



County of Los Angeles – Department of Mental Health

Mental Health Services Act (MHSA)

Full Service Partnership (FSP) Guidelines

Effective: November 1, 2006 Revised: July 1, 2022

> Published by Countywide Full Service Partnership Administration Lisa Wong, Psy.D., Acting Director

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

			COUNTY OF LOS ANGELES - DEPARTMENT OF MENTA			r	1
			FULL SERVICE PARTNERSHIP GUIDELINES TABLE OF CONTENTS Revised: 7/1/2021	Latest Revisio n Date	Child/ Young Adult	Adult	All Age Groups
I.			Outreach and Engagement				
	Α.		For Clients in Institutions	7/1/2021			1
		1.	Discharge Planning from an Institution	7/1/2021			1
	B.		For Individuals and Families in the Community	7/1/2021			1
II.			Eligibility Criteria	-	-	-	
	Α.		Focal Populations per Age Group	7/1/2021			1
	В.		Operational Definitions and Examples	7/1/2021			1
	C.		Exclusionary Issues	7/1/2021			
		1.	Medicare HMO	7/1/2021		1	
		2.	Third Party-Insured	7/1/2021	V	1	
	D.		Family Support Services	7/1/2021			
III.			Referral, Authorization and Enrollment				
	Α.		Referral Procedures	7/1/2021	√ V	√	
	В.		Role of the Countywide FSP Administration				
	C.		Procedure for Filing Appeals Related to Enrollment, Disenrollment or Transfer	7/1/2021			1
	D.		FSP Reinstatement and Re-Establishment	7/1/2021			1
IV.			Special Circumstances After Enrollment		-	-	
	Α.		Disclosure of Protected Health Information for Housing and Employment	7/1/2021			1
	В.		Interruption of Service Due to Institutionalization	7/1/2021			1
	C.		Transfer of Clients Between FSP Programs	7/1/2021			1
	D.		FSP Services for Adults 60+ in Skilled Nursing Facilities	7/1/2021			1
	E.		Serving Clients in Residential Settings	7/1/2021			1
V.			Outcomes and Data Collection	<u> </u>			
	Α.		Outcomes Data Collection	7/1/2021			1
VI.			Disenrollment	7/1/2021			√
VII.			24/7 Crisis Coverage	7/1/2021			1
			Field - Based Services				1
VIII.				7/1/2021			1
IX.			Client Support Services	7/1/2021			1
Χ.			FSP Incentives	7/1/2022			1
XI.			DMH Contacts				
XII.			Forms				
	A.		Community Outreach Services	7/1/2021			1
	B.		Referral and Authorization				
		1.	Child/Young Adult (ages 0-20)	7/1/2021			
		2.	Adult (ages 21+)	7/1/2021		1	
	C.		Appeal (Related to Enrollment, Disenrollment and Transfer)	7/1/2021			1
	D.		Authorization for Use or Disclosure of Protected Health Information	7/1/2021			1
	E.		Disenrollment Request	7/1/2021			1
	F.		Transfer Request	7/1/2021			1
	G		Disenrollment/Transfer Request Supplemental	7/1/2021			1
	Н		Reinstatement Authorization Form	7/1/2021			1

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
OUTREACH AND ENGAGEMENT FOR CLIENTS IN INSTITUTIONS	I.A.	REVISION DATE 7/1/2021	1 of 4

PURPOSE:

To inform agencies with the following intensive services programs, Full Service Partnership (FSP) including Intensive Field Capable Clinical Services (IFCCS), and Wraparound, of the outreach and engagement expectations for referrals of clients residing in institutions.

DEFINITION:

- 1. Outreach and engagement are services provided to potential FSP clients prior to enrollment in a FSP program. Outreach and engagement services are used to build a relationship between the FSP program and potential client and to determine if the potential client is appropriate for FSP services.
 - a. <u>Outreach</u> is defined as the initial step in connecting, or reconnecting, an individual or family to needed mental health services. Outreach is primarily directed toward individuals and families who might not use services due to lack of awareness or active avoidance, and who would otherwise be ignored or underserved. Outreach is a process rather than an outcome, with a focus on establishing rapport and a goal of eventually engaging people in the services they need and will accept.
 - b. <u>Engagement</u> is defined as the process by which a trusting relationship between a service provider and an individual or family is established. This provides a context for assessing needs, defining service goals and agreeing on a plan for delivering the services. The engagement period can be lengthy and depends on the unique individual needs of consumer.
- Institution includes county or fee-for-service (FFS) acute hospitals; Institutions for Mental Disease (IMD); Enriched Residential/IMD Step Downs; Skilled Nursing Facilities (SNF); State Hospitals (SH); Psychiatric Health Facilities (PHF); Jail; Juvenile Hall; Probation camps; Department of Juvenile Justice (DOJJ); and Short Term Residential Treatment Program (STRTP).

GUIDELINES:

Clients referred to an agency while residing in an institution must be provided with outreach and engagement services prior to discharge and enrollment in an intensive services program.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
OUTREACH AND ENGAGEMENT	I.A.		2 of 4
FOR CLIENTS IN INSTITUTIONS		REVISION DATE	
		7/1/2021	

- Upon receiving a referral for a client in an in-patient hospital, PHF, emergency room or urgent care center, agency staff shall conduct a face-to-face assessment within twenty-four (24) hours of receiving the referral to determine eligibility. For clients in all other institutional settings, agency staff shall conduct a face-to- face assessment within seventy-two (72) hours of receiving the referral to determine eligibility (see II. Eligibility Criteria)
- 2. Once eligibility is determined, the agency will begin outreach and engagement services, which include:
 - Regular Client Contact The agency staff must maintain regular contact with the client and, if a minor, his/her parent/guardian.
 Regular client/family contact is a weekly phone call or personal visit, at minimum.
 - Contact With Institutions In order to ensure continuity of care, the
 agency staff must maintain regular contact with those responsible
 for overseeing the client's care while in the institution. Regular
 contact is a weekly phone call or personal visit, at minimum.
 - For minor clients residing in Probation camps, the designated contact staff will generally be the DMH System Navigators deployed in the Probation camps and responsible for linkage to aftercare resources.
 - For minor clients who are court dependents or wards, this also includes regular contact with responsible individuals from other county departments, such as Children and Family Services (Children's Social Worker), and/or Probation (Deputy Probation Officer) if applicable.
 - Discharge Planning The agency staff shall share responsibility with the institution treatment staff to plan and coordinate discharge, including:
 - Agency staff taking primary responsibility for locating residential placement/housing based on the working relationships the agency has established with residential placement/housing

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
OUTREACH AND ENGAGEMENT FOR CLIENTS IN INSTITUTIONS	I.A.	REVISION DATE	3 of 4
		7/1/2021	

providers and the client's individual circumstances. Institution staff may assist with this responsibility as specified in the individualized discharge plan. If DCFS has primary jurisdiction over the child, the responsibility of locating residential placement/housing is with DCFS not with DMH or the IFCCS provider.

- Determining whether the agency or the institution will be responsible for transportation to the pre-arranged residential placement/housing.
- Assuring the client has an adequate medication supply or prescriptions upon discharge.* The client typically receives a medication supply ranging from three days to 30 days or prescriptions, based on the point in the month the client is discharged and the amount of medications remaining. It is the responsibility of the institution staff to advise the agency of the medication supply and/or prescriptions the client will be provided on discharge and the responsibility of the agency to ensure the client has timely follow-up with the agency psychiatrist to ensure medication continuity. These activities should be done in collaboration with DMH liaisons, conservators and families.
- For clients residing in IMD's, the FSP agency staff shall be responsible for locating residential placement/housing and for transporting the client from the institution to their prearranged residential placement/housing.
- 3. Upon discharge from the institution, the agency may begin the enrollment process. If the conservator/client agrees to services, a <u>Full Service Partnership Referral and Authorization Form</u> must be submitted (see <u>III. Referral, Authorization and Enrollment</u>). The enrollment date must be effective after the client is released from the institution.
- 4. Active outreach or engagement lasting longer than 90 days requires consultation with Service Area Navigation Team.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
OUTREACH AND ENGAGEMENT FOR CLIENTS IN INSTITUTIONS	I.A.	REVISION DATE 7/1/2021	4 of 4

5. Claiming for outreach and engagement services must be done through Community Outreach Services (COS). Outreach and engagement services typically fall under the COS category of "Community Client Services" (refer to DMH Community Outreach Services Manual for service definitions, codes and claiming instructions).

FORMS: Full Service Partnership Referral and Authorization Form

➤ Community Outreach Services claim form

REFERENCES > Community Outreach Services Manual:

http://file.lacounty.gov/SDSInter/dmh/1032292 COSManual12-

2017.pdf

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
OUTREACH AND ENGAGEMENT	I.B.	11/1/2006	1 of 5
FOR INDIVIDUALS AND FAMILIES IN THE COMMUNITY		REVISION DATE 7/1/2021	
		77172021	

PURPOSE:

To inform Full Service Partnership (FSP) agencies of the outreach and engagement expectations for individuals and families residing in the community.

DEFINITION:

Outreach and engagement are services provided to potential FSP clients prior to enrollment in a FSP program. Outreach and engagement services are used to build a relationship between the FSP program and potential client and to determine if the potential client is appropriate for and accepts FSP services.

- Outreach is defined as the initial step in connecting, or reconnecting, an individual or family to needed mental health services. Outreach is primarily directed toward individuals and families who might not use services due to lack of awareness or active avoidance, and who would otherwise be ignored or underserved. Outreach is a process rather than an outcome, with a focus on establishing rapport and a goal of eventually engaging people in the services they need and will accept.
- 2. Engagement is defined as the process by which a trusting relationship between a service provider and an individual or family is established. This provides a context for assessing needs, defining service goals and agreeing on a plan for delivering the services. The engagement period can be lengthy and depends on the unique individual needs of consumer.

GUIDELINES:

- 1. There are three circumstances under which an FSP agency may provide outreach and engagement services to individuals or families residing in the community:
 - a. <u>Agency-initiated Outreach to FSP Focal Populations</u> FSP agencies may choose to conduct outreach and engagement services to individuals and/or families that appear to meet FSP focal population criteria (see II.A. Focal Populations per Age Group for criteria).
 - The FSP agency will outreach to the prospective client until such time a determination is made as to the individual's appropriateness for, and interest in, a FSP program.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
OUTREACH AND ENGAGEMENT	I.B.		2 of 5
FOR INDIVIDUALS AND FAMILIES IN THE COMMUNITY		REVISION DATE 7/1/2021	

If the individual/family does not agree to or is determined inappropriate for FSP services, the agency shall ensure linkage to other appropriate services as needed

- ii. If the individual/family meets FSP age, focal population and level-of-service criteria and agrees to FSP services, the FSP agency will submit a completed Full Service Partnership Referral and Authorization Form to the appropriate Service Area Navigation Team requesting pre-authorization to enroll (see III. Authorization and Enrollment for procedure). The Service Area Navigator Roster can be found here: Service Area Navigators - Department of Mental Health (lacounty.gov). For the IFCCS program, the IFCCS agency will return the Disposition form to IFCCS Administration. For Wraparound FSP, the agency representative will securely email the completed Disposition Form to the Wraparound Service Area liaison and to the appropriate Countywide Program Administration at Wraparound@dmh.lacounty.gov
- b. Walk-in/Self-referral Prospective FSP clients seeking mental health services may present themselves to an FSP agency. If during the agency's screening process the individual or family appears to meet FSP focal population criteria (see II.A. Focal Populations per Age Group for criteria), the FSP agency may choose to conduct outreach and engagement services to the prospective client. For IFCCS, the agency would have to submit the referral prior to starting outreach and engagement. For Wraparound FSP, self-referrals are processed by the provider. A referral packet is prepared in collaboration with the CSW or DPO and submitted by the provider to the Wraparound Service Area DMH liaison for case assignment.
 - i. The FSP agency will outreach to the prospective client until a determination is made as to the individual's appropriateness for, and interest in, a FSP program. For Wraparound FSP, outreach and engagement in this situation would occur prior to the initiation of the self-referral.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		11/1/2006	
OUTREACH AND ENGAGEMENT	I.B.		3 of 5
FOR INDIVIDUALS AND FAMILIES		REVISION DATE	
IN THE COMMUNITY		7/1/2021	

- If the individual/family does not agree to or is determined inappropriate for FSP services, the agency shall ensure linkage to other appropriate services, as needed.
- iii. If the individual/family meets FSP age, focal population and level-of-service criteria and agrees to FSP services, the FSP agency will submit a completed Full Service Partnership Referral and Authorization Form to the appropriate Service Area Navigation Team requesting pre-authorization to enroll (see III. Referral, Authorization and Enrollment for procedure).
- c. Community Referral from Service Area Navigation Team -Referrals for outreach and engagement to a potential FSP client will be sent to the FSP agency by the Service Area Navigation Team through the Service Referral Tracking System (SRTS). The Service Area Navigation Team staff will have completed the Full Service Partnership Referral and Authorization Form to the extent possible and pre-authorize FSP enrollment based upon preliminary information about the individual (and family, if appropriate).

For Wraparound FSP, all new case assignments are processed by CSAT and Co-located SFC staff, then passed on to the DMH liaison for confirmation of eligibility. Just prior to case assignment by the DMH liaison, the use of an FSP slot is pre-authorized by the appropriate Countywide FSP Program Administration.

i. Upon receiving a community referral from the Service Area Navigation Team for a potential FSP client residing in the community, agency staff shall conduct face-to-face outreach and engagement within seventy-two (72) hours of receiving the referral to determine the individual's appropriateness for, and interest in, a FSP program. Discussions related to the extent and duration of outreach activities shall be held in Service Area Impact meetings based on the specific needs of the potential FSP client. For the IFCCS program, the agency

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
OUTREACH AND ENGAGEMENT	I.B.	11/1/2006	4 of 5
FOR INDIVIDUALS AND FAMILIES IN THE COMMUNITY		REVISION DATE 7/1/2021	
IN THE COMMONITY			

will conduct face-to-face outreach and engagement within 24 hours (including weekends) of receiving the referral. If the client accepts services, the IFCCS agency should start the intake process and begin IFCCS services immediately. For Wraparound FSP, the provider will be expected to make face-to-face contact with the family within 24 hours for purposes of engagement and official enrollment.

- ii. Once a determination is made, the FSP agency will notify the Service Area Navigation Team of the outcome of the outreach activities and it will be documented in the SRTS. A request for authorization via the SRTS will be sent to Countywide FSP Administration for approval. For the IFCCS program, the agency will submit a Disposition form to IFCCS FSP Administration indicating the first face-to-face visit and date of enrollment within 7 days of enrollment. For Wraparound FSP, the Disposition form will be completed and returned to the DMH liaison and appropriate Countywide Program Administration.
- iii. If the individual/family does not agree to or is determined inappropriate for FSP services, the agency shall collaborate with the Service Area Navigation Team and/or individual/family to ensure linkage to other services.
- iv. If the FSP agency declines to enroll the eligible individual who has been pre-authorized for enrollment, the agency shall follow III.B. Procedure for Filing Appeals Related to FSP Client Enrollment, Disenrollment or Transfer.
- v. If the individual/family agrees to FSP services and the agency confirms their intent to enroll, the FSP provider notes the intent in the SRTS. For Wraparound FSP, the provider needs to return completed Disposition form and Enrollment form to Countywide Administration, DMH liaison, and to DCFS Administration. Not applicable to IFCCS program.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
OUTREACH AND ENGAGEMENT	I.B.		5 of 5
FOR INDIVIDUALS AND FAMILIES IN THE COMMUNITY		REVISION DATE 7/1/2021	

- 2. Active outreach and engagement lasting longer than 90 days requires consultation with the Countywide FSP Administration.
- 3. Claiming for outreach and engagement services must be done through Community Outreach Services (COS). Outreach and engagement services typically fall under the COS category of "Community Client Services" (refer to DMH Community Outreach Services Manual for service definitions, codes and claiming instructions).
- 4. DMH has developed brochures for the FSP age groups that describes the services available through the FSP program. The brochures include standardized advisement providing information about the HIPAA Privacy Practices Notice and how information that is received by the DMH will be handled and maintained. The brochure will be provided by DMH staff to potential FSP clients when, in the opinion of the outreach worker or other staff, it is appropriate and not contraindicated in the process of outreach and engagement to the potential client. The provision of a brochure or similar notification is important to ensure that all prospective clients are aware of the scope of services provided under FSP. These brochures will be posted on the DMH website.

FORMS:

- COS Claim Form in Integrated Behavioral Health Information System (IBHIS): http://file.lacounty.gov/dmh/cms1 227300.pdf
- Full Service Partnership Referral Form

REFERENCES: > Community Outreach Services Manual: http://file.lacounty.gov/SDSInter/dmh/1032292 COSManual12-2017.pdf

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 8/19/14	PAGE
ELIGIBILITY CRITERIA –	II.A.		1 of 5
FOCAL POPULATIONS PER AGE GROUP		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

PURPOSE:

To establish Full Service Partnership (FSP) eligibility criteria based on focal populations identified in the Mental Health Services Act and developed by the Department of Mental Health and its Stakeholders.

DEFINITION:

- 1. Child/Young Adult Focal Population (ages 0-20)
- 2. The Child/YA FSP Team(s) shall serve clients who have a Serious Emotional Disturbance (SED¹) and may not have responded well to traditional outpatient mental health and/or psychiatric rehabilitation services or those individual who have incurred high cost related to acute psychiatric hospitalization or long-term care.

Clients **must** also demonstrate <u>one or more</u> of the following:

- a. School suspensions and/or expulsions
- b. School absences-considered chronically truant (missing 10% of school days within a year
- c. Psychiatric hospitalization(s) within the last six months
- d. History of suicidal and/or homicidal ideations
- e. Experiencing prodromal or first episode of psychosis
- f. Open LAC-Department of Children Family Services (DCFS) case
- g. Open LAC-Probation Department case
- h. Transitioning into the community from a restrictive setting
- i. Experiencing Co-Occurring Disorders
- j. Experiencing severe mental health issues and not engaging in mental health services
- k. Lacking a fixed, regular, and adequate nighttime residence and/or experienced two or more placements due to behavioral health needs.

¹A Child/Young Adult is considered seriously emotionally disturbed (SED) 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.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 8/19/14	PAGE
ELIGIBILITY CRITERIA –	II.A.		2 of 5
FOCAL POPULATIONS PER AGE GROUP		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

- (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 of 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. Adult (ages 21-59) Focal Population

To be considered for enrollment, prospective FSP clients must have a current DSM-5/ICD-10 diagnosis of a major psychiatric disorder *and* demonstrate a need for an intensive FSP program by virtue of their history and current level of functioning.

Prospective FSP clients must also meet *one or more* of the following criteria:

- a. Homeless defined as:
 - An individual living on the streets, in an abandoned building or vehicle
 - An individual living in another location not meant for human habitation
 - An individual prioritized by and/or assed as homeless by DMH (e.g., on the Los Angeles County 5% list, identified as highly vulnerable homeless through predictive analytics or rating scales, followed by a DMH homeless outreach team).
- b. At risk of homelessness as evidenced by (client's eligibility under the at risk criteria will be considered at the discretion of service area navigation and countywide FSP administration):
 - An individual residing in a shelter/interim housing homeless prior to entering and will be homeless after leaving
 - An individual who is in temporary housing, residing in a hotel, motel or living with friends but paying no rent

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		8/19/14	
ELIGIBILITY CRITERIA –	II.A.		3 of 5
FOCAL POPULATIONS PER		REVISION DATE	DISTRIBUTION
AGE GROUP		7/1/2021	LEVEL

- An individual who is in foster care, a group home, child welfare system placement, or juvenile justice system who will be homeless upon discharge
- An individual who is unable to meet lease or residential facility requirements leading to a potential eviction in the next 30 days as evidenced by: a) loss of income b) two police or crisis response team visit to an individual's residence due to disturbances caused by symptoms of severe mental illness (SMI) c) conflict with peers, neighbors and/or landlord d) inability to pay bills, rent, budge shop or cook without support d) hoarding/property destruction or damage
- An individual with a history of homelessness and the presence of other stressors likely to lead to a return to homelessness
- c. Justice Involved, including but not limited to:
 - An individual who was incarcerated immediately prior to request for enrollment in FSP
 - An individual who had been incarcerated for at least 30 days within the last 12 months
 - An individual currently on probation
 - An individual who will be homeless upon release from an institution such as a County jail or a hospital
- d. High Utilizers of emergency or high acuity mental health services as evidenced by:
 - An individual who has had 2 or more encounters in the past 90 days with a mental health crisis intervention team
 - An individual who has had 3 or more visits to a medical or psychiatric emergency room or urgent care center
 - An individual with at least one psychiatric hospitalization of more than 5 inpatient days in the previous 6 months or at least 2 psychiatric hospitalizations within the last 12 months

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		8/19/14	
ELIGIBILITY CRITERIA –	II.A.		4 of 5
FOCAL POPULATIONS PER		REVISION DATE	DISTRIBUTION
AGE GROUP		7/1/2021	LEVEL

- Individual released from an Institution for Mental disease (IMD) or a state hospital within the past 6 months
- Individual currently on a Lanterman-Petris-Short (LPS) conservatorship or a temporary conservatorship due to a determination of grave disability

3. Adult (ages 60+) Focal Population

To be considered for enrollment, Older Adults those 60 years of age and above, **MUST MEET** the Adult FSP services criteria. **HOWEVER**, older adults with a SMI who **DO NOT MEET** all of the Adult FSP services criteria may still be eligible for Older Adult services if they are:

At risk of immediate physical harm or institutionalization, including medical institutionalization, such as in a skilled nursing Facility(SNF), board and care or nursing home including (client's eligibility under the at risk criteria will be considered at the discretion of service area navigation and countywide FSP administration):

- Older adult with serious or multiple chronic or acute physical health issues who is not adhering to health recommendations due to SMI leading to health risk
- b. Adult with fall risk due to chronic health conditions and numerous medications
- c. An older adult whose current housing does not adequately meet physical, social, psychological or other needs to such a degree that a need for transfer to an institutional setting appears likely, for instance:
 - An older adult living independently who is unable to provide food for self or self-administer medications safely due to mental illness
 - Severe isolation (e.g. living alone with poor self-care and food insecurity and unable/unwilling to access health services)

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 8/19/14	PAGE
ELIGIBILITY CRITERIA –	II.A.		5 of 5
FOCAL POPULATIONS PER AGE GROUP		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

 An older adult living with family referred to adult protective services (APS) because family appears unable to facilitate the individuals mental or physical health treatment

GUIDELINES:

- 1. FSP enrollment is contingent upon potential clients meeting FSP eligibility criteria, including focal population and level-of-service requirements.
- Upon determining a client meets Los Angeles County focal population and level-of-service criteria, complete a Full Service Partnership Authorization Form and submit it to the appropriate Service Area Navigation Team. (see III.A. Referral Procedures and the Role of the Service Area Navigation Team). For IFCCS, the referral should be sent to IFCCS FSP Administration.

FORMS:

- > FSP Authorization Form
- > MHSA CSS Full Service Partnership Criteria Expansion

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		11/1/2006	
ELIGIBILITY CRITERIA –	II.B.		1 of 2
OPERATIONAL DEFINITIONS		REVISION DATE	DISTRIBUTION
AND EXAMPLES		7/1/2021	LEVEL

PURPOSE:

To provide operational definitions and examples of Full Service Partnership (FSP) eligibility criteria identified in the Mental Health Services Act and established by the Department of Mental Health and its Stakeholders.

DEFINITION:

- 1. Level of Service
 - a. <u>Unserved</u> Those who are not receiving mental health services, particularly those who are from racial/ethnic populations that have not had access to mental health services.
 - b. Underserved Those who are receiving some mental health services, though they are insufficient to achieve desired outcomes. For example, Client X has been receiving general outpatient services for several years but continues to be homeless and in and out of jail and the hospital. Due to high caseloads the staff is unable to provide the necessary services. Clinic Y case managers and clinicians have attempted to meet Client X's frequent requests for assistance with her ancillary needs, which include substance abuse treatment, legal issues, housing, etc. However, the assistance needed to accomplish the above- mentioned ancillary needs would include transporting the client to appointments, seeking housing, negotiating rental contracts, providing help with filling out applications and helping the client navigate through outside agencies/services, such as the court system. These services and the level of support required by this client is far beyond what can be provided by traditional outpatient services. Without the increase in services and more intensive support, it can be expected that Client X would be unable to achieve her goals or make progress in her recovery.
 - c. <u>Inappropriately Served</u> Those who are receiving some mental health services though they are inappropriate to achieve desired outcomes because of cultural, ethnic, linguistic, physical or other needs specific to the client. These are often individuals who are from racial/ethnic populations that have not had access to mental health services due to barriers such as poor identification of their needs, poor engagement and outreach, limited language access, and lack of culturally-competent service within existing mental health programs. For example, Client Y is from the Clatsop Nehalem Tribe and, while he is proficient in English, he prefers to

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		11/1/2006	
ELIGIBILITY CRITERIA –	II.B.		2 of 2
OPERATIONAL DEFINITIONS		REVISION DATE	DISTRIBUTION
AND EXAMPLES		7/1/2021	LEVEL

speak in Tillamook, his primary language. Although he has been receiving clinical/case management services in a traditional outpatient clinic, lack of cultural understanding and competency on the part of his clinicians has resulted in misunderstandings. For example, Client Y looks at the floor during conversations with clinicians, even when he is talking. Clinicians have interpreted this as avoidant pathological behavior. This lack of cultural understanding and competency has led to Client Y's increased dissatisfaction with the services and adversely impacted his progress toward recovery.

