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| MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **Initial Referral Meeting** | | | | | | | | |
| **Meeting Date:** |  | | **Request Date:** | |  | | | |
| **Worker:** |  | | **Supervisor:** | |  | | | |
| **Child’s Name:** |  | | **DCN:** | |  | | **DOB:** |  |
| **Family name:** |  | | | | | | | |
| **Phone Number:** |  | | **Email Address:** | |  | | | |
| **Family Address:** |  | | | | | | | |
| **1. Meeting Participants:** (Include names and contact information for attendees) | | | | | | | | |
| **Name** | | **Relationship/Role** | | | | **Contact Information** | | |
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| **2. Reason for request:** (list specific behaviors that have occurred within the last 30 days) | | | | | | | | |
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| **3. Social Summary:** (include current and past services the family has engaged in) | | | | | | | | |
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| **4. Referral Discussion:** (discuss all available community services and whether or not they are appropriate to meet the child’s needs) | | | | | | | | |
| * Community Services Referrals * Individual/Family Counseling * Medication Management * DMH Regional Office Services (DD) * Drug and Alcohol Treatment * School (Special Services) * Juvenile Office * Hospitalization | | | | * Children’s Division Referrals * Intensive-In-Home Services * Behavioral Intervention * Elevated Needs Services/Placement * Family Centered Services * Respite * Other: | | | | |
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| **5. Subsidized Residential Treatment Eligibility and Approvals** | | | | | | | | |
| Subsidy may only pay for residential treatment when all of the following criteria is met:   * + The care and treatment of the child out of the home in a residential facility is the least restrictive setting and the program is necessary and appropriate to meet the child’s needs.   + The child has been accepted for treatment by a residential facility that is licensed by the state to provide the treatment and the facility is either:   + An enrolled MO HealthNet provider; or   + An enrolled provider of the Medicaid program in which the state is located; or   + A facility contracted with the State of Missouri for payment for the services.   + The residential treatment facility is the closest available facility to the child’s home that provides the array of services necessary for the child.   + The child has received an approved prior authorization for treatment in the identified residential treatment facility, OR a prior authorization waiver has been approved.   + The child has a current, written plan of care.   + The adoptive parent(s)/guardian(s) are actively engaged and fulfilling their legal responsibility to the child.   The following documentation must be completed/obtained by the parent(s)/guardian(s) to determine eligibility:   * + Residential Treatment Referral, CS-9   + An assessment of the child by a licensed and qualified health care professional using the most recent version of the Daily Living Activities (DLA-20) assessment process and tool   + The Documentation of any relevant psychiatric/behavioral health diagnosis, and the child’s most recent psychiatric evaluation (completed by a psychiatric, psychologist, or advanced practice nurses), if available.     **The parent(s)/guardian(s) have been provided with the Adoption and Guardianship Subsidy Residential Treatment flyer which includes:**   * **A summary of Subsidized Residential Treatment services** * **A list of licensed residential treatment providers** * **Parent/Guardian Rights and Responsibilities** | | | | | | | | |
| **6. Next Steps:** (list each task, who is responsible, and when it will be completed by) | | | | | | | | |
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