COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH (TAY) DIVISION
FIELD CAPABLE CLINICAL SERVICES (FCCS)
GUIDELINES

Subject	Guideline No.	Effective Date	Page
TAY-FCCS Program Overview	I.A.	May 1, 2009	1 of 4
		Revision Date	Distribution Level 2

Purpose: To define Field Capable Clinical Services (FCCS) for Transition Age Youth (TAY) including those services that may be provided as part of FCCS and to describe those individuals for whom FCCS was designed.

Definitions:

1. Field Capable Clinical Services
   a. Field Capable Clinical Services (FCCS) are specialty mental health services provided to TAY, ages 16 to 25, who are Seriously Emotionally Disturbed (SED) and/or with a Serious Persistent Mental Illness (SPMI). Services are delivered by professionals and paraprofessionals specially trained to recognize and respond to the unique needs of TAY. Fifty percent (50%) of all FCCS are to be provided in field-based settings, including but not limited to the TAY's residence, Drop-In Centers, Transition Resource Centers, health centers, shelter programs, and other primary care settings.
   b. FCCS are responsive and appropriate to the cultural and linguistic needs of the TAY and are supported by promising and/or evidence-based practice, wherever and whenever possible.
   c. Services should be client driven and designed to meet the needs and goals of each client. FCCS services that are available are as follows:
      - Outreach and Engagement
      - Bio-psychosocial assessment
      - Individual and family treatment
      - Medication support
      - Specialized assessment and treatment interventions for co-occurring disorders, i.e. mental illness and substance abuse

Subject	Guideline No.	Effective Date	Page
TAY-FCCS Program Overview	I.A.	May 1, 2009	2 of 4
		Revision Date	Distribution Level 2

- Linkage to self-help and family support groups, health services, benefits establishment, temporary and/or permanent housing
- Family education and support
- Support for employment, education, and social support development
- 24/7 Telephone response
- 50 % fieled based services
- Case management support

d. FCCS providers should reach unserved, underserved or inappropriately served TAY who are unwilling or cannot access mental health services in traditional mental health settings due to personal preference, stigma associated with receiving services in a traditional mental health setting, and/or difficulty accessing services related to geographic, transportation, or physical disabilities. TAY participants in an FCCS program will not need to be authorized, allowing the provider to be flexible in its delivery of services. Those participants may include TAY who are:

- Isolated and/or homebound with no or limited support systems;
- struggling with substance abuse disorders;
- homeless or at-risk of homelessness;
- aging out of the children's mental health, child welfare, or juvenile justice systems;
- having difficulty engaging through traditional clinic-based services

- otherwise at high risk, but do not qualify for FSP, ACT or are transitioning out of those services;
- leaving long-term institutional care, such as IMDs, and do not qualify or not best served by FSP;
- experiencing a first psychotic break;
- currently receiving a non-mental health service from a community based program and would benefit from a co-located, on-site mental health service in conjunction with the community based program.

e. Field Capable Clinical Services is **not** enrollment based; participation is based upon the above guidelines. In addition, specific diagnostic and functional requirements are discussed in FCCS Guidelines No. 2.A.

f. In some cases, TAY may be appropriately served in traditional outpatient mental health clinics, for example, TAY who have aged up in the system may continue receiving traditional clinic-based services. Additionally, TAY who do not require specialized TAY focused, field-based services that are provided under FCCS, may receive services in the outpatient clinic setting.

g. TAY ages twenty-one (21) through twenty-five (25) years of age who would be more appropriately served by an adult focused, field-based team, may be considered for FCCS participation as clinically indicated. The mechanism for referring an individual to FCCS is described in Guidelines No. 4.A. and 4.B.

2. <u>Service Extenders</u>

Subject	Guideline No.	Effective Date	Page
TAY-FCCS Program Overview	I.A.	May 1, 2009	4 of 4
		Revision Date	Distribution Level 2

a. Service Extenders is a term used to describe clients in recovery or family members who have received specialized training enabling them to work with TAY as participating members of multi-disciplinary FCCS teams.

b. Service Extenders are volunteer paraprofessionals who may provide the following services:

- Support to vulnerable TAY to enhance wellness and recovery.
- Home visits to strengthen network of relationships and decrease social isolation.
- Support to TAY who are transitioning from one level of care to another.
- Assistance in developing community living skills and utilizing community resources by discussing common experiences.
- Participation in conference meetings with DMH.
- Support for family members to strengthen the family members' network of relationships.
- Convey community and client cultural patterns and attitudes to multi-disciplinary team.

