

# **Instructional Guide for completing FCCS OMA Forms (Revised 5/26/09)**

## **General Rules for Getting Started:**

- All clients starting FCCS services on or after March 1<sup>st</sup>, 2009 must have FCCS OMA outcomes collected related to their services.
- Providers have the option of going back to collect outcomes on clients that remain in their program as of March 1<sup>st</sup> that started services prior to March 1<sup>st</sup>. If a provider decides to collect outcomes on all clients in their program as of March 1<sup>st</sup>, they must go back and do the baseline and any relevant 6 month updates.
- Please respond to questions from the treatment teams' perspective based on input from the client.

## **Administrative Information**

**Client ID:** IS number of the client you are serving in the FCCS program.

**Client DOB:** Client's Date of Birth

**Episode ID:** The episode ID generated by the IS system, which reflects the start of the services billed in the FCCS plan. The episode ID is an 8 digit, alphanumeric string which includes the provider number from which the client is currently receiving services and a three digit number that reflects the order of episode in the client's IS record. For example: 1906A010 means that client is currently open at provider 1906A and the client's current episode number (010) is their 10<sup>th</sup> episode in the IS system.

**Age Group:** Please select the FCCS Program Age Group based on the program you will bill to in the IS. Your client may not belong to the group that corresponds to their age: it depends on your program. The general age categories are Child: 0-15, TAY: 16-25, Adult: 26-59, and Older Adult: 60+, but (for example) you may be seeing a 24-year old (technically a TAY) in your Adult FCCS Program.

**FCCS Start Date:** Please indicate the first date you provided and billed for FCCS services under the FCCS plan in the IS.

## **OMA FCCS (1<sup>st</sup> Year form)**

### ***FCCS OMA Completed By and FCCS OMA Date***

**FCCS Baseline:** Provide the 7 digit alphanumeric staff code used for billing for the person filling out this form. This column is completed when the client begins services in FCCS, which usually coincides with the 1<sup>st</sup> billing in the IS of the FCCS plan.

**6-Month Update:** Provide the staff code of the person completing the form. This section is to be completed within the 45 day window (15 days before and 30 days after) around the due date. If the client's admission date is 1/1, the 6<sup>th</sup> month update will be due on 7/1. Staff can begin completing the form from 6/16 or they can complete it as late as 7/31.

**One-Year Update:** Provide the staff code of the staff completing the form. This section is to be completed within the 45 day window (15 days before and 30 days after) around the due date for 1-year update. If our client's admission date is 1/1/08, then the anniversary would be 1/1/09. The 45 day window would go from 12/17/08 to 1/31/09.

**FCCS OMA Date:** for all three columns, please write in the date the assessment was completed.

### **Living Arrangement Domain**

**Time Frame of the Assessment:** When assessing for client's functioning on the Baseline, it is crucial to assess the client's functioning level or residential status based on where the client is at the time of the Baseline. However, when assessing the client for updates, report the predominant status within the last 30 days from date that you are assessing your client. For example, if your client lived in a certain residential type that is not suitable for 10 days during the assessment period but lived in a suitable residence during the 20 days of the assessment period, then you will rate the client's living arrangement as suitable.

#### ***Type of Living Arrangement***

**FCCS Baseline:** Provide the residential type that your client resides in when you first provide and bill for services in FCCS. For example, if the first billed FCCS service is for Targeted Case Management (TCM) while the Client is at a hospital, then Living Arrangement Baseline will be listed as Acute Psychiatric Hospital. If, on the other hand, the Client was seen at home with their parents for their first FCCS billed service, the Living Arrangement Baseline would be listed as "With One or Both Biological/Adoptive Parents."

**FCCS 6-month:** Provide the most frequent (modal) residential type that your client stayed at within the 30 days leading up to the 6-month due date. In another words, if within 30 days prior to the review day your client stayed mostly with adult family members amongst other placements, you will indicate the adult family member placement as the primary residence at the time of the six month review.

**One-Year Update:** Follow the same principle as the 6-month update.

#### ***Living Arrangement Questions***

**Is the client's current living arrangement suitable?** Select the answer that reflects the appropriateness of the client's residential stay for 6 months and one year update. A "Yes"

would be appropriate if the client's health and welfare needs are generally being met in the least-restrictive environment.

**Is the client's current living arrangement free from abuse, neglect and domestic violence?** Select the appropriate answer to reflect whether client's home environment is safe and free from abuse, neglect, and domestic violence. This question does not refer to unsafe neighborhoods; rather it is intended to capture conditions within the home/living arrangement. Indicate for the 6 month and one year update.

**Is the client satisfied with the current living arrangement?** Provide an indication of client's satisfaction or dissatisfaction with their current living arrangement. Indicate for the 6 month and One-Year update.

**If the client's living arrangement changed, why?** Select a reason as to why living arrangement changed. The reasons are provided below the question. Update the information for 6 month and One-Year. If the living arrangement remained the same from the last assessment, use "20. NOT APPLICABLE (no change)".

### **Supportive Relationship Domain**

**Does the client have access to at least one stable, supportive adult?** Answer this question based on whether the client has a supportive adult who is not a part of the treatment team.

### **Medical Services Domain**

**Does the client have access to needed medical services?** Does the client have access (insurance or finances) and/or transportation to receive medical services?

**Does the client receive needed medical services?** Does the client actually go and seek out medical services?

### **Meaningful Use of Time Domain**

**Does the client have age appropriate involvement in the community?** Does the client have positive involvement in his or her community that is self-enhancing?

The emphasis here is slightly different for different FCCS Program Age Groups:

- For Children and TAY: Does the client have age and/or functionally-appropriate involvement or participation in school, sports, other extra curricular activities, or faith-based activities? Does the client participate in volunteer activities in their community?
- For Adults: Does the client participate in age and/or functionally-appropriate activities that promote their own recovery such as Project Return, NAMI,

Wellness Centers and/or Client Run Centers, volunteer work, vocational training, education, competitive employment, and/or other positive community activities?

- For Older Adults: Does the client participates in appropriate activities that is suitable for their physical health such as bingo clubs, senior centers, faith-based organization, volunteering, employment or other positive community activities?

**Does the client have activities (could be solitary) that he/she defines as meaningful?**

Does the client have access to and participate in leisure activities of interest such as hobbies, recreational, and/or other pro-social activities??

**End of Services**

If your client has terminated services, please complete a final assessment in the next update column of the form, and then write in the End Date of services. The End Date of Services should correspond with the last date that FCCS was claimed at your provider site for this client. Please complete this final update even if the End date does not fall into the 45 day window for completing a 6 month update.

**OMA FCCS: Second Year and Later Form**

**Year of 6 and 12 Month Assessments and Year of 18 and 24 month Assessments:**

Indicate what year the assessment period belongs to. For example, if the Client began FCCS in 2009, their “Second Year” form would include Assessments for both 2010 and 2011. This form is used for clients who are in their 2<sup>nd</sup> year and beyond of being in the FCCS program. Year of 6 and 12 month assessment is used when client has been in the program in even number years (year 2, 4, 6 etc) while year of 18 and 24 month assessment is used when client is in the program for odd number years (year 3, 5, 7, etc).

The questions on this form are the same as the 1<sup>st</sup> year form. Please follow the same guidelines as the 1<sup>st</sup> year form when answering the questions.