

FSP OMA User's Group

November 4, 2025



COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
QUALITY, OUTCOMES & TRAINING DIVISION



WELLNESS • RECOVERY • RESILIENCE



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**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

▶▶ Welcome to the FSP OMA User's Group

- **Welcome**
- **Review of handouts**

▶▶ Poll Questions

1. What is your role in your FSP Team?
2. Do you enter FSP Outcomes data into FSP OMA?
3. What future topics would you like to see in these User Group meetings?
4. How can we make these User Group meetings more useful?

▶▶ Objectives

- **Baseline Reminders**
- **KEC Reminders**
- **3M Reminders**
- **Error Reports**
- **Provider networking & sharing of information/strategies**

Provider Discussion & Sharing



1. What strategies do you use to keep your required FSP OMA records up to date?
2. What tracking systems/tools do you use to assure the required FSP forms are submitted into FSP OMA in a timely manner?
3. What are the common mistakes/errors that you learned to avoid?

▶▶ Best Practices Prior to Data Entry

- Assure the computer is functioning correctly
- Use MS Edge as browser (make sure it is updated)
- Request access to FSP OMA if needed (upcoming slides)
- Confirm you are logged under the correct provider number

Getting Access to the FSP OMA and the DCDR Portal



Getting Access:

- Directly Operated Clinics: need to submit a Service Request (SR)
- Legal Entities: need to go through their Systems Access Liaison for your Legal Entity

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Home · My Items · Service Catalog · Knowledge Center · Search · More...

Home Service Catalog: Service Request x

Service Offering: Grant or Change access for a D365 Application
Request to grant or change user access for a person or group to a D365 Application.

1. Customer Information ✓

2. D365 Application Information

3. Justification

4. Review & Submit

D365 Application Information

* = required

Type of Request: Grant Access

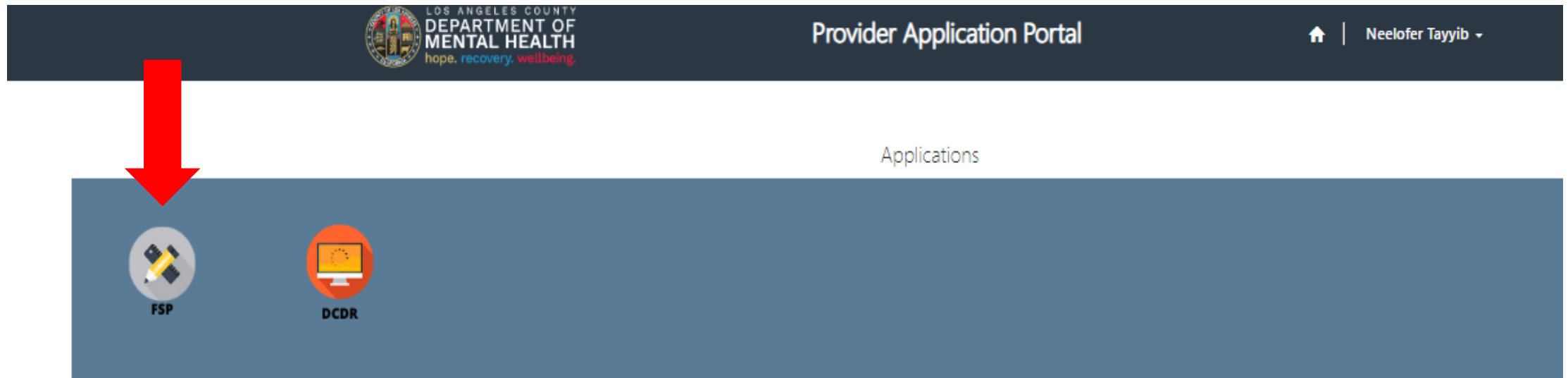
* D365 Application: **New D365 application not listed (See Additional Details)

Additional Details: FSP OMA - prov 1906

Is this a batch request:

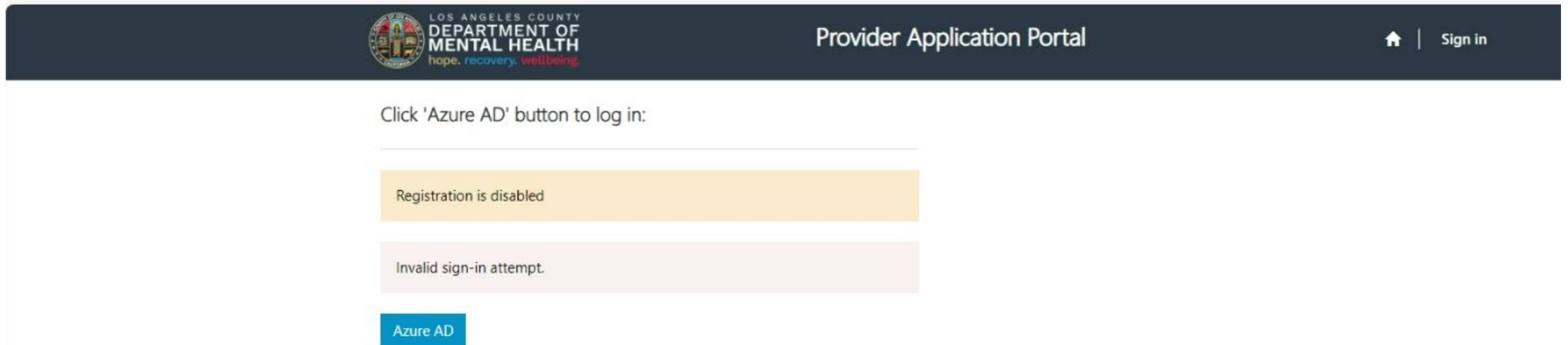
▶▶ Do you have access to the FSP OMA Portal?

