



# QRTIPS

Health Care Agency • Behavioral Health Services • CYS Quality, Review & Training

December 2010

## Critical Reminders for documentation of Rehab Services through a Full Service Partnership (FSP):

The tips covered here vary only slightly from the “documentation of Rehab Services through Wraparound” found in the November QRTips. The procedure is the same; the variation is in the title of the coordinator.

**IMPORTANT NOTE:** If you are opening a case under Medi-Cal whose only other County services have been through an FSP, do not automatically use their intake date as the Medi-cal date of intake. Please contact the FSP to determine whether they have opened the case for Medi-Cal services. If they have not; then you (the clinician) use your date as the Medi-Cal date of intake and you have 60 days to complete your assessment.

- In order to indicate the behaviors the rehab services will address the Primary Provider (client’s therapist) on the case must complete a Case Management note (AKA: Rehab Order). The Case Management Note **must** include the “stand-alone” medical necessity info at the top, indicate the need for the rehabilitation services, and describe the behaviors (not emotions/feelings) to be targeted. A copy of this note is sent to the FSP Personal Service Coordinator (PSC). (A template for the Case Management note is available and can be requested from the PSC.)
- On the client’s current MTP, in the first column, add “Rehab/Case Management” services (NOT “Wraparound services”, “FSP services”, or the name of the program e.g. “RENEW Services”). List the name of the Personal Service Coordinator as the Contact Person for those services.
- Coordinate directly with the PSC to determine and agree upon the correct “FROM DATE” to list on the MTP for the Rehab/Case Management services. The correct “TO DATE” will be the same as the other planned services already listed on the current MTP.
- Forward a copy of the complete Assessment Summary to the Personal Service Coordinator, including the clinical information sections, updated MTP with “Rehab/Case Management added and the clinician’s CSP with all necessary signatures and dates. If the Primary Provider is unlicensed, the LMPH’s signature and date on the documentation is also required. Be sure to forward a copy of the most recent Annual Update Assessment, if applicable. Please note that **all** questions on the Assessment Summary and Annual Update need to be answered.
- The Personal Service Coordinator will review the documents sent by the clinician, will then develop a Rehab CSP with the client, will sign the CSP as the “Provider”, and will fax a copy to the Primary Provider/client’s therapist. The therapist will sign the Rehab CSP as the

“Coordinator” (of mental health services) and fax it back to the Personal Service Coordinator for the client’s Medi-Cal chart at the FSP site.