

MEMO

To: FSP Providers
From: FSP Operational Leads
Subject: FSP Cal-AIM Documentation Redesign Clarification
Date: November 2, 2022

It has come to our attention that there has been some confusion about how the recent Cal-AIM documentation redesign impacts FSPs. We hope this memo will clarify the main changes.

Alameda County FSP's are funded by both Medi-Cal and MHSA, and each have separate requirements (see below).

To meet the Medi-Cal Billing requirements:

- A separate Treatment Plan document is no longer required.
- A simplified Client Plan is required to be documented within a progress note when staff are billing for case management (**Targeted Case Management = Case Management**). See Page 20 of PowerPoint for a sample.
- A Problem List is required for all clients as of July 1, 2022.
- There are standardized SMHS assessment requirements which may add some additional domains to your current assessment template.
- Annual assessments are no longer required though assessment information should be updated as frequently as needed.
- For additional questions around CalAIM and Medi-Cal billing, please see the following websites:
 - <https://www.calmhsa.org/calaim-2/>
 - <https://www.acbhcs.org/providers/QA/memos.htm>

To meet the MHSA Funding requirements:

As mentioned above, because FSPs are also funded by MHSA dollars, there is an additional requirement for an **Individualized Service and Supports Plan (ISSP)** for each participant:

Language from the FSP RFP:

Each fully served individual shall have an ISSP which is a strengths-based (and family-centered for Child/Youth FSP) plan of services. The ISSP shall be developed between the client, and their family as appropriate, and the FSP service provider and shall identify services and supports needed by the client to help facilitate recovery, promote wellness and build resilience. Participating individuals and staff will help provide information to help the client make informed choices about the services included in the ISSP. Whenever appropriate for FSP serving children and youth, parents shall be included in the collaborative decision-making process. The family voice and choice shall be valued, encouraged and supported.

Attached is a sample template of an ISSP. However, there is no standard template requirement so providers are free to modify or create a template that meets their needs.

Please consult your own QA department to ensure compliance to the requirements.

If you have additional questions, please reach out to your operational lead.