User Guide: FSP PAF

Version 2.0
[6/28/2024]

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User Guide: FSP PAF

General Information

Information captured on this form is transmitted to the state of California by each County. Providers will complete the form and, if possible, data is transmitted to the county through XML format and County can transmit to the state through XML format.
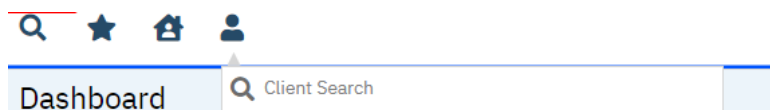
The client is presented as a possible referral so Intake is completed. PAF form is completed at intake to gather the information that will be updated regularly through the KET and 3M. This document is only allowed to be completed once per Partnership enrollment for the client. If the client discharges from the program and enrolls again later, the Partnership is either re-established using a KET or a new Partnership is created by creating another PAF. The appropriate documentation workflow is validated by the system and is dependent on state defined parameters.

Navigating to and Creating the FSP PAF

From the Client Search or Quick Link

You can create the document from the client tab. In order to do this, you must first search for the client or select the client from your primary list in client search drop down.

Navigate to the 'Search OR Open this Client' dropdown. Click the dropdown and select 'Client Search' or choose the client name in the drop down. If using search functionality, see below:

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You will be presented with the 'Client Search' screen. On this screen you will be able to search for a client by a number of parameters.

- Broad Search - Allows for the search of a client by name, partial name, sounds like.
- Narrow Search - Returns for search of exact name match
- SSN Search - Social Security Number search
- DOB Search - Date of Birth search
- Primary Clinician Search - Search by assigned primary clinician
- Authorization ID/# - Search by authorization ID or number recorded in SmartCare
- Phone # Search - Client phone number search
- Master Client ID Search - Used in Care Management; Search by client's Master Record ID. Your organization will not use this button.
- Client ID Search
- Insured ID Search-search by insurance ID.

Upon opening the client search you will note that the only button to the bottom right that is actionable is 'Cancel.' Minimally, you must perform a one part search including first and last name, social security number, and date of birth prior to opening a client. Enter information in each of the fields you would like to use for a search parameter and click the corresponding search button for each, as shown outlined in below.

If the client for whom you are searching already has a record in SmartCare, you will have the ability to both select the existing record.

- Select - This will open the selected client's record

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Client Search

Clear

Name Search ☐ Include Client Contacts ☐ Only Include Active Clients (Checking will not allow option to create new Client)

Broad Search | Narrow Search | Type of Client ● Individual ○ Organization

Last Name [_____] First Name [_____] Program [_____ ▼]

Other Search Strategies

SSN Search	[__][__][____]	Phone # Search	[_____]
DOB Search	[____][📅▼]	Master Client ID Search	[_____]
Primary Clinician Search	[_____ ▼]	Client ID Search	[_____]
Authorization ID / #	[_____]	Insured ID Search	[_____]

Records Found

ID	Master ID	Client Name △	SSN/EIN	DOB	Status	City	Primary Clinician

No data to display

Create New Potential Client | **Select** | Cancel

Registration | Inquiry (Selected Client) | Inquiry (New Client)

Click the 'Select' button to open the existing client. Once the client has been opened, you will note that there is a new tab open with the client's name and ID displayed.

🔍 ⭐ 🏠 👤 Test, Client (1) ➕ ✖

This is the client tab. When a client is selected, the client's name will appear on the toolbar. This is where you will be able to create a FSP PAF document.