If you **do** have access to FSP OMA Portal (for [Legal Entities only](#)), your view will include the FSP icon when you log into the application:



▶▶ Do you have access to the FSP OMA Portal?

If you **do not** have access to FSP OMA Portal ([for Legal Entities only](#)), you will get this error message when you log into the application:



The screenshot shows the top navigation bar of the 'Provider Application Portal' for the Los Angeles County Department of Mental Health. The header includes the department's logo and name, the text 'Provider Application Portal', and a 'Sign in' link. Below the header, a message instructs the user to 'Click 'Azure AD' button to log in:'. Two error messages are displayed in colored boxes: a yellow box stating 'Registration is disabled' and a pink box stating 'Invalid sign-in attempt.'. At the bottom of the error area is a blue 'Azure AD' button.

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Provider Application Portal

Sign in

Click 'Azure AD' button to log in:

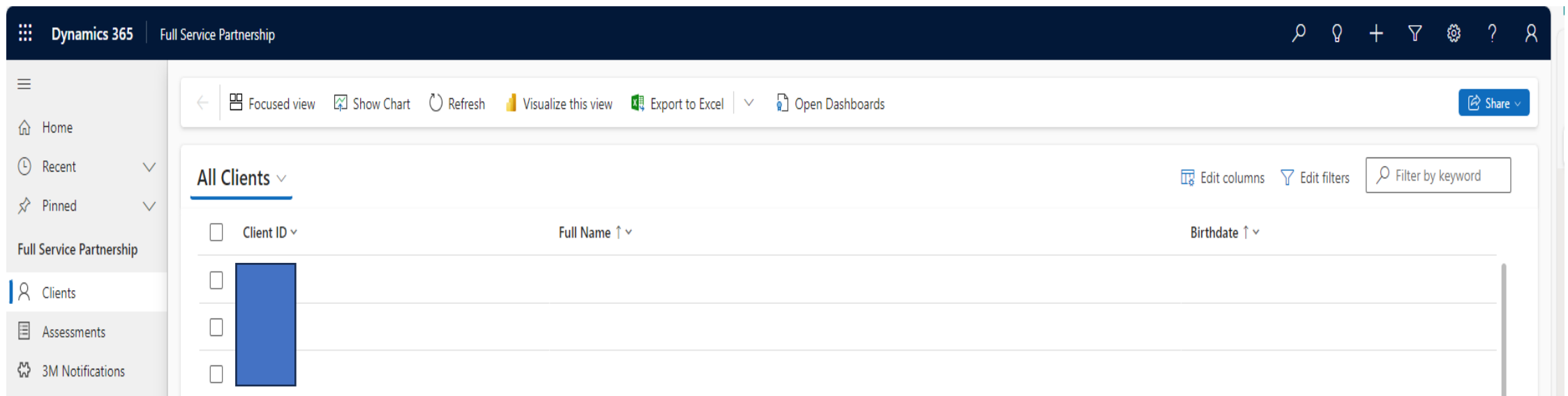
Registration is disabled

Invalid sign-in attempt.

Azure AD

▶▶ Do you have access to FSP OMA Dynamics?

If you **do** have access to FSP OMA Dynamics (for **Directly Operated clinics only**), your view will be the **homepage** when you log into the application:



The screenshot displays the Dynamics 365 user interface for the 'Full Service Partnership' application. The top navigation bar includes the Dynamics 365 logo and the application name. The left-hand navigation pane lists 'Home', 'Recent', 'Pinned', 'Full Service Partnership', 'Clients', 'Assessments', and '3M Notifications'. The main content area shows the 'All Clients' view, which includes a table with columns for 'Client ID', 'Full Name', and 'Birthdate'. The table is currently empty, and the 'Client ID' column is highlighted in blue. The interface also features a top toolbar with options like 'Focused view', 'Show Chart', 'Refresh', 'Visualize this view', 'Export to Excel', and 'Open Dashboards', along with a search bar and a 'Share' button.

▶▶ Do you have access to FSP OMA Dynamics?

If you **do not** have access to FSP OMA Dynamics (for [Directly Operated clinics only](#)), you will get this error message when you log into the application:



The screenshot shows the Microsoft Dynamics 365 interface. At the top, there is a Microsoft logo and the text "Microsoft | Dynamics 365". On the right side, there is a blue button labeled "Sign Out". Below the header, the word "Notifications" is displayed. A red circular icon with a white 'X' is next to the main error message: "You ([redacted]@dmh.lacounty.gov) need a Microsoft Dynamics 365 security role to access this environment (org9fa2ca92)". Below this message, there is a line of text: "Ask your admin to assign you a security role and then retry accessing this environment. [Learn about assigning security roles](#)". Underneath, there is a link: "[Troubleshoot user sign in issues](#)". At the bottom of the error message, there is technical information: "Error Code: userHasNoRole", "Timestamp: 7/8/2024 9:45:44 PM UTC", and "Service Request Id: 7e725744-07ae-4b36-adac-d0e4dfb2f16c". A button labeled "Show Technical Details" is located at the bottom of the error message.

