

90-Day Review Out-of-State (OOS) Clinical Checklist

Revised: January 24, 2019

Instructions

Please complete all requested fields and, wherever possible, print or type your responses.

Please note that this form and the summary of findings and recommendations are due within three working days from the date of the evaluation. The form must be submitted to Magellan of Florida.

Demographic Data

Child Information		
NAME:	MEDICAID NUMBER:	SOCIAL SECURITY NUMBER:
DATE OF BIRTH:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
EVALUATOR:	COMMUNITY BASED CARE CASEWORKER:	

Out-of-State Treating Facility	Admit Date:
FACILITY / CONTACT NAME	
ADDRESS:	
PHONE:	
ATTENDING PHYSICIAN:	

Current Treatment Diagnosis (including ICD-10-CM codes, when applicable)

DSM-5

Current Medication

Type	Dosage	Frequency

Clinical Suitability (*Check All That Apply*)

The child shall be assessed to determine the suitability of continued placement in residential treatment as described in Child and Family Operating Procedure No. 170-11 (CFOP 170-11) by a Qualified Evaluator who has conducted an evaluation of the child/adolescent via telephone, secure video teleconference or face-to-face and has made written findings that:

- ☐ 1. The child appears to have an emotional disturbance serious enough to require residential treatment and is reasonably likely to benefit from the treatment;
- ☐ 2. The child has been provided with a clinically appropriate explanation of the nature and purpose of the treatment;
- ☐ 3. All available modalities of treatment less restrictive than residential treatment have been considered, and a less restrictive alternative that would offer comparable benefits to the child is unavailable.

Mental Health and Care Plan Review

The clinical record should contain all of the following and indicate that fundamental standards of care are being maintained and reflect active and appropriate treatment directed at reducing the child's symptoms.

- A. The following supporting documentation and records were provided by the Single Point of Contact (SPOC) or treating facility (*please mark all that apply*):
- ☐ Demographics, including current living arrangements;
 - ☐ A statement of the reason for referral and desired outcomes of residential treatment;
 - ☐ A discharge plan for the child following residential treatment;
 - ☐ A copy of the current treatment plan;
 - ☐ A review of the treatment record and progress notes to determine the child's/adolescent's progress toward achieving the goals and objectives of the treatment plan;
 - ☐ A Comprehensive Behavioral Health Assessment (CBHA) or history summary;
 - ☐ A history of presenting problems;
 - ☐ Mental health treatment records;
 - ☐ Court information; and
 - ☐ Medication, current.

Recommendations

Please attach a written summary of findings with recommendations to this form.

All reports are due to Magellan of Florida within three working days from the date of the evaluation.

Certification Statement

DATE OF ASSESSMENT:	
TELEHEALTH SESSION TIME:	Start: Stop:
CHILD'S NAME:	
DATE OF BIRTH:	
COMMUNITY BASED CARE CASEWORKER (CBC):	

This certifies that the reported clinical information for the above referenced child is accurate, to the best of my knowledge, and that the findings and recommendations of the final report represent my professional opinion of the child's level of care. This also certifies that this recommendation is based solely on the criteria in the Child and Family Operating Procedure No. 170-11 (CFOP 170-11); and these findings are a recommendation of Level of Care only; and the recipient/guardian has been educated that matters of placement are under the jurisdiction of the Department of Children and Families or its designee.

Magellan of Florida certifies that this report conforms to the process developed by the Agency for Health Care Administration of the State of Florida, herein known as "the Agency." Magellan of Florida certifies that the Qualified Evaluator Network (QEN) and its qualified evaluators are not employed by, and have no financial interest in, the outcome of this evaluation. Magellan of Florida certifies that no qualified evaluator receives any additional payment or benefit based on evaluation results.

PRINTED NAME

EVALUATOR SIGNATURE

DATE

Revised 01/24/19 CW