

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES  
THE DIVISION OF CHILD MENTAL HEALTH SERVICES  
THE DIVISION OF FAMILY SERVICES**

**AND**

**THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
THE DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

**I. PURPOSE**

This cooperative agreement represents an understanding between the Department of Services for Children, Youth, and Their Families, The Division of Child Mental Health Services (DCMHS), The Division of Family Services (DFS), and the Department of Health and Social Services, the Division of Developmental Disabilities Services (DDDS), concerning children and their families served by DCMHS, DFS and DDDS where mental retardation/developmental disabilities (MR/DD), as defined by DDDS eligibility criteria, is suspected or is present. The purpose of this agreement is to delineate the responsibilities of the respective agencies in four areas:

1. Joint planning and services for eligible children and families
2. Residential placement of DFS children in DDDS homes and respite care
3. Developmental assessments of younger children ages 0-3
4. Transition of youth to adult services

This agreement is proposed and executed with the greatest spirit of cooperation and desire for ensuring the safety and welfare of children. All agencies recognize that certain action steps may be altered based on the specific needs of each child.

## Memorandum of Understanding Among DCMHS~DFS~DDDS

### II. AUTHORITY AND RESPONSIBILITIES

#### A. Authority

##### 1. The Division of Child Mental Health Services

As required by Title 29 Del C. Ch. 90 § 9006, the Division of Child Mental Health Services shall be responsible for outpatient and residential mental health, preventive health services, and substance abuse treatment services for children and youth.

##### 2. The Division of Family Services

As required by Title 29 Del C. Ch. 90 § 9006, Title 16 Del. C. Ch. 9 § 901, and Title 31 Del C § 302, shall take necessary action and provide comprehensive protective services for abused and neglected children. The child protection system seeks and promotes the safety of children who are the subject of child abuse and neglect reports.

##### 3. Division of Developmental Disabilities Services – as required by Title 29 Del. C. Ch. 9 § 7909A.

The Division helps the people it serves achieve the quality of life they desire.

The DDDS acknowledges that persons with MR/DD share the same basic rights as all citizens. The DDDS shall facilitate the exercise and protection of such.

#### B. Responsibilities

##### 1. **Joint planning and services:** When DFS is involved with a child or family because of child abuse, neglect, and/or dependency and any of the adult individual/caretakers have MR/DD, the following activities will occur:

- a. The DFS caseworker from the appropriate region (Attachment 1) will call the corresponding DDDS Community Services Regional Program Director (RPD). By the end of the working day, the RPD or designee will determine the status of the adult individual/caretaker relative to DDDS services. The information will be reported to DFS within 24 hours.
- b. If the adult individual/caretaker is an open case with DDDS, the DFS case worker and DDDS Family Support Specialist will develop a strategy to provide the most appropriate service to the family, including defining parameters of responsibility. The plan of intervention will include immediate action as well as any follow-up deemed mutually necessary. The DDDS Family Support Specialist shall assist DFS in developing a plan to reduce risk to children in the home while accommodating the support needs

## Memorandum of Understanding Among DCMHS~DFS~DDDS

of the person with MR/DD. A joint service plan shall be developed and signed, outlining the responsibilities of each agency. DDDS and DFS shall convene on a quarterly basis (minimally) to discuss progress and ongoing problems within the family.

- c. If the adult individual/caretaker does not have an open case with DDDS but MR/DD is suspected, the DFS case worker will complete the MR/DD Screening Tool (Attachment 2). If the results of the screening tool indicate that the adult individual/caretaker may have MR/DD, then the procedure outlined in 1.b. (above) of this agreement will be initiated. DDDS will assist the family and DFS prior to the individual's eligibility for DDDS services is formally determined. Within the first 90 days, the adult individual/caretaker must formally apply for DDDS services and be found eligible. If the adult individual/caretaker needs assistance in completing the intake forms and obtaining the needed information, the DDDS worker will help the adult individual/caretaker complete the necessary forms.
- Both DDDS and DFS will cooperate to minimize separation of the adult individual/caretaker with MR/DD from their children, as long as the safety of the child can be ensured.
  - The Association for Rights of Citizens with Mental Retardation of Delaware (ARC) can be utilized by DFS/DDDS as a referral agent to help support the family.
  - The DDDS will expedite eligibility determination for adults and/or children whose cases fall under this MOU. DDDS services are voluntary and will be offered to the family as long as the family is willing to accept them.
- d. If the adult individual/caretaker is receiving services from DDDS and the DDDS Family Support Specialist becomes aware of the abuse or neglect of children, the DDDS Family Support Specialist will immediately report it to DFS by calling 1-800-292-9582 (Attachment 3). All social service personnel are mandated reporters and are required to report all known or suspected child abuse, neglect, or dependency.
- DFS uses the Risk Management Methodology to determine both the response time to begin the investigation and the determination of whether the children are at risk. DFS will complete the investigation within 45 calendar days and determine the need for ongoing services to the child and family.
  - DFS and DDDS will work together to develop the most appropriate support plan for the family as noted in 1.a. (above).

