

SECTION 13: FORMS AND DEFINITION OF TERMS

The following forms were developed by the Fresno County Mental Health Plan (FCMHP) to assist the provider in the documentation process. All forms are available on the Managed Care Website at the following website URL (unless otherwise specified):

<http://www.co.fresno.ca.us/departments/behavioral-health/managed-care/consumer-and-provider-downloads>

13.0 Assessment

The Assessment Form will be used during the initial office visit to gather client information as outlined in Section 10 Documentation Standards. The form may be completed on the second office visit if information gathered during the initial visit is insufficient to formulate an adequate plan of care.

A comprehensive assessment may not be necessary when a client requests mental health services immediately after an expired authorized period. However, another comprehensive assessment may be warranted when a client seeks mental health services after an extended period, such as nine months or more, without treatment.

13.1 Plan of Care

The Plan of Care will be used to document the plan of treatment and proposed intervention(s).

13.2 Infant/Toddler Addendum to Assessment

The Infant/Toddler Addendum to Assessment form replaces the Problem Severity section of the Clinical Mental Health Assessment form and will be completed for clients 0-36 months of age. You may find this form at the following web address:

<http://www.co.fresno.ca.us/home/showdocument?id=1989>

13.3 Progress Notes

The Progress Notes form will be used to document all client contacts while the client is in treatment.

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13.4 Discharge Summary

This form will be used when a provider discharges a client due to no show, completion of treatment, or other reasons. The FCMHP also uses this form to track termination of services due to no shows.

13.5 Medication Referral Form

The provider will use this form when referring a client for medication services. In addition, the provider must also provide a completed clinical assessment and plan of care that specifies the need for medication, and the client will need to complete a release of information form in order to be referred to a Psychiatrist.

13.6 Psychological Testing Referral Form

The provider will use this form when referring a client for Psychological or Neuropsychological testing. In addition, the provider must also provide a completed clinical assessment and plan of care that specifies the need for psychological/neuropsychological testing, and the client will need to complete a release of information form in order to be referred to a Psychologist.

13.7 Definition of Terms

- **Access Line (1-800-654-3937)**
The Access Line is a statewide, toll-free telephone line with linguistic capability available to clients/beneficiaries 24 hours a day, 7 days a week. The 24-hour line provides information on how to access specialty mental health services, including services needed to treat a client's urgent condition, and how to use the client problem resolution and fair hearing process.
- **Beneficiary**
A beneficiary is an individual who has been certified as eligible under the Medi-Cal program according to Title 22, California Code of Regulations, Section 51000.2. A beneficiary may be readily identified as a Fresno County beneficiary by reviewing their Benefits Identification Card (BIC). Their BIC should indicate the Fresno County Code (10). Other counties' beneficiaries will have a different county code, ranging from 01 to 58.

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- **Client**
A client is an individual who is currently requesting or receiving mental health services from any Fresno County mental health service site, and/or has received services in the past.
- **Contract Provider**
A contract provider is a licensed mental health practitioner (or a group of practitioners) who enters into an agreement with the FCMHP to provide specialty mental health services to Fresno County Medi-Cal beneficiaries. A contract provider may be an individual, group, or organizational provider.
- **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Mental Health Services**
EPSDT is a Medi-Cal entitlement program that provides comprehensive health care services for beneficiaries 0-21 years of age. Therapeutic Behavioral Services (TBS) are considered an EPSDT service.
- **Fresno County Mental Health Clinical Staff**
A licensed, waived or registered mental health practitioner located within Fresno County mental health service sites. These practitioners are employees of Fresno County.
- **Fresno County Mental Health Plan (FCMHP)**
The Fresno County FCMHP is the county organization responsible for the mental health needs of all Medi-Cal eligible residents of Fresno County.
- **Medical Necessity**
Medical Necessity is the principal criteria by which the FCMHP decides authorization and/or reauthorization for covered specialty services.
- **Primary Care Physician**
A primary care physician is a physician responsible for supervising, coordinating, and providing initial and primary care to beneficiaries. Other responsibilities include initiating referrals for specialist care and maintaining the continuity of beneficiary's care.
- **Provider**
A provider is a contracted individual, group, or organization, or Fresno County mental health staff member, who provides mental health services to Fresno County mental health clients.

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- **Provider Relations Specialist**
A PRS is a FCMHP staff member who acts as a liaison between the FCMHP and contract providers.
- **Service Authorization Request (SAR)**
The SAR unit is the FCMHP's unit composed of Utilization Review Specialists who are responsible for the review and authorization of Service Authorization Requests made by providers.
- **Specialty Mental Health Services**
“Specialty Mental Health Services” means, per Title 9 of the California Code of Regulations:
 - Rehabilitative Services which includes mental health services, medication support services, day treatment intensive, day treatment rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services, and psychiatric health facility services.
 - Psychiatric Inpatient Hospital Services
 - Targeted Case Management
 - Psychiatrist Services
 - Psychologist Services
 - EPSDT Supplemental Specialty Mental Health Services
 - Psychiatric Nursing Facility Services.
- **Urgent condition**
A clinical situation experienced by a beneficiary that without timely intervention is likely to result in an emergency psychiatric condition.
- **Utilization Review Specialist (URS)**
A URS is a FCMHP staff member and county employee who is a licensed or registered mental health practitioner. They are responsible for reviewing providers' admission data and clinical documentation to ensure compliance with federal, state, and county regulations, and proper utilization of treatment resources.