

# Qualified Evaluator Network (QEN)

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# Agenda

- DCF & QEN

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- QEN Overview
- Best Practice
- Annual Data / Needs Assessment



# Department of Children and Families (DCF): Informational Memo



## INFORMATIONAL MEMORANDUM

**DATE:** September 22, 2017

**TO:** Regional Managing Directors  
Regional Managing Attorneys  
Community-Based Care Lead Agency CEOs

**THROUGH:** David L. Fairbanks, Deputy Secretary

**FROM:** JoShonda Guerrier, Assistant Secretary for Child Welfare  
Vicki Abrams, Assistant Secretary for Operations

**SUBJECT:** Qualified Evaluator Network Contract and Points of Contact

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**PURPOSE:** The purpose of this memorandum is to provide information about the Qualified Evaluator Network contract and associated points of contact for questions or problem-solving.

**BACKGROUND:** The Qualified Evaluator Network contract is held by Magellan Medicaid Administration and has historically been managed by the Agency for Healthcare Administration (AHCA). Effective July 1, 2016, the Department assumed this contract from AHCA and it is now managed by the Office of Child Welfare (OCW). The below contacts are provided to address questions or concerns.



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# QEN Overview - Historical



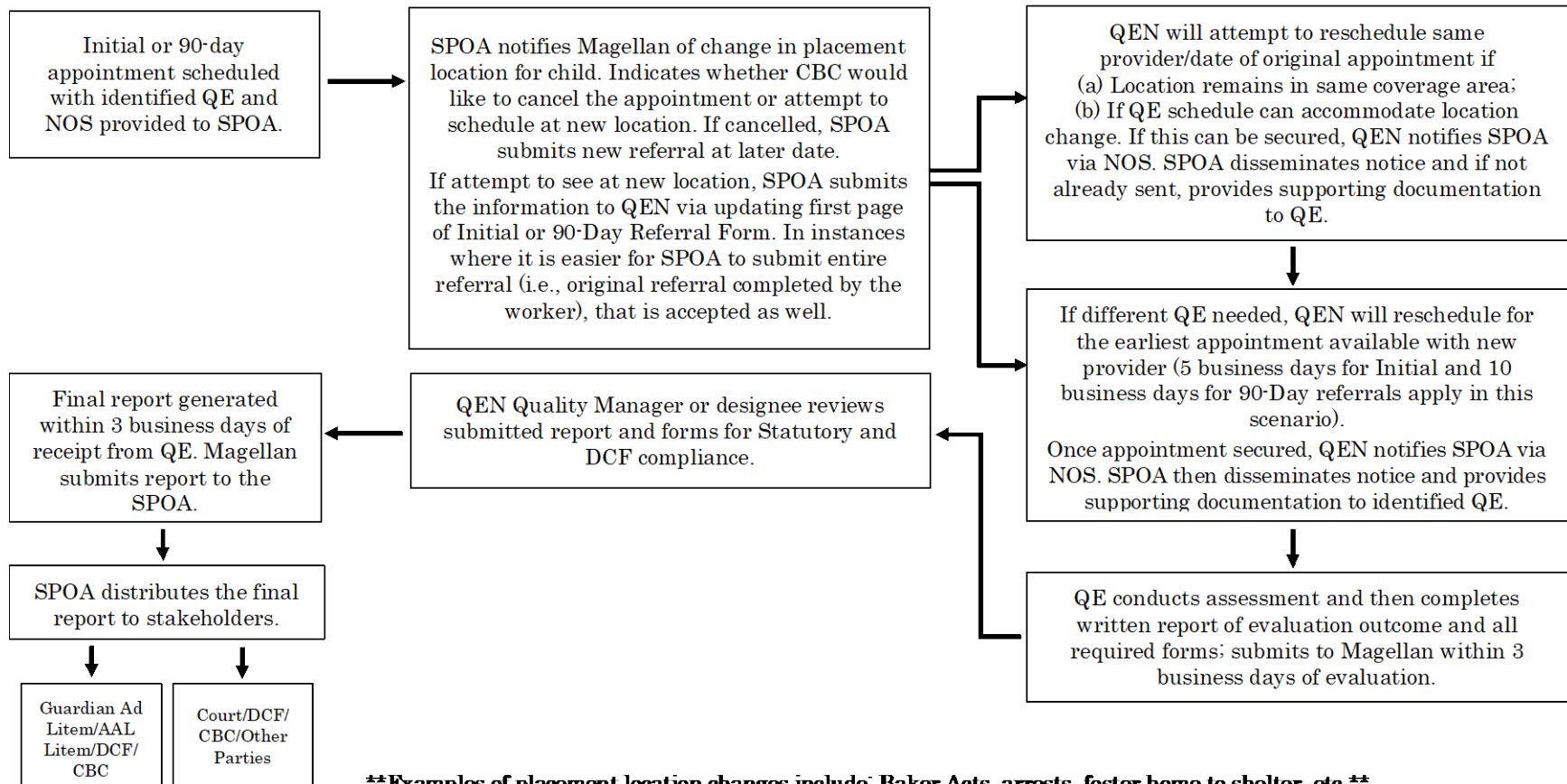
- The Qualified Evaluator Network was established by Magellan in July, 2001 to provide assessment services for children in the care and custody of the Department of Children and Families. All Qualified Evaluators are required by FL Statute 39.407 to be either a licensed psychologist or psychiatrist and have no financial or business relationship with an in-patient or STGH facility. Each assessment must provide an independent, professional assessment of suitability for residential treatment for mental health.
- This 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 Network assessment is designed to provide a brief clinical status review of the child and supports the child's due process rights under state law. 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.
- Effective July 1, 2016 the Department of Children and Families contracted with Magellan to manage the QEN program.