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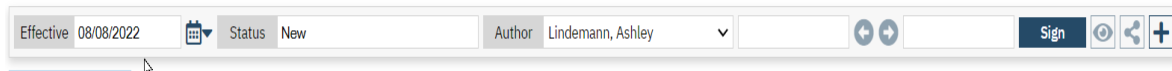**www.streamlinehealthcare.com**

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By using the magnifying glass to search for the CANS document you can search for the assessment or locate the assessment using a quick link.
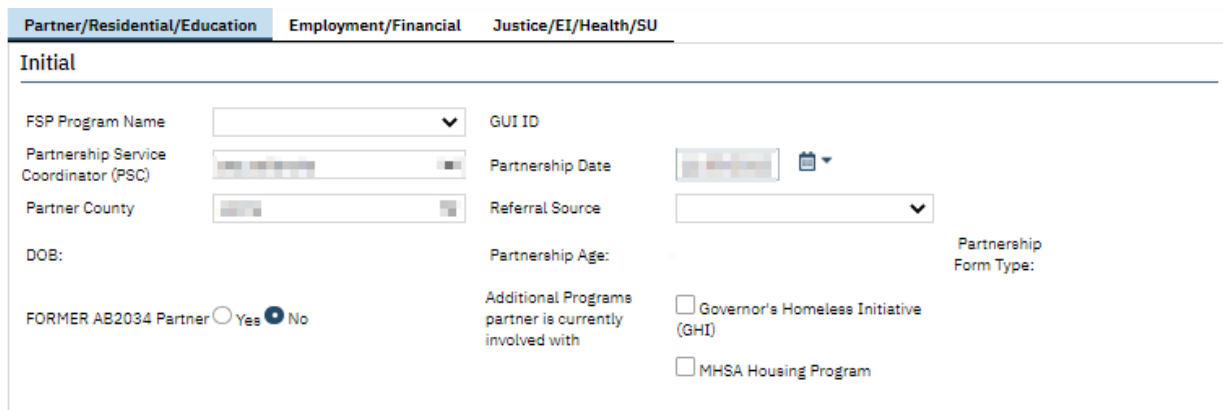
FSP PAF

General

Under the screen name, note the information pertaining to the status of the document.

We will explore these fields more thoroughly when completing the FSP PAF. However, note at this time that an effective date will be required to complete the document and it is defaulting to today's date. This default is configurable and can be changed, depending on your organization.

Partner/Residential/Education

Initial

FSP Program Name- This is a dropdown list of programs where the FSP ID is associated, and the client is currently and/or has been enrolled in the past. The dropdown will include the program name, enrolled date, and discharge date (if one exists). If this document is set up as a service

note vs. standalone document AND user selected a program on the Service Details screen for the document, PAF program name will be initialized from the Service details tab. This is a required selection.

Example: If client is currently enrolled in FSP Program A as of 1/1/22 and still enrolled, was enrolled in FSP Program A 1/1/21-5/1/21, and enrolled in FSP Program B as of 3/1/22 and still enrolled, the values in dropdown will show as follows:

FSP Program B 3/1/22 -

FSP Program A 1/1/22 -

FSP Program A 1/1/21 - 5/1/21

FSP GUID- This field is read-only. This field will display the GUID established by creating the PAF.

Partnership Service Coordinator (PSC)- This is a dropdown where a staff member is able to be chosen. This is a required selection.

Partnership Date- User is able to notate the date of the assessment. The PAF should only be completed for clients who do not have a current PAF on file. A validation message will appear if the client is not eligible for a new PAF record. The validation message will prompt the user to review previously completed PAF and/or KET records for most recent the Partnership Status and start a new KET to update the client's partnership.

Partner County- User is able to notate the county involved with the client. This is a searchable text box as users are able to start typing the name of the county they are searching for and a generated list will populate. If your organization only reports to one county entity, this field will not likely be visible for you based on how your administration team has configured it within SmartCare. It will automatically know what to report. Configuration key information is located at the bottom of this document in the Set- Up Consideration section. This is a required selection.

Referral Source- This is a dropdown as the user is able to select the referral source of the client. This is a required selection.

DOB: This is a read-only field and cannot be edited by the user.

Partnership Age: This is a read-only field and cannot be edited by the user. This field will not show/be calculated until user selects 'Partnership Date.' The calculated age is the Partnership

date less date of birth. For example, the client could be 15 today, but it is their birthday today and I just opened the form today, but actually saw the client yesterday, so Partnership Assessment date is yesterday's date, so the Partnership age would actually be 14.