Related Guidelines:

FCCS Guideline No. 2.A. Eligibility Criteria

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
TRANSITIONAL AGE YOUTH (TAY) DIVISION
FIELD CAPABLE CLINICAL SERVICES
GUIDELINES

Subject	Guideline No.	Effective Date	Page
Multi-Disciplinary Teams	I.B.	May 1, 2009	1 of 1
		Revision Date	Distribution Level 2

Purpose: To establish the role of multi-disciplinary teams providing specialty mental health services as part of Field Capable Clinical Service for Transition Age Youth (TAY).

Definition: Multi-disciplinary Team

Field Capable Clinical Services are provided by members of multi-disciplinary teams. The multi-disciplinary teams are generally comprised of certain core team members, for example: a registered nurse, a psychologist, a social worker, a recreation therapist and/or a medical case worker. A physician shall serve as a member of each multi-disciplinary team. Where applicable, Service Extenders will serve as members of multi-disciplinary teams.

Guidelines:

1. It is essential that each member of the treatment team participate in staff meetings to ensure a range of expertise for the review of treatment needs of new clients and to re-evaluate the ongoing treatment needs and issues faced by TAY clients who are currently participating in FCCS.

2. Multi-disciplinary treatment teams are expected to meet at regular intervals; all members of the treatment team are expected to participate. Additionally, teams are expected to review treatment needs of TAY utilizing a recovery-oriented, comprehensive bio-psychosocial approach.

3. TAY Administration should be notified of any changes in the configuration of the core team.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH (TAY) DIVISION
FIELD CAPABLE CLINICAL SERVICES (FCCS)
GUIDELINES

Subject	Guideline No.	Effective Date	Page
Field-Bases Services	I.C.	8/19/09	1 of 1
		Revision Date	Distribution Level

Purpose: To establish parameters for what constitutes a field-based service.

Definitions:

1. Field-based services are those services provided in a location that has a different address than the clinic site. The choice of service delivery site is based on the client's recovery goals and possible transportation limitations. Examples include churches, parks, libraries, physical health care settings and residences.

2. Services provided within the same building, even if the building houses different programs are not field-based. The exception to this would be where a client residence and treatment program reside at the same address.

Guidelines: Mental health services will be delivered at a site conducive and comfortable to the client, with the goal to engage and retain the client in services. It is the responsibility of the provider to identify the most appropriate Service Location Code to describe the location in which services were provided. The complete listing of Service Location Codes may be found in the Integrated Systems Codes Manual.

For Children, Transition Age Youth and Adult FCCS programs 35-70% of service time should be provided in field-based settings. This percentage is calculated based on the total minutes billed within a month, excluding service location codes 11 and 53.

Attachment DMH-CIOB Service Location Codes

SERVICE LOCATION CODES

Identifies the location of service at which services were rendered.

Codes	Description	
03	School	
04	Homeless Shelter	(Effective 12-3-2007)
09	**Prison/Correctional Facility** *(Not applicable to FFS 2 providers)*	**(Effective 2-23-2009)**
11	Office	
12	Home	
13	Assisted Living Facility	(Effective 12-3-2007)
14	Group Home	(Effective 12-3-2007)
16	**Temporary Lodging, e.g. hotel**	**(Effective 2-23-2009)**
20	Urgent Care	
21	Inpatient Hospital	
22	Outpatient Hospital	
23	Emergency Room – Hospital	
25	Birthing Center	
26	Military Treatment Facility	
31	Skilled Nursing Facility – Without STP	
32	Nursing Facility – With STP	
33	Custodial Care Facility	
34	Hospice	
50	Federally Qualified Health Center	
51	Inpatient Psychiatric Facility	
52	Psychiatric Facility Partial Hospitalization	
53	Community Mental Health Center	
54	Intermediate Care Facility/Mentally Retarded	
55	Residential Substance Abuse Treatment Facility	
56	Psychiatric Residential Treatment Center	
71	State or Local Public Health Clinic	
99	Other Unlisted Facility	

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
TRANSITIONAL AGE YOUTH (TAY) DIVISION
FIELD CAPABLE CLINICAL SERVICES (FCCS)
GUIDELINES

Subject	Guideline No.	Effective Date	Page
Eligibility Criteria	2.A.	May 1, 2009	1 of 3
		Revision Date	Distribution Level 2

Purpose: To describe the criteria necessary for participation in Field Capable Clinical Services for Transition Age Youth (TAY).

