TABLE OF ATTACHMENTS, POLICIES AND FIGURES

PROVIDER NETWORK — **SECTION II**

Attachment I FFS2 Contract Workflow
Attachment II Notice of Psychotherapy Clients for Licensed or Registered Practitioners with the BBS
Attachment III Contractor Address Form
Attachment IV Sample Beneficiary Notification Letter
Figure A County of Los Angeles Department of Mental Health Service Map

CONSENTS & AUTHORIZATION STANDARDS FOR CLIENT ACCESS TO HEALTH INFORMATION AND USE/DISCLOSURE OF HEALTH INFORMATION — **SECTION VII**

Attachment I Consent for Services
Attachment II Medication Consent
Attachment III Outpatient Medication Review
Attachment IV Authorization for Use or Disclosure of Protected Health Information (PHI)

DOCUMENTATION STANDARDS, ADMINISTRATIVE, TREATMENT STANDARDS AND MEDICAL NECESSITY CRITERIA — **SECTION VIII**

Attachment I Quality Assurance Bulletin 21-07
Attachment II Quality Assurance Bulletin 21-08
Attachment III Child/Adolescent Full Assessment
Attachment IV Adult Full Assessment
Attachment V Child/Adolescent Assessment Addendum
Attachment VI Adult Assessment Addendum
Attachment VII Progress Note

PROCEDURE CODES, DIAGNOSIS CODES & RATES — **SECTION IX**

Attachment I CalAIM IGP/FFS II Fee Discipline List

FINANCIAL SCREENING — **SECTION XI**

Attachment I Payor Financial Information Form

PROVIDER FISCAL PROBLEM RESOLUTION PPROCESS — **SECTION XIII**

Attachment I Appeal Form

CARE COORDINATION BETWEEN PHYSICAL AND MENTAL HEALTH PROVIDERS — **SECTION XIV**

Attachment I Authorization for Use or Disclosure of Protected Health Information (PHI)
Attachment II HIPAA Compliant Fax Cover Sheet for Transmitting PHI

PSYCHOLOGICAL TESTING — **SECTION XVI**

Attachment I Psychological Testing Request (PTR) Form
Attachment II Psychological Testing Request Response (PTR-Response) Form
Attachment III Quality Assurance: The Clinical Evaluation Form

NOTICE OF ADVERSE BENEFIT DETERMINATION — **SECTION XVII**

Attachment I Notice of Adverse Benefit Determination-About Treatment Request and (3) Enclosures
Attachment II Notice of Adverse Benefit Determination- Acknowledgement of Receipt
Attachment III Notice of Appeal Resolution