# QEN Overview – Outlier

## Suitability Narrative Referral Process Outlier: Change in Child’s Placement Location

**Terms & Definitions**

- CBC** – Community Based Care
- DCF** – Department of Children & Families
- NOS** – Notice of Suitability
- SPOA** – Single Point of Access
- QE** – Qualified Evaluator
- QEN** – Qualified Evaluator Network



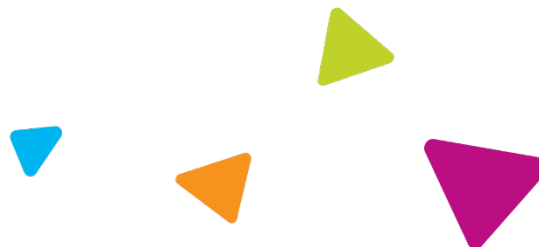
**\*\*Examples of placement location changes include: Baker Acts, arrests, foster home to shelter, etc.\*\***



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# Best Practices



- During the summer of 2017 the QEN Program conducted an introspective review while consulting with a number of Qualified Evaluators to examine their interpretation of “Best Practices” that they would consider or have dealt with across the state.
- The goal of this project was to determine how the QEN Program in partnership with DCF could aid and assist providers in ensuring that the suitability assessment process was as effective as possible. Especially for all parties involved.
- Simultaneously DCF consulted with Dr. Jane Streit, a Senior Psychologist with Children’s Mental Health prior to retirement in 2011. Dr. Streit has an extensive clinical background as a licensed psychologist in private practice and several years of experience with both residential services and the QE program.



# Best Practices: Collateral Contacts



- “Children and adolescents benefit from the support of trusted adults when undergoing assessments. The presence of someone who knows the youth and who can provide information that is relevant to making good decisions increases the chances that the evaluator can make a clinically sound recommendation. Failing that, written information gained from family, caregivers, or school personnel should be provided.”
- “Responsibility for the collateral contact to call the QE... They should be reminded to call either prior to/day of the appointment and the short submission time frame for reports. This will allow them to understand the importance of contact before the report is completed. People have called as much as a week after the assessment has been completed. When the QE does reach out often there is no response or the worker does not understand why they are being contacted. Stressing that their input is needed and is part of the process, might encourage more participation in calling the QE.”