Definitions:

1. **Seriously Emotionally Disturbed (SED)**

A child/youth is considered seriously emotionally disturbed if he/she exhibits one or more of the following characteristics, over a long period of time and to a marked degree, which adversely affects his/her functioning:

(1) An inability to learn which cannot be explained by intellectual, sensory, or health factors;
(2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
(3) Inappropriate types f behavior or feelings under normal circumstances exhibited in several situations;
(4) A general pervasive mood of unhappiness or depression;
(5) A tendency to develop physical symptoms or fears associated with personal or school problems. [34 C.F.R. sec. 300.7 (b)(9); 5 Cal. Code Regs. Sec. 3030(i).]

2. Severe and Persistent Mental Illness (SPMI)

For TAY ages 16-25 may include significant functional impairment in one or more major areas of functioning (e.g. interpersonal relations, emotional vocational, educational, or self-care) for at least 6 months due to a major mental illness. The individual's functioning is clearly below that which had been achieved before the onset of symptoms. If the disturbance begins in

Subject	Guideline No.	Effective Date	Page
Eligibility Criteria	2.A.	May 1, 2009	2 of 3
		Revision Date	Distribution Level 2

childhood or adolescence, however, there may be a failure to achieve the level of functioning that would have been expected for the individual rather than deterioration in functioning. [SAMHSA, 1993; Federal Registry, 58]

3. Co-Occurring Disorder

Individuals with mental illness are considered to have co-occurring substance abuse disorder when they have a history of alcohol and/or drug use, abuse or dependency that interferes with their ability to function in an age-appropriate manner in the key life domains (e.g. Axis IV, current DSM IV-TR). [DMH Policy No. 202.19]

Guidelines:

1. In order to be eligible to receive FCCS, a TAY must have a serious emotional disturbance (SED) or a severe and persistent mental illness (SPMI) and meet one or more of the following criteria:

   a. Homeless or currently at risk of homelessness

   b. TAY aging out of:
      - Child mental health system
      - Child Welfare system
      - Juvenile justice system

   c. TAY leaving long-term institutional care:

      - Level 12-14 group homes
      - Community Treatment Facilities (CTF)
      - Institutes for Mental Disease (IMD)
      - State Hospitals

Subject	Guideline No.	Effective Date	Page
Eligibility Criteria	2.A.	May 1, 2009	3 of 3
		Revision Date	Distribution Level 2

- Probation camps

d. TAY experiencing first psychotic break

e. TAY with co-occurring substance abuse issues

3. Population to be served
   a. FCCS will focus on individuals who would be unable to avail themselves of services in traditional mental health clinics due to stigma, impaired mobility, frailty and/or geographic limitations and/or who are more appropriately served by the unique intervention strategies of an TAY-focused program. In addition, FCCS will focus on the following TAY sub-populations that have/are:
      - Isolated and/or homebound with limited or no support system,
      - A history of or at serious risk of neglect or abuse.
      - A co-occurring mental illness and substance abuse.
      - Transitioning from one level of care to another (e.g. Full Service Partnership or Assertive Community Treatment to FCCS).
      - Released from jail or with a history of being incarcerated or who are at risk of incarceration.
      - History or multiple psychiatric hospitalizations in the recent past.
      - Homeless or at risk of homelessness.

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH (TAY) DIVISION
FIELD CAPABLE CLINICAL SERVICES (FCCS)
GUIDELINES

Subject	Guideline No.	Effective Date	Page
Exclusion from FCCS Participation	2.B.	May 1, 2009	1 of 2
		Revision Date	Distribution Level 2

Purpose: To establish guidelines for clients who are referred to Field Capable Clinical Services (FCCS) programs and who may be ineligible to receive FCCS due to benefits criteria for the following categories:

- HMO Medicare and Third-Party Insured
- Parolees

Definitions:

1. An agency that refers a client of a prepaid health care plan (e.g. Health Maintenance Organization (HMO), Prepaid Health Plan (PHP), Managed Care Plan (MCP), Primary Care Physician Plan (PCPP), and Primary Care Case Management (PCCM)), must first look to those entities as responsible for the provision of mental health services as defined by their contracts, unless the prepaid health plan or the client, as appropriate, is willing to pay for the full cost of their care.

2. The California Department of Correction and Rehabilitation (CDCR) is responsible for the State's parole system and the provision of specific and intensive levels of service to its parolees to enable them to successfully reintegrate into the community, including, but not limited to, substance abuse treatment, mental health services, case management and supervision.