▶▶ Are you logged on under the correct provider?

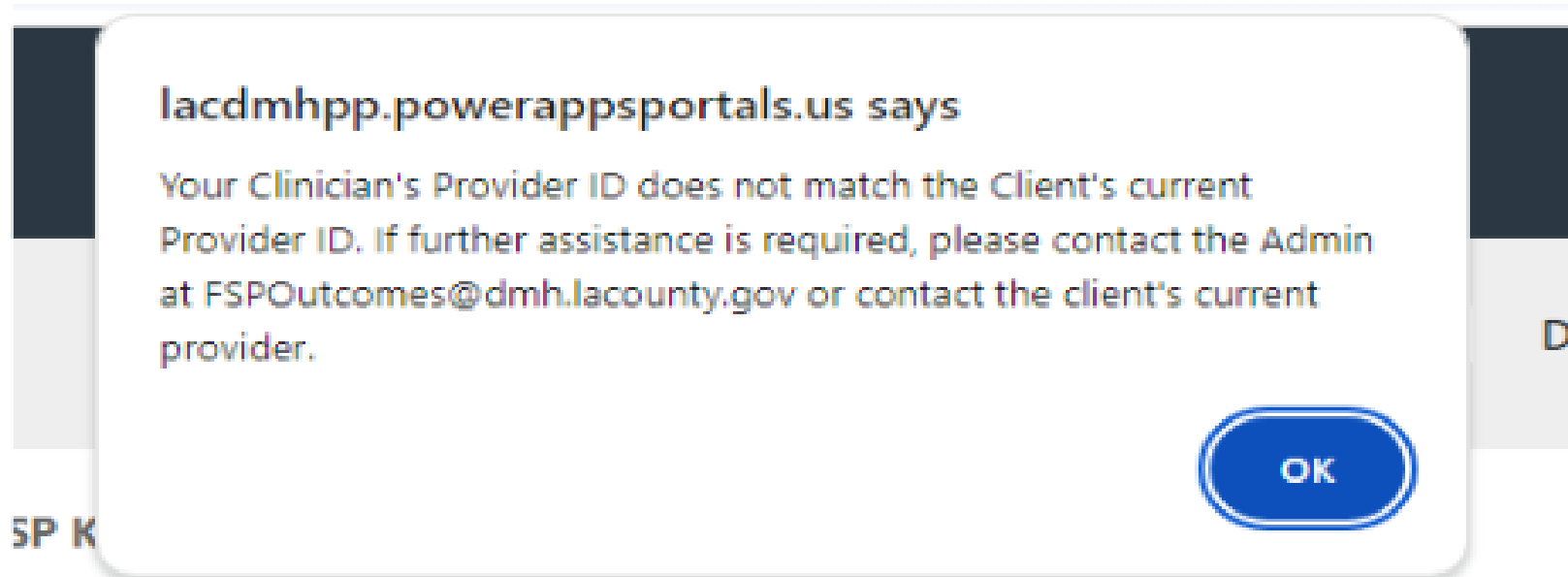
For Portal Users only

The provider number you are logged under will show on the top of the screen

The screenshot shows a web portal interface. At the top, there is a grey header with the text "Full Service Partnership". Below this, a breadcrumb trail is visible: "Home > 19J3A PC PORTALS COMMUNITY CONNECTIONS > Assessments List". The text "19J3A PC PORTALS COMMUNITY CONNECTIONS" is circled in red. Below the breadcrumb trail, there are three filter dropdown menus labeled "Form Type", "Form Status", and "Provider". Each dropdown menu has a downward arrow icon. At the bottom of the screenshot, there is a link labeled "My Team Assessments" with a small icon to its left. Below the link, the top of a table is visible, with column headers: "Assessment ID", "Client ID", "Client Name", "Form Type", "Program", "Form Status", and "Pa".

▶▶ Are you logged on under the correct provider?

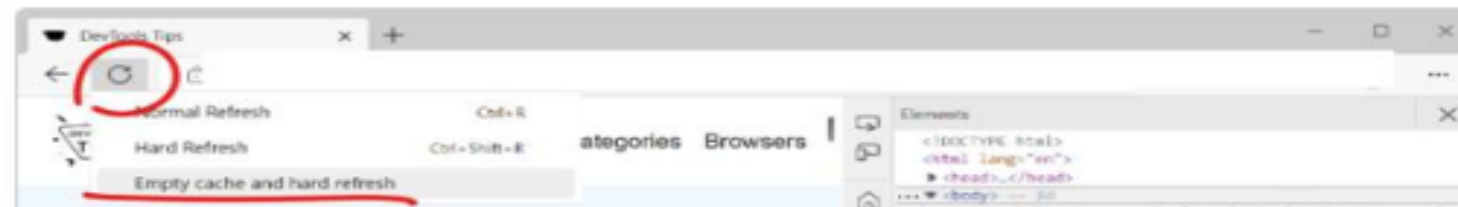
If you are not logged in under the correct Provider Number for the client, you will receive this error message



▶▶ Emptying cache and hard refresh

If you are experiencing issues with your browser, please empty your browser cache and perform a hard refresh, following the steps below:

1. In Chrome, or Edge, open Dev Tools by pressing F12 on your keyboard.
2. Right-click on the page refresh icon in the browser toolbar.
3. Select **Empty cache and hard refresh**.



