

SUPPLEMENTARY REFERRALS APPROVAL FORM

Guide for when to Maintain Supplemental Referrals that are in Addition to an Inclusive Program

INTRODUCTION:

Inclusive/Comprehensive programs have been designed to cover the coordination of services and/or provide an array of necessary services which the referred/focus child and family may need. We recognize that there are scenarios which may occur that can be considered exceptions under each of these programs. This might require the Department of Child Services (DCS) Family Case Manager (FCM) to refer for a service which may not be covered by one of the inclusive/comprehensive programs.

The following document is to be used as a guide to assist the DCS FCM and the Inclusive/Comprehensive Service Provider with determining whether the continuation of additional referrals to other providers are necessary for the referred/focus child and their family members or whether additional referrals outside their program need to be cancelled. Supplementary referrals to other service providers should **only** occur in extraordinary situations when there is an Inclusive/Comprehensive Provider assigned to the case. The DCS FCM should consult with the Service Consultant when they have any questions/concerns as to whether supplementary referrals need to remain open.

INSTRUCTIONS:

To the Provider: Please review with the DCS FCM any currently open referrals that have been made to other Service Providers for the individuals (review referrals for the referred/focus child as well as their family members) involved in the relevant case. During this communication with the FCM, please determine whether the additional/supplementary referrals are consistent with the inclusive/comprehensive program and need to be cancelled (i.e. end date) by DCS as a result of beginning the program in order for the inclusive/comprehensive provider to assume responsibility. Please keep in mind, the Inclusive/Comprehensive provider may need to expand its array of subcontractors and/or staff in order to provide services covered under the applicable Service Standard.

After consultation with the DCS FCM has occurred, and a decision has been made in conjunction with the FCM regarding whether any referrals need to remain open, please complete **Section I** of this form and list the referrals which are to remain open as well as the justification. **NOTE:** Only referrals for extraordinary services not reasonably included in the inclusive/comprehensive program design and priced to be **comprehensive** should be left open.

If the FCM is in agreement to cancel certain referrals, please list the referrals that are to be cancelled on the table in **Section II** of the below form. **PLEASE NOTE:** In section II you will need to also indicate whether the referral is being cancelled due to the service no longer being needed or whether the referral is being cancelled because the Inclusive/Comprehensive Provider will be providing the service from this point forward.

The FCM is to be reminded to cancel **all** of the additional/supplementary referrals which fall outside the design of the inclusive/comprehensive program and which are not necessary. Please forward a copy of the completed form documents to the DCS FCM for signature and for signature of the DCS Supervisor. The final copy is to be uploaded by the Inclusive/Comprehensive Provider into KidTraks and a hard copy is to be maintained in the Provider file.

UPDATES/REVISIONS: The below forms are to be revised/updated every time there is a new service referred to an additional provider outside the inclusive/comprehensive program design and for every referral that is cancelled and which does not fit within the confines of the services provided by the Inclusive/Comprehensive Provider. Subsequent completed forms which include updates/revisions must also be uploaded into KidTraks.

SECTION I SUPPLEMENTARY REFERRAL FORM

Inclusive/Comprehensive Provider Agency Name:

Name of Referred/Focus Child: DCS Case ID:

Family Member Names:

Question 1: Though the inclusive/comprehensive program should cover most necessary referrals, which referrals in the current open case are considered "exceptions" and are necessary to remain open in order to meet the needs of the individual/family? Please list all necessary additional/supplementary referrals on the below chart:

Person(s) Referred	Referral ID	Additional Referral Provider Agency Name	Service Standard Type	Justification for continuation of the additional referral
			<input style="width: 100%; height: 20px;" type="text"/>	
			<input style="width: 100%; height: 20px;" type="text"/>	
			<input style="width: 100%; height: 20px;" type="text"/>	
			<input style="width: 100%; height: 20px;" type="text"/>	
			<input style="width: 100%; height: 20px;" type="text"/>	
			<input style="width: 100%; height: 20px;" type="text"/>	
			<input style="width: 100%; height: 20px;" type="text"/>	
			<input style="width: 100%; height: 20px;" type="text"/>	

Question 2: Is there an open Individual Child Placement Referral (ICPR) for the referred/focus child? Yes No
If the answer is yes, please proceed to Question 3.

Question 3: Does the comprehensive program include placement? Yes No

If you answered "yes" to question number 3, and the inclusive/comprehensive program includes placement, instruct the FCM to end date the open ICPR.

By signing this document, the DCS Family Case Manager affirms that he/she is in agreement regarding the referrals (Referral ID listed) which are to remain open for the DCS Case ID listed and the individual persons associated with this case and has obtained supervisor approval as required.

DCS Family Case Manager: Date:

DCS Supervisor Approval: Date:

Provider Agency Representative Printed Name/Title

Provider Agency Representative Signature/Title Date:

*****Upon completion of this document, please upload into KidTraks and maintain a hard copy in the Intensive/Inclusive Provider case file and forward a copy to the FCM.**

SECTION I SUPPLEMENTARY REFERRAL FORM

Inclusive/Comprehensive Provider Agency Name:

Name of Referred/Focus Child: DCS Case ID:

Family Member Names:

QUESTION 1: When beginning one of the inclusive/comprehensive service programs, additional/supplementary referrals may need to be cancelled (i.e. end date) after consultation with the inclusive/comprehensive service provider. Supplementary services may be cancelled due to duplication in service by the inclusive/comprehensive provider or due to the service no longer being needed. Please fill out the chart below. Be certain to select from the drop down box one of the listed justification reasons for the cancellation of the referral.

Person(s) Referred	Referral ID	Additional Referred Provider Agency Name	Service Standard Type <small>(choose the service type from the drop down box)</small>	Justification for Cancellation <small>(choose the service type from the drop down box)</small>	Date Cancelled Referral in MaGIK
			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

TO THE DCS FCM: If you have closed services for any reason and they are included on this chart, please close them out in KidTraks.

By signing this document, the DCS Family Case Manager affirms that they are in agreement regarding the referrals which are to be cancelled regarding the Referral ID listed and the individual persons listed.

DCS Family Case Manager: Date:

DCS Supervisor Approval: Date:

Provider Agency Representative Printed Name/Title

Provider Agency Representative Signature/Title Date:

*****Upon completion of this document, the Comprehensive Provider will need to upload the completed document into KidTraks and maintain a hard copy in the Comprehensive Provider case file and forward a copy to the DCS FCM.**