Reconsideration Clinical Checklist for Residential Treatment

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: ☐ Male ☐ Female	
EVALUATOR:	COMMUNITY BASED CARE CASEWORKER:	

Residential Treatment Facility (if applicable)	Admit Date:
INPATIENT OR SPECIALIZED THERAPEUTIC GROUP HOME NAME	
ADDRESS:	
PHONE:	
ATTENDING PHYSICIAN:	

Diagnoses

DSM-5

Current Medication

Type	Dosage	Frequency

Clinical Suitability *(Check All That Apply)*

Before a child is admitted under this subsection, the child shall be assessed for suitability as described in Chapter 39.407(6), F.S. for residential treatment by a qualified evaluator who has conducted a personal examination and assessment of the child 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.

Medical and Care Plan Review

The clinical record must 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 (*please mark all that apply*):

- ☐ Demographics, including current living arrangements;
- ☐ A statement of the reason for referral and desired outcomes of residential treatment;
- ☐ A permanency plan for the child;
- ☐ A discharge plan for the child following residential treatment;
- ☐ A Comprehensive Behavioral Health Assessment or history, as available, of individual, family, and bio-psychosocial evaluations;
- ☐ A history of presenting problems, including any previous suicidal, self-destructive or aggressive behaviors;
- ☐ Mental health treatment records;
- ☐ Court information;
- ☐ A history of inpatient and outpatient treatments and outcomes; and
- ☐ Medication, current and history.

Note: Referral Cannot Be Processed if Information Submitted is Illegible or Incomplete.

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:	
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 statutory criteria in 39.407 (6), Florida Statutes; 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**

Note: Referral Cannot Be Processed if Information Submitted is Illegible or Incomplete.

Magellan of Florida
To transmit request information:
Fax: 1-888-656-6823
Phone: 1-800-562-4059