GUIDELINES:

- 1. FSP enrollment is contingent upon potential clients meeting FSP eligibility criteria, including focal population and level-of-service requirements.
- 2. Upon determining a client meets both focal population and level-of-service criteria, complete a <u>Full Service Partnership Referral and Authorization Form</u> and submit it to the appropriate Service Area Navigation Team (see <u>III.A. Referral Procedures</u>).

FORMS: Full Service Partnership Referral and Authorization Form

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		1/8/2008	
ELIGIBILITY CRITERIA –	II.C.		1 of 2
EXCLUSIONARY ISSUES FOR			
MEDICARE HMO, AND THIRD		REVISION DATE	DISTRIBUTION
PARTY INSURED		7/1/2021	LEVEL

PURPOSE:

To establish guidelines for clients referred to a Full Service Partnership (FSP) program who may be ineligible for FSP enrollment due to benefits criteria for the following category:

1. HMO Medicare and Third Party-Insured

DEFINITION:

1. With the exception of a Medi-Cal pre-paid health plan (see Guideline IV. below), an agency that refers a client of a pre-paid health plan, 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.

GUIDELINES:

- 1. If a private prepaid health plan member is being referred to a FSP program, the referral agency should be advised that their client's health care plan is responsible for managing their care.
- 2. In the event that a FSP client is found out to be a beneficiary of a prepaid health plan, the client must be immediately referred back to the referring agency and health plan for disposition and continued services. However, the client can continue FSP services with prior authorization from their private prepaid health plan, if one of the following conditions exists:
 - a. Mental health services are not a covered benefit of the health plan.
 - b. The client has exhausted the allowable mental health benefits under their specific insurance plan for the coverage year.
 - c. The client requires emergency care (FSP providers should contact the client's private prepaid health plan for emergency treatment authorization and billing instructions within 24-48 hours of the emergency service being rendered.)
 - d. None of the above conditions exists and the private prepaid health plan authorizes the clinic to provide services.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
ELIGIBILITY CRITERIA –	II.C.	1/8/2008	2 of 2
EXCLUSIONARY ISSUES FOR MEDICARE HMO, AND THIRD PARTY INSURED		REVISION DATE	DISTRIBUTION LEVEL

- 3. Providers are not required to refer clients with Medi-Cal in addition to private insurance back to the insurance company for services. Call the insurance company for authorization and billing instruction prior to providing non-emergency service and then bill the insurance for services. The service may be billed to Medi-Cal after the insurance has approved or denied the claim. The client is not to be charged for the cost of services left unpaid by the insurance; Medi- Cal will take on that responsibility on the client's behalf (see DMH Revenue Management Bulletin No. 13-013).
- 4. The above definitions and guidelines do not apply to beneficiaries with Medi-Cal pre-paid health plans (e.g., Health Maintenance Organization (HMO), Prepaid Health Plan (PHP), Managed Care Plan (MCP), Primary Care Physician Plan (PCCP), and Primary Care Case Management (PCCP)). These beneficiaries are to be provided services as any other Medi-Cal beneficiary.

AUTHORITY/

- > DMH Policy and Procedure 801.06 (9/1/04)
- **REFERENCE:** DMH Revenue Management Bulletin No. 13-013 (1/17/13)

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
FAMILY SUPPORT SERVICES	II.D.	11/1/2000	1 of 3
		REVISION DATE 7/1/2021	DISTRIBUTION I EVEI
		17.172021	

PURPOSE:

To establish Family Support Services eligibility criteria and service delivery standards for Child/Young Adult (age 0-15) Full Service Partnership (FSP) Programs.

DEFINITIONS:

Family Support Services (FSS) are voluntary mental health support services provided to the significant support persons of a Child/Young Adult (age 0-15) enrolled in a Child/Young Adult FSP Program.

Significant support persons are individuals such as a parent/caregiver/guardian, sibling, family relative or other person living in the same household as the FSP enrolled Child/Young Adult who has a significant impact on the success of the Child/Young Adult's treatment and outcomes.

GUIDELINES: 1. Eligibility Criteria

Significant support persons (typically family members) of a FSP enrolled Child/Young Adult who have their own ongoing mental health needs which require more than collateral services and who:

a. Has Medi-Cal and does not meet Medical Necessity for his/her own mental health services

OR

b. Is uninsured and does not meet Target Population for his/her own mental health services

2. Range of Services

- a. The FSS program should offer eligible significant support persons a full array of clinical services that complement the FSP program's peer support and parent advocacy services and include individual, couples and group therapy, psychiatry/medication support, crisis intervention, case management/linkage, and parenting education.
- **b.** Treatment should incorporate services for substance abuse and domestic violence whenever necessary.

3. Service Delivery Standards

Service delivery standards should:

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		11/1/2006	
FAMILY SUPPORT SERVICES	II.D.		2 of 3
		REVISION DATE	DISTRIBUTION
		7/1/2021	LEVEL

- a. Integrate the family member and/or significant support person's treatment with that of the FSP enrolled Child/Young Adult associated with them
- **b.** Utilize joint planning to address both individual and family needs
- **c.** Focus on wellness and empowering parents/caregivers to fully participate in their family's lives and within their communities
- d. Target the reduction or elimination of mental health symptoms

4. Claiming and Recordkeeping

FSP agencies have two options for claiming FSS services through the Integrated Behavioral Health Integrated System (IBHIS).

Please note, that FSP agencies must email the FSP Countywide Notification Form (See Attachment # 8) to the Countywide FSP Administration inbox at ChildYAFSP@dmh.lacounty.gov prior to initiating any FSS services.

Reference Source: <u>DMH Organizational Provider's Manual</u> Claiming Method # 1:

Claiming FSS is through Community Outreach Service (COS). (See Attachment # 7)

- All FSS COS claims must include the FSP enrolled Child/Young Adult's client ID and IBHIS number on:
 - a) The hardcopy COS form in "Agency Name" and
 - b) in the (IBHIS-COS) "Service Location Information"
- All FSS COS claims must also identify the relationship (e.g. grandmother, mother, father, sibling) between the FSS recipient and the FSP enrolled Child/Young Adult by entering a relationship identifier on:
 - The hardcopy COS form in the "Service Type Description" box and
 - b) in the (IBHIS-COS) "Service Type Description" field

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		11/1/2006	
FAMILY SUPPORT SERVICES	II.D.		3 of 3
		REVISION DATE	DISTRIBUTION
		7/1/2021	LEVEL

Claiming Method # 2:

The treating clinician opens a record in IBHIS and establishes a Client ID# for the FSS recipient.

Enter "NO" at the Medi-Cal option because Mode 15 Service Function Codes are included in each agency's IS Provider File for Targeted Case Management, Mental Health Services (individual, group, collateral), Medication Support and Crisis Intervention.

- FSS provider agencies are required to maintain separate clinical records for FSS recipients that comply with the current rules governing the documentation of direct services that are reimbursed through County General Funds (CGF).
- FSS provider agencies are also required to complete and maintain the following clinical record forms:
 - Consent for Services
 - Client Treatment Plan
 - Assessment
 - Progress Notes

ATTACHMENTS:

Clinical Forms can be found: https://dmh.lacounty.gov/qa/qacf/

- #1 Adult Full Assessment (Forms MH 532)
- #2 Child/Adolescent Full Assessment (Forms MH 533)
- #3 Assessment for Clients Age 0-5 (Forms MH 645)
- #4 Client Treatment Plan (Forms MH 651 & 636)
- #5 Client Treatment Plan Addendum (Forms MH 636A)
- #6 Change of Diagnosis (Form MH 501)
- #7 COS Form Samples
- #8 Family Supportive Services (FSS) Countywide Notification Form

DEPARTMENT OF MENTAL HEALTH (DMH) FULL SERVICE PARTNERSHIP (FSP)

FAMILY SUPPORTIVE SERVICES (FSS) COUNTYWIDE NOTIFICATION FORM

<u>Instructions</u>: Completed forms must be submitted to Countywide FSP Administration through secure email to <u>ChildYAFSP@dmh.lacounty.gov</u> prior to initiating FSS services. A Countywide FSP Administration staff member will contact you within 5-business days. Please make sure to write in the Subject Line: FSS Countywide Notification Form in order to prevent delays in processing your request.

Name of FSP Child:		
Date of Birth:	IBHIS#:	
Name of Provider:		
Provider #:	Service Area:	
Name of Person	Title:	
Completing Form:	(i.e. therapist)	
Email:	Phone Number:	
FSS Potential Client:	Date of Birth:	
Relationship to FSP Child: (i.e. parent, sibling)	Potential client and/or caregiver aware of FSS referral:	"Yes "No
What services is potential client receiving?	Potential client has Medi-Cal?	"Yes "No
Potential Client's Diagnosis:		
Please describe the clinical needs of this potential client and beneficial. Please include estimated time services will be provided to the control of the clinical needs of this potential client and beneficial.		would be
Date Sent to Countywide FSP Administration: Date Received by Countywide FSP Administration: Name of Countywide FSP Administration staff that received FSS fo		

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		1/17/2008	
REFERRAL PROCEDURES	III.A.	REVISION DATE	1 of 6
		7/1/2021	

PURPOSE:

To establish referral procedures for individuals referred to Full Service Partnership (FSP), other specialized FSP programs, and identify the special exception for American Indians. There are several routes by which clients can be referred to a FSP program:

- 1. FSP agencies identify through outreach individuals who may qualify and submit Full Service Partnership Referral and Authorization Form to the Service Area Navigation Team for pre-authorization to enroll.
- 2. Individuals may be referred to the appropriate Service Area Navigation Team by a non-FSP entity, (e.g., mental health services providers, social service agencies, and members from the community). The Service Area Navigation Team will pre-authorize enrollment of the client and will direct these referrals to the appropriate agency for enrollment.

DEFINITION:

- Pre-authorization Referrals are screened by the appropriate Service Area Navigation Team or appropriate Countywide Program Administration for Countywide FSP programs to ensure they meet criteria for a FSP program. Appropriate referrals are pre-authorized and assigned to FSP agency for the initiation of Outreach & Engagement services.
- 2. <u>Authorization</u> Countywide Program staff makes the final determination as to the appropriateness of the individual for FSP services and indicates approval of authorization.
- Service Area (SA) Navigation Teams process referrals, link clients to community resources, and provide consultation and follow-up. SA Navigation teams have monthly Impact meetings that are comprised of SA administration staff, FSP providers, hospital liaisons, and other DMH personnel to discuss programmatic and clinical issues.
- 4. <u>Countywide Program FSP Administration</u> The following is a list of the Departments/Bureaus/Divisions/Units that oversee FSP and Specialized FSP programs:
 - · Countywide FSP Administration
 - Child Welfare Division (CWD)
- Service Request Tracking System (SRTS) SRTS is used by all LACDMH provider and administrative linkage sites for linkage to mental health services. In addition, SRTS is a Department- approved electronic process used to document an initial request for specialty mental health services. All requests for FSP services shall be done through SRTS.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 1/17/2008	PAGE	
REFERRAL PROCEDURES	III.A.	REVISION DATE	2 of 6	
		7/1/2021		

6. IFCCS Referral Portals – points of entry where Katie A. Subclass Members can be referred for IFCCS services. These portals are from DMH or Department of Children and Family Services (DCFS) only. (Please refer to IFCCS Service Exhibit for additional information).

GUIDELINES:

- DMH authorization must be obtained prior to an agency enrolling an individual into a FSP program, opening a FSP episode on the Integrated Behavioral Health Information System (IBHIS) or providing any billable services other than outreach. FSP agencies must obtain preauthorization from the designated Service Area Navigation Team.
- 2. If a client is currently receiving outpatient mental health services and has an open episode on IBHIS, but is underserved or inappropriately served, the requesting agency must include written justification on the Full Service Partnership Referral and Authorization Form for a client to be considered for enrollment in a FSP program. Written justification must detail why the individual needs the supportive services of a FSP, such as the frequency of hospitalizations, incarcerations or episodes of homelessness.

The following referral procedures outline the three routes by which clients can be referred to a FSP program:

Referral Procedure 1:

- 1. FSP agency will outreach and engage clients that appear to meet focal population criteria.
- 2. When client agrees to participate in a FSP program, the FSP agency will complete the Full Service Partnership Referral and Authorization Form and submit it to the appropriate Service Area Navigation Team via the SRTS for pre-authorization for enrollment. Incomplete or altered referral forms will be refused and returned to the referral source with a request to re-submit once the referral form has been completed/corrected.
- 3. The appropriate Service Area Navigation Team will screen referral for FSP eligibility within three (3) business days. Clients that meet FSP eligibility criteria will be pre-authorized and forwarded to appropriate Countywide Program Administration. FSP agency will be notified by the Service Area Navigation Team of clients who do not meet FSP eligibility criteria and the FSP agency will collaborate with the Service Area Navigator to ensure linkage to other services.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		1/17/2008	
REFERRAL PROCEDURES	III.A.	REVISION DATE	3 of 6
		7/1/2021	

4. Countywide FSP Administration staff will review the referral and preauthorization information and will notify the FSP agency and Service Area Navigation Team of authorization for enrollment (or lack thereof) within two (2) business days. Service Area Navigation Teams that have not received a response from Countywide FSP Administration within two (2) business days of sending a referral for authorization shall call to follow up. If Countywide FSP Administration does not respond within three (3) business days of receipt of the referral, it may be considered authorized for enrollment.

Referral Procedure 2:

- 1. For FSP referrals by a non-FSP entity, the Service Area Navigation Team will obtain contact information and complete the Full Service Partnership Referral and Authorization Form.
- 2. Service Area Navigation Team will screen referral for FSP eligibility within three (3) business days. Clients that meet FSP eligibility criteria will be pre-authorized and forwarded to an FSP agency with available slots for outreach and engagement.
- 3. The FSP agency to which the individual was referred will outreach to the prospective client within seventy-two (72) hours of receiving the referral and until such time a determination is made as to the individual's appropriateness for, and interest in, a FSP program. Discussions related to the extent and duration of outreach activities shall be held in Service Area Navigation Team meetings based the specific needs of the individual client.
- 4. If the referred individual is in an institution, (e.g., county or fee-for-service (FFS) acute hospital; Institutions for Mental Disease (IMD); Enriched Residential/IMD Step Downs; Skilled Nursing Facility (SNF); State Hospital (SH); Psychiatric Health Facility (PHF); Jail; Juvenile Hall; Probation camp; Department of Juvenile Justice (DOJJ); or Short Term Residential Treatment Programs (STRTP), outreach and engagement should include communication between the FSP and the institution, regular contact with the client and, for minor clients, the parent/guardian, and participation in the client's discharge plan (see I.A. Outreach and Engagement for Clients in Institutions).

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
REFERRAL PROCEDURES	III.A.	1/17/2008	4 of 6
NEI ERRAE I ROOLDORES	III.A.	REVISION DATE 7/1/2021	7010
		77172021	

- Once a determination has been made, the FSP agency will notify the Service Area Navigation Team of the outcome of the outreach activities.
 - a. If the individual does not agree to or is determined inappropriate for FSP services, the FSP agency will collaborate with the Service Area Navigator to ensure linkage to other services.
 - b. If the FSP agency declines to enroll a client who has been preauthorized for enrollment, then III.B. Procedure for Filing Appeals Related to FSP Client Enrollment, Disenrollment or Transfer shall be followed.
 - c. If the individual agrees to FSP services, the FSP agency will confirm with the Service Area Navigation Team their intent to enroll the individual.
 - d. The Service Area Navigation Team will forward the completed Full Service Partnership Referral and Authorization Form to Countywide FSP Administration for enrollment authorization.
- 6. Countywide FSP Administration will review the referral and preauthorization information and will notify the Service Area Navigation Team of authorization for enrollment (or lack thereof) within two (2) business days via SRTS. Service Area Navigation Teams that have not received a response from Countywide FSP Administration within two (2) business days of sending a referral for authorization shall call to follow up. If Countywide FSP Administration does not respond within three (3) business days of receipt of the referral, it may be considered authorized for enrollment.

Referral Procedure 3:

- For FSP referrals by a non-FSP entity, the appropriate Service Area Navigation Team will obtain contact information and complete the Full Service Partnership Referral and Authorization Form.
- Service Area Navigation Team will screen referral for FSP eligibility within three (3) business days. Clients that meet FSP eligibility criteria and agree to FSP services will be pre- authorized and forwarded to an FSP agency with available slots.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		1/17/2008	
REFERRAL PROCEDURES	III.A.	REVISION DATE	5 of 6
		7/1/2021	

- 3. Upon receiving the referral, the Service Area Navigation Team will forward the completed Full Service Partnership Referral and Authorization Form to Countywide FSP Administration for enrollment authorization.
- 4. Countywide FSP Administration will review the referral and preauthorization information and will notify the FSP agency and Service Area Navigation Team of authorization for enrollment (or lack thereof) within two (2) business days. Service Area Navigation Teams that have not received a response from Countywide FSP Administration within two (2) business days of sending a referral for authorization shall call to follow up. If Countywide FSP Administration does not respond within three (3) business days of receipt of the referral, it may be considered authorized for enrollment.
- If the FSP agency declines to enroll a client who has been preauthorized for enrollment, then III.B. Procedure for Filing Appeals Related to FSP Client Enrollment, Disenrollment or Transfer shall be followed.

Referral Procedure 4:

1. Appropriate Countywide Program Administration receives an IFCCS referral from DMH or Department of Children and Family Services (DCFS) Portals. If client meets focal population, the referral will be assigned to an IFCCS agency within 48 hours (business hours).

On some occasions IFCCS agencies can make internal referrals as clients come seeking services and are deemed appropriate for IFCCS. In this instance, the IFCCS agency is to submit an IFCCS referral prior to enrolling and initiating services.

- 2. IFCCS agency will conduct face-to-face outreach and engagement within 24 hours (including weekends) of receiving the referral.
- 3. If the client meets IFCCS criteria and accept services, IFCCS team can enroll client and begin IFCCS services immediately.
- 4. IFCCS agency must submit the Disposition information via the SRTS indicating the first face-to-face and date of enrollment within 7 business days. Once the FSP agency has obtained the required authorization, it may open the client episode in IBHIS and OMA (see V.A. Outcomes Data Collection or https://dmh.lacounty.gov/outcomes/).

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
DEFENDAL PROCEDURES	III A	1/17/2008	C of C
REFERRAL PROCEDURES	III.A.	REVISION DATE	6 of 6
		7/1/2021	

SPECIAL EXCEPTION:

Referrals for American Indians of all age groups who want/need culturally specific mental health services will be forwarded to the Service Area 7 Countywide FSP Administration for authorization rather than to the Countywide FSP Administration located in the Service Area where the individual resides.

REFERENCES:

https://dmh.lacounty.gov/outcomes/ (Los Angeles

County DMH Outcomes website)

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
ROLE OF FSP COUNTYWIDE	III.B.	11/1/2006	1 of 1
ADMINISTRATION		REVISION DATE	DISTRIBUTION
		7/1/2021	LEVEL

PURPOSE:

To establish guidelines and expectations of participating in the Countywide FSP Administration and the role of the Countywide FSP Administration in determining the appropriate disposition for clients with intensive service needs, (e.g., FSP, IFCCS, and Wraparound FSP).

DEFINITIONS:

<u>Service Area Navigator</u>-Has the lead responsibility for processing referrals to FSP programs and also track FSP and other referrals to ensure linkage to MH services. Service Area Navigator provides pre-authorization for enrollment into the FSP program, triages referrals, and ensures all referrals to their Service Area are screened and linked to appropriate services and supports.

GUIDELINES:

For IFCCS FSP, the Service Area Navigator will prescreen all referrals for IFCCS FSP eligibility criteria. The referral will then be sent to IFCCS FSP Program Administration. Within (3) three business days, IFCCS FSP Program Administration will make the final disposition regarding the individual meeting IFCCS FSP eligibility criteria. If the client meets criteria the referral will be assigned to an IFCCS FSP provider by IFCCS FSP Program Administration.

- 1. DMH authorization must be obtained <u>prior</u> to an agency enrolling an individual into an FSP program, opening a FSP episode on the Integrated Behavioral Health Information System (IBHIS) or providing any billable services other than outreach. FSP agencies must obtain pre-authorization from the designated Service Area Navigation Team and authorization from Countywide FSP Administration.
- 2. Service Area Navigator will screen referral for FSP eligibility within three (3) business days. Clients that meet FSP eligibility criteria will be pre-authorized and forwarded to Countywide FSP Administration. FSP agency will be notified by Countywide FSP Administration of clients who do not meet FSP eligibility criteria and the FSP agency will collaborate with the Service Area Navigator to ensure linkage to other services.
- 3. Countywide FSP Administration will review the referral and preauthorization information and will notify the FSP agency and Service Area Navigator of authorization for enrollment (or lack thereof) within two (2) business days. Service Area Navigators that have not received a response from Countywide FSP Administration within two (2) business days of sending a referral for authorization shall call to follow up. If Countywide FSP Administration does not respond within three (3) business days of receipt of the referral, it may be considered authorized for enrollment.

SPECIAL EXCEPTION:

Referrals for American Indians of all age groups who want/need culturally specific mental health services will be forwarded to the Service Area 7 Navigator for authorization rather than to the Service Area Navigator where the individual resides.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		11/1/2006	
PROCEDURE FOR FILING	III.C.		1 of 1
APPEALS RELATED TO FSP		REVISION DATE	DISTRIBUTION
CLIENT ENROLLMENT,		7/1/2021	LEVEL
DISENROLLMENT OR TRANSFER			

PURPOSE:

To establish guidelines for agency appeals in the event Full Service Partnership (FSP) agencies and DMH Countywide FSP Administration and/or Service Area Navigator fail to reach agreement regarding client enrollment, disenrollment or transfer.

GUIDELINES:

- 1. Agencies are expected to adhere to guidelines regarding enrollment, disenrollment and transfer of FSP (see III. Referral, Authorization and Enrollment Guidelines). In the event that a disagreement occurs about an enrollment, disenrollment or transfer decision, Countywide FSP Administration shall attempt to reach consensus regarding the client's disposition through discussion with the FSP agency.
- 2. In the event that consensus is not reached, an agency can elect to appeal an enrollment/disenrollment/transfer decision, by completing the Full Service Partnership Appeal Form and submit it to the Service Area District Chief (see X. DMH Contacts) overseeing the area in which the agency is delivering FSP services. The Service Area District Chief will confer with Countywide FSP Administration and/or lead contract District Chief to make a joint determination regarding the disposition.

Conditions under which an appeal may be filed include the following:

- 1. <u>Service Area Navigator or Countywide FSP Administration refers an</u> eligible client to an FSP agency that declines to enroll the individual.
- 2. <u>FSP agency requests authorization to enroll a client and DMH Countywide</u> FSP Administration or Service Area Navigator denies permission to enroll.
- 3. FSP agency requests authorization to disenroll a client and DMH Countywide FSP Administration or Service Area Navigator denies permission to disenroll.
- 4. FSP agency requests authorization to transfer a client between FSP programs and DMH Countywide FSP Administration or Service Area Navigator denies permission to transfer.

FORMS: Full Service Partnership Appeal Form

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 8/1/2010	PAGE
FSP REINSTATEMENT	III.D.		1 OF 4
AND RE-		REVISION DATE	DISTRIBUTION
ESTABLISHMENT		7/1/2021	LEVEL

PURPOSE:

To provide guidelines and procedures for the reinstatement and reestablishment of clients into the Full Service Partnership (FSP) program up to one year after a client disenrolls from an FSP program.

DEFINITIONS:

<u>FSP Reinstatement</u> is a reinstatement of FSP authorization within 60 days of disenrollment when an individual demonstrates a need for FSP level intensive services. A client reinstated to a FSP program will have their disenrollment status removed and continue with FSP services. Please note, a reinstatement can only occur if the client is being reenrolled in the same type of FSP program, (i.e. FSP to FSP, IFCCS to IFCCS, Wraparound FSP to Wraparound FSP, etc.)

For an individual to reinstate into the FSP program, they must meet all of the following criteria:

- a. The individual must have disenrolled from FSP within the past 60 days.
- b. The individual's clinical needs cannot be met in a lower level of service (i.e. outpatient or other less intensive in-home service)
- c. The individual must require a FSP level of intensive services to remain in the community.
- d. The individual must be <u>at-risk</u> for meeting the appropriate age group FSP criteria for services. Because the individual was previously enrolled in a FSP program in the past 60 days, he/she does not need to meet Full FSP criteria for reinstatement.

