

Florida Qualified Evaluator Network (QEN) Training Manual

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1.0 Overview of the Qualified Evaluator Network Program

1.1 History

FL Statute 39.407 mandates that every child/adolescent in the care and custody of the Department of Children and Families (DCF) will have an evaluation by an independent Qualified Evaluator (QE), prior to admission into a residential treatment facility, and a subsequent review of progress, every 90 days thereafter. The purpose of the independent evaluation is to determine the suitability for the level of care and appropriateness of treatment.

The Qualified Evaluator Network (QEN) was established by Magellan Health, Inc. in July 2001 to provide assessment services for children in the care and custody of the Department of Children and Families (DCF). These assessments are limited to children referred to or continuing placement in a Specialized Therapeutic Group Home (STGH) or In-patient programs. Each Qualified Evaluator is required by FL Statute to be either a licensed psychologist or psychiatrist and have no financial or business relationship with an in-patient or STGH facility.

The QEN evaluation process was created by a 2000 State Legislative initiative and is intended to prevent premature or inappropriate referrals to residential psychiatric placements and recommend a return to community-based services as soon as clinically possible. Each assessment is designed to provide a clinical status review of the child and supports his or her due process rights under state law. These assessments provide DCF/CBC (Community Based Care) with a summary regarding treatment status and progress towards goals on the child's treatment plan.

Magellan of Florida, part of the Magellan Healthcare division of Magellan Health, Inc., has contracted with DCF to manage the QEN program.

1.2 Referrals

Referrals are submitted by DCF/CBC and one designated person, the Single Point of Access (SPOA), who will follow interagency protocol for disseminating the notices of appointments to all involved parties, including court officials and Guardian Ad Litem (GALs), and the completed evaluations, as well as coordinating with Magellan, Substance Abuse and Mental Health authority (SAMH), DCF and other agencies as needed (Please note that some areas/districts

have more than one SPOA). The SPOA is also responsible for ensuring that the referral information sent to Magellan is complete.

Juvenile Rule 8.350 allows the Guardian Ad Litem (GAL) and/or Attorney Ad Litem (AAL) to speak with the Qualified Evaluator (QE). Upon notice it is the responsibility of the GAL/AAL to contact the QE before the report is due for submission.

The SPOA or assigned Child Welfare Professional, depending upon the area/district, is responsible for forwarding the clinical records to the QE.

Ultimately, it is the assigned Child Welfare Professional's responsibility to ensure that the child is transported to all suitability assessment appointments scheduled at the QE's office.

The QEN administrative staff processes the referrals, schedules the assessments within contracted timeframes and enters the evaluation data into the system.

Any changes in the scheduling of appointments can only be completed by Magellan.

1.3 Types of Suitability Assessments/Reviews

Three types of assessments are scheduled by the QEN Quality Manager and the Customer Care Associate:

- Initial Assessments
- 90-Day Assessments
- Out of State (OOS) 90-Day Reviews

Initial Assessment: *FL Statute 39.407* mandates: "Whenever the department believes that a child in its legal custody is emotionally disturbed and may need residential treatment, an examination and suitability assessment must be conducted by a qualified evaluator who is appointed by the Agency for Health Care Administration." The initial assessment is typically scheduled at the QE's office, however can occur onsite as well.

90-Day Assessment: *FL Statute 39.407* mandates: "an independent review of the child's progress toward achieving the goals and objectives of the treatment plan must be completed by a qualified evaluator and submitted to the court before its 3-month review." These assessments are conducted at the in-patient facilities or Specialized Therapeutic Group Home (STGH); however, exceptions occur, and accommodations can be made for those children in Crisis Stabilization Units (CSU), Juvenile Detention Centers (JDC) or other locations.

Out of State (OOS) 90-Day Reviews: *CFOP 170-11* requires the following: "90-Day Reviews to determine the suitability of continued placement in residential treatment must be conducted

by an independent evaluator who is a psychiatrist or psychologist licensed in the State of Florida who has at least three (3) years of experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents.”

Each assessment includes, at a minimum: A clinical record review, for in-state a face-to-face interview with the child (for OOS the interview with the child is conducted via telephone, secure video teleconference, or face to face), and a written summary of findings with an indication of a level of care recommendation with a recommendation checklist. The assessment may also include interviews with the child’s assigned Child Welfare Professional, GAL, therapist, AAL or other parties involved in the child’s life at the QEs discretion and based upon the need for supplemental information to make a thorough assessment of the child.