## Memorandum of Understanding Among DCMHS~DFS~DDDS

- e. Children open with DFS and/or DCMHS and who may be eligible with DDDS, will be referred by the DFS or DCMHS case manager to DDDS. DDDS will review application and provide a status advisory within 4 business days of receipt of application. If child is subsequently determined eligible for DDDS services, a joint planning meeting will be convened to review service plan within 10 business days of said determination.
  - f. Children whose cases are open with DDDS and who may also be eligible for DCMHS services\* (as defined by DCMHS eligibility criteria) will be referred to DCMHS intake. DCMHS intake process will take place and a response will be issued to the DDDS Family Support Specialist within 4 business days of receipt of complete referral information. If the child is eligible for DCMHS services, a joint planning meeting will be convened to review the service plan within 10 business days. If the child is ineligible for DCMHS services, DDDS can consult with DCMHS regarding appropriate and available services for their purchase.
  - g. Appeals of eligibility will be made pursuant to the DDDS and DCMHS Appeals procedure. A response will be made available within 5 business days. DFS, DCMHS, and DDDS will ensure that applicants are aware of the appeal processes and contacts for appropriate advocacy organizations.
  - h. Regional Managers from DDDS, DCMHS and DFS will meet on a quarterly basis to review specific policy and procedural and problematic cases and issues of mutual concern. Either party can request a meeting at an earlier time if it is case related.
- 2. Residential placement of DFS children in DDDS homes and Respite Care:**  
When DFS is involved with a family because of child abuse, neglect, and/or dependency and the child has MR/DD and is placed in a DDDS foster home, the following activities will occur:

In order to receive residential services, the individual must be deemed as an “emergency” on the DDDS Registry and meet the definition for placement. *Emergency is defined as homeless with health and safety issues in the Emergency category of the DDDS Registry.*

- a. The DFS worker will do the following:
  - Complete the DDDS profile application and submit to DDDS intake, including all pertinent requested records.
  - Accompany the child to the placement and move their belongings.
  - Provide the DDDS worker and provider with information about the child.
  - Provide a copy of the custody order and Consent to Treatment Form.

## Memorandum of Understanding Among DCMHS~DFS~DDDS

- Enroll the child in school, and attend IEP meetings.
- Develop the Plan for Child in Care within 30 days of placement. DDDS, the provider, and the child's family (if appropriate) shall participate in the planning.
- Provide services as needed to the child's family in an effort to reach permanency for the child
- Attend Child Placement Review Board (CPRB) meetings and Permanency Hearings
- Obtain an Educational Surrogate Parent if needed
- Enter the child in placement in FACTS (non-contractor provider, no pay)
- Handle all medical consents
- Facilitate applications for public benefits (e.g. Medicaid, SSI, Child Support, etc.)
- Help with special funding issues
- Make funeral arrangements with help from DDDS
- Work with DDDS case manager to address issues and concerns
- Two years in advance, work with DDDS case manager to determine the need for upcoming guardianship needs at age 18

b. The DDDS worker will do the following:

- Complete all DDDS residential paperwork and a Medicaid waiver packet in coordination with the DFS worker
- Meet the DFS worker and child at initial placement
- Visit the home every month
- Visit the school quarterly and attend IEP meetings
- Oversee, with a nurse consultant and provider, that child's medical appointments are kept:
  - a. Specialists as needed
  - b. Dental services
  - c. Immunizations up to date
  - d. Annual physicals
- Attend CPRB meetings and Permanency Hearings
- Complete an annual Essential Lifestyle Plan and forward copy to DFS
- Liaison with Medicaid for specialized equipment; contact DFS for funding as appropriate
- Keep DFS informed of concerns and changes in placement
- Complete all DDDS paperwork:
  - a. Annual home compliance check and contract signatures
  - b. Quarterly reports
  - c. Quarterly RN reports
  - d. Make respite arrangements