FSP Re-establishment occurs when an individual who has been disenrolled from FSP within the previous 12 months presents a need for a FSP level of intensive services. A re-establishment requires the completion of a new Full Service Partnership Referral and Authorization Form, however the individual will not have to meet full FSP criteria for enrollment in the same way as an individual entering the FSP program for the first time. One exception is for the IFCCS and Wraparound FSP programs, the client must meet Katie A. Subclass Criteria.

For an individual to re-establish into FSP, they must meet all of the following criteria:

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
FSP	III.D.	8/1/2010	2 OF 4
REINSTATEMENT AND RE- ESTABLISHMENT		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

- a. The individual must have disenrolled from FSP within the past 12 months.
- b. The individual's clinical needs cannot be met in a lower level of service (i.e. outpatient or other less intensive in-home service).
- c. The individual must require a FSP level of intensive services to remain in the community.
- d. The individual must be at-risk for meeting the appropriate age group FSP criteria for services. Because the individual was previously enrolled in the FSP program in the past 12 months, he/she does not need to meet full FSP criteria for re-establishment.
- e. Space must be available in the FSP program for the individual to re-establish in the FSP program.

PROCEDURE: FSP Reinstatement

- a. Upon determination that the client meets reinstatement criteria, the FSP provider will complete a FSP Reinstatement Request Form and submit the form to the Service Area Navigator for Countywide FSP Administration pre- authorization of reinstatement.
- b. The Service Area Navigator will review the reinstatement request within five (5) business days of receipt to determine the appropriateness of the reinstatement request.
- c. If the client is determined appropriate for reinstatement, the Service Area Navigator will forward the completed and signed FSP Reinstatement Request Form to Countywide FSP Administration for Authorization. Please note that this step does not apply for programs who receive direct authorization such as with IFCCS FSP Program Administration.
- d. Countywide FSP Administration, will review the request for reinstatement and pre-authorization information and will notify FSP programs and the Service Area Navigator of authorization within two (2) business days. Will also change client status in the FSP Referral Tracker to Active and Disenrollment should be Not-Authorized

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 8/1/2010	PAGE
FSP	III.D.		3 OF 4
REINSTATEMENT AND RE- ESTABLISHMENT		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

- e. For programs that receive referrals from appropriate Countywide Program Administration, if the client is determined appropriate for reinstatement, authorization will be sent directly to the FSP program to begin services.
- f. If a client is reinstated to a FSP program, the provider must delete the Key Event Change indicating disenrollment from the FSP program in the OMA.
- g. If the Service Area Navigator does not pre-authorize the reinstatement, the request will be returned to the agency.
- h. If the Countywide FSP Administration does not authorize the reinstatement, the denial is signed and forwarded to the appropriate Service Area Navigator. The denial is then forwarded to the FSP provider. Please note that this step does not apply for programs who receive direct authorization such as with IFCCS FSP Program Administration.

If the FSP agency does not agree with the decision of the Service Area Navigator or Countywide FSP Administration, then the agency may file an appeal. (See III.C. Procedure for Filing Appeals Related to FSP Client Enrollment, Disenrollment, or Transfer).

FSP Re-Establishment

- a. Upon determination that the client meets re-enrollment criteria, the FSP provider will complete a Full Service Partnership Authorization/Notification Form and submit to the Service Area Navigator or appropriate Countywide FSP Administration (e.g., IFCCS FSP Program Administration) for pre- authorization of reestablishment. The program will use the Focal Population most appropriate for the individual's current status.
- b. The Service Area Navigator or appropriate Countywide Program Administration (e.g. IFCCS FSP Program Administration will review the re-enrollment request within five (5) business days of receipt to determine the appropriateness of the re-enrollment request.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 8/1/2010	PAGE
FSP	III.D.		4 OF 4
REINSTATEMENT AND RE- ESTABLISHMENT		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

- c. If the Service Area Navigator or appropriate Countywide Program Administration does not authorize the re-establishment, the request will be returned to the FSP agency.
- d. If the client is determined appropriate for re-enrollment, the Service Area Navigator will forward the completed and signed Full Service Partnership Referral and Authorization Form to appropriate Countywide Program Administration for Authorization. The client will have a new authorization date, but will retain the previous partnership date for OMA purposes. Because the individual was enrolled within the past year, OMA data must continue to be collected under the previous baseline. Please note that this step does not apply for programs who receive direct authorization from appropriate Countywide Program Administration.
- e. For programs that receive referrals from appropriate Countywide Program Administration, if the client is determined appropriate for re-establishment, authorization will be sent directly to the FSP program to begin services. The client will have a new authorization date, but will retain the previous partnership date for OMA purposes. Because the individual was enrolled within the past year, OMA data must continue to be collected under the previous baseline
- f. For programs that utilize the Service Area Navigator, Countywide FSP Administration will review the request for re-establishment information and will notify the FSP program and the Service Area Navigator of authorization within two (2) business days.
- g. If the Countywide FSP Administration does not authorize the reestablishment, the denial is signed and forwarded to the appropriate Service Area Navigator. The denial is then forwarded to the FSP provider. Please note that this step does not apply for programs who receive direct authorization from appropriate Countywide Program Administration.
- h. If the FSP agency does not agree with the decision of the Service Area Navigator or Countywide FSP Administration, then the agency may file an appeal. (See III.B. Procedure for Filing Appeals Related to FSP Client Enrollment, Disenrollment, or Transfer)

FORM:

> Full Service Partnership Reinstatement Authorization Form

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
AUTHORIZATION FOR THE DISCLOSURE OF PROTECTED	IV.A.		1 of 2
HEALTH INFORMATION (PHI) FOR HOUSING AND EMPLOYMENT		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

PURPOSE: To establish procedures to enable intensive services programs, such as

Full Service Partnership (FSP), to work directly with potential landlords and

employers on behalf of a client.

DEFINITION: Protected Health Information (PHI): PHI is defined in the Health Insurance

Portability and Accountability Act (HIPAA) as "any health information, either oral or recorded in any form, that was created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university or health care clearinghouse, that details past, present, or future physical, mental health, or the general health condition

of an individual."

GUIDELINES: Prior to agency staff discussing/disclosing to any potential landlord and

employer the fact that a client receives mental health services, it is necessary for the staff to 1) fully inform the client of the reasons for authorizing such disclosure, and the client's options with respect to this issue, and 2) obtain an Authorization for Use or Disclosure of Protected

Health Information signed by the client.

These guidelines pertain to both the direct and indirect, (i.e., by virtue of the staff being employed by a mental health agency), revelation of a client's mental health status.

- 1. Prior to asking a client to sign the <u>Authorization for Use or Disclosure of PHI</u>, agency staff must:
 - a. Inform the client of the way in which PHI would be used to advocate for employment and housing needs on the client's behalf, as well as the limitations of disclosure, (i.e., only relevant information and only to individuals who would assist the client with employment and housing issues).
 - b. Inform the client that s/he has the option of withdrawing the authorization at any time. Once the client has been fully informed and agrees to the disclosure of PHI, agency staff must request that the client sign the Authorization for Use or Disclosure of PHI.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
AUTHORIZATION FOR THE DISCLOSURE OF PROTECTED	IV.A.		2 of 2
HEALTH INFORMATION (PHI) FOR HOUSING AND EMPLOYMENT		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

2. Once a client has signed the authorization form, the agency staff may share relevant and necessary PHI with a potential landlord or employer. The case manager must exercise discretion in sharing PHI, sharing only the information necessary to obtain services for the client.

When a client refuses to sign (or once a client revokes an authorization), the case manager may not reveal PHI to prospective landlords or employers and should explain the implications of this restriction to the client.

FORMS:

Authorization for Use or Disclosure of Protected Health Information (MH 602 Rev. 9/2016). Additional languages are available at https://dmh.lacounty.gov/qa/ca/

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		5/11/2007	
INTERRUPTION OF SERVICE	IV.B.		1 of 3
DUE TO INSTITUTIONALIZATION		REVISION DATE	DISTRIBUTION
		7/1/2021	LEVEL

PURPOSE:

To establish guidelines for making decisions about whether a participant in Full Service Partnership (FSP) should continue in the program while living in an institution, and to clarify billing and data issues for different institutional settings.

DEFINITION:

- 1. <u>Interruption</u> of service is defined as a temporary situation in which the client is expected to return to FSP services within twelve (12) months or less from the date of last contact.
- 2. <u>Discontinuation</u> of service is defined as a long-term situation in which the client is not expected to return to FSP services for more than twelve (12) months from the date of last contact.
- 3. <u>Institution</u> includes county or fee-for-service (FFS) acute hospitals; Institutions for Mental Disease (IMD); Enriched Residential/IMD Step Downs; Skilled Nursing Facilities (SNF); State Hospitals (SH); Psychiatric Health Facilities (PHF); Jail; Juvenile Hall; Probation camps; Department of Juvenile Justice (DOJJ); and Short Term Residential Treatment Program (STRTP).

GUIDELINES:

During a client's stay in an institution, the agency must make a clinical determination about whether to keep the client actively enrolled in the intensive services program while living in the institution. All mental health treatment must be coordinated with, and permission granted by, institution staff if the intensive services program staff is going to enter the institution to continue providing services. All applicable claiming policies and procedures and data collection requirements must also be followed.

There are five categories of institutions that require special consideration upon entry of an intensive services program participant:

- 1. Incarceration in jail or prison, or detainment in Probation camp or CYA, that is anticipated to last less than ninety (90) days.
 - a. The intensive services program should continue to provide services during the client's incarceration/ detention.
 - b. A "residential" Key Event Change (KEC) must be entered for the client in the agency's Outcome Measures Application (OMA). (See V.A. Outcomes Data Collection or https://dmh.lacounty.gov/outcomes/).
 - c. For any services provided, the Medi-Cal box in the DMH Integrated Behavioral Health Information System (IBHIS) must be unchecked and Mental Health Services Act (MHSA) funds should be claimed.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 5/11/2007	PAGE
INTERRUPTION OF SERVICE	IV.B.	0.1=001	2 of 3
DUE TO INSTITUTIONALIZATION		REVISION DATE	DISTRIBUTION
		7/1/2021	LEVEL

- 2. Incarceration in jail or prison, or detainment in Probation camp or CYA, that is anticipated to last more than ninety (90) days.
 - a. The intensive services program may discontinue providing services during the client's incarceration/ detention. A request for disenrollment should be submitted to the Countywide FSP Administration.
 - b. A "discontinuation/interruption of community services" KEC must be entered for the client in the agency's OMA (see V.A. Outcomes Data Collection or https://dmh.lacounty.gov/outcomes/).
 - c. If/when the client is released from jail, prison, camp or CYA, the intensive services program is expected to prioritize the client for re-enrollment.
- Admission to an IMD, State Hospital or Short Term Residential Treatment Program (STRTP) that has a contract with DMH and the Mental Health Program Approval to conduct comprehensive mental health services.
 - a. Upon admission, the intensive services program should file a request for disenrollment with the Countywide FSP Administration, once the process of a warm hand-off is conducted and an agreed upon date is determined between the FSP Provider and the clinical staff at the identified institution. In the event that the identified institution does not provide comprehensive mental health services, the intensive services program would continue serving the client while in the institution.
 - b. A "discontinuation/interruption of community services" KEC must be entered for the client in the agency's OMA (see V.A. Outcomes Data Collection or https://dmh.lacounty.gov/outcomes/).
 - c. Any continued services and supports provided during the client's stay in the institution may not be claimed to Medi-Cal.
 - Thirty (30) days prior to discharge from the institution, agencies may begin billing Medi-Cal for case management/discharge planning services.
 - d. If/when the client is released from the IMD, SH or STRTP, the intensive services program is expected to prioritize the client for reenrollment. If the intensive services program continued to provide mental health treatment to the client while in the institution, then re-enrollment is unnecessary.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
INTERRUPTION OF SERVICE	IV.B.	5/11/2007	3 of 3
DUE TO INSTITUTIONALIZATION		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

- 4. Admission to a Skilled Nursing Facility.
 - a. Upon admission to a SNF, a clinical determination must be made about whether to continue to provide services to the intensive services program participant.
 - b. If the client continues to need mental health services, then he/she should remain enrolled in the intensive services program. A "residential" KEC must be entered for the client in the agency's OMA (see V.A. Outcomes Data Collection or https://dmh.lacounty.gov/outcomes/).
 - Medi-Cal can be billed for eligible services provided in the SNF by the intensive services program staff.
 - c. If the client does not need ongoing mental health services, then services should be terminated and a "discontinuation/interruption of community services" KEC should be entered for the client in the agency's OMA (see V.A. Outcomes Data Collection or https://dmh.lacounty.gov/outcomes/). A request for disenrollment should be submitted to the Service Area Navigator or Countywide Program Administration.
- 5. Admission to a Psychiatric Health Facility.
 - a. Upon admission to a PHF, the client should remain enrolled in the intensive services program and the client episode in the IS should remain open.
 - b. A "residential" KEC must be entered for the client in the agency's OMA (see V.A. Outcomes Data Collection or https://dmh.lacounty.gov/outcomes/).
 - c. For any services provided while the client is in the PHF, the Medi-Cal box in IBHIS must be unchecked and MHSA funds should be claimed. If this is not done, the PHF will be locked out from billing

REFERENCES: > https://dmh.lacounty.gov/outcomes/ (Los Angeles County DMH Outcomes website)

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
TRANSFER OF CLIENTS BETWEEN FULL	IV.C.	REVISION DATE	1 of 3 DISTRIBUTION
SERVICE PARTNERSHIP PROGRAMS		7/1/2021	LEVEL

PURPOSE:

To establish a procedure for the transfer of a Full Service Partnership (FSP) client from one FSP program/agency to another FSP program/agency including specialized FSP program/agency.

DEFINITION:

A client may be transferred between FSP programs within the same agency, or between FSP agencies including specialized FSP agency, provided the new FSP program/agency has an available slot and agrees to the transfer. (Hereafter, the term "program" refers to transfers between programs within the same agency or between agencies.) The reasons for transfer are as follows:

- 1. Client requested a transfer.
- 2. Client has moved out of Service Area.
- 3. Client has moved within Service Area but closer to another FSP agency.
- 4. Client's linguistic/cultural needs.
- 5. Client aged out of current services.
- Client will graduate or time out from Specialized FSP program.
- 7. Client's needs can be better served with a different type of program.
- Other (provide explanation).

GUIDELINES:

Transferring clients between FSP programs must be coordinated between the current program, the new/receiving program, and both the current SA Navigator and the new/receiving Service Area Navigator. Countywide FSP Administration must authorize all requests for client transfer from the current FSP program prior to an agency officially terminating services. The current FSP program should make reasonable efforts to ensure a successful transition for the client to the new FSP program, including providing services until a successful transition is achieved. The client's existing FSP program is not allowed to stop serving the client, nor is the client's existing FSP provider allowed to close the client's case until the transfer has been approved by countywide administration and the required documentation completed.

 Upon determining that a client meets transfer criteria, current FSP program will complete Full Service Partnership Transfer Request Form and submit to the Service Area Navigator for preauthorization of transfer.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
TRANSFER OF CLIENTS	IV.C.		2 of 3
BETWEEN FULL SERVICE PARTNERSHIP PROGRAMS		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

- Service Area Navigator will review transfer request within five (5) business days of receipt to determine appropriateness of transfer request and desired transfer location (if known).
 - a. If client meets transfer criteria and is transferring within the Service Area, Service Area Navigator will identify appropriate new/receiving FSP program based on client need and slot availability. Service Area Navigator will forward Transfer Request to an appropriate new/receiving FSP program for screening and acceptance.
 - b. If client meets transfer criteria and is moving out of the Service Area, the current Service Area Navigator will forward transfer request to new/receiving Service Area Navigator for determination of FSP program options. When new/receiving FSP program has been identified, new/receiving Service Area Navigator will forward Transfer Request to new/receiving FSP program for screening and acceptance.
 - c. If the Service Area Navigator determines that client does not meet transfer criteria, Service Area Navigator will complete and send Full Service Partnership Disenrollment/Transfer Request Supplemental Form to FSP program. FSP program must continue services.
- 3. If client is moving out of the Service Area, current Service Area Navigator will forward the completed and signed Full Service Partnership Transfer Request Form to new/receiving Service Area Navigator. New/ receiving Service Area Navigator will pre-authorize client transfer and forward completed, signed Full Partnership Transfer Request Form to the Countywide FSP Administration for authorization. For Adults, the Service Area Navigator does not need to sign the Full Partnership Transfer Request Form when the transfer request was made through the Service Request Tracking System (SRTS), except Adult transfers will be requested via Full Partnership Transfer Request Form. Current FSP program must continue services to client until Countywide FSP Administration has authorized enrollment of client to new/receiving FSP program.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
TRANSFER OF CLIENTS BETWEEN FULL SERVICE PARTNERSHIP PROGRAMS	IV.C.	REVISION DATE 7/1/2021	3 of 3 DISTRIBUTION LEVEL

- 4. Countywide FSP Administration will review request for transfer and pre- authorization information and will notify FSP programs and Service Area Navigator(s) of authorization for transfer within two (2) business days. Once transfer is authorized, current FSP program may close the case in the Integrated Behavioral Health Information System (IBHIS) and relevant Data Collection System (see V.A. Outcomes Data Collection or https://dmh.lacounty.gov/outcomes/. If a client declines services after his or her case has been transferred from one Service Area to another, this client's file is still open and will remain open in the system until a disenrollment form has been completed and authorized by the Countywide FSP Administration. It is the responsibility of the receiving provider to submit a request for inactive status via SRTS by current provider so that the client can be deemed inactive and the case can be closed even if no services were ever provided to the transferred client.
- 5. The transferring FSP provider will complete an Outcome Measures Application (OMA) Key Event Change (KEC) that indicates the client's new provider site ID and will ensure all FSP outcomes are up to date and entered at the time of the transfer. If the client is transferring during a 3 Month Assessment window, the transferring agency will ensure it is completed.
- 6. The receiving FSP provider will do a KEC to indicate the client's new age group FSP program and update any relevant changes.
- 7. If Countywide FSP Administration does not authorize client transfer they will complete and send Full Service Partnership Disenrollment /Transfer Request Supplemental Form to current FSP program and Service Area Navigator. FSP program must continue services. If FSP agency does not agree with the decision of the Service Area Navigator or Countywide FSP Administration, then agency may file an appeal (see III.B. Procedure for Filing Appeals Related to FSP Client Enrollment, Disenrollment or Transfer).

FORMS: Full Service Partnership Transfer Request Form

- Full Service Partnership Disenrollment/Transfer Request Supplemental Form
- Disposition Form

REFERENCES: https://dmh.lacounty.gov/outcomes/ (Los Angeles County DMH Outcomes website)

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
FSP SERVICES FOR	IV.D.		1 of 3
ADULTS AGES 60+ IN SKILLED NURSING FACILITIES		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

PURPOSE:

To provide guidelines for the delivery of FSP Services for adults ages 60+ who reside in a Skilled Nursing Facility.

DEFINITIONS:

- Skilled Nursing Facility (SNF) "A health facility or a distinct part of a hospital which provides continuous skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. It provides 24-hour inpatient care and, as a minimum, includes physician, skilled nursing, dietary, pharmaceutical services, and an activity program." (CCR, Title 22, Social Security, Division 5 – Licensing, Chapter 3 – Skilled Nursing Facilities.)
- 2. <u>Skilled Nursing Facilities and other such facilities which are also Institutions of Mental Disease (IMD)</u> "A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental disease/illnesses, including medical attention, nursing care, and related services." (Title 42, CFR, §435.1009(b)(2) and CCR, Title 9, Chapter 11, §1810.222.1)

GUIDELINES:

SNF's that meets the federal definition for Institute for Mental Disease (IMD) cannot receive reimbursement from Medi-Cal for mental health services provided in an IMD unless it is for the purpose of discharge planning. Targeted Case Management services may be claimed in these facilities for up to three (3), thirty (30) non-consecutive days prior to discharge.

Individuals currently residing in a Non-IMD SNF and an FSP referral pending

- 1. Only those consumers who have a primary mental health diagnosis that is included under Medi-Cal for reimbursement are eligible for FSP.
- DMH contracted and directly-operated programs that choose to provide services in a non-IMD SNF must develop an agreement with the SNF to provide services on site.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
FSP SERVICES FOR	IV.D.		2 of 3
ADULTS AGES 60+ IN SKILLED NURSING FACILITIES		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

- DMH contracted and directly-operated programs must confer with the SNF's administration in advance of delivering mental health services to determine the type of mental health treatment services that are offered by the SNF to prevent duplication of services.
- 4. DMH contracted and directly-operated programs must work closely with the SNF's multi-disciplinary team to effectively plan treatment and to coordinate care.
- 5. DMH contracted and directly-operated programs must use the appropriate Place of Service code when entering data. The correct Place of Service Code is 31-Skilled Nursing Facility without STP.
- 6. DMH contracted and directly-operated programs are required to bill and collect all third-party revenue including Short-Doyle/Medi- Cal, Medicare, private insurance, other third-party revenue, and client fees.
- DMH contracted and directly-operated programs must bill Medicare for mental health eligible services before seeking reimbursement from Medi-Cal.

Consumers who are receiving FSP services and are transferred into a SNF

- DMH contracted and directly-operated programs who are providing FSP services to a consumer who is transferred into a non-IMD SNF may continue to provide FSP up to 60 days from the time of the admission into the SNF.
 - DMH contracted and directly-operated programs must notify and seek approval from the Countywide FSP Administration within one (1) week of admission into a SNF in order to continue to provide FSP services up to sixty (60) days from the date of admission to the SNF.
- 2. When a consumer resides in a non-IMD SNF for more than 60 days, DMH contracted and directly-operated programs must discontinue mental health treatment services and transfer the consumer's care to the SNF's clinical treatment team for on-going care. It is the expectation of DMH that a "warm hand-off" will be made by DMH or contract agency providers to ensure coordination of care in such transitions.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
FSP SERVICES FOR	IV.D.		3 of 3
ADULTS AGES 60+ IN SKILLED NURSING FACILITIES		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

Adults being discharged from a SNF

- 1. A referral process will be established between the SNF and the DMH providers to identify potential referrals to FSP prior to the resident's discharge.
- 2. DMH contracted and directly-operated programs may seek approval for enrollment into FSP for a resident of a SNF 30 days prior to their discharge date.

REFERENCES: State Department of Mental Health Letter No. 02-06, "Medi-Cal Coverage for Beneficiaries in Institutions for Mental Disease"

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		8/21/09	1 of 1
SERVING CLIENTS IN	IV.E.		
RESIDENTIAL SETTINGS		REVISION DATE	DISTRIBUTION
		7/1/2021	LEVEL

PURPOSE:

To establish guidelines for collaborative working relationships between FSP programs and residential facilities housing FSP clients.

DEFINITION:

Residential Services - Adults: Boards and Care, Transitional and long term Residential programs, Crisis Residential programs, Residential drug treatment programs, Skilled Nursing Facilities (SNF), Psychiatric Health Facilities (PHF) or other programs where clients live and are offered some level of mental health service.

<u>Residential Services- Children:</u> Individuals residing in and receiving treatment from Short Term Residential Treatment Program (STRTP) are not eligible for FSP services without countywide pre-approval.

GUIDELINES:

FSP programs are responsible for providing a culturally and linguistically appropriate array of mental health services as defined in LAC-DMH RFS 1 or 2. The FSP team assumes the responsibilities documented in LAC-DMH policy 202.31. The FSP program assumes overall responsibility for care coordination, including determining with the client/family the role of the residential program in providing services to the client.

- 1. Care should be coordinated in order to maximize quality of care and avoid service duplication.
- 2. Within program guidelines, client choice should be a key factor in care coordination efforts with residential programs.
- For each FSP client living in a residential care program, services should be tailored to the needs and wishes of the client. The FSP program should involve the family when appropriate, in conjunction with the residential program, shall outline service responsibilities in the Client Treatment Plan.
- 4. The FSP team should meet regularly with residential treatment staff to review services and the client's response to treatment and should modify treatment plans accordingly.
- 5. Medication services should be provided by the FSP psychiatrist, with limited exceptions.
- 6. California Code of Regulations, Title 9, Division 1, Section 532 specifies the service requirements for residents of Long-Term Residential Treatment Programs.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/1/2006	PAGE
OUTCOMES DATA COLLECTION	V.A.		1 of 2
		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

PURPOSE:

To establish a procedure to collect Full Service Partnership (FSP) client outcomes data using the DMH Outcome Measures Application.

DEFINITION:

<u>Outcome Measures Application (OMA)</u>: An electronic web-based application for collecting, tracking and reporting outcome data for clients enrolled in FSP programs.

Partnership: A client's enrollment in FSP is considered a partnership. It begins with their first approved service in any FSP program and continues until disenrolled. If a client disenrolls from FSP and returns within 1 year, the client reestablishes their previous partnership. If the client has been disenrolled for more than 365 days and then returns, a new partnership will be established.