If you are still experiencing any issues after doing this, please contact the **DMH Help Desk 213-351-1335** to submit an incident ticket.



Baseline reminders

▶▶ Baseline Living Arrangements

Living Arrangements

Intent is to capture or “guesstimate” living arrangements for specific intervals

Only choose one living arrangement per day (e.g. where did client lay his/her head that night at 11:59 PM)

LIVING ARRANGEMENTS					
RESIDENTIAL TYPE	TONIGHT (as of 11:59 PM the day OF partnership) (check one in this column)	YESTERDAY (as of 11:59 PM the day BEFORE partnership began) (check one in this column)	DURING THE PAST 12 MONTHS indicate the TOTAL:		PRIOR TO THE LAST 12 MONTHS (check all that apply)
			Number of Occurrences	Number of Days (Column must = 365 days)	
GENERAL LIVING ARRANGEMENT					
With adult family member(s) other than parents (non-foster care)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
In an apartment or house alone/with spouse/partner/minor children/other dependents/roommate (must hold lease or share in rent/mortgage)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
With one or both biological/adoptive parents	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Foster Home (with non-relative)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Foster Home (with relative)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Single Room Occupancy (SRO) (must hold lease)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
SHELTER/HOMELESS					
Emergency Shelter/Temporary Shelter Care Facility (TSCF)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Homeless (includes people living in their cars)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Temporary Housing (includes people living with friends but paying no rent)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
HOSPITAL					

▶▶ Baseline Living Arrangements

Living Arrangements

Residential Type is paired with other data points to create four housing indicators

The past 12 months
(365 days ending the day before Partnership begins)

RESIDENTIAL TYPE	LIVING ARRANGEMENTS		DURING THE PAST 12 MONTHS indicate the TOTAL:		PRIOR TO THE LAST 12 MONTHS (check all that apply)
	TONIGHT (as of 11:59 PM the day OF partnership) (check one in this column)	YESTERDAY (as of 11:59 PM the day BEFORE partnership began) (check one in this column)	Number of Occurrences	Number of Days (Column must = 365 days)	
GENERAL LIVING ARRANGEMENT					
With adult family member(s) other than parents (non-foster care)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
In an apartment or house alone/with spouse/partner/minor children/other dependents/roommate (must hold lease or share in rent/mortgage)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
With one or both biological/adoptive parents	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Foster Home (with non-relative)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Foster Home (with relative)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Single Room Occupancy (SRO) (must hold lease)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
SHELTER/HOMELESS					
Emergency Shelter/Temporary Shelter Care Facility (TSCF)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Homeless (includes people living in their cars)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Temporary Housing (includes people living with friends but paying no rent)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
HOSPITAL					
Acute Medical Hospital	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Acute Psychiatric Hospital/ Psychiatric Health Facility (PHF)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
State Psychiatric Hospital		<input type="checkbox"/>			<input type="checkbox"/>
RESIDENTIAL PROGRAM					
Alcohol or Substance Abuse Residential Rehabilitation Center	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Crisis Residential Housing	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 0-9)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 10-11)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 12)		<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 14)		<input type="checkbox"/>			<input type="checkbox"/>

▶▶ Baseline Living Arrangements

Living Arrangements

Residential Type is paired with other data points to create four housing indicators

Yesterday and Tonight (the night before Partnership begins and first night of Partnership)

RESIDENTIAL TYPE	LIVING ARRANGEMENTS		DURING THE PAST 12 MONTHS indicate the TOTAL:		PRIOR TO THE LAST 12 MONTHS (check all that apply)
	TONIGHT (as of 11:59 PM the day OF partnership) (check one in this column)	YESTERDAY (as of 11:59 PM the day BEFORE partnership began) (check one in this column)	Number of Occurrences	Number of Days (Column must = 365 days)	
GENERAL LIVING ARRANGEMENT					
With adult family member(s) other than parents (non-foster care)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
In an apartment or house alone/with spouse/partner/minor children/other dependents/roommate (must hold lease or share in rent/mortgage)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
With one or both biological/adoptive parents	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Foster Home (with non-relative)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Foster Home (with relative)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Single Room Occupancy (SRO) (must hold lease)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
SHELTER/HOMELESS					
Emergency Shelter/Temporary Shelter Care Facility (TSCF)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Homeless (includes people living in their cars)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Temporary Housing (includes people living with friends but paying no rent)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
HOSPITAL					
Acute Medical Hospital	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Acute Psychiatric Hospital/ Psychiatric Health Facility (PHF)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
State Psychiatric Hospital		<input type="checkbox"/>			<input type="checkbox"/>
RESIDENTIAL PROGRAM					
Alcohol or Substance Abuse Residential Rehabilitation Center	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Crisis Residential Housing	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 0-9)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 10-11)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 12)		<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 14)		<input type="checkbox"/>			<input type="checkbox"/>