Partnership Form Type: This is a read-only field and cannot be edited by the user. The read-only value will initialize. This field is dependent on the Partnership Age. If the Partnership Age is 0-15, then PAF Child will show in this field. If the Partnership Age is 16-25, then the PAF TAY will show in this field. If the Partnership Age is 26-59, then PAF Adult will show in this field. If the Partnership Age is 60 and older, then PAF Older Adult will show in this field.

Additional Programs partner is currently involved with- User is able to choose checkboxes that apply to the client. Checkboxes will include 'Governor's Homeless', 'Initiative (GHI)', 'MHSA Housing', and 'Program.'- this part will change in the design.

This is not a required field and will only display for the Partnership Form Type of TAY, ADULT, or Older Adult.

Former AB2034 Partner- User is able to select radio buttons of 'Yes' or 'No.' The default value of 'No' will be selected on the first PAF and initialize from previous signed documents for all future PAF documents.

This field will only be displayed for the Partnership Form Type of TAY, ADULT, or Older Adult.

Global Codes

Field Name	Global Code Category Name
Referral Source	REFERRALSOURCE

Residential Information (includes hospitalizations and incarceration)

Please check at least one checkbox Prior to the Last 12 months.

Child   /Tay Residential Information

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Residential Information (includes hospitalization and incarceration)

Please check at least one checkbox PRIOR TO THE LAST 12 MONTHS

Setting	Most recently when?	During the Past 12 Months Indicate the Total:		Prior to the Last 12 Months
		# Occurrences	#Days (must = 365)	
Child/TAY Residential Information - General Living Arrangement				

Throughout this section, users are asked to make selections based on different settings that the client would be in.

Most recently when?- User is asked to select the checkbox of 'Tonight' or 'Yesterday (as of 11:59 p.m. the day BEFORE the partnership).' Across all rows there must be at least one selection of 'Tonight' and 'Yesterday.' User is only allowed to make the selection of 'Tonight' or 'Yesterday' once in the section. This is a required selection.

During the past 12 Months indicate the TOTAL:

 # Occurrences- This is a textbox as user is able to enter a numeric value. This field does allow 0 to be an option entered. This is a required selection.

 # Days (must = 365)- This is a textbox and user is able to enter a numeric value. User is required to enter in a value no greater than 365. This field does not allow the user to enter 0 as an option. This section is conditional, and will be required if the user has any value (other than '0') in the '# of Occurrences.'

Prior to the last 12 months (mark all that apply)- This is a checkbox and user is able to make the selection if the statement applied to the client. This is a required section as user must make at least one selection of 'Prior to the Last 12 Months' in the Residential section.

Adult Residential Information

Residential Information (includes hospitalization and incarceration)

Please check at least one checkbox PRIOR TO THE LAST 12 MONTHS

Setting	Most recently when?	During the Past 12 Months Indicate the Total:		Prior to the Last 12 Months
		# Occurrences	#Days (must = 365)	
Adult Residential Information (includes hospitalization and incarceration) - General Living Arrangement				

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Throughout this section, users are asked to make selections based on different settings that the client would be in.

Most recently when?- User is asked to select the checkbox of 'Tonight' or 'Yesterday (as of 11:59 p.m. the day BEFORE the partnership).' Across all rows there must be at least one selection of 'Tonight' and 'Yesterday.' User is only allowed to make the selection of 'Tonight' or 'Yesterday' once in the section. This is a required selection.

During the past 12 Months indicate the TOTAL:

 # Occurrences- This is a textbox as user is able to enter a numeric value. This field does allow 0 to be an option entered. This is a required selection.

 # Days (must = 365)- This is a textbox and user is able to enter a numeric value. User is required to enter in a value no greater than 365. This field does not allow the user to enter 0 as an option. This section is conditional, and will be required if the user has any value (other than '0') in the '# of Occurrences.'

Prior to the last 12 months (mark all that apply)- This is a checkbox and user is able to make the selection if the statement applied to the client. This is a required section as user must make at least one selection of 'Prior to the Last 12 Months' in the Residential section.

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General Living Arrangement

This subsection will only show when Partnership Form Type is PAF Adult or PAF Older Adult.