## Memorandum of Understanding Among DCMHS~DFS~DDDS

- e. Work with the DFS worker to address issues and concerns
  - Two years in advance, work with DFS worker to determine the need for upcoming guardianship needs at age of 18
  
- c. Fiscal responsibility for Residential Placements
  - DDDS funding/payments must have prior approval from the DDDS Director of Community Services
  - DDDS will be representative payee for SSI and Social Security to the extent consistent with applicable law
  - DFS/DCMHS will facilitate the payment process if the DSCYF is the payee
  - DDDS will pay Difficulty of Care per new rate system. DFS will pay according to child Level of Care Rate. DCMHS pays according to medical necessity and clinical eligibility. Any costs that exceed the allowable agency rates must be jointly agreed upon. If additional funding is needed for the placement, it will be negotiated among DDDS, DFS, and DCMHS.
  - DDDS will designate contact person(s) for all issues related to payments. (Attachment 1)
  - At the beginning of the fiscal year, DDDS will submit an annual cost projection for each child residing in a DDDS foster home. This will be followed by an intergovernmental voucher that lists the name of the child and the annual projected cost of care attributed to DFS and DCMHS.
  - DMSS client payments will notify the DDDS Director of Client Benefits of all child support payments which are received on children who are served jointly. This notification must occur at least once each quarter.
  
- d. Respite
  - When respite occurs with DDDS providers:
    - A DDDS respite agreement will be signed before the respite takes place unless an emergency placement is authorized by a DDDS administrator.
    - Funding shall be shared in accordance with the established formula, which is reviewed annually. If DCMHS services are involved, continued utilization is monitored regularly to determine ongoing medical necessity.
    - DDDS Respite Coordinator shall submit a DFS FACTS Registration Form for each DDDS Respite Provider to the DFS Foster Care Manager to facilitate payment.
    - DFS makes respite payments directly to the provider.

## Memorandum of Understanding Among DCMHS~DFS~DDDS

- When respite placement costs exceeds DDDS' rate system limit or requires placement other than foster families:
  - DFS, DCMHS, and DDDS representatives will jointly review the case, possible placements, and determine placement resources. They will also determine which agency will be the lead agency to follow up on the details of arranging the placement.
  - If DDDS does not have a provider, DFS has the option of approving an appropriate provider to provide respite, as they would with any other family active with DFS.

### **3. Developmental assessments of young children ages 0-3:**

When a child ages 0-3 in the custody of DFS is suspected of or has developmental delays and the parents are not available to initiate Part C services, the DFS worker will make a referral to Child Development Watch (CDW).

### **4. Transition of youth to adult services:**

When a youth in the custody of DFS and/or receiving services from CMH has been determined eligible to receive DDDS services and is listed in the DDDS *Registry*, the DFS caseworker or CMH caseworker (as appropriate) shall contact by email or letter the DDDS Community Services Regional Program Director (RPD) from the applicable region (Attachment 1) within 30 days following the youth's 16<sup>th</sup> birthday to initiate transition to adult services planning. When a youth in the custody of DFS and/or receiving services from CMH is suspected of having mental retardation/developmental disabilities (MR/DD), as defined by DDDS eligibility criteria, the DFS caseworker or CMH caseworker (as appropriate) will make a referral to the DDDS Office of Applicant Services within 30 days following the youth's 16<sup>th</sup> birthday to initiate the application process and transition to adult services planning. Both scenarios assume discharge from DFS or CMH at age 18.

## **III. DISPUTE RESOLUTION**

If issues come up that cannot be resolved by the staff working directly with the child and their family, the respective supervisors should be alerted to attempt to resolve the issues. If resolution cannot be accomplished at the supervisory level, then Division liaisons should be contacted to assist in the resolution.