GUIDELINES:

All FSP agencies must complete a Baseline Assessment, report Key Event Changes as they occur, and complete 3-Month Quarterly Assessments for all enrolled FSP clients.

- 1. A <u>Baseline Assessment</u> must be completed and entered into the OMA within thirty (30) days of the Partnership date. A client has only one baseline created for each partnership. The only exception to this is if a client is restarting a Partnership more than twelve (12) months after discontinuation/disenrollment from a FSP program. The baseline completed is based on the age of the client on the partnership date. If the client is 0-15 when partnership starts a Child baseline is completed, if 16-25 a TAY baseline, if 26-59 an adult baseline and an older adult one if age 60 or older.
- A <u>Key Event Change (KEC)</u> must be completed each time the agency is reporting a change in status in certain categories. These categories include residential status, employment, education, crisis/PMRT, and benefits establishment. Complete only the section pertaining to the reported change.
- 3. If a client is being transferred from one type of FSP program and/or one FSP agency/provider to another, is disenrolled, or the Partnership is being restarted after less than 12 months from an interruption/discontinuation, this must be reported in a KEC. Please ensure all changes are up to date before filing transfer or disenrollment KEC.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		11/1/2006	
OUTCOMES DATA COLLECTION	V.A.		2 of 2
		REVISION DATE	DISTRIBUTION
		7/1/2021	LEVEL

- 4. If a client is reestablishing a previous partnership due to being disenrolled for less than 365 from any FSP, a reestablishment KEC must be completed. Status changes that occurred while the client was away from partnership need to be reported in separate KECs, (i.e, residential changes, hospitalizations, crisis or emergency response, changes in employment or education).
- 5. 3-Month Assessments (3M) should be completed around every 3-month anniversary of the Partnership date. Agencies have a window of fifteen (15) days prior to the 3M due date to thirty (30) days after the anniversary date to complete the assessment. If the 3M assessment cannot be completed within this forty-five (45)-day window, it should be skipped altogether and completed when the next one is due. Keep in mind that the partnership date and 3M due dates are established at the inception of the partnership. If the client passes through multiple providers and multiple FSP programs without being disenrolled for 365 days, the partnership date and 3M due dates of the original provider are retained.

FORMS:

Outcome Measures Application Baseline Assessment, Key Event Change, and 3M Quarterly Assessment for Children, Transition-age Youth (TAY), Adults, and Older Adults (3 forms for each age group)

REFERENCES: > https://dmh.lacounty.gov/outcomes/applications/

(Los Angeles County DMH Outcomes website)

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		11/1/2006	
DISENROLLMENT GUIDELINES	VI.		1 of 3
		REVISION DATE	DISTRIBUTION
		7/1/2021	LEVEL

PURPOSE:

To establish a procedure for the disenrollment of a Full Service Partnership (FSP) client from a FSP program.

DEFINITION:

Disenrollment can apply to either an interruption or a discontinuation of service. An <u>interruption</u> of service is defined as a temporary situation in which the client is expected to return to services within twelve (12) months or less from the date of last contact. A <u>discontinuation</u> of service is defined as a long-term situation in which the client is not expected to return to FSP services for more than twelve (12) months from the date of last contact. The reasons for disenrollment are as follows:

- 1. <u>Target population criteria are not met.</u> Client is found not to meet target population; in most cases, clients who are discovered to have no major mental illness or serious emotional disturbance (SED).
- 2. <u>Client decided to discontinue Full Service Partnership participation after partnership established.</u> Client has either withdrawn consent, refused services after enrolling, or no longer wishes to participate in FSP.
- 3. <u>Client moved to another county/service area.</u> Client relocated to a geographic area either outside or within L.A. County, and will not be receiving FSP services of any type anywhere in Los Angeles County.
- 4. After repeated attempts to contact client, client cannot be located. Client is missing, has not made contact with FSP agency. Agency may request disenrollment of a client after multiple documented outreach attempts for at least thirty (30) days but not more than ninety (90) days.
- Community services/program interrupted Client's circumstances reflect
 <u>a need for residential/institutional mental health services at this time</u>
 (such as, an Institute for Mental Disease (IMD), Mental Health
 <u>Rehabilitation Center (MHRC) or State Hospital (SH).</u> Client is admitted
 to an IMD, MHRC or SH.
- Community services/program interrupted Client will be detained in juvenile hall or will be serving camp/ranch/ DOJ/jail/prison sentence.
 Client is anticipated to remain in one of these facilities for over ninety (90) days.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		11/1/2006	
DISENROLLMENT GUIDELINES	VI.		2 of 3
		REVISION DATE	DISTRIBUTION
		7/1/2021	LEVEL

- 7. Client has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate. Client has successfully met his/her goals, as demonstrated by involvement in meaningful activities, such as, employment, education, volunteerism or other social activities and is living in the least restrictive environment possible, such as an apartment. The client no longer needs intensive services and is ready to receive services at a lower level of care.
- 8. <u>Client is deceased.</u> This includes clients who died from either natural or unnatural causes after their date of enrollment.

GUIDELINES:

Countywide FSP Administration must authorize all requests for client disenrollment from the FSP program prior to an agency officially terminating services.

- 1. Upon determining that a client meets disenrollment criteria, the FSP agency will complete the <u>Full Service Partnership Disenrollment Request Form</u> and submit it to the age- appropriate Service Area Navigator for preauthorization of disenrollment.
- 2. The Service Area Navigator will review the disenrollment request within five (5) business days of receipt. Clients that meet FSP disenrollment criteria will be pre-authorized and forwarded to Countywide FSP Administration. For clients that do not meet disenrollment criteria, Service Area Navigator will complete and send Full Service Partnership Disenrollment/ Transfer Request Supplemental Form to FSP program. FSP program must continue services.
- 3. Countywide FSP Administration will review the request for disenrollment and pre-authorization information and will notify the FSP program and Service Area Navigator of authorization for disenrollment within two (2) business days. Once disenrollment is authorized, the FSP program can stop serving the client and provider needs to ensure all outcomes are entered prior to filing a discontinuation Key Event Change with the authorized disenrollment reason indicated in the Outcome Measurement Application. (see V.A. Outcomes Data Collection or https://dmh.lacounty.gov/outcomes/)

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		11/1/2006	
DISENROLLMENT GUIDELINES	VI.		3 of 3
		REVISION DATE	DISTRIBUTION
		7/1/2021	LEVEL

If Countywide FSP Administration staff does not authorize client for disenrollment they will complete and send <u>Full Service Partnership Disenrollment /Transfer Request Supplemental Form to FSP program and Service Area Navigator. FSP program must continue services.</u>

4. If FSP agency does not agree with the decision of the Service Area Navigator or Countywide FSP Administration, then agency may file an appeal (see III.C. Procedure for Filing Appeals Related to FSP Client Enrollment, Disenrollment or Transfer).

A client transferring from one FSP program to another FSP program is not considered a disenrollment (see <u>V.C. Transfer of Clients Between Full</u> Service Partnership Programs).

FORMS: Full Service Partnership Disenrollment Request Form

> Full Service Partnership Disenrollment/Transfer Request Supplemental Form

REFERENCES: https://dmh.lacounty.gov/outcomes/ (Los Angeles County DMH Outcomes website)

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 3/20/2007	PAGE
24/7 CRISIS COVERAGE	VII.	0/20/2001	54 of 6
		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

PURPOSE: To establish a procedure for 24/7 crisis response for FSP programs.

DEFINITION: Crisis coverage: An on-call and in-person response system that includes Lanterman-Petris-Short- (LPS) designated staff to address clients in crisis 24 hours a day, 7 days a week (during and after regular program hours, and on

weekends and holidays).

GUIDELINES: Per California Code of Regulations, Title 9, Div. 1, Chapter 14 (MHSA regulations), in the event of an emergency a personal services coordinator, case manager or other qualified individual known to the client/family must respond to the client/family 24 hours a day, 7 days a week to provide during

and after-hours intervention.

1. Each DMH directly-operated and contracted legal entity FSP program must have LPS-authorized staff available to respond to a client in crisis for the purpose of evaluation and initiation of a 5150/5585.5 hold.

- 2. In the event ACCESS Center receives a call from a client, ACCESS will link the client to the FSP program for response. The FSP program must respond to the request for assistance and ensure that the client's needs are addressed, either on the telephone or in-person, depending upon the FSP staff's assessment. In the event the staff responding does not have LPS authorization, the staff should have access to an LPS-authorized staff to assist if an evaluation for an involuntary hold is needed. As a last resort, if no LPS-authorized staff is available, the provider can request assistance from ACCESS.
- 3. In **non-hospital/community settings**, the Department of Health Services (DHS) and DMH have a centralized procedure for admission of **insured clients**. If the client meets 5150/5585.5 criteria, the provider will:
 - a. Call psych admissions department of the hospitals from the LPS Designated Facilities listing and request a male/female bed.
 - b. If a bed is available, provide the client's identifying information, i.e., client name, SSN, IBHIS number, a brief report regarding client, etc. Be sure to obtain the name of the person you are speaking with.
 - c. The hospital will generally take your name and number and call you back after verifying the insurance of the client.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 3/20/2007	PAGE
24/7 CRISIS COVERAGE	VII.	0/20/2001	2 of 6
		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

- d. When you receive the return phone call, obtain the name of the accepting physician and ask if the hospital can arrange transportation. If transportation will be provided by the hospital, provide ambulance technician with their copy of the hold application.
- e. If transportation will not be provided by the hospital, contact ACCESS at (800) 854-7771 to request an ambulance with an accepting physician name. Provide client's identifying information and location. Make note of the ambulance information provided.
- f. Call the accepting LPS-designated facility and provide them with the estimated time of arrival (ETA) of the ambulance.
- g. Clinician must not leave the scene until the ambulance departs to transport client to the hospital. Call ACCESS to provide the ambulance arrival and departure time.
- h. Complete a progress note for the crisis service provided. Include the reason for the crisis intervention, determination of assessment, accepting hospital, time intervention ended, etc.
- 4. In non-hospital/community settings, the DHS and DMH have a centralized procedure for admission of indigent clients and insured clients for whom the FSP provider was unable to find an available bed. If the client meets 5150/5585.5 criteria, the provider will:
 - a. Call DHS Central Dispatch Office (CDO) (formerly called Medical Alert Center/MAC) at (866) 941-4401 to request destination assignment for the client.
 - b. Provide CDO with the following information:
 - Your service provider, (e.g., Downtown Mental Health Center)
 - Your name
 - Status of client's medical insurance (indigent or insured but unable to find a bed available)
 - Client name
 - Client IBHIS number
 - City/location of client

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 3/20/2007	PAGE
24/7 CRISIS COVERAGE	VII.		3 of 6
		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

- c. CDO operator will provide you with a call reference number and the name of the County hospital ER or another facility assigned to receive the client.
 - Document CDO call reference number on the front of a sealed envelope containing the 5150/5585.5 application.
- d. If you encounter any problems with CDO, contact the CDO supervisor at (562) 347-1701. If your concern is not resolved, contact your manager.
- e. Contact ACCESS at (800) 854-7771 to request an ambulance with an accepting physician name. Provide the call reference number given by CDO. Provide client's identifying information and location. Make note of the ambulance information provided.
- f. Call the accepting County hospital ER or other facility assigned by CDO and advise: "Per CDO, we are sending (client's name) to your ER. Estimated time of arrival is approximately (hours/minutes)." Provide County hospital ER with client identifying information and a brief report regarding client.
- g. The clinician must not leave the scene until the ambulance transports client. Call ACCESS to provide ambulance arrival and departure time.
- 5. FSP providers responding to requests from private hospital emergency rooms (non-LPS-designated) for insured clients shall address the following:
 - a. FSP staff must respond ASAP to the request and provide the hospital with an ETA.
 - b. If the FSP staff responding to the crisis call is **not** LPS-designated nor has access to an LPS-designated staff, ER staff will oftentimes contact the DMH Psychiatric Mobile Response Team (PMRT) to complete an LPS evaluation, which delays patient care. In the event that this does happen, the FSP provider shall collaborate with PMRT and the ER staff on behalf of the client.
 - c. 5150/5585.5 hold application must be completed by the FSP provider, not by the hospital.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
		3/20/2007	
24/7 CRISIS COVERAGE	VII.		4 of 6
		REVISION DATE	DISTRIBUTION
		7/1/2021	LEVEL

- d. Psychiatric hospital arrangements must be made by the FSP team.
- e. If no psychiatric hospital beds are available, FSP team can wait with client in the private hospital ER and follow up the next day for a bed search.
- f. Client must remain in the private hospital ER until a bed is available.
- g. The LPS-designated person will provide a progress note documenting the details of why a 5150/5585.5 hold was or was not initiated. If the Child/Young Adult has Department of Children and Family Services (DCFS) involvement and a 5585.5 hold was **not** completed, the FSP provider is to follow up with a call to the DCFS High-Risk Division at (213) 351-5737 to provide information.
- 6. FSP providers responding to requests from private hospital emergency rooms (Non-LPS-designated) for indigent clients shall address the following:
 - Client should be medically cleared and medically stabilized for transfer as defined under the Emergency Medical Treatment and Active Labor Act (EMTALA).
 - b. If the FSP staff responding to the crisis call is **not** LPS-designated nor has access to an LPS-designated staff, ER staff will oftentimes contact PMRT to complete an LPS evaluation, which delays patient care. In the event that this does happen, the FSP provider shall collaborate with PMRT and the ER staff on behalf of the client.
 - c. FSP provider evaluates and determines if client meets 5150/5585.5 criteria for involuntary detention.
 - d. Private hospital medical emergency room physician contacts the nearest open DHS Provider Enrollment Division (PED) and speaks directly to the physician to present the transfer and to negotiate the transfer acceptance.
 - e. If accepted, the private hospital medical emergency room arranges transfer.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 3/20/2007	PAGE
24/7 CRISIS COVERAGE	VII.		5 of 6
		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

- f. When all DHS PEDs are on diversion, or when a transfer is denied, the FSP provider instructs the private hospital medical emergency room to contact the nearest DHS PED to negotiate the transfer acceptance based on DHS PED capacity until the client is accepted or until other circumstances arise.
- g. When accepted, the sending physician makes the transportation arrangements.
- h. FSP provider who completes the 5150/5585.5 hold must communicate daily with the private hospital medical emergency room in order to monitor the client transfer status.
- i. The LPS-designated person will provide a progress note documenting the details of why a 5150/5585.5 hold was or was not initiated. If the Child/Young Adult has DCFS involvement and a 5585.5 hold was not completed, the FSP provider is to follow up with a call to the DCFS High-Risk Division at (213) 351-5737 to provide information.
- 7. For DCFS- and Probation-involved minors without FSP services, DMH PMRT protocol is to send out **two licensed clinicians** (social workers, RNs or psychologists) on every call. If the two field clinicians determine that the minor does not meet 5585.5 criteria, they **must** consult with the PMRT OD in order to make certain that all appropriate factors affecting the minor's safety have been considered.
 - a. PMRT OD is available every day from 5:00 PM to 8:00 AM and 24 hours/day on weekends and holidays.
 - b. For minors evaluated in the field without ACCESS involvement who have DCFS or Probation involvement, the FSP provider should communicate immediately with the minor's DCFS case worker or Probation Officer to report on the details of the crisis call and field disposition, regardless of whether the minor was hospitalized. Communication and collaboration with DCFS and Probation is imperative in order to maintain effective coordination of the minor's care.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 3/20/2007	PAGE
24/7 CRISIS COVERAGE	VII.		6 of 6
		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

- 8. For DCFS- and Probation-involved minors with an identified FSP provider for whom an LPS evaluation is needed, the FSP provider is to send out **two licensed clinicians** (one of which is LPS-designated) on every call. If the two field clinicians determine that the minor does **not** meet 5585.5 criteria, they are strongly encouraged, but not required, to consult with the PMRT OD in order to make certain that all appropriate factors affecting the minor's safety have been considered. This would not replace communicating with your own supervisor or team members, but can be used as a supportive tool in case more consultation is needed. The PMRT OD can be contacted through ACCESS at (800) 854-7771.
 - a. If the need for LPS evaluation was initiated from ACCESS, the FSP provider is to follow up with ACCESS regarding the status and/or next steps.
 - b. If there is no 5585.5, the FSP provider is to follow up with a call to the DCFS High-Risk Division at (213) 351-5737 regarding status and/or next steps.

ATTACHMENT: LPS Designated Facilities- Medi-Cal FFS Inpatient Provider List FY20-21

Office of Medical Director - Medi-Cal Inpatient Consolidation Unit

Hospital Name /DBA Name	Corporation Name	Medi-Cal# NPI # Tax ID #	Rptg Unit #	Address City State	Single Point of Contact (SPC): Director Name: Director Title:	Tel #./Ext Fax #	Con	P. tract	DP	Free- stand ing	LA County Hosp	Sup Distv	
Adventisrt Health St. Helena		HSM00013F 1720078082		10 Woodland Rd. St. Helena CA 94574-9554	SP C: Sherry Robertson Sherry.Robertson@ah.org Director: John Ellis Title: CEO Dir Email: ramosc3@ah.org	(707) 963-6587 (707) 967-5630 (707) 649-4043							
Adventist Health Glendale	Glendale Adventist Med Ctr	HSM30067F 1336138403 95-1816017	5011	1509 Wilson Terrace Glendale CA 91206-4007	SP C: Heather San Pedro Sanpedhm@ah.org Director: Alice Issai Title: CEO Dir Email: Smithkk@ah.org	(818) 409-8234 (818) 956-7687 (818) 409-8301		✓			✓	5	2
Adventist Health White Memorial	White Memorial Medical Center	HSM30103F 1215927470 95-2282647	5026	1720 E. Cesar E.Chavez Los Angeles CA 90033-2481	Av&P C: James Arias james.arias@ah.org Director: John Raffoul Title: President Dir Email: raffoujg@ah.org	(818) 409-8000 84 (855) 822-7450 (323) 260-5847	118	✓			•	1	4
Alvarado Parkway Institute		1205816931		7050 Parkway Dr. La Mesa CA 91942-1535	SP C: Amor Hernandez ahernandez@apibhs.com Director: Patrick C. Ziemer Title: CEO Dir Email: Pziemer@apibhs.com	(619) 667-6102 (619) 667-6085 (619) 667-6062				✓			
Anaheim Global Medical Center	Anaheim Global Medical Center, Inc	HSM 30594.		1025 S. Anaheim Anaheim CA 92805-5806	SP C: Jenny Delacruz Jenny.DeLaCruz@kpchealth.com Director: Jamie Yoo Title: CEO Dir Email: Jamie.Yoo@kpchealth.com	(714) 953-4528 (833) 278-7582 (714) 563-2875							
Antelope Valley Hosp.	Antelope Valley Healthcare District	HSM30056F 1366419517 95-6005217	5000	1600 West Avenue J Lancaster CA 93534-2814	SP C: Terri Horton, RN terri.horton@avhospital.org Director: Michael Wall Title: CEO Dir Email: michael.wall@avhospita	(661) 726-6227 (661) 951-4218 (661) 949-5512		✓	✓		✓	5	1
Asante Rogue Regional Medical Center BHU		HSM60115F 1114002128		2825 E. Barnett Rd. Medford OR 97504-8332	SP C: Carol English Director: .L Title: Dir Email:	(541) 789-7000 (541) 789-5393							
Aurora Behavioral Healthcare - Santa Rosa, LLC		1922378215		1287 Fulton Road. Santa Rosa CA 95401-4923	SP C: Heidei Cooper-Sereni Director: Susan Rose Title: CEO Dir Email: Susan.rose@aurorabeha	(707) 800-7737 0 (707) 800-7797 (707) 800-7711 avioral.com				✓		0	0

Office of Medical Director - Medi-Cal Inpatient Consolidation Unit

Hospital Name /DBA Name	Corporation Name	Medi-Cal# NPI # Tax ID #	Rptg Unit :	Address # City State	Single Point of Contact (SPC): Director Name: Director Title:	Tel #./Ext Fax #	Contr	PD act	1	Free- stand ing	LA County Hosp	Sup Distv	
Aurora Charter Oak	Aurora Charter Oak - Los Angeles, LLC.	HSM34069F 1619934114 94-3369427		1161 E. Covina Blvd. Covina CA 91724-1523	SP C: Jeri Atherton jeri.atherton@aurorabehavioral.com Director: Todd Smith Title: CEO Dir Email: tsmith@aurorabehaviora	(626) 859-5299		✓		✓	✓	5	3
Aurora Las Encinas Hosp.	Aurora Las Encinas LLC.	HSM34078G 1700843216 32-0039155		2900 E. Del Mar Blvd. Pasadena CA 91107-4375	SP C: Maricela Gutierrez MGutierrez@aurorabehavioral.com Director: Trevor Asmus Title: CEO Dir Email: Trevor.Asmus@aurorabe	(626) 356-2636 (626) 356-2640 (626) 795-9901 ehavioral.com		✓	✓	✓	✓	5	3
Aurora San Diego, LLC		HSM34095F 1598722027 94-3369427		11878 Avenue of Industry San Diego CA 92128-3423	SP C: Cindy Brooks Cbrooks@aurorabehavioral.com Director: Alain Azcona Title: CEO Dir Email: Aazcona@aurorabehavio	(858) 485-0824 (858) 675-4209	07			✓			
Bakersfield Behavioral Heathcare Hospital		HSM30257G		5201 White Lane Bakerfield CA 93309-6200	SP C: Olivia Madrid olivia.madrid@bakersfieldbehavioral Director: Eugene Suksi Title: CEO Dir Email: Eugene.suksi@bakersfie	(661) 241-5506			✓	✓			
Bayview Behavioral Health		HSM30024F 1356410351		330 Moss St. Chula Vista CA 91911-2005	SP C: Dale Dela Paz ddelapaz2@primehealthcare.com Director: Currently no CEO Title: Dir Email:	(619) 470-4166 (619) 472-4507 (619) 470-4280							
BHC Alhambra Hosp.	BHC Alhambra Hosp., Inc.	HSM34032G 1194758623 62-1658521		A619 N. Rosemead Blvd Rosemead CA 91770-1478	SP C: Rosa Mendoza rosa.mendoza@uhsinc.com Director: Peggy Minnick Title: CEO (Ext. 232) Dir Email: peggy.minnick@uhsinc.com	(626) 451-5862 (626) 286-1191	53	✓	✓	✓	✓	1	3
BHC Fremont Hosp.		1245346741	2021 B13	39001 Sundale Drive Fremont CA 94538-2005	SP C: Tuan Nguyen Anh-Tuan.Nguyen@uhsinc.com Director: Patricia Williams Title: CEO Dir Email: Patricia.williams3@uhsin	(510) 743-2020 (510) 743-2013 (510) 796-1100				✓			
California Pacific Med Ctr (CPMC)		HSM000476		2351 Clay St. RM# 243 San Francisco CA 94115-1931	SP C: Auburn Severin severia@sutterhealth.org Director: Title: Dir Email:	(415) 600-3257 (415) 600-3291							

Office of Medical Director - Medi-Cal Inpatient Consolidation Unit

Hospital Name /DBA Name	Corporation Name	Medi-Cal# NPI # Tax ID #	Rptg Unit #	# 0.4	Director nume.	Tel #./Ext Fax #		PDP Contract	Free- stand ing	LA County Hosp	Sup Distv	
Canyon Ridge Hosp.		HSM34111I 1902825128		5353 G St. Chino CA 91710-5249	SP C: Lorraine Diaz lorraine.diaz@uhsinc.com Director: Stephanie Bernier Title: CEO Dir Email:	(909) 590-3700 (909) 590-4012 (909) 590-4033	2086		V			
Carson Tahoe Regional Med. Ctr		HSM60013F 1255360160		1600 Medical Parkway Carson City Nevada NV 89703-4625	SP C: Kristin Lindstrom Director: Ed Epperson Title: CEO Dir Email:	(775) 445-7351 (702) 383-0698						
Centennial Hills Med Ctr		1487771812		6900 N. Durango Dr. Las Vegas NV 89149-4409	SP C: Madelene Ignacio Director: Title: Dir Email:	(702) 835-9700 (702) 383-0698						
Children's Hospital of Orange County		1811080526	2082	1201 West La Veta Avenu Orange CA 92868-4203	Le,SP C: Karen Pugh kpugh@choc.org Director: Kimberly Chavalas Cripe Title: CEO Dir Email:	(714) 509-3258 (855) 206-7168 (714) 509-8440	0				0	0
CHOMP- Behavioral Health		1679562169		40 Ryan Court STE# 100 Monterey CA 93940-7866	SP C: Maria Serrano maria.serrano@chomp.org Director: Title: Dir Email:	(831) 658-3954 (831) 658-3972						
College Hosp. Cerritos	College Hosp., Inc	HSM34055G 1225016595 95-3421289	5 5005	10802 College PI. Cerritos CA 90703-1505	SP C: Sandie Shonkwiler, LPT Sandys@chc.la Director: Steve Witt Title: CEO (Ext. 268) Dir Email: adminchc@chc.la	(562) 293-0553 (562) 249-6461 (562) 924-9581		✓ ✓	V	✓	4	7
College Hosp. Costa Mesa	CHCM, Inc.	HSM30543K 1922039205 95-4124770	5006	301 Victoria St. Costa Mesa CA 92627-1995	SP C: Irma Rangel Irmar@chcm.us Director: Susan Taylor Title: CEO Dir Email: Susant@chcm.us	(949) 642-2734 (949) 642-6275 (949) 574-3319	2422	✓ ✓ Orange Count				
College Medical Center	CHLB, LLC	1215373626 46-2760935		2776 Pacific Ave. Long Beach CA 90806-2613	SP C: Elizabeth Carrillo ecarrillo@collegemedicalcenter.com Director: Joseph Avelino Title: CEO Dir Email: Javelino@collegemedical	(562) 997-2015 (562) 216-7305 (562) 997-2400		✓ □		✓	4	8