General Living Arrangement				
In an apartment or house alone/with spouse/partner/minor children/other dependents/roommate - must hold lease or share in rent/mortgage	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
With one or both biological/adoptive parents	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
With adult family member(s) other than parents	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Single Room Occupancy (must hold lease)	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐

Child/TAY Residential Information- General Living Arrangement

This subsection will only show when Partnership Form Type is PAF Child or TAY.

When Partnership Form Type is Child all questions in the Single Room Occupancy (must hold lease) field will be disabled.

Child/TAY Residential Information - General Living Arrangement				
General Living Arrangement				
With one or both biological/adoptive parents	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
With adult family member(s) other than parents - non-foster care	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
In an apartment or house alone/with spouse/partner/minor children/other dependents/roommate - must hold lease or share in rent/mortgage	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Foster Home (with relative)	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Foster Home (with non-relative)	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐

Shelter/Homeless

This subsection will only show for TAY, ADULT, or Older Adult.

Shelter/Homeless				
Emergency Shelter/Temporary Housing (includes people living with friends but paying no rent)	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Homeless (includes people living in their cars)	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐

Supervised Placement

This subsection will not show when Partnership Form Type of PAF is Child.

The field of 'Assisted Living Facility' will not show for Partnership Form Type of TAY.

Supervised Placement				
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Assisted Living Facility	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Licensed Community Care Facility (Board and Care)	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐

Hospital

This subsection will show for all Partnership Form Types.

Hospital				
Acute Medical Hospital	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Acute Psychiatric Hospital/Psychiatric Health Facility (PHF)	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
State Psychiatric Hospital	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐

Residential Program (Child/TAY Only)
<mark>This subsection will only show for Child and TAY.</mark>

Group Home (Level 0-11) (Child/TAY Only)- This field is only displayed when Partnership Form Type is Child or TAY.

Group Home (Level 12-14) (Child/TAY Only)- This field is only displayed when Partnership Form Type is Child or TAY.

Community Treatment Facility- This field is only displayed for Partnership form Type is Child or TAY.

Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)- This field will display for all Partnership Form Types.

Short Term Residential Therapeutic Programs - STRTP [AB 403 Continuum of Care Reform (CCR)]- This field is only display when the Partnership Form Type is TAY, ADULT, or Older Adult.

Residential Program (Child/TAY Only)				
Group Home (Level 0-11) (Child/TAY Only)	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Group Home (Level 12-14) (Child/TAY Only)	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Community Treatment Facility	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐

Residential Programs

This subsection will only show for Partnership Form Type of PAF is TAY, ADULT, or Older Adult.

Residential Programs				
Skilled Nursing Facility (Physical)	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Skilled Nursing Facility (Psychiatric)	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Long-Term Institutional Care (IMD, MHRC)	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐

Justice Placement

Juvenile Hall/Camp/Ranch- This field is only displayed when the Partnership Form Type is Child or TAY.

Division of Juvenile Justice- This field is only displayed when the Partnership Form Type is Child or TAY.

Jail- This field is only displayed when the Partnership Form Type is <mark>TAY, ADULT, and Older Adult.</mark>

Prison- This field is only displayed when the Partnership Form Type is <mark>TAY, ADULT, and Older Adult.</mark>

Other- This field will show for all Partnership Form Types.

Unknown- This field will show for Partnership Form Types.

Justice Placement				
Juvenile Hall/Camp/Ranch	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Division of Juvenile Justice	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Other	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
Unknown	☐ Tonight ☐ Yesterday (as of 11:59 p.m. the day BEFORE the partnership)			☐
		Total # of Days MUST = 365	0	

