



FFPSA Teams

1. (ID 50 FFPSA Teams) Did the FFPSA team implement a discharge planning process that:

1. Begins at admission;
2. Includes ongoing discussion as part of the treatment plan review;
3. Includes active involvement of the individual and family;
4. Includes transition to the adult mental health and other systems, as appropriate; and
5. Includes a transition plan submitted to and developed in collaboration with the individual and family that leverages available community services and supports.

2. (ID 50 FFPSA Teams) Was the family referred by the Managing Entity, Community-Based Care Lead Agency, the Department of Juvenile Justice, a Department Behavioral Health Consultant or Child Protective Investigation Team?

3. (ID 50 FFPSA Teams) Does the family served include children, parents, or caregivers with behavioral health conditions or an ICD 10 Z-code diagnosis (at-risk population and indicating the influence of a social determinant of health, i.e., parent-child conflict) contributing to the risk of family separation or out-of-home child placement?

4. (ID 50 FFPSA Teams) Children and families enrolled in other SAMH-funded programs (such as CAT) do not qualify for FFPSA teams. Is the family free from involvement in similar SAMH-funded programs?

5. (ID 50 FFPSA Teams) Did the FFPSA Team provider document fidelity to the selected FFPSA Clearinghouse model by following the Staffing and caseloads according to the selected model?

6. (ID 50 FFPSA Teams) Did the FFPSA Team provider document fidelity to the selected FFPSA Clearinghouse model by successful completion of the model's required staff, supervisory, and administrative trainings?

7. (ID 50 FFPSA Teams) Did the FFPSA Team provider document fidelity to the selected FFPSA Clearinghouse model, including participation in any staffing, quality reviews, fidelity reviews, or similar programmatic audits required by the model?

8. (ID 50 FFPSA Teams) Did the FFPSA Team provider document fidelity to the selected FFPSA Clearinghouse model, including adoption of any required assessment, service planning, performance measurement, discharge planning, and reporting tools established by the model?

9. Clinical Records Cx Progress Notes (65E-4.014.3.c) Progress notes shall be prepared at least monthly for clients having a service or treatment plan unless documented otherwise. Content shall include:

- 3) Modified service or treatment plan from changes in client's needs, resources, findings.

10. Clinical Records Cx Progress Notes (65E-4.014.3.c) Progress notes shall be prepared at least monthly for clients having a service or treatment plan unless documented otherwise. Content shall include:

- 2) Progress, or lack thereof, relative to the service plan or treatment plan

11. Clinical Records Cx Progress Notes (65E-4.014.3.c) Progress notes shall be prepared at least monthly for clients having a service or treatment plan unless documented otherwise. Content shall include:

- 1) Contact dates with client, family, friends, or service agencies;

12. Clinical Records Cx Termination (65E-4.014.3.d) Termination report must be in the record within 4 weeks after official termination of services.

Termination Report shall include:



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3) If there is a referral, a reason for the referral must be noted.

13. Clinical Records Cx Termination (65E-4.014.3.d) Termination report must be in the record within 4 weeks after official termination of services.

Termination Report shall include:

1) Evaluation of impact of agency's services on client's goals or objectives.

14. Clinical Records Cx Termination (65E-4.014.3.d) If no contact over 90 days, file must be closed, unless service or treatment plan indicates less frequent contact. Reason for termination must be included.

15. Clinical Records Cx Termination (65E-4.014.3.d) Termination report must be in the record within 4 weeks after official termination of services.

Termination Report shall include:

2) Date and signature of individual preparing report.