



Regional Assessment Center Training
June 23, 2010 – 9:00 am – 12:00 pm
Questions & Answers

Question 1: How can we get new staff trained on the ASQ? Are there trainings scheduled for the ASQ/SE?

A: Yes, we will work with you to have staff trained. Currently, there are no trainings scheduled, however, at our next meeting on July 19, 2010 we will have training information to provide and we will work with you to identify who needs to be trained.

Question 2: What about “unsponsored” clients: not eligible?

A: Any child regardless of insurance status is eligible to be screened. Those children with medical, Healthy Kids or Healthy Families are the only children who can receive assessment, therapeutic services and home visiting services. We are working to develop spaces for children who would benefit from services even though they do not meet medical necessity.

Question 3: We are not a provider of home visitation; will we be expected to provide home visiting, along with therapeutic services?

A: If your contract does not specify provision of home visitation, then no. You will provide what you are contracted for.

Question 4: Will all of these protocols be sent out prior to July 1, 2010 and by way of hard copy?

A: We will not send hard copies, but will send a PDF of protocols. We will try our best to do this before July 1st. Kids Connections, Mental Health Department and FIRST 5 are here to support you. Referrals will come to you as they always have, the only change is the Level I report.

Question 5: Why do Level II Assessments occur in an office setting (unfamiliar place to child/family), rather than in the natural setting for the child (ie: home, school)?

A: Clinical assessment that involves a team of multidisciplinary providers (ie: MD, occupational therapist, speech therapist, etc) is not possible in the home. Your role to help coordinate appointments and support families in getting to the appointments is essential. You are also invited to be part of the Level II assessment. Your input is valuable as you have likely been working with the family and can provide essential information.

Question 6: Can Kidango and Via provide training on completing the Level I assessments?

A: Of course, they will be able to provide support.

Question 7: With regard to the ROI (Release of Information) to SCCOE, I feel it is not conducive to ask families to sign too many ROI's. There is no way they'll understand who all these agencies are and often are concerned about where all this information will end up. So, I am suggesting to not make it mandatory to have them sign the release to SCCOE.



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A: As part of the Early Start and School District referral process that is the way they will be able to access services. The process of sitting with a family and explaining why the ROI is useful and important. The ROI is intended to protect their information and assist in the process of referring to services. Supporting this process is equally important to protecting their information. A parent can choose not to sign. This conversation is an opportunity to explain why the referral is being made and how it is different from other processes and documents they may sign. It is protection for the family and we recognize it is not always an easy discussion. However, it is a requirement of all agencies contracted with the Mental Health Department and it is also a requirement that HIPAA procedures be followed. Families should know about informed consent, why we need their information, who it goes to and for what purposes their information will be used.

Question 8: Can you add “Obtain Consent” to the community and priority flow charts (w/ medi-cal, HF, HK confirmation) and to matrix of instructions?

A. The consent and acknowledgement form in your packet is outdated. We will send the revised ones electronically and have them available on the website.

Question 9: The EPSDT leveraged position for intake, is this for every agency?

A. This year things are already set, however it is possible to talk with the Mental Health department about this possibility for the future.

Question 10: The medi-cal billing requirements require sufficient service utilization. How quickly can the assessments be done? Slow referrals mean less opportunity to earn medi-cal dollars.

A. Agencies have 60 days to complete assessments and to refer/recommend services based on the results of the assessment. If referrals trickle in, we recognize this slows the process. Regional Assessment Centers will be able to take community referrals from within your agency. Priority referrals will continue to be referred to you as well. FIRST 5 has done a lot of training on referrals and we expect agencies to get busier.

Question 11: How many families are currently with KidConnections and ready to be referred for services?

A. We currently receive 10-15 referrals a week; however we anticipate more referrals coming into the system based on the new programs in the courts and through the FRC's via the Learning Together Initiative. Public Health Nurses are also trained to refer to our system. We expect things to pick up in July.