1.4 Eligibility and Levels of Care

The QE will recommend residential treatment at one of two levels of care or indicate that the child does not meet criteria for residential treatment and recommend non-residential. The QE does not recommend a specific type of non-residential placement.

“Residential treatment” means placement for observation, diagnosis, or treatment of an emotional disturbance in a residential treatment center licensed under s. [394.875](#) or a hospital licensed under chapter 395.

Each of the following criteria must be met in order to recommend residential treatment (*FS 39.407*):

- The child has a serious emotional disturbance and has been diagnosed as having a mental, emotional, or behavioral disorder that meets one of the diagnostic categories in the most recent edition of the DSM.
- The child/adolescent requires residential treatment.
- The child/adolescent is in need of a residential treatment program and is expected to benefit from mental health treatment.
- An appropriate, less restrictive alternative to residential treatment does not meet the treatment needs of the child/adolescent.
- The child/adolescent has been provided with a clinically appropriate explanation of the nature and purpose of treatment.

The QE must adhere to utilizing **only** the above statutory guidelines/criteria when conducting a suitability assessment.

One of two levels of residential treatment is recommended:

1. **In-Patient placement** – The highest level of care (LOC) which would be recommended if, in the clinical opinion of the QE, the child required the following (only available in in-patient placement): Secure facility, locked facility, 24-hour awake trained nursing staff, 24-hour awake trained staff, weekly psychiatric monitoring with emergency access to psychiatric intervention (if needed), individual therapy a minimum of twice per week, group therapy, Applied Behavior Analysis (ABA) services, on-site school and restricted community access.
2. **Specialized Therapeutic Group Home placement** – Second highest level of care which would be recommended if, in the clinical opinion of the QE, the child required the following: Secure facility, non-locked, 24-hour awake trained staff, monthly psychiatric monitoring, weekly individual therapy, weekly group therapy, ABA services (if needed), community based school-setting and limited community access.

1.5 Processing Suitability Assessments

The QEN program meets required timeframes with regard to scheduling the assessments, obtaining the written summary of findings from the QEs and forwarding the reports to the SPOA.

The DCF contract outlines the following mandatory referral timeframes.

- Initial referrals scheduled within 5 business days of referral receipt.
- 90-Day referrals scheduled within 14 business days of referral receipt.
- OOS referrals scheduled within 14 business days of referral receipt.
- Reconsideration referrals scheduled within 11 business days of referral receipt.

Once the QE conducts the suitability assessment/review, the QE has 3 business days to submit the completed report and accompanying paperwork to Magellan.

Upon receipt, Magellan will review each report for quality assurance. The completed report will be forwarded by Magellan to the SPOA within 3 business days.

If sufficient clinical records are not provided to a QE, a recommendation cannot be made. The QE must still submit the written report within the contractually mandated timeframes and include a statement regarding the inability to make a recommendation.

Reimbursement for court appearances is made by the person or agency issuing the subpoena (CBC, CLS, GAL, etc.). Magellan does not reimburse QEs for court testimony.

2.0 Requirements (FL Statute, Juvenile Rule, CFOP)

2.1 FL Statute, Juvenile Rule, and Child and Family Operating Procedure (CFOP)

Florida Statute 39.407

<http://www.flsenate.gov/Laws/Statutes/2018/39.407>

- For placement of dependent children into residential treatment for mental health.
- Prior to placement the child shall be assessed for suitability for residential treatment by a Qualified Evaluator (QE).
- Three criteria have been established for determination for a residential recommendation.
- If a child is placed within residential treatment a suitability must be conducted every 90-days.

Chapter 394.492, Florida Statute

<http://www.flsenate.gov/Laws/Statutes/2018/394.492>

- Statutory definitions

Juvenile Rule 8.350

<https://www.flcourts.org/content/download/217911/1973412/Florida-Rules-of-Juvenile-Procedure.pdf>

- At the placement hearing, the court must consider at a minimum, 4 criteria including the suitability.
- All parties shall be permitted to present evidence/witnesses regarding suitability for placement.
- It is the responsibility of the court, at the time of the hearing, to determine whether the evidence supporting involuntary commitment of a dependent child to a residential mental health treatment facility is clear and convincing.

