child's needs will be met in one of the APD recommended APD licensed foster or group homes, ChildNet's Point of Contact is to inform APD's Placement personnel of the selected home prior to the placement occurring.

Palm Beach/Broward

1. If ChildNet determines one of the children in care who are on the waiver or waitlist is in need of an APD licensed home ChildNet will complete the Residential Referral form.
2. ChildNet will then scan and email the Residential Referral form and attach any clinical information to the request.
3. APD will confirm receipt of the Residential Referral form and attachments. Please see below for list of requested documents:
 - a. Comprehensive Behavioral Health Assessment
 - b. Bio-psychosocial Assessment
 - c. Treatment Plan and Treatment Plan Reviews
 - d. Discharge Summaries
 - e. Psychiatric Evaluation and Medication Management Notes
 - f. Medication Logs
 - g. Psychotropic Med Affidavit
 - e. Psychological Evaluation
 - f. Behavioral Analyst Assessment
 - g. Medical information including any information regarding health conditions and allergies, if applicable
4. APD will review within 7-10 business days and request from ChildNet any additional information which will be needed.



5. Upon receipt, ChildNet will begin to gather the additional information and submit to APD. On a weekly basis ChildNet will email the APD single point of contact requesting an update on the placement search until placement has been identified.

A. Placement Process

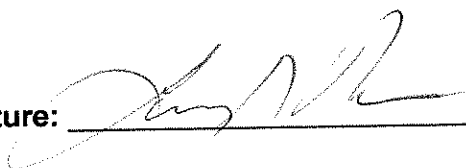
1. Once placement has been identified, APD will provide ChildNet with the name, address and phone number of the identified placement.
2. If applicable, ChildNet will schedule an interview/tour with the placement and notify APD of the appointment.
3. After the interview/tour, ChildNet will provide an update to APD's Single Point of Contact (SPOC).
4. APD will also notify ChildNet if there are any issues which may preclude ChildNet from placing the child at the placement.
5. Once the placement has been cleared, ChildNet will email the group home cc: APD's POC and request the following items:
 - W9
 - Liability Insurance
 - License
 - Daily Rate
6. ChildNet will notify APD's Single Point of Contact (SPOC) of the date the child will be placed.
7. APD will confirm the child was placed at the identified placement and notify ChildNet.

B. Oversight of APD Licensed Foster and Group Homes

1. Foster homes or group homes that are licensed through the Agency for Persons with Disabilities must be pre-approved for use by ChildNet's Director of Service Coordination prior to the placement of any dependent child under ChildNet's care. The Director of Service Coordination, Assistant Director of Service Coordination, or the Behavioral Health Services Specialist, is to take the following steps to determine approval:
 - a. Obtain and verify a valid and current license for the home through the Agency for Persons with Disabilities. A copy of the license is forwarded to ChildNet and uploaded is SACWIS.
2. The BHSS is to conduct an annual site visit to all APD licensed foster or group homes in which a Broward or Palm Beach County dependent child is placed. At that time, a Checklist for APD Group Homes/Foster Homes is completed (see Checklist for APD Group Homes/Foster Homes form). Site visits may be conducted more frequently, as needed



3. If an APD licensed foster or group home utilizes the services of a Behavior Analyst, ChildNet's Senior Behavior Analyst (SBA) is to provide oversight of those Behavior Analysis services provided to dependent children. If there are service concerns, ChildNet's SBA is to make phone or personal contact with the home's Behavior Analyst, review the Functional Behavior Assessment, Behavior Intervention Plan, behavioral data collection, graphs, and/or any other documentation related to the Behavior Analysis services being provided on a monthly basis. The SBA is to inform the Director of Service Coordination or BHSS of any concerns regarding the interventions or services provided by the Behavior Analyst utilized by the foster or group home, so that appropriate actions can be determined and taken
4. ChildNet's Licensing Department is to inform the Director of Service Coordination of any licensing complaints or institutional abuse reports received related to an APD licensed foster home or group. The Director of Service Coordination is then to take action to determine the outcome of any investigations or findings by APD, Child Protective Investigations, or any other investigative or licensing authority over the home. If allegations of abuse or inadequate care of a dependent child are verified, the Director of Service Coordination is to immediately notify the Director of Intake and Placement, the assigned Dependency Case Manager, and the Dependency Case Manager Supervisor/DCMS. The Director of Intake and Placement or designee and Dependency Case Manager are to immediately seek an alternate, safe placement for the child, and any other children supervised by ChildNet in the home, and take other actions deemed necessary to ensure the safety of the children involved.

President's Signature:  Date: 09-20-22