Friday, February 12, 2021

Page 3 of 14

Office of Medical Director - Medi-Cal Inpatient Consolidation Unit

Hospital Name /DBA Name	Corporation Name	Medi-Cal# NPI # Tax ID #	Rptg Unit # Ward #	Address City State	Single Point of Contact (SPC): Director Name: Director Title:	Tel #./Ext Fax #	PDI Contract	P Free- stand ing	LA County Hosp	Sup Distv	
Community Behavioral Health Ctr		HSM00060F 1104906569		7171 N. Cedar Ave. Fresno CA 93720-3311	SP C: Grace Anderson Ganderso@communitymedical.org Director: Kathy Papazian Title: Dir Email: Kpapazian@communityr	(559) 449-4493 (559) 449-4484 (559) 449-4415 nedical.org					
Community Hosp. of San Bernardino		HSM30089F 1235290818		1805 Med Ctr Dr. San Bernadino CA 92411-1214	SP C: Carol Groenert Carol.Groenert@DignityHealth.org Director: June Collison Title: CEO Dir Email: june.collison@dignityhea	(909) 806-1496 (909) 806-1208 (909) 806-1200					
Corona Regional Medical Center		1346236015		730 Magnolia Ave. Corona Ca 92879-3117	SP C: Duane Wilson Lloyd.wilson@uhsinc.com Director: Mark Uffer Title: CEO Dir Email: Mark.uffer@uhsinc.com	(951) 736-7298 0 (951) 736-7245 (951) 736-6399				0	0
Del Amo Hosp.		HSM34053I 1245203447 23-2646424	5009	23700 Camino Del Sol Torrance CA 90505-5017	SP C: Kelly Kirkwood kelly.kirkwood@uhsinc.com Director: Steven Hytry Title: CEO Dir Email: steven.hytry@uhsinc.cor	(310) 784-2265 (310) 626-9390 (310) 784-2201	✓ [V	✓	4	8
Doctors Medical Center		1548399736		1501 Claus Rd. Modesto CA 95350-9711	SP C: Carly Deal carly.deal@tenethealth.com Director: Warren Kirk Title: CEO Dir Email: wendy.zollinger@tenethe	(209) 573-6174 (209) 573-6170 (209) 576-3601 ealth.com					
El Camino Hospital		HSM3038H 1851458434		2500 Grant Rd. Mountain View CA 94040-4378	SP C: Candy Wilson TARs@meddata.com Director: Title: Dir Email:	(714) 783-2509 (714) 426-8146					
Emanate Health Inter- Community Hospital	Emanate Health Medical Center	HSM30382G 1215063151 95-600649	5029	210 W. San Bernardino F Covina CA 91723-1515	Rd. SP C: Ngoc-Thao Theresa Tran, Bs ntran@emanatehealth.org Director: Robert Curry Title: CEO Dir Email: Rcurry@mail.cvhp.org	6N(626) 859-5837 (626) 859-5848 (626) 938-7577	✓ [✓	•	5	3
Encino Hosp. Med Ctr	Prime Healthcare Services- Encino, LLC	1629242201 26-2128507	50421	16237 Ventura Blvd. Encino Ca 91436-2201	SP C: Brenda Mackay bmackay@primehealthcare.com Director: Bockhi Park Title: CEO (Ext. 4540) Dir Email: BPark@primehealthcare	(818) 205-1946 (818) 480-6417 (818) 981-7111	V		✓	3	2

Friday, February 12, 2021

Page 4 of 14

Office of Medical Director - Medi-Cal Inpatient Consolidation Unit

Hospital Name /DBA Name	Corporation Name	Medi-Cal# NPI # Tax ID #	Rptg Unit # Ward #	Address City State	Single Point of Contact (SPC): Director Name: Director Title:	Tel #./Ext Fax #	l Contract	PDP	Free- stand ing	LA County Hosp	Sup Distv	
Fresno Community Hosp.		HSM00060F 1104906569		P.O. Box 1232 Frenso CA 93715-1232	SP C: Michelle Janet Robinson Director: Title: Dir Email:	(559) 433-8094 (559) 266-5477						
Glendale Memorial Hosp & Health Ctr		1477610640	5563	1420 S. Central Ave. Glendale CA 91204-2508	SP C: Dominique Holmes RN,BSN Dominique.Holmes@dignityhealth.or Director: Jill Welton Title: President/CEO Dir Email: Jill.Welton@dignityhealth	rg (818) 409-5258 (818) 502-2201	•			✓	5	2
Glendora Oaks Behavioral Health Hospital	East Valley Glendora Hosp, L.LC.	HSM30205H 1649307489	50441	150 West Route 66 Glendora CA 91740-6207	SPC: Monique Padilla mpadilla@primehealthcare.com Director: Parrish Scarboro Title: CEO Dir Email: Pscarboro@primehealthc	(909) 292-9451 (909) 464-8885 (760) 668-0831	✓			✓	5	3
Good Samaritan Beh Hlth Svcs Mission Oaks		HSM00380I 1437103777	2023	15891 Los Gatos-Almade Los Gatos CA 95032-3742	en Bor. C: Angela Ettinger Angela.Ettinger@hcahealthcare.com Director: Title: Dir Email:	(408) 358-5680 0 (408) 358-5684						
Good Samaritan Hospital		1891841722		901 Olive Dr. Bakersfield CA 93308-4137	SP C: Jacki Mickey jmickey@goodsamhospital.com Director: Ganesh Acharya Title: Dir Email: gacharya@goodsamhosp	(661) 215-7758 0 (661) 215-7608 (661) 215-7501					0	0
Grossmont Hosp.	Sharp Grossmont	HSM30026G		5555 Grossmont Ctr Dr. La Mesa CA 91942-3019	SP C: Jeanne Jolly-Whitesides,RN jeanne.jolly-whitesides@sharp.com Director: Roseann Giordano Title: Director Dir Email: roseann.giordano@sharp.	(619) 740-6106 (619) 740-4807 (619) 740-4800 p.com						
Henry Mayo Newhall Hosp.		HSM30624F 1023140464		23845 McBean Parkway Valencia CA 91355-2001	SP C: Kimberly Burwell burwellkj@henrymayo.com Director: Roger Seaver Title: CEO Dir Email: Robinsonn@henrymayo.	(661) 200-1115 (661) 200-1113 (661) 200-1020				✓	5	2
Heritage Oaks Hosp.		HSM34104G	2025	4250 Auburn Blvd. Sacramento CA 95841-4100	SP C: Silvia Jett Silvia.Jett@uhsinc.com Director: Shawn Silva Title: CEO Dir Email: shawn.silva@uhsinc.com	(916) 489-1765 (916) 489-3336	004					

Friday, February 12, 2021

Page 5 of 14

Office of Medical Director - Medi-Cal Inpatient Consolidation Unit

Hospital Name /DBA Name	Corporation Name	Medi-Cal# NPI # Tax ID #	Rptg Unit # Ward #	Address City State	Single Point of Contact (SPC): Director Name: Director Title:	Tel #./Ext Fax #	PDP Contract	Free- stand ing	LA County Hosp	Sup Distv	
Huntington Beach Med Ctr		HSM30526G 1780986356		7772 Beach Blvd. Huntington Beach CA 92647-6819	SP C: Peggy Cotton Pcotton@primehealthcare.com Director: Kyra Reynolds Title: Dir Email: Kreynolds@primehealthc	(714) 375-7673 (714) 843-5053 (714) 843-5075 care.com					
Huntington Memorial Hosp. Della Martin	Pasadena Hosp Association Ltd.	HSM30438F 1437121142 95-1644036	5012 1	00 W. California Blvd. Pasadena CA 91105-3010	SP C: Rozie Groag, MSW dmctars@huntingtonhospital.com Director: Lori J. Morgan Title: CEO (Ext. 5555) Dir Email: david.silvey@huntingtonl	(626) 397-2346 (626) 397-2185 (626) 397-5000	✓ □		•	5	3
John Muir Behavioral Health Ctr		1215962782		740 Grant St. Concord Ca 94520-2265	SP C: Desirae Trujano desirae.trujano@johnmuirhealth.com Director: Cindy Bolter, RN, FNP Title: Chief Nurs. & Oper. Dir Email: Cindy.Bolter@johnmuirhe	(925) 674-4159					
John Muir Medical Center				02 Woodmont Blvd. STI 00 Nashville TN 37205-2221	E# SP C: Joann Denham Director: Calvin Knight Title: CEO Dir Email:	(925) 947-4295 (925) 939-3000					
Joyce Eisenberg Keefer Medical Center	Grancell Village of LA Jewish Home for Aging	1538338793 95-1831045	5049 7	150 Tampa Ave. Reseda CA 91335-3700	SP C: Ilana Springer ilana.springer@jha.org Director: Molly Forrest Title: CEO Dir Email: molly.forrest@jha.org	(818) 774-3069 (818) 757-4408 (818) 774-3216	✓		✓	3	2
Kaiser Foundation Hosp.		HSM31520F 1063567956		65 W. College St. Los Angeles CA 90012-5923	SP C: Linh Nguyen Linh.Nguyen@meddata.com Director: William Grice Title: Senior Vice President Dir Email: Theresa.M.Berkin@kp.or	(714) 618-0910 (714) 426-8146 (213) 580-7324			✓	1	4
Kaweah Delta Health Care Mental Health		HSM30057F 1467413708		100 S. Akers Rd Visalia CA 93277-8311	SP C: Tracie Kelly tkelly@kdhcd.org Director: Title: Dir Email:	(559) 624-2451 (559) 713-2422					
Keck Hospital of USC		HSM30696G		500 San Pablo St. Los Angeles CA 90033-5313	SP C: Claudia Rivas Director: Thomas Jackiewicz Title: CEO Dir Email: thomas.jackiewicz@med	(323) 442-8616 (323) 442-8888 (323) 442-9775			✓	1	4

Friday, February 12, 2021 Page 6 of 14

Office of Medical Director - Medi-Cal Inpatient Consolidation Unit

Hospital Name /DBA Name	Corporation Name	Medi-Cal# NPI # Tax ID #	Rptg Unit : Ward #	Address * City State	Single Point of Contact (SPC): Director Name: Director Title:	Tel #./Ext Fax #		PDP Contract	Free- stand ing	LA County Hosp	Sup Distv	Svc Area
Kern Medical Center	Kern County Hospital Authority	1376623538	2029 D45	1700 Mount Vernon Aver Bakersfield Ca 93306-4018	nueSP C: Natalie Lopez Natalie.Lopez@kernmedical.com Director: Andrew Cantu Title: CFO Dir Email:	(661) 326-2182 (661) 326-2440 (661) 326-2104	0				0	0
L.A.Downtown Medical Center	L.A.Downtown Medical Center LLC	1780183335 82-4157363	5051	1711 w. Temple Street Los Angeles CA 90026-5421	SP C: Pedro Mercado pedro.mercado@ladowntownmc.com Director: Bill Nelson Title: (213) 989-6132 Dir Email: bill.nelson@ladowntownr		0			•	1	4
La Palma Intercommunity Hosp.		HSM30580F 1386947836		7901 Walker St. La Palma CA 90623-1722	SP C: Tiffany Kennedy, LCSW Tkennedy2@primehealthcare.com Director: Martha Kwan Title: Dir Email:	(714) 670-6192 (714) 670-6182						
Loma Linda Univ. Behav.Med Ctr		HSM34093G		1710 Barton Rd. Redlands CA 92373-5304	SP C: Brianna Valdivia bvaldivia@llu.edu Director: Kerry Heinrich, JD Title: CEO Dir Email: kheinrich@llu.edu	(909) 558-9234 (909) 558-9243 (909) 558-4000						
Los Angeles Community Hospital at Bellflower	Alta Los Angeles Hospitals, Inc	1922001809 95-4691839	55701	9542 Artesia Blvd Beliflower CA 90706-6511	SP C: Teresa McKinney Teresa.McKinney@altahospitals.com Director: Hector Hernandez Title: CEO Dir Email: Hector.Hernandez@altah	(323) 881-2600	3501			✓	4	7
Marin General Hosp.		HSM00360G		250 Bon Air Rd. Greenbrae CA 94904-1702	SP C: Walter Thompson Director: Title: Dir Email:	(415) 925-7661 (415) 925-7664						
Mission Community Hosp.	San Fernando Community Hosp	HSM30704F 1013061597 95-4395555		14850 Roscoe Blvd. Panorama City CA 91402-4618	SP C: Michelle Carrillo Mecarillo@mchonline.org Director: James Theiring Title: CEO Dir Email: Jtheiring@mchonline.org	(818) 909-3435 (818) 304-8625 (818) 904-3685				•	3	2
Mission Hosp. Laguna Beach		1992752315	2036 D58	31872 Coast Hwy. Laguna Beach CA 92651-6773	SP C: Monique Zakoda monique.zakoda@stjoe.org Director: Tarek Salaway Title: CEO (Ext. 2260) Dir Email: tarek.salaway@stjoe.org	(949) 381-4550 (949) 381-4927 (949) 364-1400					0	0

Friday, February 12, 2021

Page 7 of 14

Office of Medical Director - Medi-Cal Inpatient Consolidation Unit

Hospital Name /DBA Name	Corporation Name	Medi-Cal# NPI # Tax ID #	Rptg Unit i	Address City State	Single Point of Contact (SPC): Director Name: Director Title:	Tel #./Ext Fax #		P. Contract		Free- stand ing	LA County Hosp	Sup Distv	
Motion Picture and Television Hospital	California Department of Corporations	1962830539	2079	23388 Mulholland Drive. Woodland Hills CA 91364-2733	SP C: Anna Samsanovich RN Anna.Samsanovich@mptf.com Director: Robert Beitcher Title: Dir Email: Bob.Beitcher@mptf.com	(818) 876-4744 (818) 876-1599 (818) 876-4155	0			✓		3	2
Natividad Med Ctr		1205863255	2038	P.O. Box 80007 Salinas CA 93912-0007	SP C: Lilly Coronel Coronell@natividad.com Director: Gary Gray Title: CEO Dir Email: graygr@natividad.com	(831) 783-2334 (831) 755-4087 (831) 783-2504						0	0
North Vista Hosp. aka Lake Mead Hosp		HSM33711F 1720037799		1409 E. Lake Mead Blvd. Las Vegas NV 89030-7120	SP C: Madelene Ignacio Director: Title: Dir Email:	(702) 856-7861 (702) 383-0698							
Northridge Hosp. Med Ctr	Dignity Health	1417089350 94-1196203	5047I 111	18300 Roscoe Blvd. Northridge CA 91328-9920	SP C: Marie McGregor marie.mcgregor@dignityhealth.org Director: Paul Watkins Title: CEO Dir Email: Paul.watkins@dignityhea	(818) 885-8500 (818) 885-5443 (818) 885-5321	3681	✓			✓	3	2
Orange County Global Medical Center		HSM30594J 1851410104		1001 N. Tustin Ave. Santa Ana CA 92705-8619	SP C: Jenny Delacruz Jenny.DeLaCruz@kpchealth.com Director: Ann Abe Title: CEO Dir Email: ann.abe@kpchealth.com	(714) 953-4528 (888) 428-7828 (714) 953-3610							
Pacific Grove Hospital	Vista Behavioral Hospital, LLC dba	Pacific Grov	2084	5900 Brockton Ave. Riverside CA 92506-1862	SP C: Elizabeth Homiston Elizabeth.Homiston@pacificgroveho Director: Saad Niazi Title: CEO (Ext. 226) Dir Email: Saad.niazi@pacificgrove	ospit@950)n779-7826 (951) 275-8400	0			✓		0	0
Pacifica Hosp. of the Valley	Pacifia of the Valley Corporation	HSM30378F 1548328750 33-0737312		9449 San Fernando Rd. Sun Valley CA 91352-1421	SP C: Valerie Tachias VTachias@pacificahospital.com Director: Precious Mayes Title: CEO (Ext. 2492) Dir Email: pvelvet@pacificahospita	(818) 252-2819 (818) 252-2395 (818) 767-3310		•	✓		✓	3	2
Palomar Med Ctr Mental Health Unit		HSM30115F 1457321317		555 E. Valley Parkway Escondido CA 92025-3048	SP C: Jessica Strick, RN Jessica.Strick@palomarhealth.org Director: Title: Dir Email:	(760) 739-2697 (760) 739-2796							

Friday, February 12, 2021
Page 8 of 14

Office of Medical Director - Medi-Cal Inpatient Consolidation Unit

Hospital Name /DBA Name	Corporation Name	Medi-Cal# NPI # Tax ID #	Rptg Unit	# 6:4. ~	Director Nume.	Tel #./Ext Fax #	PDP Contract	Free- stand ing	LA County Hosp	Sup Distv	
Paradise Valley Hosp.		HSM30024F 1356410351		2400 E. Fourth St. National City CA 91950-2026	SP C: Ana Hernandez ahernandez26@primehealthcare.com Director: William Comer Title: CEO Dir Email: wcomer@primehealthcare	(619) 470-4115					
Prime-West Anaheim Med Ctr		1871501916	2043 D55	3033 West Orange Anaheim CA 92804-3156	SP C: Chad k. Snyder LCSW csnyder3@primehealthcare.com Director: Title: Dir Email:	(714) 229-6877 (714) 229-6898					
Providence Little Comp of Mary MC San Pedro Ext. 159-6108		HSM30078F 1942247291 42-1672806		1300 W. 7th St. San Pedro CA 90732-3505	SP C: Sarany Thong Sarany.Thong@providence.org Director: Garry Olney Title: CEO Dir Email: Garry.Olney@providence	(310) 514-5423 (310) 241-4074 (310) 303-6100	✓ [•	4	8
Rady Children's Hosp. of San Diego		1053674564	2045 D57	3020 Children's Way MC 5 San Diego CA 92123-4223	518P C: Charles Mullen cmullen@rchsd.org Director: Donald Kearns Title: CEO Dir Email: mandrade@rchsd.org	(858) 966-8145 (858) 966-8164 (858) 966-5911				0	0
Redlands Community Hosp.		HSM30272F 1598809667		350 Terracina Blvd. Redlands CA 92373-4850	SP C: Lorena Custodio Director: Jim Holmes Title: CEO Dir Email: meb@redlandshospital.or	(909) 335-5529 (909) 307-5057 (909) 335-5508	5529				
Rehoboth McKinley Christian Hosp.		XHSP33263	2047 A04	1900 Redrock Dr. Gallup NM 87301-5682	SP C: Tristan Keller Director: Title: Dir Email:	(505) 726-6978 (505) 722-5862					
Resnick Neuropsychiatric Hosp. at UCLA		HSM34009F 1952308363 95-6006143		150 UCLA Medical Plaza Los Angeles CA 90095-0001	SP C: Miranda Daniel MDaniel@mednet.ucla.edu Director: Johnese Spisso Title: CEO Dir Email: jspisso@mednet.ucla.edu	(310) 267-9171 (310) 267-3520 (310) 267-3315	✓ [✓	✓	3	5
San Gabriel Valley Medical Center	AHMC San Gabriel Valley Medical Center LP	1487939724	55551	438 West Las Tunas Drive San Gabriel Ca 91776-1216	e SP C: Mariano Gallegos RN Mariano.Gallegos@AHMChealth.com Director: Jon Aquino Title: Interm. CEO Dir Email: Jon.aquino@AHMChealth	(626) 289-5454	✓ [•	5	3

Friday, February 12, 2021

Page 9 of 14

Office of Medical Director - Medi-Cal Inpatient Consolidation Unit

Hospital Name /DBA Name	Corporation Name	Medi-Cal# NPI # Tax ID #	Rptg Unit # Ward #	City or	Single Point of Contact (SPC): Director Name: Director Title:	Tel #./Ext Fax #	Coi	PDP ntract	Free- stand ing	LA County Hosp	Sup Distv	
San Jose Behavioral Health (SJBH,LLC)		1508252149		San Jose CA 95138-1858	SP C: Breanne Tankersley Breanne.Tankersley@acadiahealthc Director: Sean Peterson Title: CEO Dir Email: Sean.Peterson@acadiah	(669) 234-5959	7				0	0
San Mateo County General Hosp.		HSM40113F	2050 2 B21	222 W. 39th Ave. San Mateo CA 94403-4364	SP C: Eva Torres etorres1@smcgov.org Director: Chester Kunnappilly Title: CEO Dir Email: ckunnappilly@smcgov.org	(650) 573-3622 (650) 573-2214 (650) 573-2305						
Santa Barbara Cottage		HSM30396F 1477554152		Santa Barbara CA 93105-	SP C: Allison Viramontes a1viramo@sbch.org Director: Ron Werft Title: CEO Dir Email: j2pierce@sbch.org	(805) 324-9936 (805) 569-7355 (805) 569-7408						
Santa Barbara County		HSM34125F 1831300946		315 Camino Del Remedio Santa Barbara CA 93110-1332	SP C: Suzanne Grimmesey suzkirk@sbcbwell.org Director: Alice Gleghorn Title: CEO Dir Email: agleghorn@sbcbwell.org	(805) 681-5289 (805) 681-4382 (805) 681-5233						
Santa Cruz County Psychiatric Health Facility	Telecare Corporation	1780926964		2250 Soquel Ave Suite 15 Santa Cruz Ca 95062-1402	10 SP C: Susan Villines Svillines@telecarecorp.com Director: Anne Baker Title: CEO Dir Email: abaker@telecarecorp.co	(831) 600-2808 (831) 600-2820 (510) 337-7950					0	0
Santa Rosa Memorial Hosp. Fulton Campus		HSM00174E 1134152549		1287 Fulton Rd. Santa Rosa CA 95401-4923	SP C: Denise Stashuk Director: Title: Dir Email:	(707) 543-2420 (707) 543-2082						
Scripps Mercy Hosp./Mercy Hosp		HSM300770		4077 Fifth Ave. San Diego CA 92103-2105	SP C: Misty Johnson Johnson.misty@scrippshealth.org Director: Tom Gammiere Title: CEO Dir Email: Gammiere.tom@scrippsl	(619) 686-3526 (619) 686-3432 (619) 260-7101 health.org						
Sharp Mesa Vista Hosp.		HSM30100F 1346384468		7850 Vista Hill Ave. San Diego CA 92123-2717	SP C: Aileen Carr Aileen.carr@sharp.com Director: Scott Carruthers Title: Dir Email: Scott.carruthers@sharp.com	(858) 836-8324 (858) 836-8787 com						

Friday, February 12, 2021
Page 10 of 14

Office of Medical Director - Medi-Cal Inpatient Consolidation Unit

Hospital Name /DBA Name	Corporation Name	Medi-Cal# NPI # Tax ID #	Rptg Unit # Ward #	Address City State	Single Point of Contact (SPC): Director Name: Director Title:	Tel #./Ext Fax #		P Contract		Free- stand ing	LA County Hosp	Sup Distv	Svc Area
Sherman Oaks Hosp.	Prime Healthcare Svcs II, LLC (DE LLC	1750491247 20-2546649		4929 Van Nuys Sherman Oaks CA 91403-1702	SP C: Brenda Mackay bmackay@primehealthcare.com Director: Bockhi Park Title: CEO (Ext. 4540) Dir Email: bpark@primehealthcare.	(818) 205-1946 (818) 480-6417 (818) 981-7111		•	✓		✓	3	2
Sierra Vista Hosp.		HSM340870		8001 Bruceville Rd. Sacramento CA 95823-5422	SP C: Michelle Van Ness Michelle.vanness@uhsinc.com Director: Mike Zauner Title: CEO Dir Email: mike.zauner@uhsinc.com	(916) 288-0465 (916) 688-1217 (916) 288-0325	502			✓			
Silver Lake Med Ctr	Success Healthcare, LLC	1427293216 26-3366535		7500 E. Hellman Ave. Rosemead CA 91770-2216	SP C: Elida Agatep elida.agatep@ladowntownmc.com Director: Bill Nelson Title: CEO Dir Email: bill.nelson@ladowntownr	(714) 420-2218 (213) 484-3564 (213) 989-6132 mc.com			✓		✓	1	3
Simi Valley Hosp. Behav Hlth Ctr		HSM30236F 1134521040		1850 Heywood St. Simi Valley CA 93065-3430	SP C: Laurie Kirksey Director: Tim Field, PHD Title: Dir Email:	(805) 955-7006 (805) 527-3296							
South Coast Global Medical Center		HSM30535I 1063531465		2701 S. Bristol St. Santa Ana CA 92704-6201	SP C: Jenny Delacruz Director: Matt Whaley Title: Dir Email: Matt.Whaley@kpchealth.	(714) 953-4528 (888) 428-7828 (808) 228-5445							
Southern CA Hosp. at Culver City		1023010113		3828 Delmas Terrace Culver City CA 90232-2713	SP C: Evelyn Thompson, LVN Evelyn.Thompson@schospitals.com Director: Michael Klepin Title: CEO (Ext. 1025) Dir Email: Michael.klepin@altahosp	(310) 836-7000	6636	•			✓	2	5
Southern CA Hosp. at Van Nuys		HSM301351 1023010113 95-4690845	3	14433 Emelita St. Van Nuys CA 91401-4213	SP C: Mary Lou Gordon marylou.gordon@altacorp.com Director: Michael Klepin Title: CEO (Ext.1025) Dir Email: Michael.klepin@altahosp	(818) 787-1511 (818) 530-0523 (310) 836-7000 bitals.com	257	✓			✓	3	2
St Francis Memorial Hosp.		HSM00152F 1780708362		900 Hyde St. San Francisco CA 94109-4806	SP C: Dennis Smith Dennis.Smith2@DignityHealth.org Director: Jeffrey Fee Title: CEO Dir Email: Jeff.Fee@dignityhealth.org	(415) 353-6641 (415) 353-6604 (415) 353-6575							