▶▶ Baseline Living Arrangements

Living Arrangements

Residential Type is paired with other data points to create 4 housing indicators

Prior to the last 12 months

RESIDENTIAL TYPE	LIVING ARRANGEMENTS		DURING THE PAST 12 MONTHS indicate the TOTAL:		PRIOR TO THE LAST 12 MONTHS (check all that apply)
	TONIGHT (as of 11:59 PM the day OF partnership) (check one in this column)	YESTERDAY (as of 11:59 PM the day BEFORE partnership began) (check one in this column)	Number of Occurrences	Number of Days (Column must = 365 days)	
GENERAL LIVING ARRANGEMENT					
With adult family member(s) other than parents (non-foster care)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
In an apartment or house alone/with spouse/partner/minor children/other dependents/roommate (must hold lease or share in rent/mortgage)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
With one or both biological/adoptive parents	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Foster Home (with non-relative)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Foster Home (with relative)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Single Room Occupancy (SRO) (must hold lease)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
SHELTER/HOMELESS					
Emergency Shelter/Temporary Shelter Care Facility (TSCF)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Homeless (includes people living in their cars)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Temporary Housing (includes people living with friends but paying no rent)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
HOSPITAL					
Acute Medical Hospital	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Acute Psychiatric Hospital/ Psychiatric Health Facility (PHF)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
State Psychiatric Hospital		<input type="checkbox"/>			<input type="checkbox"/>
RESIDENTIAL PROGRAM					
Alcohol or Substance Abuse Residential Rehabilitation Center	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Crisis Residential Housing	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 0-9)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 10-11)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 12)		<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 14)		<input type="checkbox"/>			<input type="checkbox"/>

▶▶ Baseline Living Arrangements

Living Arrangement's Timeline

Pre-partnership

Partnership



▶▶ Baseline Living Arrangements

A Reminder...

It is important to continuously update Residential statuses that are listed in the Baseline, using KECs

Hospitalization will likely require two KECs
...one going in and one coming out

Probation may require two KECs as well

Failure to capture KECs close to when they occur may result in inaccurate data to the State and could influence incentive payments to providers





KEC reminders

▶▶ Clients who decline FSP services

If a client is authorized by FSP Admin for services but declines to receive services, the following steps need to be taken

- **If a client was authorized for FSP services for the first time but they declined and no services were rec'd, then:**
 - Contact FSP Admin to update authorization
 - No Assessments need be entered into FSP OMA

- **If a client was authorized for a transfer from one agency to a new agency, and the client declined services from the new agency and no services were rec'd, then:**
 - Contact FSP Admin to update authorization
 - Submit a DCDR to request deletion of Transfer KEC
 - Once deleted, submit a Discontinuation KEC documenting the disenrollment

▶▶ Disenrollment Reasons

Always confirm that disenrollment reason authorized by FSP Admin matches what is entered in Discontinuation KEC in FSP OMA

If there is a DISCONTINUATION/INTERRUPTION of Full Service Partnership and/or Community Services/Program, indicate the reason (select one)

- Target Criteria: Target population criteria are not met.
- Client Discontinued: Client decided to discontinue Full Service Partnership participation after partnership established.
- Moved: Client moved to another County/service area.
- Not Located: After repeated attempts to contact client, s/he cannot be located.
- Residential/Institutional Mental Health Services: Client's circumstances reflect a need for Residential/Institutional Mental Health Services at this time (such as State Hospital).
- Juvenile Hall/Camp/Ranch: Client will be placed in Juvenile hall/Camp/Ranch.
- Division of Juvenile Justice: Client will be placed in a division of Juvenile Justice.
- Jail: Community Services/Program interrupted.
- Prison: Community Services/Program interrupted.
- Met Goals: Client has successfully met their goals such that discontinuation of Full Service Partnership is appropriate.
- Deceased: Client is deceased.

Note: the options for disenrollment vary by age group

▶▶ FSP Administration Authorization

Please verify authorization dates for new partnership, transfers, and disenrollments with FSP Administration, in order to enter correct dates on assessments in FSP OMA.

FSP program contact info

- **Child/Young Adult:** ChildYAFSP@dmh.lacounty.gov
- **Adult/OA:** AdultOAFSP@dmh.lacounty.gov
- **IFCCS:** csocifccs@dmh.lacounty.gov
- **Wraparound:** WRAPAROUND@dmh.lacounty.gov
- **AOT:** AOTLAOE@dmh.lacounty.gov

▶▶ Types of KECs on FSP OMA

1. Standard KEC

- Used for Transfer and Receiving a client
- When there is any major change in the client's life in the domains listed on the KEC form

2. Discontinuation KEC

- Used ONLY for discontinuing a client

3. Reestablishment KEC

- Used for ONLY for reestablishing a client

Note: There is only one version of the PDF/paper version of KEC, so you will have to determine which one is required on FSP OMA

▶▶ When to complete a KEC for administrative purposes?

1. When a client is enrolled in a new Program [Standard KEC]

2. When client has a new Partnership Service Coordinator

[Standard KEC]

3. When a client is transferred to another Provider [Standard KEC]

- **Provider 1:** Submit a KEC to document the transfer of a client to another provider site, when there is no break in FSP services (*update Provider Number and date of change*)
- **Provider 2:** Submit a KEC to document receiving the client from the transferring provider (*update the Partnership Service Coordinator*)

▶▶ When to complete a KEC for administrative purposes?