Guidelines:

1. If a private prepaid health plan member or parolee is being referred to an FCCS program, the referral source should be advised that their client's health care plan or parole agency is responsible for managing their care.

2. In the event that an FCCS client is determined to be a beneficiary of a prepaid health plan or a parolee, the client must be immediately referred back to the referring agency, health plan, and/or parole agency for disposition and continued services. All FCCS services need to be

Subject	Guideline No.	Effective Date	Page
Exclusion from FCCS Participation	2.B.	May 1, 2009	2 of 2
		Revision Date	Distribution Level 2

terminated if the benefit source is unwilling to pay full cost of services.

References:
DMH Policy No. 401.8 (9/04)
DMH Revenue Management Bulletin (3/05)
California Department of Correction and Rehabilitation
Parole Service Description (1/06)

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH (TAY) DIVISION
FIELD CAPABLE CLINICAL SERVICES (FCCS)
PROTOCOLS

Subject	Protocol No.	Effective Date	Page
Service Extenders Overview	3.A.	May 1, 2009	1 of 2
		Revision Date	Distribution Level 2

Purpose: To establish guidelines for the use of Service Extenders as members of multi-disciplinary teams in the Field Capable Clinical Services (FCCS) programs.

Definition:

1. Service Extenders
   a. Service Extenders are clients in recovery or family members who, following specialized training, volunteer to serve as members of multi-disciplinary FCCS teams. Examples of duties that may be performed by Service Extenders include but are not limited to:
      - Provide support to vulnerable TAY to support wellness and recovery.
      - Provide home visits to strengthen network of relationships and decrease social isolation.
      - Provide support to TAY who are transitioning from one level of care to another.
      - Assist TAY in developing community living skills and utilizing community resources by discussing common experiences.
      - Participates in conference meetings with DMH.
      - Provide support for family members to strengthen the family members' network of relationships.
      - Convey community and client cultural patterns and attitudes to multi-disciplinary team.

Guidelines:

1. A Service Extender is a volunteer, not an employee.
   a. For DMH directly-operated programs, Service Extenders must be processed into DMH through Human Resources before they can begin providing services. DMH programs are expected to orient Service Extenders to applicable policies and procedures; provide an orientation to the directly-

Subject	Protocol No.	Effective Date	Page
Service Extenders Overview	3.A.	May 1, 2009	2 of 2
		Revision Date	Distribution Level 2

operated site including personnel, procedures and resources; and to provide ongoing education and supervision regarding field safety as a member of the FCCS team.

b. For contract agencies, Service Extenders should be processed into the agency in a manner that is in keeping with agency policies and procedures, prior to volunteers providing services.

2. Service Extenders are expected to become fully integrated member of the FCCS team. The following guidelines may facilitate the integration process:
   a. All FCCS team members will review the “Service Extender” curriculum and the types of duties to be performed by the Service Extender.
   b. All FCCS team members will be familiar with “Wellness and Recovery” concepts.
   c. In addition to regularly scheduled “Assessment and Re-evaluation” meetings, Service Extenders will receive regularly scheduled individual clinical supervision.
   d. Service Extenders should be encouraged to utilize clinical supervision to examine the impact of their values, beliefs and attitudes about their work, as would any other team member.
   e. Service Extenders should be advised to report promptly to their clinical supervisor any and all suspected risk factors involving a client.
   f. Team members will remain accessible during working hours for consultation and support to Service Extenders.

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH (TAY) DIVISION
FIELD CAPABLE CLINICAL SERVICES (FCCS)
GUIDELINES

Subject	Guideline No.	Effective Date	Page
Service Extenders and Documentation	3.B.	May 1, 2009	1 of 1
		Revision Date	Distribution Level 2

Purpose: To describe the documentation requirements for all services provided by Service Extenders.

Guidelines:

1. All services provided by Services Extenders are to be documented in the TAY's medical record.

2. Each entry shall contain the name of the TAY for whom services are provided and the following information:
   a. Date and location of service delivery. Face-to-face and other time associated with service delivery.
   b. A brief description of the nature of the service (if possible include a quotation from the TAY).
   c. A brief description of any known risk.
   d. The signature and title of the person making the entry in the medical record.

3. Documentation is to be completed within 24 hours of service delivery and may be completed in one of two ways:
   a. The Service Extender may document the service in the medical record. All notes written by Service Extenders are to be countersigned by their clinical supervisor.
   b. In situations where the Service Extender is unable to complete the documentation within 24 hours, the Service Extender may contact the clinical supervisor and describe the service to the clinical supervisor who may then write a progress note on behalf of the Service Extender.