Grade Level

This section users are asked to select information on the client regarding education.
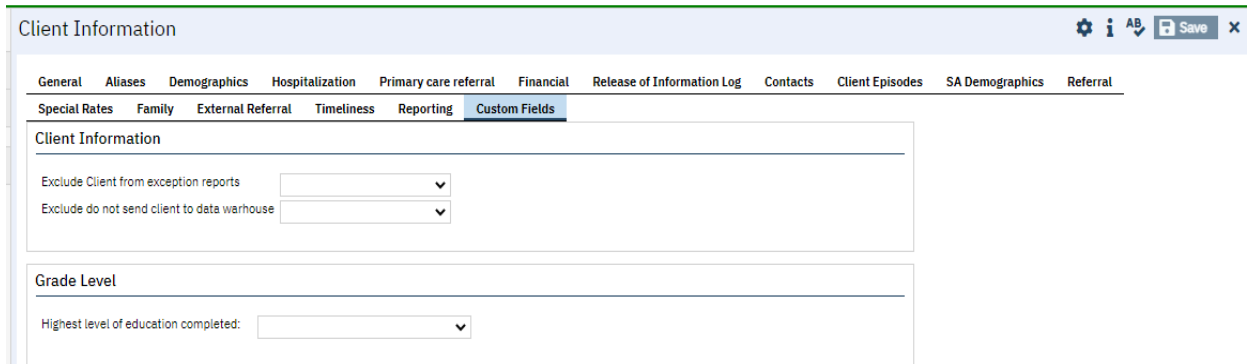
Grade Level	
Highest level of education completed:	⌄

- User is to make a selection using the dropdown.
- Dropdown response options vary depending on the age of the client being assessed. Values of Pre-school to 12th grade and Level Unknown (e.g., youth in non-public school) will only show for clients 26 and younger. The value of 'No High School Diploma/No GED' will not show for ages 0-25. Bachelor's Degree, Master's Degree, and Doctoral Degree will not show for ages 0-15. GED Coursework, High School Diploma/GED, Some College/Technical or Vocational Training, Associate's Degree (e.g. AA, AS)/Techinical or Vocational Degree will show for ALL ages.
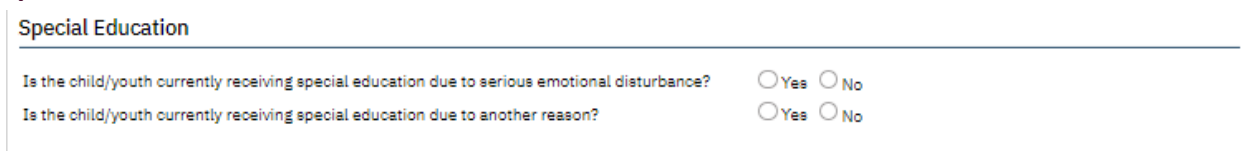- This is a required selection.

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Global Codes

Field Name	Global Code Category Name
Highest Level of Education Completed	EDUCATIONALLEVEL

Client Information Screen

- The above Client Information screenshot is not on the FSP PAF document, although information is stored and capture on the client information screen from this document by pushing the data to this screen once you have signed the PAF.
- On the client information screen, the user is able to indicate the 'Highest level of education completed' manually, if blank.
  - After 'saving' in client info, if user opens a new PAF document, it will initialize the value in this field to the same field in the PAF that you see above.

Special Education

- User is to make a selection using the radio buttons of 'Yes' or 'No.' *This section will only show for Partnership Form Type of Child or TAY.*
- This is a required selection.

School Attendance

- *This section will only show for users who are age 0-25 (Child and TAY form type).*
- If user selects 'The youth is not required by law to attend school', then both fields in the 'Youth who are Required By Law to Attend School' sub-section will be disabled.
- User is to make a selection using the dropdown.
- Hover icon next to field names stating 'Excludes scheduled breaks and excused absences.'

Global Codes

Field Name	Global Code Category Name
Estimate the youth's attendance level during the past 12 months	XAtdLevelPast12Month
Estimate the youth's current attendance level	XAtdLevelCurrent

Grades/Suspensions

- User is to make a selection using the radio buttons of 'Very Good', 'Good', 'Average', 'Below Average', or 'Poor' for the first two fields. The last two fields, the user is able to add a numeric value in the textbox.
- This section is not displayed if answer in previous section 'Estimate the youth's current attendance level' = 'Not required by law'
- If this section is showing, all fields are required.
- *This section will only show for Partnership Form Type of Child or TAY.*

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Time Spent in Education Current/Past Twelve Months

Time Spent in Education Current/Past Twelve Months

Number of weeks should add up to be 52 weeks! Please check at least one checkbox IS CURRENTLY!
Note for TAY - For Youth Who are NOT Required by Law to Attend School

For the educational settings below, indicate where the partner...	Was During THE PAST 12 MONTHS # of weeks	is CURRENTLY
Not in school of any kind		☐
High School/Adult Education		☐
Technical/Vocational School		☐
Community College/4 year College		☐
Graduate School		☐
Other		☐
	Sum = 0	

This section only shows for TAY, Adult, and Older Adult form types.

