

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 evaluation, psychological evaluation or a recommendation letter by a licensed psychiatrist, licensed psychologist or a licensed physician. The evaluation or recommendation letter must be dated within 6 months of request submission. The PeformCare 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"/> Provider choice form
<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 treatment team meeting 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"/> Additional Units 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)