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH (TAY) DIVISION
FIELD CAPABLE CLINICAL SERVICES (FCCS)
GUIDELINES

Subject	Protocol No.	Effective Date	Page
Integrated System (IS) and Coding For FCCS	4.A.	May 1, 2009	1 of 2
		Revision Date	Distribution Level 2

Purpose: To provide guidance regarding the appropriate choice of select codes associated with the delivery of FCCS.

Guidelines:

1. Service Location Codes
   a. The majority of services will be provided in field-based settings. FCCS staff shall be familiar with the Service Location Codes and select accordingly as follows:

      11 - Office. This is to be used when services are provided in DMH offices.

      12 - Home. This is for use when services are provided in client homes or residences, regardless of type (single family dwelling, apartment, SRO, senior housing complex, assisted living facility).

      50 - Federally Qualified Health Center. This is to be used in primary care settings when the site has been designated as a Federally Qualified Health Center (FQHC).

      71 - State and Local Public Health Clinic. This is to be used for all health care provider locations that do not qualify as an FQHC.

      99 - Other Unlisted Facility. This is to be used for all other locations that are not otherwise covered in the Service Location Codes above, such as Senior Centers, Parks, Shelters.

2. CPT Codes for Use with FCCS
   a. FCCS providers are encouraged to refer to “A Guide to Procedure Codes for Claiming Mental Health Services” available on the DMH intranet when selecting CPT codes. Most services, and hence

Subject	Protocol No.	Effective Date	Page
Integrated System (IS) and Coding For FCCS	4.A.	May 1, 2009	2 of 2
		Revision Date	Distribution Level 2

codes, that are used in outpatient clinical settings will be available to FCCS providers. The table below provides a brief account of the codes available to FCCS providers:

Category	Codes
Assessment	90801, 90802
Psych testing	96101, 96102, 96103, 90889
Indiv. Psychotherapy	H2015, 90804, 90806, 90808, 90810, 90812, 90814
Indiv. with E&M	H2015, 90805, 90807, 90809, 90811, 90813, 90815
Indiv. Rehab	H2015
Family and Group	90847, 90887, 90849, 90853, 90857, H2015
Med Support	90862, M0064, H2010
Other	T1017, 99361, 99362, 90889
Crisis Intervention	H2011
COS	231 – Community Client Service
DMH Genesis ONLY	99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

3. IS Plan Selection
   a. Refer to FCCS Guideline 5.B., IS Plans, for selection of plans associated with FCCS participants.

References: DMH Integrated System Codes Manual

DMH: A Guide to Procedure Codes for Claiming Mental Health Services

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH (TAY) DIVISION
FIELD CAPABLE CLINICAL SERVICES (FCCS)
GUIDELINES

Subject	Guideline No.	Effective Date	Page
Program Administration: Location Tracking	4.C.	May 1, 2009	1 of 1
		Revision Date	Distribution Level 1

Purpose: To describe requirements for communicating information regarding collaborations with community partners to Countywide TAY Administration (CTA).

Guideline(s): District Chiefs and/or Program Managers of Field Capable Clinical Services programs are expected to provide information regarding any and all community partner agencies where DMH staff are stationed (co-located) on a regular basis.

A Location Tracking Form (attached) has been developed that specifies the information that is required to be forwarded to CTA upon initial collaboration and as changes occur to any of the data fields. This information is an administrative requirement of DMH and the Chief Administrative Offices.

The following data elements are required:

- Start Date – This is the date that DMH staff begin to be stationed at the community partner location.
- Revision Date – This is the date that marks any changes to existing information.
- Community Partner Name
- Address/City – This is the address in which DMH staff will provide services.
- Community Partner Contact person and Telephone Number
- Name and Title of DMH Co-located Staff
- Other Information – Any other relevant information including notation of corporate headquarters which may differ from address where DMH staff will be co-located.

Attachment: Location Tracking Form

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH (TAY) DIVISION
FIELD CAPABLE CLINICAL SERVICES (FCCS)
GUIDELINES

Subject	Guideline No.	Effective Date	Page
Medication and Laboratory Services: Field-Based Medication Services	5.A.	May 1, 2009	1 of 2
		Revision Date	Distribution Level 2

Purpose: To clarify those medication support activities provided by Registered Nurses (RN) that are permissible components of Field Capable Clinical Services (FCCS).

Guidelines:

1. Field-based medication education, and monitoring of clients response to medications, are an essential role of the RN regardless of location of service delivery.