Child and Family Operating Procedure (CFOP 170-11)

<http://www.dcf.state.fl.us/admin/publications/policies.asp>

- Each CBC must conduct a Multidisciplinary Team (MDT) meeting prior to submitting a referral.
- Residential care should only be considered when community mental health treatment and less restrictive treatment interventions are not appropriate.
- 90-Day Reviews are done for each child placed Out-of-State (OOS) in residential treatment.
- In order for a child to be placed OOS, there must be a current suitability recommending residential.

3.0 QEN Suitability Forms and Clinical Checklists

3.1 Referral Forms

- a. Initial Suitability Assessment Referral Form
- b. 90-Day Suitability Assessment Referral Form
- c. 90-Day Review Out of State (OOS) Referral Form
- d. Request for Reconsideration Form
- e. Reconsideration Referral Form

3.2 Clinical Checklists and Notice of Suitability (NOS) Forms

- a. Initial Clinical Checklist
- b. 90-Day Clinical Checklist
- c. 90-Day Review OOS Clinical Checklist
- d. Reconsideration Clinical Checklist
- e. Notice of Suitability (NOS)
- f. OOS Notice of Suitability (NOS)
- g. Recommendation Checklist
- h. OOS Recommendation Checklist

4.0 Reconsiderations

4.1 Qualified Evaluator Network (QEN) Guidelines for Request for Reconsideration

“Reconsideration”: An area request for a separate 2nd independent evaluation, due to the rationale that the original evaluation recommended a level of care that does not meet the current needs of the child.

Established Criteria:

1. The Qualified Evaluator was not provided with the clinical record / supporting documentation at the time the suitability was conducted.
2. The child’s mental health has significantly decompensated since the time of the assessment (i.e., Baker Acts, self-injury, etc.).

This does not include delinquent/conduct information such as running away, skipping school, arrests, cursing, suspensions, or lack of placement options.

All interested parties (GAL, AAL, CBC, etc.) should be in agreement with requesting a Reconsideration.

5.0 Appendix A – FL Statue, Juvenile Rule, CFOP

- 2018 Florida Statute 39.407:
<http://www.flsenate.gov/Laws/Statutes/2018/39.407>
- 2018 Florida Statute 394.492:
<http://www.flsenate.gov/Laws/Statutes/2018/394.492>
- Florida Juvenile Rule 8.350, Placement of Child Into Residential Treatment Center After Adjudication of Dependency (page 154):
<https://www-media.floridabar.org/uploads/2018/07/7-18-Juvenile-Procedure.pdf>
- Florida CFOP 170-11, Chapter 5, Residential Mental Health Treatment:
<https://www.myflfamilies.com/admin/publications/cfops/CFOP%20170-xx%20Child%20Welfare/CFOP%20170-11%20%20Placement/CFOP%20170-11,%20%20%20%20Placement.pdf>

6.0 Appendix B – Referral Forms

The following Suitability Assessment forms can be accessed at:
<https://www.magellanoflorida.com/for-providers/info-and-forms/>

- 90-Day Review OOS Referral Form (Rev. 1/21/19)
- 90-Day Suitability Assessment Referral Form (Rev. 2/1/19)
- Initial Suitability Assessment Referral Form (Rev. 2/1/19)
- QEN Request for Reconsideration Form (Rev. 2/1/19)
- Reconsideration Referral Form (Rev. 2/1/19)
- 60-Day Suitability Assessment Referral Form (Rev. 9/23/19)

7.0 Appendix C – Clinical Checklist, Recommendation Checklist and Notice of Suitability (NOS)

The checklists and NOS can be accessed with the following links:

- [Initial Suitability Assessment Clinical Checklist](#)
- [90-Day Clinical Checklist for Residential Treatment](#)
- [90-Day Review Out-of-State Clinical Checklist](#)
- [Reconsideration Clinical Checklist for Residential Treatment](#)
- [Notification of Suitability Assessment](#)
- [Notification of Out-of-State 90-Day Review](#)
- [Recommendation Checklist](#)
- [Out-of-State Recommendation Checklist](#)