## Memorandum of Understanding Among DCMHS~DFS~DDDS

### IV. CONFIDENTIALITY

The Divisions of Child Mental Health Services, Family Services, and Developmental Disabilities Services agree to exchange client/family information on families and children served by either Division in instances where information exchange is in the best interest of families or children needing or requesting services for either Division. (29 Del. C. §9016)

It is understood that information exchanged by any Division shall be restricted to client/family record reports and documents clearly pertinent to the family's or child's needs or problems. Further, any information exchanged shall only be used to facilitate efficient and timely evaluation, the provision of services and/or resolution of patient/client needs. Each Division assures that the confidential character of exchanged information will be preserved and, under no circumstances will exchanged information be shared with any agency, program or person not party to this agreement without the express written consent of the family or by the authority of Family Court.

*No information in any form can be exchanged about drug or alcohol abuse treatment or sexually transmitted disease information without specific written consent for this information. Information about HIV testing or HIV status can only be shared with specific consent or if the Division of Family Services holds legal custody of that child.*

### V. Administration of Memorandum

Each agency agrees to assign appropriate program staff to serve as the points of contact for the purposes of effective and efficient management of the children and families served under this MOU.

It is expected that these staff will meet on a quarterly basis to ensure that the intent and spirit of this MOU is fully implemented.

MOU Attachments include:

- Attachment 1 – Names and telephone numbers of the staff described in this Memorandum of Understanding (included in this document)
- Attachment 2 – DDDS Quick Screen Tool for Identifying Individuals with a Possible Developmental Disability
- Attachment 3 – Child Abuse/Neglect Mandatory Reporting Form
- Attachment 4 – DCMHS Eligibility Criteria
- Attachment 5 – DDDS Eligibility Criteria



## Memorandum of Understanding Among DCMHS~DFS~DDDS

This agreement is proposed and executed with the greatest spirit of cooperation and desire for client-centered activities. All agencies recognize that certain action steps may be altered based on specific individual's needs.

This Memorandum of Understanding will be reviewed annually.

---

Cari DeSantis, Secretary  
Department of Services for Children,  
Youth, & Their Families

---

Vincent P. Meconi, Secretary Department  
of Health and Social Services

---

Susan Cychk, Director  
Division of Child Mental Health Services

---

Carlyse Giddins, Director  
Division of Family Services

---

Marianne Smith, Director  
Division of Developmental Disabilities

1. Administration of the Memorandum/Staff Contacts

*Each agency has identified a liaison to address interagency issues:*

**DCMHS:** Harvey Doppelt, Ph.D.  
Clinical Psychologist  
Community Mental Health Regional Director  
1825 Faulkland Road, Main Administration Building # 2  
Wilmington, DE 19805  
(302) 633-2739

**DDDS:** Vanessa Deloach  
Assistant Director of Community Services  
26351 Patriots Way, Bldg. 101BB  
Georgetown, DE 19947  
(302) 933-3150

Becky Allen  
Regional Program Director, Family Support Program  
Suite 200  
2540 Wrangle Hill Road  
Bear, DE 19701  
Phone: (302) 836-2100

**DFS:** John Bates  
Foster Care Program Manager  
1825 Faulkland Road, Main Administration Building # 2  
Wilmington, DE 19805  
(302) 633-2643

*Fiscal Contacts:*

**DDDS:** Debbie Kresse  
Client Benefits Accountant, Fiscal Unit  
Woodbrook Professional Center  
1056 S. Governor's Avenue, Suite 101  
Dover, DE 19904  
(302) 744-9600

**DMSS:** Christine Kraft (Fiscal)  
Sr. Fiscal Administrator, Client Payments  
Barley Mill Plaza, Building 18  
4417 Lancaster Pike  
Wilmington, DE 19805  
(302) 892-4548

1. Administration of the Memorandum/Staff Contacts

1. New Castle County

DFS

**Elwyn Office**  
321 East 11<sup>th</sup> Street  
Suite 300  
Wilmington, DE 19802  
Phone: (302) 577-3824  
Fax: (302) 577-7793  
Contact: Debbie Colligan  
Assistant Regional  
Administrator

**University Plaza**  
Cambridge Building  
263 Chapman Road  
Newark, DE 19702  
Phone: (302) 451-2800  
Fax: (302) 451-2821  
Contact: Dave Desmond  
Assistant Regional  
Administrator

