

## Updated Only for Logo and Branding

### Provider Notice

**To:** HealthChoices Network Providers  
**Date:** February 17, 2004  
**Subject:** FBMH 04 002 FBMHS Coordination and Reporting  
(Originally Released as Provider Info MH 04 002)

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Included in this *Provider Info*:

#### 1. Expectations for Providers of Family Based Mental Health Services

##### 1.1 Background

All network Providers are expected to assist PerformCare to provide quality services to Members in a timely and effective manner. To that end, the following items are necessary.

#### 2. Provider Responsibility to Report:

##### 2.1 Capacity

In order to help PerformCare to allocate its resources, we request that all providers continue to report available capacity at each program location on a weekly basis. Please submit capacity reports to your Provider Relations Representative.

- Please report how many cases each of your agency's locations will be able to accept in the upcoming week. "Ability to accept" is defined as cases that will be assigned to an existing team within 3 days of accepting the referral. The team must be capable of calling the family within 24 hours of assignment and offering the family an appointment within the next 7 days. The family may request a later date due to their schedule. Please indicate this in progress notes.
- Please notify PerformCare **immediately** in writing if a provider accepted a case but finds that the case cannot be staffed within the specified time. The family will be referred to a FBMH provider who currently has an opening in the county that the Member resides.

##### 2.2 Member's Refusal of FBMH

- Provide the PerformCare Clinical Associate with copies of the agencies' letters

attempting to contact families that have been referred to FBMH, but which FBMH is unable to locate. All letters to the Member should include a DATE BY WHICH THE FAMILY NEEDS TO RESPOND to the provider. This will ensure that the Member's documentation can be completed at PerformCare with the appropriate refusal date of the service.

### **2.3 Notification of Start Date**

- Please continue to call PerformCare with the start date of FBMH services so authorizations can be generated within 24 hours of the intake appointment. Please make sure the call is made AFTER the intake appointment and the Member has agreed to services to ensure that an authorization to FBMH is appropriate.

## **3. Coordination with Crisis**

The FBMH Program is responsible to provide crisis intervention for all enrolled Members 24 hours a day, 7 days a week. This may include assessment and coordination with the local crisis intervention services. One way to ensure that the local crisis intervention program identifies the families served by FBMH is to notify crisis intervention of the families enrolled in FBMH. The Member/Family must sign a release of information prior to the FBMH provider notifying Crisis Intervention of their participation in FBMH services. Based on best practice, a letter of agreement will delineate how this coordination will occur between the providers.