

Child/Adolescent Services-Checklist for FBMHS Requests

<p>Initial Request - this is a packet submission</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child/Adolescent Services Submission form <input type="checkbox"/> A recommendation from a psychiatric or psychological evaluation or a recommendation letter by a licensed physician, licensed psychologist, CRNP, Physician Assistant, LPC, LCSW, or LMFT. The evaluation or recommendation letter must be dated within 6 months of request submission. The PerformCare Family-Based Mental Health Services Recommendation Letter can be used or a standard letter from the prescriber will also be accepted. <input type="checkbox"/> If using a letter only to recommend FBMHS then the initial FBMHS request form must also be submitted. <input type="checkbox"/> Family-Based Mental Health Services (FBMHS) Provider Choice Form <ul style="list-style-type: none"> • Cumberland/Dauphin/Lancaster/Lebanon/Perry County Provider Choice Form (Spanish version) • Franklin/Fulton County Provider Choice Form (Spanish version)
<p>30 day Treatment Review Update (due by 45th day of treatment) - this is a treatment team meeting and packet submission</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child/Adolescent Services Submission form <input type="checkbox"/> FBMHS Treatment Review update Form <input type="checkbox"/> Interagency Service Planning Team (ISPT) Sign-In/Concurrence Form <input type="checkbox"/> Initial Treatment Plan including tentative discharge plan
<p>120 day Treatment Review Update (due by 135th day of treatment) - this is a packet submission</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child/Adolescent Services Submission form <input type="checkbox"/> FBMHS Treatment Review update Form <input type="checkbox"/> Updated discharge plan <input type="checkbox"/> Updated crisis plan <input type="checkbox"/> Updated Treatment Plan including tentative discharge plan
<p>170 day Treatment Review Update - this is a required discharge planning meeting</p>
<p>Additional Units</p> <ul style="list-style-type: none"> <input type="checkbox"/> VBP-Participating Providers - Use the FBMH Services Additional Units/Authorization Extension Request Form <input type="checkbox"/> Non-VBP-Participating Providers - this is a packet submission <ul style="list-style-type: none"> <input type="checkbox"/> Child/Adolescent Services Submission Form <input type="checkbox"/> FBMH Services Additional Units/Authorization Extension Request Form <input type="checkbox"/> Last 30 days of progress notes
<p>Extension Request</p> <ul style="list-style-type: none"> <input type="checkbox"/> VBP-Participating Providers - Use the FBMH Services Additional Units/Authorization Extension Request Form <input type="checkbox"/> Non-VBP-Participating Providers - this is a telephonic review
<p>Transition Request (from county or MCO) - this is a packet submission</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child/Adolescent Services Submission form <input type="checkbox"/> Recommendation for FBMHS-evaluation, prescription, or letter etc. <input type="checkbox"/> Treatment Plan <input type="checkbox"/> Approval Notice (County approval or authorization notice/letter)