DDDS

**Early Intervention Program**  
2055 Limestone Road  
Suite 215  
Wilmington, DE 19808  
Phone: (302) 995-8576  
Fax: (302) 995-8363  
Contact: EIP Director  
Sr. Social Service Administrator

**Community Services Reg. Office**  
Suite 200  
2540 Wrangle Hill Road  
Bear, DE 19701  
Phone: (302) 836-2100  
Fax: (302) 836-2645  
Contact: Sequaya Tasker  
Regional Program Director

DCMHS

**Division Child Mental Health Services (DCMHS)**  
**Main Administration**  
1825 Faulkland Road  
Main Administration Building # 2  
Wilmington, DE 19805  
Phone: (302) 633-2739  
Fax: (302) 633-2614  
Contact: Harvey Doppelt, Ph.D.  
Clinical Psychologist  
Community Mental Health  
Regional Director

**University Plaza**  
Cambridge Building  
1825 Faulkland Road  
Main Administration Building # 2  
Wilmington, DE 19805  
Phone: (302) 633-2739  
Fax: (302) 633-2614  
Contact: Harvey Doppelt, Ph.D.  
Clinical Psychologist  
Community Mental Health  
Regional Director

2. Kent County

DFS

**Barratt Building**  
821 Silver Lake Boulevard  
Suite 200  
Dover, DE 19904  
Phone: (302) 739-4800  
Fax: (302) 739-6236  
Contact: Diana Fraker  
Assistant Regional  
Administrator

DDDS

**Thomas Collins Building**  
540 S. DuPont Highway  
Suite 8  
Dover, DE 19901  
Phone: (302) 744-1110  
Fax: (302) 739-5535  
Contact: Albert Anderson  
Regional Program Director

DCMHS

**Georgetown State Service Center**  
546 S. Bedford St.  
Room 2110  
Georgetown, DE 19947  
Phone: (302) 856-5826  
Fax: (302) 856-5824  
Contact: David Lindemer, Ph.D.  
Child Psychologist Supervisor

1. Administration of the Memorandum/Staff Contacts

3. Sussex County

DFS

**Georgetown**  
546 South Bedford Street  
Georgetown, DE 19947  
Phone: (302) 856-5450  
Fax: (302) 856-5062  
Contact: Margaret Anderson  
Assistant Regional  
Administrator

**Pyle**

Rte. 2, P.O. Box 281-1  
Frankford, DE 19945  
Phone: (302) 732-9510  
Fax: (302) 732-5486  
Contact: Margaret Anderson  
Assistant Regional  
Administrator

**Seaford**

350 Virginia Avenue  
Seaford, DE 19973  
Phone: (302) 628-2024  
Fax: (302) 628-2041  
Contact: Margaret Anderson  
Assistant Regional  
Administrator

**Milford**

11-13 Church Avenue  
Milford, DE 19963  
Phone: (302) 422-1400  
Fax: (302) 424-2950  
Contact: Susan Taylor-Walls  
Assistant Regional  
Administrator

DDDS

**Georgetown**  
Community Services  
26351 Patriots Way, Bldg 101LL  
Georgetown, DE 19947  
Phone: (302) 933-3135  
Fax: (302) 934-6193  
Contact: Carey Hocker  
Regional Program Director

DCMHS

**Georgetown State Service  
Center**  
546 S. Bedford St.  
Room 2110  
Georgetown, DE 19947  
Phone: (302) 856-5826  
Fax: (302) 856-5824  
Contact: David Lindemer, Ph.D.  
Child Psychologist Supervisor

1. Administration of the Memorandum/Staff Contacts

4. To Report Child Abuse or Neglect:

Statewide Report

Line Number: 1 (800) 292-9582 (24 hours a day/7days a week)

5. To Contact DDDS:

Toll Free

24 Hour Number: 1 (866) 552-5758 (24 hours a day/7days a week)

2. DDDS Quick Screen Tool

Identifying Individuals with a Possible Developmental Disability

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Informant/s: \_\_\_\_\_

Screening completed by: \_\_\_\_\_

1. Is there documentation that the individual's deficits or limitations began prior to age 22 (for example: enrolled in special school or program, previous diagnosis of some type of mental retardation, autism, documentation of delays in development, or an IQ below 70)?
  
2. Does the individual have a high school diploma or a certificate of attendance? If neither, it is clear that the individual did not attend or regularly attend and complete school.
  