Friday, February 12, 2021

Page 11 of 14

Office of Medical Director - Medi-Cal Inpatient Consolidation Unit

Hospital Name /DBA Name	Corporation Name	Medi-Cal# NPI # Tax ID #	Rptg Unit #	Address * City State	Single Point of Contact (SPC): Director Name: Director Title:	Tel #./Ext Fax #		PL Contract)P	Free- stand ing	LA County Hosp	Sup Distv	
St Joseph Hosp Adult		HSM30069F 1285619254		1100 W. Stewart Dr. Orange CA 92868-3849	SP C: Janet McEachern Janet. mceachern@stjoe.org Director: Jeremy Zoch Title: CEO Dir Email: jeremy.zoch@stjoe.org	(714) 771-8000 (714) 744-8569 (714) 771-8020	17111						
St Marys Med Ctr (San Francisco)		HSM00457G		450 Stanyan St. San Francisco CA 94117-1019	SP C: Michelle Johnson michelle.johnson2@dignityhealth.org Director: John Allen Title: CEO Dir Email: john.allen@dignityhealth.	(415) 668-1000							
St. Francis Medical Center	Prime Healthcare Services - St. Francis LLC	HSM30104F 1114547114 91-2154439	5022	3630 E. Imperial Hwy. Lynwood CA 90262-2636	SP C: Akila Pasupulati apasupulati@primehealthcare.com Director: Eleanor Ramirez Title: CEO Dir Email: Eleanorramirez@verity.o	(909) 235-4400 (833) 200-5562 (310) 900-7302		✓			✓	2	6
St.Helena Hospital Ctr. For Behavioral Health		HSM301821 1851381990	2083	525 Oregon St. Vallejo CA 94590-3201	SP C: Vernon Childs, RN Vernon.Childs@ah.org Director: Steven Herber Title: CEO Dir Email: HerberSC@ah.org	(707) 649-4005 (707) 553-7874 (707) 963-3611				✓			
Stanford Hosp. and Clinics		1265581086		300 Pasteur Dr. RM# H1105 MC 5224 Stanford CA 94305-2200	SP C: Azusana Webber awebber@stanfordhealthcare.org Director: David Entwistle Title: CEO Dir Email: guestservices@stanfordh	(650) 498-9111 (510) 974-2334 (650) 723-5708						0	0
Sutter Bay Hospital		HSM30007L 1043670342 940562680		100 S. San Mateo Dr San Mateo CA 94401-3805	SP C: Myra Emelia emeliamb@sutterhealth.org Director: Dan Becker Title: Dir Email: beckerdf@sutterhealth.org	(650) 696-4475 (650) 696-4665							
Sutter Bay Hospitals- Alta Bates/Herrick Campus		HSM34069H 1447604814		2001 Dwight Way RM# B Berkeley CA 94704-2608	a30 <i>BP C:</i> Cailey Ennis ennisc@sutterhealth.org <i>Director:</i> David D. Clark <i>Title:</i> <i>Dir Email:</i> ClarkDD1@sutterhealth.org	(510) 204-4654 (510) 204-4502 (510) 869-8766 org							
Sutter Ctr for Psychiatry		1952350944	2067	7700 Folsom Blvd. Sacramento CA 95826-2608	SP C: Catherine Stroughter Strougc@sutterhealth.org Director: Title: Dir Email:	(916) 386-3086 (916) 386-3063				✓			

Friday, February 12, 2021 Page 12 of 14

Office of Medical Director - Medi-Cal Inpatient Consolidation Unit

Hospital Name /DBA Name	Corporation Name	Medi-Cal# NPI # Tax ID #	Rptg Unit #	Address City State	Single Point of Contact (SPC): Director Name: Director Title:	Tel #./Ext Fax #	E Contract		Free- stand ing	LA County Hosp	Sup Distv	
Tarzana Treatment Ctr		1396076147	55681	18646 Oxnard St. Tarzana CA 91356-1411	SP C: Shelly Price rprice@tarzanatc.org Director: Albert Senella Title: DIRECTOR Dir Email: rprice@tarzanatc.org	(818) 654-3850 (818) 996-3051 (818) 654-3815	✓		✓	✓	3	2
UC Irvine Health/Arena Corporate Center		HSM303480		1500 S. Douglas Ave, 2nd Floor Anaheim CA 92807-	d SPC: Veronica Miley vmilley@uci.edu Director: Rebecca Cloud-Glaab Title: Sr. Director, Revenue Cyc Dir Email: rcloudgl@uci.edu	(657) 284-7175 (714) 456-9507 (714) 456-6279						
Univ Cal San Diego Med Ctr		HSM30025F 1376641969		200 West Arbor Dr. San Diego CA 92103-8990	SP C: Lisa Ross Director: Patty Maysent Title: CEO Dir Email: cscarbrough@ucsd.edu	(858) 471-3889 (619) 543-4659 (858) 249-5534						
USC Verdugo Hills Hosp.		HSM301240 1154715845 95-1547003		1812 Verdugo Blvd. Glendale CA 91208-1407	SP C: Evik Avedian Evik.Avedian@vhh.usc.edu Director: Keith Hobbs Title: CEO Dir Email: keith.hobbs@vhh.usc.ed	(818) 952-2270 (818) 949-4016 (818) 952-2210	•	✓		✓	5	2
Valley Hosp. Med Ctr		HSM62181F 1417947490		620 Shadow Lane Las Vegas NV 89106-4119	SP C: Madelene Ignacio Madelene@Firmrcm.com Director: Carla Ballou Title: CEO Dir Email: Carla.Ballou@uhsinc.com	(702) 473-8900 (702) 666-0347						
Vista Del Mar Hospital		HSM340770		801 Seneca St. Ventura CA 93001-1411	SP C: Carol Ramirez Carol.Ramirez@aurorabehavioral.co Director: Jenifer Nyhuis Title: CEO Dir Email: Jenifer.nyhuis@aurorabe	(805) 653-6434	248		✓			
West Hills Behavioral Health Hospital	BHC Health Services of Nevada, Inc.	1730287319	2085	1240 E 9th Street, Reno NV 89512-	SP C: Nanci Emerson Nanci.emerson@uhsinc.com Director: Char Buehrle Title: CEO Dir Email: char.buehrle@uhsinc.co	(775) 789-4281 (800) 242-0478	0		✓		0	0
Wiillow Rock PHF		1053538348		2050 Fairmont San Leandro Ca 94578-1001	SP C: Jamie Peterson Director: Title: Dir Email:	(510) 895-5502 (510) 895-7407	719					

Friday, February 12, 2021 Page 13 of 14

Medi-Cal FFS Inpatient Provider List (FY 20-21)

Office of Medical Director - Medi-Cal Inpatient Consolidation Unit

Hospital Name /DBA Name	Corporation Name	Medi-Cal# NPI # Tax ID #	Rptg Unit # Ward #	Address City State	Single Point of Contact (SPC): Director Name: Director Title:	Tel #./Ext Fax #	Contract	S	ree- tand ng	LA County Hosp	Sup Svc Distv Area
Woodland Memorial Hosp.		HSM00127 192211603		325 Cottonwood St. Woodland CA 95695-5131	SP C: Courtney Nichols courtney.nichols@dignityhealth.org Director: Kevin Vaziri Title: CEO Dir Email: kevin.vaziri@dignityhea	(530) 669-5356					

Friday, February 12, 2021 Page 14 of 14

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 8/09/2009	PAGE
FIELD-BASED SERVICES	VIII.	0/00/2000	1 of 1
		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL

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

DEFINITION:

- 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.
- 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.

GUIDELINE:

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 Place of Service Code to describe the location in which services were provided. The complete listing of the Place of Service Codes may be found in the attachment at the end of this guideline.

Agencies are expected to provide services to clients in field-based settings according to individual client needs and desires. While the *preferred* performance-based criteria is at least 65%, if this percentage falls consistently below 40%, DMH may contact the agency to determine whether the services are in fact being delivered in the settings most conducive to individual client needs and desires or if additional agency technical assistance or support is required.

This percentage is calculated based on the total minutes billed within a month, excluding Place of Service codes 02, 11 and 53.

ATTACHMENT Place of Service Codes

APPENDIX: PLACE OF SERVICE CODES

Place of Service Codes should be used on claims to specify the entity where service(s) were rendered by DMH directly operated and contracted staff:

Code	Place of Service	Place of Service Description
02	Telehealth	The location where services are provided and received through a telecommunication system.
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless
		individuals (e.g. emergency shelters, individual or family shelters).
09	Prison/Correction al Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State, or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial services, and minimal services (e.g. medication administration).
16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.
17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy, or independent clinic, and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services.
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic therapeutic (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of newborn infants.

Place of Service Codes (continued)

Code	Place of Service	Place of Service Description
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Also refers to certain former U.S. Public Health Services facilities now designed as Uniformed Service Treatment Facilities.
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health-related care services above the level of custodial care to other than mentally disabled individuals.
33	Custodial Care Facility	A facility that provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis by or under the supervision of a physician.
52	Psychiatric Facility – Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not requires full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services are who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/Individuals with Intellectual Disabilities	A facility which primarily provides health-related care and services above the level of custodial care to individuals with intellectual disabilities but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professional staffed group living and learning environment.
99	Other Unlisted Facility	

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
CLIENT SUPPORTIVE	IX.	11/24/09	1 of 9
SERVICES		REVISION DATE	DISTRIBUTION LEVEL:
		7/1/2021	2

PURPOSE:

To provide clarification and guidance to the Department of Mental Health's directly operated programs and contract providers on the proper use, billing and expense claiming of Mental Health Services Act (MHSA) Client Supportive Services (CSS) Funds.

DEFINITIONS: Client Supportive Services (CSS)

Services provided by MHSA programs that are not billed through units of service that support a client in his/her recovery, including housing, employment, education, and integrated treatment of co- occurring mental illness and substance abuse disorders.

CSS Funds

CSS funds are allocated as an aggregate pool of funds that should only be used under special circumstances and as a last resort. They are client specific and are only intended to cover the cost of additional and/or alternative supports and services directly related to the client's service plan that lack funding or for which there is no traditional payment mechanism available.

The service provider is responsible for utilizing CSS funds in a manner that is clearly tied to the client's treatment and recovery goals.

Items must be used in the fiscal year in which they are purchased. When using CSS funds to purchase services, the services must be delivered to the recipient in the fiscal year in which they were purchased.

If an expense need is determined to be ongoing, the program must develop a plan for client self-sufficiency related to the ongoing expense.

For housing expenses that span <u>beyond 3 months</u>, contract providers must submit to the Countywide FSP Administration the *Supplemental Information Request Form* (Attachment) indicating how the ongoing expense directly relates to the client/family's Care Plan and steps the provider has taken to secure alternative sources of funding (Section 8, employment, family financial support, etc.).

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/24/09	PAGE
CLIENT SUPPORTIVE	IX.		2 of 9
SERVICES		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL: 2

For other ongoing expenses such as medication, household utilities or ongoing gift cards for specific clients that span <u>beyond 3 months</u>, contract providers must submit to the Countywide FSP Administration at cssfsp@dmh.lacounty.gov indicating how the ongoing expense directly relates to the client/family's Care Plan and steps the provider has taken to secure alternative sources of funding for the expense.

Mode of Service

Mode of Service describes a classification of service types used for Client and Services Information System (CSI) and Cost Reporting. This allows any mental health services type recognized by DMH to be grouped with similar services. Modes of Service not allowable under CSS are:

- 05 (24 Hour Services)
- 10 (Less than 24 Hour Day Treatment Program Services)
- 15 (Outpatient Services)
- 45 (Outreach Services)
- 60 (Support Services)

Service Function Codes (SFC)

Numeric billing codes used to identify a service or service category within a Mode of Service used for billing purposes.

The following SFCs pertain to the use of CSS:

 SFC 70: Expenses related to providing housing supports, including housing subsidies for permanent, transitional and temporary housing; master leases, security deposits and other fiscal housing supports. SFC 70 is only authorized for FSP programs and MHSA Innovation programs. Examples of common SFC 70 expenses are listed in the <u>CSS</u> Expenditure Coding Guide, (Attachment).

SFC 70 does not include:

 the capital development expenses such purchasing, building and/or rehabilitating housing,

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/24/09	PAGE
CLIENT SUPPORTIVE	IX.		3 of 9
SERVICES		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL: 2

- the salaries and benefits of staff used to provide client housing supports,
- costs reported under Modes 05, 10, 15 or 45
- Units of Service
- 2 SFC 71: Expenses related to the operational costs of providing housing supports to clients including building repair and maintenance, utilities and other operating costs incurred in providing client housing supports. Examples of common SFC 71 expenses are listed in the <u>CSS Expenditure Coding Guide (Attachment).</u>

SFC 71 does not include:

- the capital costs used to purchase, build and/or rehabilitate housing,
- the salaries and benefits of staff used to provide client housing supports,
- costs reported under Modes 05, 10, or 15,
- Units of Service
- SFC 72: Flexible client support expenditures relating to personal, community integration and/or educational client/family/caregiver services and supports.

Gift Cards

DMH directly operated programs should follow the DMH Gift Card Policy and Procedure. Contract providers who choose to purchase gift cards should purchase a small batch of gift cards to cover the cost of personal, community integration and/or educational/family services and supports. A small batch refers to a limited supply anticipated to cover categorical expenditures over a 2 month period of time. Gift cards should not be routinely given to individual clients and should only be used to supplement a client's resources. Gift card allocations per month per client should not exceed \$150, unless prior written approval is received from the Countywide FSP Administration.

Items must be used in the fiscal year in which they are purchased. When using CSS funds to purchase services, the services must be delivered to the recipient in the fiscal year in which they were purchased.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/24/09	PAGE
CLIENT SUPPORTIVE	IX.		4 of 9
SERVICES		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL:
			2

Contract providers are responsible for ensuring the cards are properly secured and accounted for by maintaining a gift card tracking system that includes the following information, at a minimum:

- Gift card vendor name
- Gift card serial number
- Date gift card was issued
- Name of client gift card was issued to
- Signature of client upon receipt of gift card
- Gift card balance
- · Copies of receipts for purchases made with gift card
- Name and signature of authorized personnel who issued the gift card.

This gift card tracking system shall include a tracking log/database and internal procedures and controls including, but not limited to, dispersal and safety/security of the gift cards and how the items or services purchased relate to the client's service plan. The log/database should also be used to keep track that gift card distribution does not exceed \$150/month for each client. Internal procedures should also include procedures to make clients aware of the non-allowable purchases when using gift cards.

This information shall be available for review by DMH designee(s) upon request either at the agency or via copies of records sent as requested by DMH designee(s).

In compliance with the County's fiscal policy and procedures, MHSA contractors and directly-operated programs are required to report all unused gift cards on or before June 30 of each fiscal year.

Directly Operated as well a contract providers should report any lost or stolen gift cards to the Department of Mental Health's Countywide FSP Administration immediately.

Gift card inventories, as well as all CSS expenditures, are subject to random audits by DMH and/or the Office of the Auditor-Controller at any time.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/24/09	PAGE
CLIENT SUPPORTIVE	IX.	11/24/03	5 of 9
SERVICES		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL:
			2

Medical Expenses

SFC 72 funding may also be used for medical, dental and optical care, prescriptions, and laboratory tests when the client or family member does not have insurance to pay for such care.

Alternative Healing Methods

Many cultures have alternative healing methods such as cupping, acupuncture or curandero services. These might be legitimately reimbursed from Client Supportive Services Funds. It would be expected these services would be appropriately coordinated, including any potential interactions with psychotropic medications, with other medical or mental health services as part of the client's overall treatment plan.

Examples of common SFC 72 expenses are listed in the <u>CSS</u> Expenditure Coding Guide, (Attachment).

SFC 72 does not include:

- the salaries and benefits of staff used to provide client supportive services
- costs reported under Modes 05, 10, 15 or 45
- Units of Service
- 4. SFC 78: Pursuant to an agreement between the provider and the Countywide FSP Administration, the FSP program may use <u>up to 10%*</u> of their CSS funds for the cost of salaries, benefits and general operating expenses incurred by providing non Medi-Cal client support (specifically for the salaries of staff who are providing housing and employment development as well as for peer staff). Examples of common SFC 78 expenses are listed in the <u>CSS Expenditure Coding Guide</u>, (Attachment). * Countywide FSP Administration may use discretion to approve amounts of greater than 10% in special circumstances that clearly support positive client outcomes.

SFC 78 does not include:

- costs reported under modes 05, 10, 15 or 45.
- Units of Service

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
CLIENT SUPPORTIVE	IX.	11/24/09	6 of 9
SERVICES		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL: 2

Providers are urged to remember the intent of CSS funding and maintain an appropriate balance between using funds to serve the needs of clients and their families which cannot be met in other ways, and using them to pay staff costs.

EXCLUDED PURCHASES:

Alcohol, tobacco, construction or rehabilitation of housing, buildings or offices, purchasing land or buildings, illegal substances and activities, sexually explicit materials, costs for staff to accompany clients on outings (sporting events, concerts, amusement parks, etc.), incentives, covering Medi-Cal Share of Cost, prescription medication otherwise available through Indigent medication or prescription assistance programs, Service Extenders, units of service costs reported under Modes 05, 10, 15 or 45, vehicles for programs.

REASONABLE PURCHASE LIMITS:

Every attempt should be made to purchase items as economically as possible, including using vendors that sell previously-used merchandise where feasible (examples include Goodwill, Salvation Army, on-line vendors). Refer to CSS Expenditure Coding Guide for purchase limits for more commonly purchased items and goods.

Clients of all ages, ethnicities, cultures and conditions who meet MHSA focal population criteria are eligible to receive CSS. Expenditures should be considered on a case-by-case basis at the agency level. The use of funds is not an entitlement.

Individuals enrolled in MHSA programs and/or receiving MHSA services with insufficient funds to provide the materials and resources necessary to achieve their treatment goals are eligible. Family members/caregivers may also be eligible for SFC 72 expenditures. Clients currently receiving government assistance and/or other income are only eligible to utilize CSS after it has been clearly established that there are insufficient funds available for their housing, personal/community integration, vocational and other expenses.

The client's clinical record shall document efforts showing that other community resources have been pursued/exhausted.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/24/09	PAGE
CLIENT SUPPORTIVE	IX.		7 of 9
SERVICES		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL: 2

REIMBURSEMENT: DMH directly operated MHSA programs are required to adhere to internal, existing CAL-card, housing, guidelines, policies and procedures when claiming reimbursement of CSS expenditures.

> Any expenses about which an MHSA provider is unsure should be Countywide FSP reviewed with the Administration cssfsp@dmh.lacounty.gov before making the expenditure/purchase to the Countywide FSP Administration for review and approval.

> The decision of DMH to approve or deny any expenditures shall be final.

Invoices shall be submitted to the DMH Provider Reimbursement Unit.

The following documents and procedures are required for contract providers to receive reimbursement for CSS expenditures:

CSS Expenditure Coding Guide-Revised

CSS funds are intended to be portable and client-specific and therefore, the CSS Expenditure Coding Guide only includes the most common allowable expenses for each of the various CSS Service Function Codes. Individual expenses are unique to each client and are not necessarily limited to those listed. Other expenses may qualify if they meet the criteria for which CSS funds are intended.

There are several expenses that DMH deems unallowable under any circumstances. Those expenses are listed at the bottom of the coding summary as well as in this policy.

FSP Expenses requiring pre-approval from Countywide Administration or Innovation model lead are noted.

CSS Expense Reimbursement Claim Form

Contract providers are required to itemize monthly CSS expenditures into the CSS Expense Reimbursement Claim Form before submitting it to DMH for review and payment. The CSS Expense Reimbursement Claim Form is an Excel spreadsheet designed to allow contract providers to easily enter their expenses into a self-calculating template.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/24/09	PAGE
CLIENT SUPPORTIVE	IX.		8 of 9
SERVICES		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL:
			2

Any revenue received for an expense already reimbursed by the Department (e.g. reimbursement from clients/families/caregivers after receipt of SSI) should be indicated on the <u>CSS Expense Reimbursement Claim Form</u> and subtracted from the expenditures. Providers must record and keep written records of all revenue received from clients, including arrangements where clients reimburse the FSP program on a routine basis.

> Supplemental Information Request Form

The Supplemental Information Request Form (Supplemental Info Form) is used under the following circumstances:

- DMH management and/or claim processing staff need to request additional information regarding a particular claim.
- For documenting the need for ongoing expenses at 3 and 6 month intervals per page 1 of this policy.
- Where applicable, as part of a random review of expenditures, file review or during a site visit or other mechanism as requested by the Countywide FSP Administration.

Agencies may choose, but are not required, to use the <u>Supplemental Information Request Form</u> as part of their own internal documentation system for monitoring CSS expenditures.

<u>The Supplemental Information Request Form</u> allows for the provision of more detailed information regarding specific expenditures that easily allows approving managers or claim processing staff to see the reason for a particular expense, how it relates to the client's treatment and that CSS funds were used as a last resort after other resources were explored.

Contractors are required to archive all of their CSS expenditure receipts for a period of at least six (6) years. There may be occasions when a copy of an archived receipt is requested.

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE 11/24/09	PAGE
CLIENT SUPPORTIVE	IX.		9 of 9
SERVICES		REVISION DATE 7/1/2021	DISTRIBUTION LEVEL:
			_

> CSS Expense Claim Processing Flow Chart

The CSS Expense Claim Processing Flow Chart provides a visual display of how a CSS Expense Claim is normally processed, as well as the ways in which the process can vary when claims are completed incorrectly, when DMH management requests additional information or as part of a random review of expenditures, file review or during a site visit or other mechanism as requested by the appropriate Contract/Program Lead.

PROPERTY PURCHASED WITH CSS FUNDS:

Items purchased with CSS funds become the property of the client and the client **is not** obligated to return the property upon leaving the program.

However, there may be clinical situations in which a provider and client make an agreement for the client to reimburse the provider for the services/supports, including the payment of rent that the provider purchased on the client/family/caregiver's behalf.

SUBMISSION OF REIMBURSEMENT DOCUMENTS:

The Department expects its contractors to exercise responsible accounting practices and ensure that expense claims are submitted in a timely manner.

Contractor shall itemize the expenses claimed on the <u>CSS Expense Reimbursement Claim Form</u>, hide the Protected Health Information (PHI) in the Excel spread sheet and submit to the Provider Reimbursement Unit (PRU) within 45 days of the end of the month in which the expense was incurred. PRU will log in and forward to appropriate Contract/Program Lead.

To expedite processing it is suggested the contractor simultaneously submit the same Claim Form with PHI visible to appropriate Contract/Program Lead.

Failure to submit claims on a regular basis impedes the efficiency of the reimbursement process significantly. Claims that are not submitted in a timely manner each month may be subject to delays in review and payment. After a reimbursement claim for a month has been submitted, any additional expense claims for a month shall be submitted on a separate reimbursement claim form.

REFERENCES: DMH Client Supportive Services Service Exhibit

CLIENT SUPPORT SERVICES (CSS) EXPENDITURE CODING GUIDE

CSS funding is for use when clients do not have resources and other possible avenues for funding have been explored and exhausted. Listed below is a general guideline for coding common expenses with the appropriate matching Service Function Codes (SFCs). It is important to remember that individual expenses are unique to each client and are not necessarily limited to those listed in the categories below.