4. When a client is Discontinued by a Provider [Discontinuation KEC]

- Client is disenrolling completely from FSP services (*i.e., the client will not be receiving FSP services anywhere in LA County*)
- Provider should ensure all changes are recorded on 3Ms entered and within window, before entering a discontinuation KEC

5. When a client is Reestablished by a Provider [Reestablishment KEC]

- Client is returning to FSP services within 365 days of disenrollment from FSP services
- Provider should update client information for the time they were away from FSP services (e.g., Living Arrangements, Residential status)

Note: if it has been more than 365 days, a new Baseline is required, not a Reestablishment KEC

▶▶ Documenting changes on a KEC

- Only fill out the field(s)/section(s) that apply to the change in the client's life or case.
- Can I submit one KEC to cover multiple changes in different domains?
 - Yes, if the changes are in different domains on the same date.
 - If there is more than one change in the same domain, fill out a separate KEC for each one.
 - LACDMH recommends filling out a KEC as soon as the change occurs and not holding onto KECs.

▶▶ Demo: Entering KECs for Specific Scenarios

- Standard KEC
- Discontinuation KEC
- Reestablishment KEC

▶▶ Standard KEC

A Standard KEC is required every time a client:

- Is Transferred by a provider
- Is Received by a provider
- When there is a change in Program Name
- When there is a change in Partnership Services Coordinator

Provider
193A

Program
Adult FSP

Partnership Date
4/22/2016

Assessment Date *
M/D/YYYY

Age Group

Client's Age at the Time of Assessment

SKIP THIS SECTION IF THERE ARE NO CHANGES TO REPORT

CHANGE IN ADMINISTRATIVE INFORMATION

New Provider Number
Date of Provider Number Change
M/D/YYYY

New Partnership Service Coordinator (Last Name)
Date of Partnership Service Coordinator Change
M/D/YYYY

New Program Name
Date of Program Change
M/D/YYYY

PROGRAM INFORMATION

AB2034 PROGRAM
Date of AB2034 Program Change
M/D/YYYY

GOVERNOR'S HOMELESS INITIATIVE (GHI) PROGRAM
Date of Governor's Homeless Initiative (GHI) Program Change
M/D/YYYY

MHSA HOUSING PROGRAM
Date of MHSA Housing Program Change
M/D/YYYY

Save Save & Submit

▶▶ Standard KEC: Steps for Transferring a Client

1. Get Countywide Authorization to transfer and know the date of authorized transfer
2. Select Standard KEC
3. Enter New Provider Number
4. Enter Date Provider Site ID Change (on or after date of Authorization from Countywide)
5. Scroll to the bottom of the screen and click on "Save & Submit" for LEs or "Submit" for DOs

▶▶ Standard KEC: Steps for Receiving a Client

1. Get Countywide Authorization to transfer and know the date of authorized transfer
2. Select Standard KEC
3. Enter New Partnership Service Coordinator (Last Name)
4. Enter Date of Partnership Service Coordinator Change (on or after date of Authorization from Countywide)
5. Scroll to the bottom of the screen and click on "Save & Submit" for LEs or "Submit" for DOs

Discontinuation KEC

- A Discontinuation KEC is required when a client has been disenrolled from FSP services completely (not transferred)

Provider
19J3A

Program
Adult FSP

Partnership Date
4/22/2016

Assessment Date *
M/D/YYYY

Age Group

Client's Age at the Time of Assessment

Indicate NEW Partnership Status
Discontinuation/Interruption of Full Service Partnership and/or Community Services/Program (indicate

Date of Partnership Status Change *
M/D/YYYY

If there is a DISCONTINUATION/INTERRUPTION of Full Service Partnership and/or Community Services/Program, indicate the reason *

Save Save & Submit

▶▶ Steps to Create a Discontinuation KEC

1. Get Countywide Authorization to disenroll and know the date of authorized disenrollment (Countywide Signature Date)
2. Select Discontinuation KEC
3. Enter Date of Partnership Status Change (on or after date of Authorization from Countywide)
4. Select the Reason for the Discontinuation (should match Reason on disenrollment request)
5. Scroll to the bottom of the screen and click on "Save & Submit" for LEs or "Submit" for DOs

KEC BUG:

▶▶ Unable to create Discontinuation KEC

- **DO's are having trouble entering Discontinuation KECs on FSP OMA (option is not appearing). This is a known glitch that will be addressed in the next Update for FSP OMA**
- **For any Discontinuation KEC issues, please email FSP Outcomes team at FSPoutcomes@dmh.lacounty.gov**
- **The FSP Outcomes team will conduct analysis and if the issue is confirmed to be a glitch, a HEAT ticket will need to be opened**

Reestablishment KEC

- A Reestablishment KEC is required when a client has re-started FSP services after being disenrolled (within 365 days)

Provider *
19J3A PC PORTALS COMMUNITY CONNECTIONS

Program *

Partnership Date
10/5/2017

Assessment Date *
M/D/YYYY

Age Group

Client's Age at the Time of Assessment

CHANGE IN ADMINISTRATIVE INFORMATION

New Provider Number
Date of Provider Number Change
M/D/YYYY

New Partnership Service Coordinator (Last Name)
Date of Partnership Service Coordinator Change
M/D/YYYY

New Program Name
Date of Program Change
M/D/YYYY

Indicate NEW Partnership Status
Reestablishment of Full Service Partnership and/or Community Services/Program.
Date of Partnership Status Change *
M/D/YYYY

Save Save & Submit

▶▶ Steps to Create a Reestablishment KEC

1. Get Countywide Authorization to re-enroll and know the date of authorized re-enrollment
2. Select Reestablishment KEC
3. Enter Date of Partnership Status Change (on or after date of Authorization from Countywide)
4. Scroll to the bottom of the screen and click on "Save & Submit" for LE's or "Submit" for DO's