3. Is the individual performing substantially below the level expected for his/her age in two or more of the following adaptive skills areas (see definitions noted on the back of this form)? If so, circle those applicable.
  - a. Communication
  - b. Self-Care
  - c. Home Living
  - d. Social
  - e. Community Use
  - f. Self-Direction
  - g. Health and Safety
  - h. Functional Academics
  - i. Leisure
  - j. Work
  
4. Is it clear that the individual did not function at a higher or more independent level at a previous time in his/her life?

## 2. DDDS Quick Screen Tool

### Adaptive Skills Areas

- a. Communication: Ability to understand and express information through symbolic behavior (spoken word, written word, sign language, manually coded English) or non-symbolic behaviors (e.g.: facial expressions, body, body movement, touch, gesture).
- b. Self-care: skills involved in toileting, eating, dressing, hygiene, and grooming.
- c. Home living: home-related skills such as cooking, clothing care, housekeeping, food preparation, planning/budgeting for shopping, and home safety.
- d. Social skills related to social interactions with others such as initiating, interacting, and terminating interactions, making choices, coping with demands, confirming conduct to social norms, and displaying appropriate socio-sexual-behavior.
- e. Community use: skills related to the appropriate use of community resources, travel in the community, shopping in stores, purchasing/obtaining services from community businesses, visiting places/events.
- f. Self-Direction: skills related to making choices, learning and following a schedule, engaging in/initiating activities of personal interest that are appropriate to the setting and conditions.
- g. Health and Safety skills: related to the maintenance of own's own health in terms of eating, identification of illness, treatment and prevention, basic first aid, sexuality, physical fitness, and interacting with strangers.
- h. Functional Academics: cognitive abilities and skills related to school that also have direct application in one's life (e.g.: writing, reading, basic science). Of importance is not the grade-level, but that the skills are functional in terms of independent living.
- i. Leisure: the development of a variety of leisure and recreational interests that reflect personal choice and preferences. Skills would be choosing and self-initiating interests, using home and community activities with others and/or alone and determining amount and type of involvement.
- j. Work: skills related to holding a part or full-time job in the community in terms of specific job skills and appropriate social behavior.

**3. Child Abuse/Neglect Mandatory Reporting Form**



**State of Delaware**  
*The Department of Services  
 for Children, Youth, and  
 Their Families*

**DIVISION OF FAMILY SERVICES**  
**CHILD ABUSE/NEGLECT MANDATORY REPORTING FORM**  
 (Title 16, Delaware Code, Chapter 9, Subsections 901-914)  
 Toll Free 24-Hour Report Line 1-800-292-9582

**INSTRUCTIONS:** Any physician, and any other medical person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, medical examiner, school employee, social worker, psychologist, or any other person who knows or reasonably suspects child abuse or neglect shall make an oral report to the Report Line using the number at the top of this page in accordance with **16 Del.C. §903**.

Within 72 hours after the oral report, send a completed Child Abuse/Neglect Mandatory Reporting Form to the following address: Please **type or print** the information and sign the form on the back.

**DIVISION OF FAMILY SERVICES – STATE OF DELAWARE**  
 87 Reads Way  
 New Castle, DE 19720-1648

**IDENTIFYING INFORMATION**

Child's Name (Last, First, Initial)	Date of Birth/ Age	Sex	Race	Victim (Yes/No)
1.				

Current Address: \_\_\_\_\_

2. \_\_\_\_\_

Current Address: \_\_\_\_\_

3. \_\_\_\_\_

Current Address: \_\_\_\_\_

4. \_\_\_\_\_

Current Address: \_\_\_\_\_

5. \_\_\_\_\_

Current Address: \_\_\_\_\_

Parents'/Custodians'/Caretakers' Names (Last, First, Initial)	Date of Birth/ Age	Sex	Race	Perpetrator (Yes/No)
<b>Mother</b>				
6.				