# Best Practices: Documentation



- “Complete, current clinical records are necessary for good clinical decisions. They allow clinicians to make informed recommendations, inform the treatment planning process, and provide the evaluator, the court and other involved advocates information about lesser levels of care that have been tried. The process and procedures for out of home placement are detailed in DCF’s CFOP 155-10/175-40. Nevertheless, it is likely that case managers who are new to the process or who have infrequent need to place children might benefit from reminders regarding necessary information regarding the content of referral packets. Identification and sharing of existing best practices by Community Based Care (CBC) organizations should be considered.”
- “The most helpful records are those that are relatively recent, that describe behaviors, that provide information on the child’s response to treatment, the kinds of services they’ve been offered and the success rate or lack thereof. It’s also helpful to know what has helped the child in the past, incident reports, progress reports, diagnosis, tx goals, medications, input from the therapists.”

# Best Practices: Education & Training



- “Provide training to the Case Workers on the purpose and reason for a Suitability Assessment. It appears that oftentimes the case workers are unaware of the suitability purpose and/or what the process entails. Perhaps a lack of understanding contributes to the cancelling or non-arrival to scheduled appointments.”
- “An educational opportunity exists in identification of inappropriate referrals. It would be helpful to instruct case workers in appropriately completing referrals and including accurate and current information. Sending in referrals with inaccurate information, to just “see” what the recommendation would be or for children without primary mental health are not likely to result in a determination for mental health treatment. Children with conduct issues secondary to mental health should continue to be evaluated to determine whether they would benefit from residential treatment for mental health. Screening from the CBC before being submitted to Magellan would be helpful.”

# Best Practices: Preparation



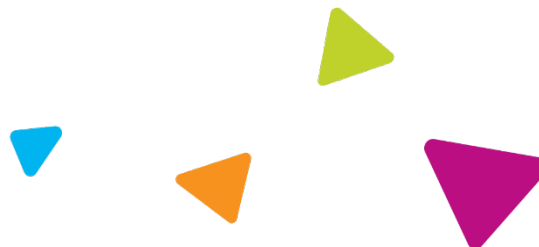
- “Advance preparation of the child or youth can greatly enhance the quality of the interaction with qualified evaluators. The identification and standardization of best practices for preparing children and youth for the evaluation are recommended. If possible, development of informational materials unique to the Florida dependency system process should be developed. Input from children and youth who have been placed for treatment should be considered in developing these materials.”
- “When the legal guardian is aware that a child will be having a suitability assessment (Initial in particular) this is when preparation with the child should begin. The caseworker or GAL could discuss the reason with the child (perhaps saying “these behaviors are happening...we are concerned about you... all the baker acts/arrests/self-injurious behavior... we want someone to evaluate you to offer input and to see if you need a different level of care.” Discussion with child about the possible levels of care and time frame for assessment to occur. In sum the more information the better, don’t give false hopes/promises or make threats. This just serves to upset the child. Give plain, honest information about the process.”

# Best Practices: Scheduling



- “Scheduling of evaluations should not interfere with valued activities if possible. While there are bound to be times when this is not possible, prior preparation of the child or youth for the meeting is even more essential when conflicts arise.”
- “The child should be available at the designated meeting time and distractions or impediments should be minimized. If there is a problem with the meeting or meeting time, the QEs should be informed as much ahead of time as possible.”

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# Annual Data (SFY 2017-2018): Volumes



- During the SFY 2017-2018 the QEN Program received and scheduled 2,050 referrals.
- 1,640 suitability assessments were completed.
- 616 Initial assessments were completed as well as 1,024 90-Day assessments.

Level of Care	Recommendations Received	%
Residential	1,056	63.1%
Inpatient	506	30.9%
STGH	550	33.5%
Non-Residential	538	32.8%
Unable to make Recommendation	46	2.8%

# Annual Data: Initial Assessments – Per Region



Region	Initial Assessments Completed	%
Suncoast	148	24.0%
Southeast	143	23.2%
Central	140	22.7%
Northeast	88	14.3%
Southern	60	9.7%
Northwest	37	6.0%

Level of Care	Initial Recommendations	%
Residential	292	47.4%
Inpatient	126	20.5%
STGH	166	26.9%
Non-Residential	301	48.9%
Unable to make Recommendation	23	3.7%