2. The RN is expected to meet all documentation requirements associated with medication support services. Examples include, but are not limited to, documentation of side effects, client response to medication, compliance with medication regime etc. RNs should refer to Departmental policies on documentation and to the Organizational Providers Manual for Specialty Mental Health Services under the Rehabilitation Option and Targeted Case Management Services for additional information and/or consult with their clinical supervisor for further direction.

4. Injectable medication for the treatment of mental health disorders may be prescribed by a physician or nurse practitioner and administered by an RN in a field-based setting.

5. Some clients may benefit from the structure provided by medication boxes to serve as reminders of when medications are to be taken during the day. RNs may assist and supervise client to fill medication boxes but are not independently permitted to fill the boxes for the client.

6. The TAY who are participating in FCCS may have multi-

Subject	Guideline No.	Effective Date	Page
Medication and Laboratory Services: Field-Based Medication Services	5.A.	May 1, 2009	2 of 2
		Revision Date	Distribution Level 2

system illnesses. Coordination of care between prescribing medical and psychiatric providers is an essential component of FCCS. RNs may discuss medications with both prescribing physicians and dispensing pharmacists to ensure that all providers are aware of the range of medications (physical and mental health) taken by a particular client as a means to decrease possible adverse interactions between medications.

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
TRANSITION AGE YOUTH (TAY) DIVISION
FIELD CAPABLE CLINICAL SERVICES (FCCS)
GUIDELINES

Subject	Guideline No.	Effective Date	Page
Medication and Laboratory Services: Prescription Medications and Laboratory Tests	5.B.	May 1, 2009	1 of 3
		Revision Date	Distribution Level 2

Purpose: To describe the processes involved in prescribing medications and ordering laboratory tests for clients who participate in Field Capable Clinical Services (FCCS) programs outside of the traditional mental health clinic.

Guidelines:

1. <u>Prescription Medications and Laboratory Tests in Primary Care Provider (PCP) settings</u>
   a. FCCS physicians may provide consultation to the PCP to enable the PCP to manage the mental health treatment of a particular client. In this case, medications or laboratory tests may be recommended by the FCCS physician to the PCP, but the actual prescription or laboratory test order is written by the PCP. The PCP agency will assume financial responsibility for all prescriptions and laboratory tests ordered by the PCP.

      - The mechanism for filling prescriptions and obtaining specimens for laboratory analysis will be in accordance with PCP agency protocols.

   b. Clients may be referred to the FCCS physician for evaluation and treatment of a client whose care is believed to be beyond the scope of practice of a PCP. In such cases, if the FCCS agrees to assume direct responsibility for delivery of mental health medication services, the FCCS physician writes a medication prescription or laboratory test for a client who is referred from PCP, the FCCS physician agency (DMH) will assume financial responsibility for all prescriptions and laboratory tests ordered by the FCCS physician.

Subject	Guideline No.	Effective Date	Page
Medication and Laboratory Services: Prescription Medications and Laboratory Tests	5.B.	May 1, 2009	2 of 3
		Revision Date	Distribution Level 2

i. Prescriptions for indigent clients are entered into the PATS system or taken to a DMH affiliated pharmacy for dispensing. When a client is unable to make arrangements to pick up a medication from a pharmacy, attempts shall be made to arrange for the pick up and/or delivery of medication, as appropriate, directly to the client.

ii. Clients for whom laboratory tests have been ordered by the FCCS provider will be referred to the nearest Quest Laboratory office. The laboratory order form may be completed by the provider and given to the client to take to the Quest office, as appropriate.

- The location of the nearest office may be accessed by going to the Quest website located at: http://www.questdiagnostics.com/index.html Click on the Location tab at the top of the page and then complete the query to obtain the address of the nearest laboratory. This information may also be obtained by telephoning: (800) 377-8448.

If the client is unable to make arrangements to go to the nearest Quest laboratory, attempts shall be made by the FCCS team to arrange for transportation to the laboratory.

Subject	Guideline No.	Effective Date	Page
Medication and Laboratory Services: Prescription Medications and Laboratory Tests	5.B.	May 1, 2009	3 of 3
		Revision Date	Distribution Level 2

2. Prescription Medications and Laboratory Tests in other Field-based settings.

a. In situations where the FCCS physician or nurse practitioner makes a field-based, non-PCP setting visit that results in the prescribing of medication or the ordering of laboratory tests, refer to Section 1.b.i and 1.b.ii above for a description of the process to be followed.

Reference: DMH Policy and Procedures 202.33