Current Address: \_\_\_\_\_

**Father**

7. \_\_\_\_\_

Current Address: \_\_\_\_\_

**Custodian/Caretaker (Relationship)**

8. \_\_\_\_\_

Current Address: \_\_\_\_\_

Please specify for numbers 1 - 8 above:

Foreign language spoken: #s \_\_\_\_\_ Specify type: \_\_\_\_\_

Disabilities: #s \_\_\_\_\_ Specify type: \_\_\_\_\_



**3. Child Abuse/Neglect Mandatory Reporting Form**

**DESCRIPTION**

1. Describe the child's current condition/injuries and the reason you suspect abuse/neglect. Include evidence, if known, of prior abuse and/or neglect to this child or sibling. Add pages or attach further written documentation as needed.

2. If applicable, note the exact location of any injury by placing a number on the model below. Use the lines to the right of the models to describe the corresponding injury that each number represents. Check the category of injuries below.  
\_\_\_ Physical Abuse \_\_\_ Sexual Abuse \_\_\_ Physical Neglect

3. Actions taken "T" or pending "P"  
\_\_\_ Medical Examination \_\_\_ Notification of Police  
\_\_\_ X-Rays \_\_\_ Notification of Medical Examiner  
\_\_\_ Photographs \_\_\_ Other: \_\_\_\_\_

**REPORTING SOURCE (CONFIDENTIAL)**

Signature _____	Title or Relationship to Child _____	Date of Report _____
Facility/Organization _____	Address _____	Telephone No. _____

**REPORT LINE USE ONLY**

Date of Oral Report: \_\_\_\_\_ Report was: \_\_\_ Accepted \_\_\_ Rejected

Date Written Report Received: \_\_\_\_\_

Prior DFS Case Activity/Reports? \_\_\_ Yes \_\_\_ No If "yes", specify dates: \_\_\_\_\_

**4. DCMHS Eligibility Criteria**

*Division of Child Mental Health Services*  
Department of Services for Children Youth and Their Families  
State of Delaware

CS 001      **DCMHS SERVICE ELIGIBILITY**

Authored by:      **Utilization Management Committee**

Approved by:      Susan Cycyk, M.Ed., C.R.C., C.P.R.C.

Date:                November 29, 2006

Title: Division Director

Originated: 5/01/97 Revisions: 12/19/99; 11/19/03; 8/31/05; 11/29/06

**PURPOSE:** To define eligibility criteria for services provided by the Division of Child Mental Health Services ("DCMHS"), State of Delaware.

**DEFINITIONS:** Applicable definitions are given in the appendix to DCMHS policy "Development and Revision of Policies."

**POLICY:** Consistent with statutory authority (16 Del.C. chapter 90), agreement with the State Medicaid Office under the Diamond State Health Plan (DSHP), the HCFA 1115 waiver, DCMHS hereby establishes eligibility criteria for mental health and substance abuse services for children and youth who are served by DCMHS. Eligibility for service is established when criteria 1, 2, 3, and 4 below are all met or when criteria 5 is met.

1. Age: Children and youth are eligible:

A. Up to Age 18 -Children and youth are eligible for services until their 18<sup>th</sup> birthday.

B. Over age 18 -For those youth active with DFS or DYRS and over the age of 18, DCMHS may:

1) Manage the case and provide services available through DSCYF consolidated contracts, and/or

2) Provide its Consultation and Assessment service for diagnostic services and treatment planning up to age 19.

2. Residence: Delaware residents are eligible for services.

3. Medical Necessity: Medical necessity is established by the application of DCMHS "Level of Care Criteria." These criteria are available on the DCMHS website.

4. Categorical Eligibility:

A. Insurance and Medicaid Benefits: DCMHS services are intended as a primary resource for those who have no other reasonable means to pay for mental health services i.e. individuals who have:

1) Medicaid benefits, and require extended services beyond the 30 unit Diamond State Health Plan outpatient benefit or require a higher level of service than is provided by DSHP outpatient benefits, or

2) No Medicaid and no private mental health or substance abuse benefits, or

3) Exhausted all applicable private insurance mental health or substance abuse benefits.  
Please note that the absence of a level of care or specific provider in a mental health insurance package is not grounds for categorical eligibility.

B Insurance Co-pay: In general, DCMHS does not function as a secondary payor for the purpose of funding insurance co-payment for the privately insured. There are two exceptions:

1) If a youth is hospitalized in a DCMHS designated psychiatric hospital on an involuntary basis, or is hospitalized on an emergency basis with DCMHS authorization, and the hospital is unsuccessful in obtaining reimbursement for the private insurance, then DCMHS may reimburse the Provider up to the allowable Contract rate for up to 72 hours.