3M reminders

▶▶ 3M Calculator

- You can use the 3M calculator to confirm the dates for 3M window
- 3M calculator is on the Outcomes website, under "FSP Resources"

OMA 3 Month Calculator

Client ID Therapist

Put Partnership Date Here 

You should BEGIN the 365 day Living Arrangement Count on

7/15/2012

You should END the 365 day Living Arrangement Count on

7/14/2013

	Begin window	Date Due / Day of the week	End Window	3 Month ID	Assessment Dates	In Window, Yes or No?	Day
1st 3M	09/30/13	10/15/2013 Tue	1/14/14		10/21/2013	Yes	Mon
2nd 3M	12/31/13	1/15/2014 Wed	02/14/14			No	
3rd 3M	03/31/14	4/15/2014 Tue	05/15/14			No	
4th 3M	06/30/14	7/15/2014 Tue	08/14/14			No	
5th 3M	09/30/14	10/15/2014 Wed	1/14/14			No	
6th 3M	12/31/14	1/15/2015 Thu	02/14/15			No	
7th 3M	03/31/15	4/15/2015 Wed	05/15/15			No	
8th 3M	06/30/15	7/15/2015 Wed	08/14/15			No	
9th 3M	09/30/15	10/15/2015 Thu	1/14/15			No	
10th 3M	12/31/15	1/15/2016 Fri	02/14/16			No	
11th 3M	03/31/16	4/15/2016 Fri	05/15/16			No	
12th 3M	06/30/16	7/15/2016 Fri	08/14/16			No	
13th 3M	09/30/16	10/15/2016 Sat	1/14/16			No	

▶▶ 3M due dates

**3Ms are due every 3 months from the Partnership Date on the Active Baseline
(not the change date on Reestablishment KEC)**

- "Partnership Active" field indicates whether the Baseline is active. All assessments will be linked to the active Baseline ("Yes" in this column). *Not necessarily the same as the "Current Provider"*

Client Information Related ▾

CLIENT INFORMATION

Client ID 0000203 Client First Name * TAY Client Last Name * TEST
Client DOB 1/1/2004 Current Provider 1969Y ←
Client Age 20 years, 3 months old. Current Program Child and Young Adult FSP

Baseline + Create New ▾ Refresh ⌂ Flow ▾ Run Report ▾ Excel Templates ▾

Assessment ID ↑ ▾	Client ID ▾	Partnership Date ↓ ▾	Provider ▾	Form Status ▾	Partnership Active ▾ ←
0002147	0000203	3/1/2022	1969Y	Submitted	Yes

▶▶ 3M Notifications: 3M Statuses

A 3M Notification can have four different statuses: Upcoming, Due, Past Due, and Started

- Upcoming is a 3M that has not been submitted and is within Window, specifically 15 days prior to the due date.
- Due is activated on the due date and this status remains for 30-days after the due date for a 3M that has not been submitted.
- Past Due is a 3M which has not been submitted and is outside of the 45-day window.
- Started is a 3M within a Window in which the 3M has been created but has not been submitted.

Note: If a 3M has been submitted correctly, there will be no 3M notification

3M BUG:

Duplicate notifications

- Duplicate 3M notifications are a known glitch that will be addressed in the next Update for FSP OMA
- For any 3M notifications errors, please email FSP Outcomes team at FSPoutcomes@dmh.lacounty.gov
- The FSP Outcomes team will conduct analysis and if the issue is confirmed to be a glitch, a HEAT ticket will need to be opened

▶▶ Entering past due 3Ms

- Providers are now able to enter past due 3M assessments, even when they are not the current provider.

The screenshot shows a web application interface for entering client information and assessments. At the top, there is a blue header bar with the text "Contact - PSP Client -". Below this, there are two tabs: "Client Information" (which is active) and "Related". The "CLIENT INFORMATION" section contains several input fields: "Client ID", "Client First Name", "Client DOB", "Client Age", and "Current Provider". A red arrow points to the "Current Provider" field. Below the "CLIENT INFORMATION" section, there is a "Baseline" section with a table of assessment data. The table has four columns: "Assessment ID", "Client ID", "Partnership Date", and "Provider". Each column has a checkbox and a blue input field.

Assessment ID	Client ID	Partnership Date	Provider
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

▶▶ Who is responsible for completing a 3M ?

- If a client is being discontinued or transferred within a 3M window, the **provider that is discontinuing or transferring the client** is responsible for that 3M
- When reestablishing a client, **the reestablishing provider** is responsible for completing the 3M if within window

▶▶ What if I miss a 3M?

- The FSP program by design requires at least weekly contact with the client.
- In the rare case that this is not happening, every effort should be made to contact the client.
- Otherwise, LACDMH recommends that you use alternative means to fill out the 3M such as record review or collateral contact.
- If the 3M is not completed within the 45-day window, skip it and complete the next one