ALLOWABLE EXPENSES

SFC 70 - CLIENT HOUSING SUPPORT

- Eviction Prevention, i.e. payment of overdue rent and assistance with hoarding/decontamination
- Hotel/Shelter Subsidies
- Master Leasing (with DMH approval)
- Rent/Mortgage/Lease Subsidies (e.g. apartments, Sober Living Homes, Adult Residential Facilities)
- Residential substance abuse treatment programs
- Security Deposits
- Transitional Residential Programs

SFC 71 - CLIENT HOUSING OPERATING SUPPORT

- Agency Management Fees
- Credit Reporting Fees
- Insurance
- **Property Taxes**
- Repair/Maintenance to Home, including repair due to damage by tenant
- Utilities, e.g. electricity, gas, water

SFC 72 - CLIENT/FAMILY/CAREGIVER SUPPORT

- Car, e.g. gasoline, insurance, payment, registration, repair
- Clothing
- Culturally appropriate alternative healing methods, e.g. curandero, cupping, acupuncture
- **Education and Tutorial Expenses**
- Employment, e.g. uniforms, license fees, tools of the trade

SFC 72 - CLIENT/FAMILY/CAREGIVER SUPPORT (CONTINUED)

- Food
- Furniture/Appliances
- Gift Cards
- Household Items, e.g. Kitchenware, Linen/Bedding, **Cleaning Products**
- Hygiene Items
- Medical/ Dental/ Optical
- Moving Expenses
- Recreational/Social Activities
- Reinforcers i.e., Inexpensive, small primary reinforcers for behavioral management purposes linked directly to client service plans
- Respite Care
- School Supplies
- Sports Registration
- **Summer Camps**
- Tickets/citations REQUIRE PRE-AUTHORIZATION FROM Countywide FSP Administration
- Transportation, e.g. Bus Passes, Tokens, Taxi Vouchers
- Vocational

SFC 78 - OTHER NON-MEDI-CAL CLIENT SUPPORT

- Consumer/Peer/Parent Advocate Salaries*
- Housing/Employment Specialists Salaries*

*Members of the program's treatment team that bill through IBHIS cannot request their wages be reimbursed through this mechanism. See Guideline for details.

NON-ALLOWABLE EXPENSES

- Construction or rehabilitation of housing, facilities, buildings or offices
- Costs for staff to accompany clients to venues such as sporting events, concerts or amusement parks
- Expenses related to purchasing land or buildings
- Illegal substances / activities
- Incentives
- Medi-Cal Share of Cost
- Prescription drugs that would otherwise be available via Indigent Medication / Prescription Assistance programs
- Service Extenders/Wellness Outreach Workers (WOW)
- Sexually explicit materials
- Tobacco
- Units of Service or any other service costs that are reported under Modes 05, 10, 15, or 45
- Vehicles for programs

Revision date: 06/09/2022 as.rev.

REASONABLE AND ALLOWABLE PURCHASE LIMITS

Client Support Services (CSS) funding is for use when clients do not have the resources and when other possible avenues for funding have been explored and exhausted. Listed below is a general guideline for coding common expenses with the appropriate matching Service Function Code (SFCs). Individual expenses are unique to each client and are not necessarily limited to the categories listed below. Please submit a pre-approval Supplemental Information Request (SIR) form if the purchase exceeds these limits.

SFC 70 - CLIENT HOUSING SUPPORT

Shelter \$60/Daily

Motel or Hotels Up to \$150 per night (pre-approval required for over 1 month)

Rent (Fair Market Rent) or Board & Care Rates (adults) with pre-approval

 Efficiency
 1 bedroom
 2 bedroom
 3 bedroom
 4 bedroom

 \$1,350
 \$2,000
 \$2,550
 \$3,250
 \$3,600

Rent of residence (per person) \$1,250 per month (includes food)*

Security Deposits 2 times the monthly rent, unfurnished; 3 times the monthly rent, furnished

Up to \$3,000

Hoarding Clean-up and Removal/Decontamination
*Rents may vary depending upon location and fair market

Value of housing

SFC 71 – CLIENT HOUSING OPERATING SUPPORT

Credit Reporting Fees \$15-\$20 per report

Property Tax \$3,000 (pre-approval by Countywide FSP Administration)

Utilities Water & Electricity, \$130 - \$150 per month

Cell phone: pre-paid up to \$50 per month monthly up to \$100 per month

Gas, \$30 - \$50 per month

Basic Cable \$30 per month Internet \$42 per month

Bundle¹ TV/Telephone, \$60 - \$80 per month

TV/Telephone/Internet, \$105 per month

SFC 72 - CLIENT/FAMILY/CAREGIVER SUPPORT

Parking Tickets/Citations Up to \$200 per ticket (pre-approval by Countywide FSP Administration)

Car gasoline \$300 per month

Clothing\$150 per person, per month (including tax)Shoes\$60 per person, per month (including tax)Alternative Healing MethodsCurandero, \$40 - \$100 per session

Acupuncture \$70 - \$120 per session

Food \$250 per person, per month (including tax)

Household Items\$95 per month (including tax)Hygiene Items\$90 per month (including tax)

Recreation/Social Activities \$135 per month

Summer Camp^{II}\$75 - \$350 per week; up to \$700 per monthSchool Supplies\$50 monthly per month, per client (including tax)Private Tutor\$20/hr. - \$50/hr. (maximum of \$600 a month)Learning Centers\$15/hr. - \$25/hr. (maximum of \$500 a month)

Tablets/ChromebooksUp to \$500 (including tax)Transportation\$100 monthly Metro Pass

Up to \$57.50 (30 tokens) monthly per client

Household Goods^{III} Up to \$2500 (including tax)

Up to \$2500 (including tax)
*Purchases must not exceed the \$2500 maximum for all combined items

Appliances Stove, \$450-\$600 (New) (including tax & delivery)

Washer/Dryer, \$200 - \$1000 (including tax and delivery)
Refrigerator, up to \$600 (including tax & delivery)

herrigerator, up to 5000 (including tax & deliver

Microwave, up to \$90 (including tax)

Television, up to \$400 (including tax & delivery)
Vacuum Cleaner, up to \$120 (including tax & delivery)

Bedroom Furniture\$400 (including tax & delivery)Mattresses\$450 (including tax & delivery)Living Room Furniture\$550 (including tax & delivery)Kitchen/Dining Table Set\$200-\$300 (including tax & delivery)

Immigration Assistance Fees[™] \$400 - \$1000

Exceptions to these guidelines may be made on a case by case basis with pre-approval by Countywide FSP Administration

¹ Bundle services will vary depending on the carrier. Certain residences can only subscribe to a specific carrier.

Revision date: June 2022

[&]quot; Monthly cost depends upon duration of program and scope of services.

III Household goods include appliances, furniture, kitchenware and linens.

Attached is a summary of fees associated with form number.

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH CONTRACT MANAGEMENT AND MONITORING DIVISION

Workflows

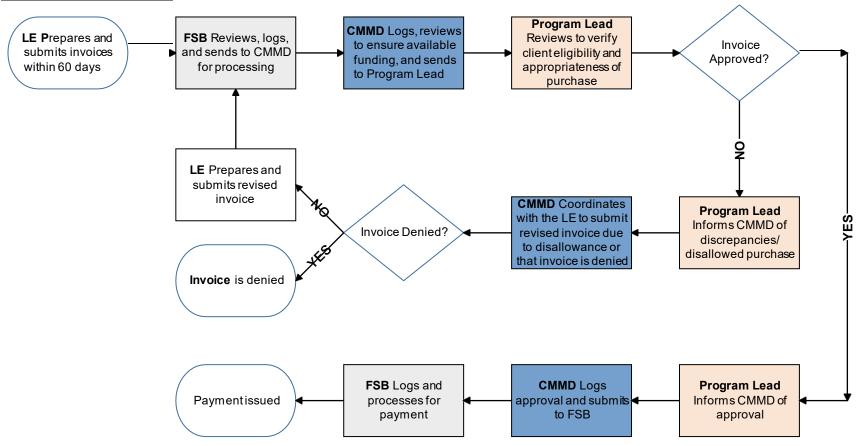
Processing Invoices

Client Supportive Service Invoices are due from Legal Entity providers 45 days from the month when the costs were incurred. CMMD coordinates the review and approval of invoices with Program Leads to ensure that purchases made on behalf of the client are appropriate and allowed under specific program guidelines.

- 1. **Legal Entity** prepares and submits invoices to **FSB (Provider Reimbursement Services)** within 45 days from the month of when the cost was incurred
- 2. FSB reviews, logs, and sends the invoices to CMMD
- 3. **CMMD** logs, reviews for sufficient funding, and sends to **Program Lead** to verify purchase(s)
- 4. **Program Lead** logs and reviews invoices to verify client eligibility and appropriateness of purchase
- 5. Program Lead applies approval and sends to CMMD
- a. If there are questionable purchases, Program Lead informs CMMD
- b. **CMMD** coordinates with the Legal Entity to submit revised invoice are to inform purchase(s) that is denied
- 6. **CMMD** logs approval and submits for processing
- 7. **FSB** processes for payment

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH CSS EXPENSE CLAIM PROCESSING FLOW CHART

PROCESSING INVOICES



Legend: LE CBO CIOB Program Lead Service Area Chief CMMD CDAD FSB QA

SUPPLEMENTAL INFORMATION REQUEST FORM

REQUEST / RECIPIENT INFO		
Agency Name:	Provider #:	Date:
Name of person requesting funds:	Title:	Billing Month:
Name of CSS Fund recipient:		IBHIS #:
Amount Requested: \$	Have CSS Funds been requested for this pers	on before? Y N
CSS FUND USAGE DETAIL		
Description of purchase:		
Purpose of purchase:		
How does purchase support and contribute to client's treatment goals?:		
For expenses of 3 or more months or 6 or more months of duration (refer to page 1 of policy):		
ist alternative resources explored to cover expens	ee:	
VERIFICATION		
I hereby certify that all of the information contain	ned above is true and accurate to the best of my know	vledge.
Print Case Manager's Name	Case Manager's Signature	Date
Print Approving Manager's Name	Approving Manager's Signature	Date

Revision Date: 7/1/2022 AS

SUBJECT	GUIDELINE	EFFECTIVE DATE	PAGE
	NO.		
FSP INCENTIVES:		7/1/21	1 of 1
ALLOWABLE AND NON-	X.		
ALLOWABLE EXPENSES	74	REVISION DATE	DISTRIBUTION
			LEVEL:
		7/1/22	2

PURPOSE:

To provide clarification and guidance to the Department of Mental Health's contract providers on the proper use and expense claiming of Mental Health Services Act (MHSA) FSP Incentive Funds.

DEFINITIONS:

FSP Incentive

A Provider Site(s) that serves the specific clients and achieves the outcomes outlined in the Attachment B Priority Outcomes and Payments Metrics - Service Exhibit (SE) #1120 Adult Full Service Partnership (FSP) Statement of Work (SOW) and meets the Eligibility Criteria will be eligible for Incentive payments.

FSP Incentive Payment

A payment to the Contractor who meets the eligibility requirements. Incentive Payments shall be based on provider performance against specific Priority Outcomes.

The specific annual maximum Incentive Payment amounts that each Adult FSP Provider will be eligible for will be calculated based on a percentage of the services budget allocated to that Provider Site. Incentive Payment amounts, and earnings will be calculated at the Provider Site level, but caps will also be determined and incentives will be paid at the Legal Entity level. FSP Incentive funds are not invoiced.

Any incentive payment(s) received must be spent according to State, federal, and County policy, procedures, and regulations. Incentive payments are <u>not</u> unrestricted funds and therefore Contractor must abide by existing spending restrictions tied to these funds.

Recommended allowable purchases and non-allowable purchases for incentive payments can be found on the next page.

REFERENCES:

Attachment A and B- Service Exhibit (SE) #1120 Adult FSP SOW

LOS ANGELES COUNTY DEPARTMENT OF METNAL HEALTH FULL SERVICE PARTNERSHIP- INCENTIVE PAYMENT RECOMMENDED ALLOWABLE PURCHASES

ALLOWABLE EXPENSES

- FSP Staff Bonuses, or staffing incentives
- Vehicle for FSP Team
- Equipment less than \$5,000
- Program/office supplies and equipment
- Office Furniture/Appliances/Electronics
- Information Technology, e.g., computers, software, phones, network system, etc.
- Staff training and orientation
- Recruitment and advertisement

NON-ALLOWABLE EXPENSES

- Alcohol
- Tobacco
- Sexually explicit materials
- Illegal substances/ activities
- Medi-Cal Share of Cost
- Expenses related to purchasing land or buildings
- Prescription drugs that would otherwise be available via Indigent Medication/ Prescription Assistance programs
- Service Extenders (refer to the Older Adults Guidelines Manual for directions on submitting invoices for Service Extenders)
- Units of Service or any other service costs that are reported under Modes 05, 10, 15, or 45



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH Countywide Full Service Partnership (FSP) Administration Service Area Navigator Contacts and Impact Unit Coordinators



Service Area & Supervisors	Child (0-15)	TAY (16-25)	Adult (26+)	Service Area Consumer & Family Advocates
Cindy Ferguson Clferguson@dmh.lacounty.gov (661) 223-3842 Fax (661) 537-2937 2 Michelle Rittel (Child& TAY) MRittel@dmh.lacounty.gov (818) 610-6737 Fax (818) 347-8738	Salem Redding SRedding@dmh.lacounty.gov (661) 223-3816 C: (213) 494-8123 Fax (661) 537-2937 Nancy Garcia NGarcia@dmh.lacounty.gov (818) 610-6739 Fax (818) 347-8738	Salem Redding SRedding@dmh.lacounty.gov (661) 223-3816 C: (213) 494-8123 Fax (661) 537-2937 Fang (Colin) Xie FXie@dmh.lacounty.gov (818) 610-6729 Fax (818) 347-8738	Angela Coleman AColeman@dmh.lacounty.gov (661) 223-3813 C: (213) 949-1986 Fax (661) 537-2937 Darrell Scholte DScholte@dmh.lacounty.gov (818) 610-6705 C: (213) 272-8848 Michele Renfrow MRenfrow@dmh.lacounty.gov C: (213) 305-3199 Darwin Puno-Older Adult Dpuno@dmh.lacounty.gov C: (213) 434-1375	Lucinda Mansfield LMansfield@dmh.lacounty.gov (818) 610-6700 Rima Safaryan RSafaryan@dmh.lacounty.gov (818) 610-6700 Fax (818) 347-8736
Rosalba Trias- Ruiz(Child &TAY) RTriasruiz@dmh.lacounty.gov (626) 430-2919	Vanessa Torres Vltorres@dmh.lacounty.gov (626) 430-2948 Fax (626) 331-0121	Socorro Ramos SRamos@dmh.lacounty.gov (626) 430-2949 Fax (626) 331-0121	Fax (818) 347-8736 Laura Jurado LJJurado@dmh.lacounty.gov (626) 430-2915 Fax (626) 331-0121	Isabel Banuelos IBanuelos@dmh.lacounty.gov (213) 822-9313
4 Nancy Weiner NWeiner@dmh.lacounty.gov (213) 922-8120 Main:(213) 922-8122 Fax (213) 680-3225 eFax (213) 947-4030	Luz Smith LSmith@dmh.lacounty.gov (213) 922-8123 eFax (213) 947-4030	Hannah Lee HnLee@dmh.lacounty.gov (213) 922-8141 eFax (213) 947-4030	Phyllis Moore-Hayes PMooreHayes@dmh.lacounty.gov (213) 922-8129 William Ortega WOrtega@dmh.lacounty.gov (213) 922-8138 Nancy Weiner-Older Adult NWeiner@dmh.lacounty.gov (213) 922-8120 eFax (213) 947-4030	Erica Loberg ELoberg@dmh.lacounty.gov (213) 922-8136 eFax (213) 947-4030



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH Countywide Full Service Partnership (FSP) Administration Service Area Navigator Contacts and Impact Unit Coordinators



Samantha Howard Showard@dmh.lacounty.gov (310) 482-6610 Samantha Howard Showard@dmh.lacounty.gov (310) 482-6612 Samantha Howard Showard@dmh.lacounty.gov (310) 482-6612 Showard@dmh.lacounty.gov (310) 482-6616 Samantha Howard Showard@dmh.lacounty.gov (310) 482-6612 Showard@dmh.lacounty.gov (310) 482-6616 Samantha Howard Showard@dmh.lacounty.gov (310) 482-6612 Showard@dmh.lacounty.gov (310) 482-6616 Samantha Howard Showard@dmh.lacounty.gov (310) 482-6612 Showard@dmh.lacounty.gov (310) 482-6612 Showard@dmh.lacounty.gov (310) 482-6616 Samantha Howard Showard@dmh.lacounty.gov (310) 482-6612 Showard@dmh.lacounty.gov (310) 482-6612 Showard@dmh.lacounty.gov (310) 482-6616 Samantha Howard Showard@dmh.lacounty.gov (310) 482-6612 Showard@dmh.lacounty.gov (310) 482-6612 Showard@dmh.lacounty.gov (310) 482-6616 Samantha Howard Showard@dmh.lacounty.gov (310) 482-6612 Showard@dmh.lacounty.gov (310) 482-6612 Showard@dmh.lacounty.gov (310) 482-6616 Showard@dmh.lacounty.gov (310) 668-4902 Showard@dmh.lacounty.gov (310)
Dethlehem Assefa (Child &TAY)
(Child &TAY) BAssefa@dmh.lacunty.gov (310) 482-6610 (310) 482-6610 (310) 482-6612 © (213) 305-3420 Gwendolyn Davis (Adult) Fax (310) 313-0813 Fax (310) 313-0813 Adriana V. Guzman AVGuzman@dmh.lacounty.gov (310) 482-6616 Adriana V. Guzman AVGuzman@dmh.lacounty.gov (310) 482-6616 Fax (310) 313-0813
BAssefa@dmh.laounty.gov © (213) 305-3420 Gwendolyn Davis (Adult) Fax (310) 313-0813 Fax (310) 313-0813 Adriana V. Guzman AVGuzman@dmh.lacounty.gov (310) 482-6616 Adriana V. Guzman AVGuzman@dmh.lacounty.gov (310) 482-6616 Fax (310) 313-0813
Fax (310) 213-0615 Fax (310) 313-0615 Fax (31
AVGuzman@dmh.lacounty.gov (310) 482-6616 Fax (310) 313-0813
GDavis@dmh.lacounty.gov (310) 482-6616 Fax (310) 313-0813
(310) 482-6613 Fax (310) 313-0813
Fax (310) 313-0813 Fax (310) 313-0813 Fax (310) 313-0813
6 Jackie Cox Margarita Cabrera Gerri Washington Perla Cabrera Eron Johnson JCox@dmh.lacounty.gov (310) 668-4374 (310) 668-4374 (213) 598-0970 (310) 668-4902 (310) 668-4902 (310) 668-4170 Fax (310) 223-0695 Fax (323) 978-6155 DwAnderson@dmh.lacounty.gov Fax (310) 668-4490
Sew National County
Second Control of the Control of t
(310) 668-4884
Fax (310) 223-0695 Fax (323) 978-6155 DwAnderson@dmh.lacounty.gov Fax (310) 668-449
F8X (3 (U) 7/3-U090
(0.40) 0.00 5.00
(temp) Fax (323) 978-6155 SA6ChildTAYeFax@dmh.lacounty.gov (310) 668-5069
SA6ChildTAYeFax@dmh.lacounty.gov
Fax (310) 223-0695
7 Cheryl Lopez Cheryl Lopez Alicia Ibarra Ruth Tiscareno
Norma Salazar Calopez@dmh.lacounty.gov Calopez@dmh.lacounty.gov Albarra@dmh.lacounty.gov RTiscareno@dmh.lacounty
NSalazar@dmh.lacounty.gov (213) 798-2458 (213) 798-2458 (323) 705-4376 (213) 216-9129
(213) 924-3982 (216) 766 2166 (216) 766 (
eFax (213) 402-2309 eFax (213) 402-2309 eFax (213) 402-2309 JAgomez@dmh.lacounty.gov eFax (213) 402-230
(323) 705-4372
© (213) 905-2906
F. (242) 402 2022
8 April Hagerty Mary Marroquin Jenny Nguyen
Lori Willis AHagerty@dmh.lacounty.gov MMarroquin@dmh.lacounty.gov Jenny Nguyen Jenny Nguyen JNguyen@dmh.lacounty.gov
<u>LWillis@dmh.lacounty.gov</u> (562) 256-1280 (562) 256-1277 (562) 256-1278
(213) 351-1966 Trisha Dooter
Main: (562) 256-7/17 Fox (562) 200 4220 Fox (562) 200 4220 The table and the large and the lar
Fax (562) 290-1230 Fax (562) 290-1230 Fax (562) 290-1230 Fax (562) 290-1230 (562) 256-1279
Fax (562) 290-1230
Countywide Full Service Partnership (FSP) Administration Emi Bojan
Countywide Full Service Partnership (FSP) Administration All Age Groups Emi Bojan EBojan@dmh.lacounty.gov

XII. FORMS

- A. Community Outreach Services
- B. Referral and Authorization/Notification
 - 1. Child/Young Adult (ages 0-20)
 - 2. Adult (ages 21+)
- C. Appeal (Related to Enrollment, Disenrollment and Transfer)
- D. Authorization for Use or Disclosure of Protected Health Information
- E. Disenrollment Request
- F. Transfer Request
- G. Disenrollment/Transfer Request Supplemental
- H. Reinstatement Authorization Form

COMMUNITY OUTREACH SERVICES

I. Contact/Service Information				
Date of Service: Funding Plan:		_		
Practitioner:			Ti	me (Min):
Additional Participating Staff:			Ti	me (Min):
Additional Participating Staff:			Ti	me (Min):
Procedure Code: Service	ce Type:		Number of Persons (Contacted:
Race/Ethnicity: Lange	uage:		Age Category:	
Program Area: Servi	ce Recipient:			
Name:(Individual: Name of individual; Group: Name of the group. Location of Service:(Individual: Address of individual; Group: Address of whe		esentation was provided)		
Contact Person:		Phone #:		
(Only required for group contacts)		(Individual: Individual's phone		rson's phone #)
II. Notes/Future Plans & Recommendation				
Staff Signature* *Must include Discipline/Title and License/Certific	Date	Co-Signat	ure*	Date

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Agency:

Provider #:

Los Angeles County – Department of Mental Health

COMMUNITY OUTREACH SERVICES

Page 2 of 2

	SERVICE TYPE: The interventi	on provided
1 Access	8 Referral/Linkage	13 Screening/Triage
4 Community Organization	9 Media Outreach	15 Case Management Support
5 Consultation/Technical Assistance	10 Peer Support	16 Disaster Response
6 Crisis Response	11 Program/Resource Development	18 Engagement
7 Education/Training		

	PROGRAM AREA: General category staff is working under or to which client is linked								
1	Birth to Five	21	Cultural Competency	40	PEI Prevention – PIER Model				
2	Child Welfare	22	Benefit Establishment	41	PEI Prevention – Project Fatherhood				
3	Consumer Advocacy/Patient's Rights	23	Employment/Vocational	42	PEI Prevention – Project LEARN				
4	Co-Occurring/Dual Diagnosis	25	Community Capacity Building	43	PEI Prevention – Psychological First Aid				
5	Countywide Community Based Program	26	PEI Prevention - AAFEN	44	PEI Prevention – SCALE				
6	Disaster Services	27	PEI Prevention - Active Parenting	45	PEI Prevention - Second Step				
7	EOB/PMRT	28	PEI Prevention - AILS	46	PEI Prevention – Senior Reach				
9	Forensic Services	29	PEI Prevention - ARISE	47	PEI Prevention – Shifting Boundaries				
10	FSP	30	PEI Prevention - Child Help	48	PEI Prevention – Teaching Kids to Cope				
11	Housing/Community Care	31	PEI Prevention - Erika's Lighthouse	49	PEI Prevention - Triple P				
12	IMD/Residential and Bridging	32	PEI Prevention - Guiding Good Choices	50	PEI Prevention – Why Try				
13	Integrated Services	33	PEI Prevention - Healthy IDEAS	51	PEI Prevention - Outreach				
14	LPS/Public Guardian	34	PEI Prevention – Life Skills Training	52	PEI Prevention - FOCUS				
15	MHSA Innovative Services	35	PEI Prevention – Love Notes	53	QPR - Suicide Prevention				
17	Veteran Affairs	36	PEI Prevention – MPAP	54	Mental Health First Aid				
18	Client-Run	37	PEI Prevention - Mindful Schools	55	Recovery, Resilience, Reintegration				
19	Suicide Prevention	38	PEI Prevention – More Than Sad						
20	Anti-Stigma and Discrimination	39	PEI Prevention – PeaceBuilders		_				