2) If a youth has both private insurance and Medicaid, where the private insurer is the primary payor and Medicaid is the secondary payor, then the parent, legal guardian or other legally liable individual

Memorandum of Understanding  
Among DCMHS-DFS-DDDS

Attachment 4

February 8, 2007

Page 1 of 3

**4. DCMHS Eligibility Criteria**

is not responsible for any co-pay amount and by federal regulation private providers may not bill parents for that amount. In such a situation, Medicaid providers who have a contract with DCMHS may be reimbursed up to the Medicaid rate in cases pre-authorized by DCMHS. If the provider and Medicaid recipient wish to utilize any applicable Medicaid coverage to pay costs after the primary insurance has paid allowable charges, the provider must obtain DCMHS authorization for the service prior to the initiation of the service, in addition to any other authorizations which may be required by other payers.

- C. Duplicated DSCYF Services: DCMHS provides mental health and substance abuse treatment for children and youth active with another division when the mental health or substance abuse treatment is not available through the other division, or as otherwise specified in an MOU with another DSCYF division.
- D. For clients meeting eligibility requirements for DCMHS services, and who also qualify for services from other state agencies, divisions within state agencies, school districts, physical/medical health care services, and/or other services, DCMHS will provide medically necessary mental health and substance abuse services arranged in concert with these other agencies. DCMHS does not provide services that substitute for services which are the responsibility of another agency.

5. Mental Health Crises – Crisis services may be provided to children and youth meeting criteria A. or B. below.

A. DCMHS crisis services and short-term emergency hospitalizations may be provided to non-resident youth under the age of 18 years of age who are in the State of Delaware and are at imminent danger to self or others arising from mental health or substance abuse disorders. DCMHS reserves the right to seek reimbursement for services provided to non-Delaware residents.

B. The DCMHS crisis service also may be utilized by privately insured persons if they meet criteria 1, 2, and 3 above for initial crisis response (excluding crisis bed) intervention, but subsequent treatment is the responsibility of the insurance carrier unless the youth otherwise meets eligibility criteria and is admitted to DCMHS services.

**APPLICATION:**

A. The application of this policy in a particular circumstance may be appealed by the affected parent or guardian, custodian or other legal caregiver if the parent is unavailable. (See also DCMHS Appeals Policy).

- 1) Providers and advocates may assist children and families with an appeal under this policy.
- 2) Families will be advised of their appeal rights whenever a client is determined to be ineligible for DCMHS services under this policy.
- 3) When DFS or DYRS has legal custody, staff in disagreement with DCMHS decisions should use the DSCYF case dispute resolution procedures instead of the appeal procedures.

B. DCMHS staff may request a review by the Division Director if application of the policy would yield a result substantially contrary to the combined interests of the State and the client. The decision of the Director will be documented in writing and signed by the Director, and kept on file by the DCMHS Quality Improvement unit.

Mydocs/UR/CS001Rev11-29-06.doc

**4. DCMHS Eligibility Criteria**

*DELAWARE DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
ELIGIBILITY CRITERIA*

The Division of Developmental Disabilities Services provides services to those individuals whose disability meets all of the following conditions:

- (A) (i) is attributable to mental retardation (1992 AAMR definition) and/or (ii) Autism (DSM IV) and/or (iii) Prader Willi (documented medical diagnosis) and/or (iv) brain injury (individual meets all criteria of the 1992 AAMR definition including age manifestation) and/or (v) is attributable to a neurological condition closely related to mental retardation because such condition results in an impairment of general intellectual functioning and adaptive behavior similar to persons with mental retardation and requires treatment and services similar to those required for persons with impairments of general intellectual functioning;
- (B) is manifested before age 22
- (C) is expected to continue indefinitely;
- (D) results in substantial functional limitations in 2 or more of the following adaptive skill areas
  - 1) communication;
  - 2) self-care;
  - 3) home living;
  - 4) social skills;
  - 5) community use;
  - 6) self-direction;
  - 7) health and safety;
  - 8) functional academics;
  - 9) leisure;
  - 10) work; and
- (E) reflects the need for lifelong and individually planned services.

Intellectual functioning and adaptive behavior is determined by using established standardized tests approved by the Division.

Effective 7-10-2000