Note: State will not accept 3Ms outside window

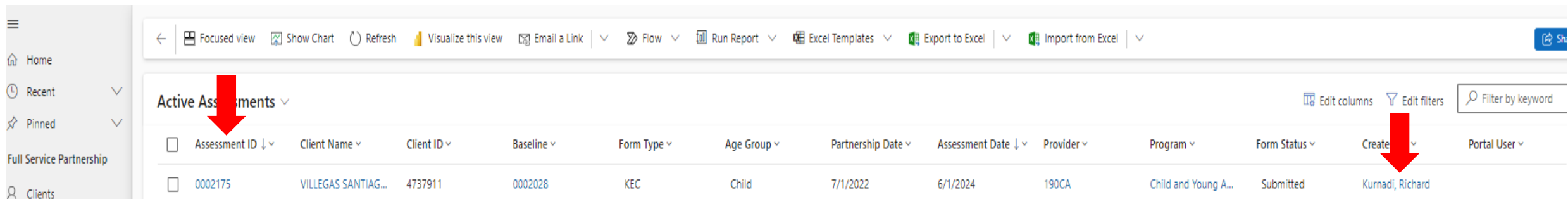


Other reminders

▶▶ Contacting other Providers

- Providers will not be able to edit an assessment that was not created by the same agency/provider number.
- Providers will need to contact the other provider directly that created the Assessment and ask them to make the change.
- Providers can contact the SA Navigator for the most up to date FSP contact information

DOs only: You can identify the contact person and info by viewing “Active Assessments” view for a specific provider, using the filter option



The screenshot displays the SA Navigator interface with the 'Active Assessments' view selected. The table below shows a list of assessments with columns for Assessment ID, Client Name, Client ID, Baseline, Form Type, Age Group, Partnership Date, Assessment Date, Provider, Program, Form Status, Create, and Portal User. A red arrow points to the 'Active Assessments' dropdown menu, and another red arrow points to the 'Create' column header.

Assessment ID	Client Name	Client ID	Baseline	Form Type	Age Group	Partnership Date	Assessment Date	Provider	Program	Form Status	Create	Portal User
0002175	VILLEGAS SANTIAG...	4737911	0002028	KEC	Child	7/1/2022	6/1/2024	190CA	Child and Young A...	Submitted	Kurnadi, Richard	

▶▶ Things to Remember

- Close "floating" FSP Partnerships
- Program Changes effective 7/1/2021 due to FSP Transformation Forensic FSP, Child FSP, TAY FSP and Older Adult FSP were transformed to Adult FSP or Child and Young Adult FSP respectively
- As of 10/1/2023 Homeless FSP and Integrated Mobile Health Team (IMHT) FSP no longer exist as specialized FSPs are now administered by Countywide FSP Administration both Programs were merged to Adult FSP
- Enter any relevant KEC and 3 Month assessments prior to completing a Discontinuation KEC or Standard KEC for Provider transfer or Program change

▶▶ FSP Outcomes data error reports

- The outcomes team is actively reaching out to providers to correct data errors in order to improve data quality
- The following error reports are available upon request
 - FSP Baseline with no KEC
 - FSP Living Arrangement Exception Report
 - FSP Living Arrangement Report
 - High Outlier Residential Status by Program Name
 - FSP OMA Baseline Compliance Report

Please email us at fspoutcomes@dmh.lacounty.gov to request a report



FSP Resources

What resources are on the FSP OMA website?

Outcomes website: <https://dmh.lacounty.gov/outcomes/resources/>

- OMA 3 Month calculator
- KEC Moving Clients guide
- FSP OMA Forms and Data Entry FAQ

The screenshot shows the website for the Los Angeles County Department of Mental Health. The logo at the top left includes the text "LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH" and the tagline "hope. recovery. wellbeing." The navigation menu at the top right includes "ABOUT DMH", "OUR SERVICES", and "FOR PROVIDERS". A dropdown menu is open, listing "Outcomes", "Announcements", "Forms and Measures", "Reports", "Resources" (highlighted in blue), "Training", "Applications", and "Staff Roster". The main content area is titled "RESOURCES" and features a link for "Guide to Remote Administration of EPSDT, FSP, and PEI Outcomes". Below this, there are two tabs: "EPSDT" and "FSP". A red arrow points down to the "GUIDES" section under the "FSP" tab, which lists three items: "KECs Moving Clients", "FSP OMA Forms and Data Entry FAQ", and "OMA Troubleshooting Matrix". Below the guides, there is a section for "WORKSHEETS AND TIPS SHEETS" which lists "OMA Cheat Sheet", "3M Cheat Sheet", and "OMA 3 Month Calculator".

Where can I go if I have more questions or need additional information?

➤ **DMH Outcomes Website:**

<http://dmh.lacounty.gov/outcomes/>

➤ **FSP OMA Labs:**

- Wednesdays 9:00AM-10:00AM (link on Outcomes website)

➤ **FSP Outcomes e-mail address:**

FSPoutcomes@dmh.lacounty.gov

Where can I go if I have more questions or need additional information?

➤ FSP OMA Alert via **GovDelivery**

➤ Sign up directly via link below:

- https://public.govdelivery.com/accounts/CALACOUNTY/subscriber/new?topic_id=CALACOUNTY_3861
- Sign up by emailing FSPoutcomes@dmh.lacounty.gov

➤ LACDMH Help Desk: **(213) 351-1335**

➤ QA Bulletins: <https://dmh.lacounty.gov/qa/qabul/>

➤ FSP Forms and FSP OMA trainings:

- Upcoming dates are on the Outcomes website: <http://dmh.lacounty.gov/outcomes/>

Provider Tips Sharing:



1. What strategies do you use to keep your required FSP OMA records up to date?
2. What tracking systems/tools do you use to assure the required FSP forms are submitted into FSP OMA in a timely manner?
3. What are the common mistakes/errors that you learned to avoid?

Questions?



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.