

CHILDREN'S TREATMENT SERVICES (CTS)/MEDICAID REFERRAL SUMMARY (CS-13) INSTRUCTIONS

PURPOSE:

Form CS-13, Children's Treatment Services (CTS)/Medicaid Referral Summary, is used by the Children's Service Worker to inform the CTS or Medicaid provider of pertinent case information. In most instances, this form will provide the CTS/Medicaid provider with the necessary information to begin his/her delivery of services to the family.

NOTE: A release of information for the division to receive reports from the provider may be necessary in Family-Centered Services. In child abuse and neglect investigations, a release of information is not necessary. A release form will not be necessary in out-of-home cases, since the child is in our custody.

NUMBER OF COPIES AND DISTRIBUTION:

The Children's Service Worker submits the CS-13 to the CTS/Medicaid provider. After the provider completes Section 7 of the form and returns it to the worker, it is filed in the forms section of the case record.

INSTRUCTIONS FOR COMPLETION:

The worker shall complete Sections 1 through 6 of the CS-13 and submit it to the CTS/Medicaid provider before or at the time the provider initiates services with the family member(s).

If services are sought on an emergency basis, the information shall be provided verbally or faxed followed by a written referral within five (5) working days.

The worker shall complete the identifying information at the top of the form, which includes:

- Client name and DCN;
- Provider's name;
- Date of Referral;
- Name of the Children's Services Worker;
- Whether the referral is for CTS or Medicaid services; and
- Whether client is covered by private insurance along with address and telephone number of insurance company.

Please note that copies of CMXIX (Title XIX cross-reference eligibility), CMCII (Managed care enrollment) and MTPR (Third Party Insurance) screens should be attached to the CS-13 referral.

The worker shall briefly summarize the following on the CS-13:

1. **Relevant background information on this family** - Provide identifying information on the family members, such as household composition, address, phone, etc. List the family strengths and competencies which have been observed and information regarding roles and relationships.
2. **History of CD involvement** - Briefly describe the past and current CD involvement with the family, including CA/N reports and intervention periods. Identify how the case was brought to the attention of CD.

NOTE: DO NOT REFERENCE ANY UNSUBSTANTIATED CA/N REPORTS.

3. **Description of presenting problems - Identify the presenting problems(s)**. The presenting problem is usually the behavior that brought the family to the attention of the Division. Typically, the presenting problem is a superficial behavior that is symptomatic of underlying problems within the family system. Also list the family's perception of the presenting problem(s).
4. **Summary of treatment goals for this family** - Identify the treatment goals of the case. These are the behaviorally specific goals that are listed on page 12 of the CS-14 packet and on the CS-14B, Written Service Agreement. Also identify the time frame for the current Written Service Agreement.
5. **Expected outcomes of intervention** - Identify the change in behavior that is expected through the CTS/Medicaid provider intervention and the estimated length of CD/CTS/Medicaid provider involvement.
6. **Plan for ongoing sharing of information and service coordination during the delivery process** - Identify how the worker, CTS/Medicaid provider, and family members will share information on the delivery and effectiveness of CTS/Medicaid provider intervention. This plan for sharing information must include the initial 30-day and subsequent reports that are required from the provider.
7. **Service information to be completed by provider** - The provider will complete and sign this section of the form. The dates (beginning and ending) of service, types of service (family therapy, individual therapy, etc.) and frequency (weekly, monthly) of service will be identified by the provider.

The worker should feel free to attach additional information that is needed for the CTS/Medicaid provider to initiate services. Additional information deemed necessary by the social worker such as past counseling or evaluation reports may also be attached.

INSTRUCTIONS FOR RETENTION:

This form should be kept until the case record is destroyed according to instructions in the Family-Centered Services Manual.

MEMORANDA HISTORY: CS90-53, CS92-40, CS94-4, CS02-05, [CD06-90](#)