	SERVICE RECIPIENT: Describe the individual/group to which the service is directed.							
	, and the second se	Select th	ne description that best describes the status prompting the outr	each.				
2	Disaster Survivor (individual)	18	Under-Served Cultural Community	32	Mental Health Involved (individual)			
3	Educational System	19	Uninsured (individual)	33	Faith-Based/Spiritual (individual)			
4	Family Members	20	Unemployed/Underemployed (individual)	34	Victim of Abuse/Neglect (individual)			
5	Political System/Government	21	Parent/Guardian/Caregiver	35	Substance Use Disorder Agency			
7	Homeless (individual)	22	Community At Large	36	Veteran Affairs			
8	Justice System	23	Primary Care/DHS	37	Developmentally Disabled (individual)			
9	Other (Used if no other description fits)	24	LGBTQ Assistance/Advocacy Agency	38	Employment Agency			
10	Business	25	Adult Protective Services	39	Medical Issues (individual)			
11	Faith-Based/Spiritual Organization	26	24-Hour Facility	40	LGBTQ (individual)			
12	Child Welfare Dependency System	27	Domestic Violence Assistance Agency	41	Blind (individual)			
13	Social Services/DPSS	28	Legal Aid/Human Rights Agency	42	Deaf/Hard of Hearing (individual)			
15	Substance Use Involved (individual)	29	Disaster Assistance Agency	43	Department of Public Health			
16	Veteran (individual)	30	Homeless Assistance Agency	44	Under-Serviced Cultural (individual)			
17	Regional Center	31	Justice Involved (individual)	45	Student (individual)			

		AGE CAT	EGORY		
1 0-15 2	2 16-25	3 26-59	4 60+	5 Multiple	6 Unknown

	RACE/ETHNICITY									
1	African-American	10	Eastern European	19	Mexican	28	Other White			
2	American Indian/Alaska Native	11	Filipino	20	Mien	29	Puerto Rican			
3	Armenian	12	Guamanian	21	North African	30	Samoan			
4	Asian Indian	13	Hawaiian Native	22	Other	31	South American			
5	Cambodian	14	Hmong	23	Other Asian	32	Southern African			
6	Central African	15	Iranian	24	Other Black	33	Unknown/Not Reported			
7	Central American	16	Japanese	25	Other Hispanic or Other Latino	34	Vietnamese			
8	Chinese, Cuban	17	Korean	26	Other Middle Eastern	35	West African			
9	East African	18	Laotian	27	Other Pacific Islander	36	White			

LANGUAGE									
001	English	016	German	031	Czech	046	Konkani	061	Singhalese
002	Spanish	017	American Sign	032	Danish	047	Lao	062	Swahili
003	Mandarin	018	Armenian	033	Dutch	048	Lingala or Ngal	063	Swedish
004	Swatowese	019	Afghan, Pashto, Pusho	034	Ethiopian	049	Lithuanian	064	Taiwanese
005	Toisan	020	Afrikaans	035	Greek	050	Marathi	065	Telegu
006	Cantonese	021	Arabic	036	Mie	051	Norwegian	066	Thai
007	Chinese, other	022	Farsi	037	Hindi	052	Pakistani	067	Tonga
800	Japanese	023	Bengali	038	Hindustani	053	Pangasinan	068	Turkish
009	Korean	024	Bulgarian	039	Hmong	054	Other Sign	069	Urdu
010	Samoan	025	Burman or Burmese	040	Hungarian	055	Polish	070	Ukrainian
011	Filipino, Tagalo	026	Calo	041	Ibonese	056	Portuguese	071	Visayan
012	Vietnamese	027	Cambodian	042	Igorot	057	Punjabi	072	Yao
013	Hebrew	028	Cebuano	043	Italian	058	Romanian	073	Yorba
014	Yiddish	029	Choctaw	044	Ilocano or Iloko	059	Russian	074	Other Non-English
015	French	030	Creole	045	Ilongot	060	Serbo-Croatian	098	Unknown/Not Reported
								099	Other

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Agency:

Provider #:

Los Angeles County - Department of Mental Health



CHILD / YOUNG ADULT (AGES 0-20) FULL SERVICE PARTNERSHIP REFERRAL FORM

REFERRAL INFORMATION

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

AGE GROUP (check	•	SP (ages 0-15) CCS (ages 0-21)	☐ FSP ages (16-20)			
DATE:				OMH IBHIS#_ SSN:		
Last Name:		First _Name:		FERRED		
DOB:	AGE:	RACE/ ETHNICITY	GENDER:	□ M □I	■F □ 01	THER
CURRENT ADDRESS:		CITY:		ZIP C	ODE:	
PHONE:	CURR	ENT LIVING SITUATION	N: ESC TSC	☐ Home of F	arent 🗌	Relative
☐ Foster Home ☐ Other:	☐ Group Home	Facility Name:		Level	:	
INSURANCE:	Medi-Cal	CHIP Private	☐ None			
BENEFITS: GR	Recipient	A □SSDI □SSI	☐ Other Income			
PRIMARY CONTACT			RELATIONS	HIP:		
PREFERRED LANGU	AGE:		PHONE	: <u>(</u>)		
CONSERVATOR ?	☐ YES ☐ NO	NAME:	PHONE	: <u>(</u>)		
·	•	bmit the Referral Form via	SRTS. For Non-DMH Entitie	s, fax complete	ed Referral fo	orm to the
Impact Unit for your	Service Area:	Child/Youth FSP A	Age Group (0-15)			
SA 1: Salem Redding SA 2: Nancy Garcia SA 3: Vanessa Torres	(661) 537-2937 (818) 347-8738 (626) 331-0120	SA 4: Luz Smith SA 5: Jacqueline Finch SA 6: Margarita Cabrera	(213) 947-4030 (310) 313-0813 (323) 978-6155	SA 7: Cheryl I SA 8: April H	-	(213) 402-2309 (562) 290-1230
04.4.0.1	(004) 507 0007	Child/Youth FSP A	• ' '	04 7 01		(0.10) 004 0700
SA 1: Salem Redding SA 2: Fang (Colin) Xie SA 3: Socorro Ramos	(661) 537-2937 (818) 347-8738 (626) 331-0120	SA 4: Hannah Lee SA 5: Jacqueline Finch SA 6: Gerri Washington	(213) 947-4030 (310) 313-0813 (323) 978-6155	SA 7: Cheryl I SA 8: Mary M	•	(213) 384-0729 (562) 290-1230

If referring to IFCCS, email completed Referral form to CSOCIFCCS@dmh.lacounty.gov

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

REFERRAL SOURCE

Individual's	
Name:	
DMH IBHIS#	

Agency:		Contact Person:	
Phone: ()	Fax:	()	E-mail:
Is Individual curre	ntly receiving mental health ser	vices from your agency?	YES NO
Other Agency Inv	<u>—</u>	☐ I Probation ☐ DMH	☐ Regional Center
_	START plees* CR#	☐ Post-Release Comn	nunity Supervision/PRCS**
whether the beneficia	ary is currently receiving mental heal	th services through the state parole syst	Mental Health Services (SMHS) criteria regardless of tem. HAB109-Coordinator@dmh.lacounty.gov
Client/Family	is aware client has been referr	ed to an FSP Program	
If you are referring	ng to IFCCS, please identify y	our portal:	
☐ Child/YA FSF☐ DMH Hospita☐ Medical HUB	I D/C Unit TSC	AP Liaison ☐ DMH MAT ☐ SFC	☐ EOTB ☐ STRTP Aftercare
Please identify re	ecent referrals:		☐ ISFC ☐ STRTP Aftercare
		DCFS INFORMATION	
DCFS Case:	☐Adoption	☐ ER Case	☐Family Maintainence/Reunification
	☐ New Detention	☐ Voluntary Case	
Assigned DCFS (Office:		
CSW Name:		Phone:	E-mail:
SCSW Name:		Phone:	Email:
If you are a DCFS	S referring party, please attac	h the following documents:	
☐ Consents (1	79) Minute Order	☐ JV 220 (Current)	☐ Court Report/Voluntary Case Report
☐ Child Profile	Report	☐ Placement History	

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

LEVEL OF SERVICE

Individual's	
Name:	
DMH IBHIS#	

Check ONE O	DNLY:		
	Unserved (Not receiving mental health services) ☐ History of mental health services, but none	-	•
	Underserved (Receiving some MH services, though PEI Outpatient Other		<u>it</u> to achieve desired outcomes)."
	Inappropriately served (receiving <u>some</u> MH services because of cultural, ethnic, linguistic, physical, or ot		
If client is curre Therapist	ently receiving mental health services please indicate: Agency:		Phone:
	eived community-based mental health services within the quency of services; and (3) explain why the services are i		
	DIAGNOSTIC CO	NSIDER	RATIONS
DSM-5/ICD-10) Code:		_
Check All tha	t Apply to Individual:		
	Aggressive Ideation		Inappropriate Sexual Acts
	Aggressive Acts (by history or current)		Psychiatric Hospitalizations (Indicate dates below)
	Aggressive Threats (by history or current)		Suicidal Ideation/Attempts
	Fire Setting Ideation or Acts		Symptoms of Psychosis
	Inappropriate Sexual Ideation		Tarasoff Notifications (past or current)
	Contact with PMRT or Urgent Care		Exposure to Trauma Hyperactive/Impulsive/Inattentive
	Eating Disturbances		Other
Provide Detai	I for Any Checked Items:		

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the

FOCAL POPULATION

Individual's	
Name:	
DMH IBHIS#	

CHECK APPROPRIATE REASON(S) FOR REFERRAL OF <u>A CHILD OR YOUNG ADULT (AGE 0-21)WHO HAS A SERIOUS EMOTIONAL DISTURBANCE</u> (SED):* AND AT LEAST ONE OF THE FOLLOWING:

Child/Young Adult zero to twenty one years old (0-21) experiencing one or more of the following:

☐ School absenses - considered chronically truant (missing 10% of school days within a year)
☐ School suspensions and/or expulsions
Psychiatric hospitalization within the last six months
History of suicidal and/or homicidal ideations
Experiencing prodromal or first episode of psychosis
Open LAC-Department of Children Family Services (DCFS) case
Open LAC-Probation Department case
Transitioning into the community from a restrictive setting
Experienced two (2) or more placements due to behavioral health needs.
Experiencing severe mental health issues and not engaging in mental health services
☐ Individual or family who lacks a fixed, regular, and adequate nighttime residence
Experiencing co-occurring disorder
Provide Detail for Any Checked Items:

- (A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:
 - (i) The child is at risk of removal from home or has already been removed from the home.
 - (ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.
- (B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
- (C) The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 or Title 1 of the Government Code. [California Welfare and Institutions Code Section 5600.3]

^{*&}quot;Seriously emotionally disturbed" means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:



ADULTS (AGES 21 +) FULL SERVICE PARTNERSHIP REFERRAL FORM

AGE GROUP: (check one)

ADULT 21-59

CLIENT INFORMATION

☐ ADULT 60+				
*Insufficient details may delay r	-			:
DATE:			SSN:	
LAST NAME:	FIRST NAME:		PREFERRED LANGUAGE:	
DOB:AGI	RACE/ E: ETHNICITY	:0	GENDER: M M	F OTHER
CONTACT ADDRESS:		_CITY:	ZIP	CODE:
PHONE:		RRENT VING SITUATION:		
INSURANCE: \Box MEDI-CAL	☐ MEDICARE ☐ NO	NE PRIVATE:		
BENEFITS: GR REG	CIPIENT V.A.	□ SSI □ SSDI	OTHER INCOM	E:
CLIENT SERVED IN THE M	ILITARY CONSERVA	TOR? Tyes T		
PRIMARY CONTACT: RELATIONSHIP:				
		REFERRAL SOURCE		
Agency:	Pro	ovider # (if applicable):		Service Area:
Contact Person:	Pho	one:	E-mail:	
Is Individual currently receiving Other Agency Involvement:	g mental health services from ■Probation □ APS □ GF	m your agency? R/DPSS	YES NO Parolees*	RSO nunity Supervision/PRCS**
*Eligible for FSP services. Must services regardless of whether the bene **Not eligible for FSP services.	ficiary is currently receiving m	nental health services throu	ugh the state parole sys	tem.
If Individual was referred to an	y other programs, please ide	entify:		
FSP Agency Representative:				
Client is aware that a	n FSP referral has been ma	de on their behalf.		

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

FOCAL POPULATION

Individual's	
Name:	
DMH IBHIS#:	

CHECK APPROPRIATE FOCAL POPULATION REASON(S) FOR REFERRAL:

	# Days during last 12 months	# Episodes in last 12 months		
☐ ¹Homeless				
☐ Jail				
☐ Institution(s) (mark all that apply): ☐ Institution for Mental Disease				
☐ State Hospital				
☐ Psychiatric Emergency Services				
☐ Urgent Care Center				
☐ County Hospital				
☐ Fee for Service Hospital				
FOCAL POPULATION SPECIFIC TO AGE 60+				
 Imminent risk for placement in a skilled Nursing Facility (SNF), □ Being released from SNF/Nursing Home Facility: □ Client has a recurrent history or is at risk of abuse or self-negle □ Older adult living independently who is unable to provide food f □ Physical health risk, serious or multiple chronic or acute phy 	ct and may be typ	oically isolated ((e.g. APS-referred clients)	
Document any pertinent outreach information regarding client here and pro o engage, client prefers female staff, language barriers, etc.)	ovide additional det	tails for checked	items: (Ex. Client is difficult	
				_
				_
				_
¹ An individual living anywhere outside, including on the streets, or any other location n	ot meant for human ha	abitation (e.g., in an	abandoned building, vehicle, bus , etc.)	
; or an individual prioritized by and/or assessed as homeless by DMH (e.g., on the Los A	ingeles County 5% list,	identifies as highly v	vulnerable homeless through predictive	
rating scales, followed by a DMH homeless outreach team).				

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Revised 6/9/2022 Page 2

LEVEL OF SERVICE

Individual's	
Name:	
DMH IBHIS#:	

Check ONE ONLY:					
☐ His ☐ Underserve ☐ Ou ☐ Inappropria	story of mental heared (Receiving some trpatient tely served (receiving served)	tal health services) alth services, but none curre and MH services, though insu and PEI	fficient to achieve of the desired to achiev	o achieve desired outco	
		ental health services within the explain why the services are			
		DIAGNOSTIC CONS	IDERATIONS		
DSM-5/ICD-10 Code: Check All that Apply to	Individual:				
☐ Aggres☐ Aggres☐ Aggres☐ Aggres☐ Fire Se	esive Ideation esive Acts (by histo esive Threats (by h etting Ideation or Ac opriate Sexual Idea	istory or current) cts	☐ Psychiatr Suicidal I ☐ Symptom	riate Sexual Acts ic Hospitalizations (Indi- deation/Attempts is of Psychosis Notifications (past or cu	ŕ
Provide detail for any checoccurred including dange	·	e candidate's immediate ris s:	k, safety concerns a	and most concerning be	havior that
•		ontracted) must submit th tities, please fax the comp			· · · · · · · · · · · · · · · · · · ·
SA 1: Angela Coleman SA 2: Darrell Scholte SA 2: Darwin Puno SA 3: Laura Jurado SA 4: Phyllis Moore Hayes	(661) 537-2937 (818) 347-8736 (818) 347-8736 (626) 331-0121 (213) 947-4030	SA 4: William Ortega SA 5: Adriana Guzman SA 5: Samantha Howard SA 6: Dawnette Anderson SA 6: Perla Cabrera	(213) 947-4030 (310) 313-0813 (310) 313-0813 (310) 223-0914 (310) 223-0914	SA 7: Alicia Ibarra SA 8: Trisha Deeter SA 8: Jenny Nguyen	(213) 384-0729 (562) 290-1230 (562) 290-1230

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.



FULL SERVICE PARTNERSHIP APPEAL FORM

DATE:			☐ Child / Young Adu	lt	
Agency:			Contact Person:		
Phone:		Fax:		E-mail:	
CLIENT LAST NAME:		CLIENT FIRST NAME:		SSN:	
Reason for	Appeal (0	Check ONE Only):			
	DMH Im	pact Unit has referred an eligib	e client to our agency that we	e <u>decline to enroll</u> .	
	_	ncy has requested authorization is Administration has denied pe	· · · · · · · · · · · · · · · · · · ·	mpact Unit or DMH Countywic	le
	_	ncy has requested authorizations Administration has denied pe		H Impact Unit or DMH County	wide
		ncy has requested authorization Countywide Programs Adminis			act Unit
Explain Re	ason for A	Appeal:			
_	<u>Fax</u> com	pleted <u>Appeal Form</u> and <u>copy c</u>			ef.
		↓↓ <u>IO BE COMPLET</u>	ED BY SERVICE AREA D	JISTRICT CHIEF \	
District Chie	ef Name:			Service Area:	
Phone: ()		Fax: ()		
DISPOSITION		☐ APPEAL APPROVED	☐ APPEAL DENIED		
Explain Re	ason for D	Decision:			
Service Are District Chie Signature:		_	Countywide District Chief Signature:		
			Date		Date

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

CLIENT:		
Name of Client/Previous Name	Birth Date	Client Number
Name of Legal Representative (If applicable)	_	
Street Address	City, State ZIF	P Code
AUTHORIZES:	USE OR DISCLOS PROTECTED HEA	SURE OF ALTH INFORMATION TO:
Name of Agency	Name of Health Ca	are Provider/Other
Street Address	Street Address	
City, State ZIP Code	City, State ZIP Cod	de
INFORMATION TO BE RELEASED:	•	
☐ Assessment/Evaluation☐ Laboratory Results☐ Entire Record (Justify):	•	cation Treatment
Other (Specify):		
NOTE : Records may include information relationary treatment records from drug and ald disclosed unless speci requested.		•
Check all that apply:	cords	/ Test Results
Method of delivery of requested records:		
☐ Mail ☐ Pickup	☐ Electronic Devi	,
PURPOSE OF USE OR DISCLOSURE: (Che	ck applicable categ	jory)
☐ Client Request ☐ Other (Specify):		
Will the agency receive any benefits for the us	se or disclosure of i	nformation? Yes No
I understand that my Protected Health Info Authorization may no longer be protected be disclosed by the recipient without my auth information is used or disclosed, it may not be EXPIRATION DATE: This Authorization is val	by federal law and orization. I also possible to recall. id until/	could be further used or understand that once my
	Month Da	y Year

MH 602 (09/2016) Page 1 of 2

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

Right to Receive a Copy of Authorization - I understand that if I agree to sign this Authorization, which I am not required to do, I must be provided with a signed copy of the form.

Right to Revoke Authorization - I understand that I have the right to revoke this Authorization at any time by notifying LACDMH in writing. I may use the Revocation of Authorization at the bottom of this form and mail or deliver the revocation to: Contact Person **Agency Name** Address City, State ZIP Code I also understand that a revocation will not affect the ability of LACDMH or any health care provider to use or disclose the health information for reasons related to the prior reliance on this Authorization or otherwise allowed by law. Conditions I understand that I may refuse to sign this Authorization without affecting my ability to obtain treatment. However, LACDMH may condition the provision of research-related treatment on obtaining an authorization to use or disclose protected health information created for that research-related treatment. (In other words, if this Authorization is related to research that includes treatment, you will not receive that treatment unless this Authorization form is signed.) I have had an opportunity to review and understand the content of this Authorization form. By signing this Authorization, I am confirming that it accurately reflects my wishes. Signature of Client/Legal Representative Date If signed by someone other than the client, state relationship and authority: **REVOCATION OF AUTHORIZATION** Name of Client Signature of Client/Legal Representative Date If signed by someone other than the client, print name and state relationship and authority.

MH 602 (09/2016) Page 2 of 2

Printed Name:

Relationship and Authority: _



FULL SERVICE PARTNERSHIP DISENROLLMENT REQUEST FORM

(To be used ONLY if Client has been enrolled in FSP with FSP services rendered and claimed in IBHIS)

DATE:	Child/Young Adult (age 0-20) Adult (age 21+)
Agency:	Prov. #:SA:Contact Person:
Phone:	Fax: E-mail:
CLIENT LAST NAME:	CLIENT DOB:
ENROLLME	NT DATE:REQUESTED DISENROLLMENT DATE:
Reason for I	Disenrollment (Check ONE Only - Must Send Supporting Documentation):
	Target population criteria are not met. Briefly Explain:
	Client decided to discontinue Full Service Partnership participation after Partnership established.
	Client moved to another county/service area. Aftercare Arrangements: Briefly describe any referrals made or any linkages to ongoing care. Include date of referral, facility name, contact name and phone number:
	After repeated attempts to contact Client, Client cannot be located. Date of last face-to-face contact: Date of last check of DMH IBHIS: Date of last check of jail/juvenile justice system: Outreach Efforts: Briefly describe your attempts to locate client. Make reference to progress notes that document your efforts:
	Community services/program interrupted – Client's circumstances reflect a need for residential/institutional
Ц	mental health services at this time (such as, IMD, MHRC, State Hospital).
	Community services/program interrupted – Client will be detained in juvenile hall or will be serving camp/ranch/CYA/jail/prison sentence.
	Client has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate. (Please include a copy of the Client Care & Coordination Plan and summary of how the goals were met.) In addition to the statement above, please check box if the statement below applies. Client no longer meets criteria for FSP. Their goals can be achieved at a lower level of service.
	Client deceased Date of death:
	Navigation Team Decision
NT Signature	
	Date

NOTE: Upon Countywide's authorization to disenroll, Agency is responsible for closing the FSP episode in the IBHIS system, but ONLY after the final OMA assessment has been completed.

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

^{*}Requires completion of <u>Supplemental Form</u>



FULL SERVICE PARTNERSHIP TRANSFER REQUEST FORM

Adult (a	age 21 +) ′oung Adult (age 0-20)	☐ Wrap Child☐ IFCCS	□ w	/rap Youth			
DATE: _		(If transfer between ac	ge groups, ple	ease check the re	ceiving age	group above as yo	our selection)
Agency: _			Prov. #:	SA:	Contac	t Person:	
Phone:		Fax:					
CLIENT LAST NAME:		CLIENT FIRST NAME:			DMH	SGN.	
Address:_				Phone:			
ENROLL	MENT DATE:		REQUEST	TED TRANSFER	R DATE:		
NEW/REC	CEIVING PROGRA	M/AGENCY:				Prov. #:	SA:
New Addre				City:			Zip:
Contact Pe	erson: or Transfer (Check				Phone	:	
Child/Y Adult Other:	Client aged out DUP TRANSFERRIN YA IFCCS Wrap Yo	Wrap Child	nd/or client's	clinical needs a	re better se	erved by other age	e group.
Current FS	.D	FS	P Provider <i>A</i>	Acknowledgement Receiving FSP	ent		
Provider	·			Provider			
			Date				Date
Current NT Signature	PRE-AUTHORIZED	☐ NOT PRE-AUTH	*	PRE-AUTH Receiving NT Signature		□ NOT PRE-AUTH	HORIZED*

*Requires completion of <u>Supplemental Form</u>

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.



FULL SERVICE PARTNERSHIP DISENROLLMENT/TRANSFER REQUEST SUPPLEMENTAL FORM

CLIENT LAST	CLIENT FIRST	DOB: SSN:
NAME:	NAME:	DMH IBHIS#:
	↓↓ <mark>TO BE COMPLETED I</mark>	BY IMPACT UNIT↓↓
	ZED FOR DISENROLLMENT/TRANSFE cision and indicate status of client):	R
		_
Impact Unit Represer	ıtative:	Date:
↓↓ <u>TO B</u>	E COMPLETED BY COUNTYWIDE	PROGRAMS ADMINISTRATION↓↓
	FOR DISENROLLMENT/TRANSFER ecision and indicate status of client):	
Countywide Program	s Representative:	Date:

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled



FULL SERVICE PARTNERSHIP REINSTATEMENT AUTHORIZATION FORM

Only to be Used Within 60 Days of Disenrollment

REFERRAL INFORMATION

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

DATE:				
LAST NAME:	FIRST		DMH IE	BHIS#:
ADDRESS:	с	ITY:		ZIP CODE:
PHONE: (CURR LIVING			
Most Recent Full Service Pa	artnership Disenrollment Da	te:		
Most Recent Full Service Pa	artnership Provider:			
Provider Number:				
Reason for Reinstatement: (w	hat has happened since diser	nrollment that indica	ates why the client ne	eds continued FSP services)
Provider requesting reinstater	ment (if different from most rec	ent provider):		
Provider Number:		Phone Contact:		
Conservator ?	□No Whom?			
Insurance:	al Medicare	□ V.A	☐ Private	☐ None

DISPOSITION

individual's	
Name:	
DMH IBHIS#:	

DATE RECEIVED:	
To be completed by Service Area Impact Unit:	
Authorized for Reinstatement	
☐ Not authorized for Reinstatement	
Impact Unit Representative:	Date:
To be completed by FSP Agency:	
☐ Accept Reinstatement	
Agency Declines to Reinstate	
FSP Agency Representative:	Date:
To be completed by Countywide Admininstration:	
To be completed by Countywide Admininstration: Authorized for Reinstatement	
_	Date:
☐ Authorized for Reinstatement	Date:
☐ Authorized for Reinstatement Countywide Programs Representative:	Date:
☐ Authorized for Reinstatement Countywide Programs Representative:	Date:
☐ Authorized for Reinstatement Countywide Programs Representative:	Date:
☐ Authorized for Reinstatement Countywide Programs Representative:	
□ Authorized for Reinstatement Countywide Programs Representative: □ Not Authorized for Reinstatement: (explain reason)	

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.