# Annual Data: 90-Day Assessments – Per Region



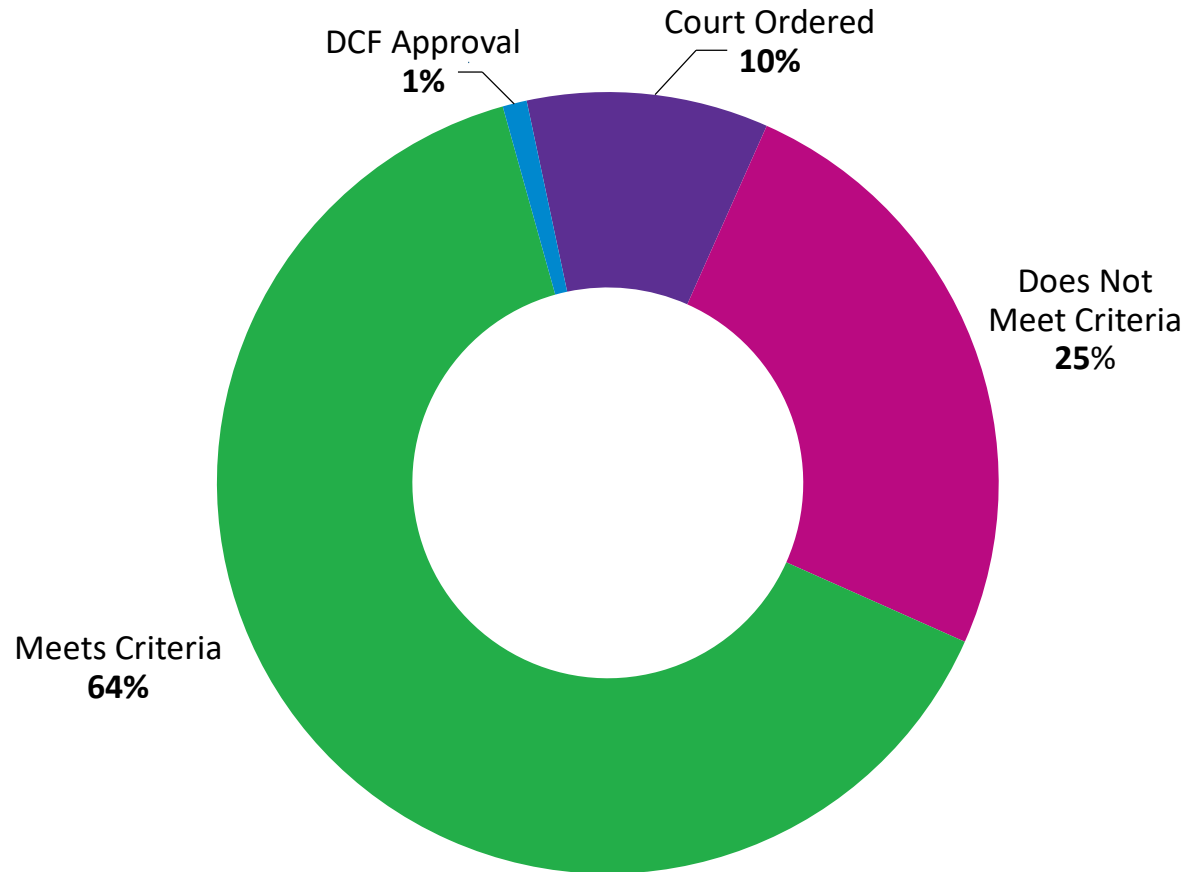
Region	Initial Assessments Completed	%
Central	252	24.6%
Southeast	215	20.9%
Northeast	205	20.0%
Suncoast	174	16.9%
Southern	125	12.2%
Northwest	53	5.2%

Level of Care	Initial Recommendations	%
Residential	764	74.6%
Inpatient	380	37.1%
STGH	384	37.5%
Non-Residential	237	23.1%
Unable to make Recommendation	23	2.2%

# Annual Data: Reconsideration Requests

- The QEN Program received 115 Reconsideration Requests

## RECONSIDERATIONS (SFY 2017-2018)



# Annual Data: Reconsideration Requests Per Region



Region	# of Reconsiderations	%
Southeast	35	30.4%
Suncoast	20	17.4%
Central	24	20.9%
Southern	17	14.8%
Northeast	14	12.2%
Northwest	5	4.3%



# Magellan Website

[www.MagellanOfFlorida.com](http://www.MagellanOfFlorida.com)

*for training materials and forms*



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