Was During The Past 12 Months # of weeks-

- Users are asked to total up all the weeks in all the columns to total 52 weeks.
- This field is required for ages 19 and older and optional for ages 16-18.
- User is allowed to enter a value of 0, as long as the sum value is 52 weeks.

Is Currently (mark that apply)-

- Users are asked to use the checkbox if the field is applicable to the client.
- One checkbox selection across all rows is required for clients 19 and older and optional for clients 16-18.

Does one of the partner's current recovery goals include any kind of education at this time?

- User is asked to select 'Yes' or 'No' to final question.
- This is a required selection.

Employment/Financial

Employment during that past 12 months.

This subsection will show for all Partnership Form Types.

Employment/Financial			

Number of weeks should add up to be 52 weeks!

Employment During the Past 12 Months			
Indicate the partner's employment status	**# of Weeks**	**Average Hours/Week**	**Hourly Wage**
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.			
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.			
Transitional Employment/Enclave: Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.			
Paid In-House (Sheltered Workshop/Work Experience/Agency-Owned Business): Paid jobs open only to program participants with disability. A Sheltered Workshop usually offers sub-minimum wage work in a simulated environment. A Work Experience (Adjustment) Program within an agency provides exposure to the standard expectations and advantages of employment. An Agency-Owned Business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.			
Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.			
Other Gainful/Employment Activity: Any informal employment activity that increases the child/youth's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution).			
Unemployed:			
Total (Must = 52)	0		

- Users are asked to fill the textbox with the numeric value of weeks. The total for all columns in this section needs to total 52 weeks.
  - Users are able to enter in the value of 0.
- You must complete at least one row and all of the fields in that row across the 3 columns. You can proceed with leaving an entire row blank, but if you fill data into one field in a given row, you will not be able to sign without completing all of the fields in that same row.

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Check here if the partner is not employed at this time- If user makes checkbox selection all fields in the next section will be disabled.

Current Employment

This subsection will show for all Partnership Form Types.

Current Employment

☐ Check here if the partner is not employed at this time:

Current Employment		
Indicate the partner's employment status	Average Hours/Week	Hourly Wage
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.		
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.		
Transitional Employment/Enclave: Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.		
Paid In-House (Sheltered Workshop/Work Experience/Agency-Owned Business): Paid jobs open only to program participants with disability. A Sheltered Workshop usually offers sub-minimum wage work in a simulated environment. A Work Experience (Adjustment) Program within an agency provides exposure to the standard expectations and advantages of employment. An Agency-Owned Business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.		
Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.		
Other Gainful/Employment Activity: Any informal employment activity that increases the child/youth's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution).		

Does the partner's current recovery goals include any kind of employment at this time?   ○ Yes   ○ No

- Users are asked to fill the textbox with the numeric value of weeks. The total for all columns in this section needs to total 52 weeks.
  - Users are able to enter in the value of 0.
- You must complete at least one row and all of the fields in that row across the 3 columns. You can proceed with leaving an entire row blank, but if you fill data into one field in a given row, you will not be able to sign without completing all of the fields in that same row.

Does the partner's current recovery goal include any kind of employment at this time?-

- User is able to select a radio button of 'Yes' or 'No.'

● This is a required selection.

Sources of Financial Support

This subsection will show for all Partnership Form Types.

Sources of Financial Support

Indicate all the sources of financial support used to meet the needs of the partner during the past 12 months

☐ No Financial Support	☐ Partner's/Youth's Wages
☐ Partner's/Youth's Spouse/Significant Other's Wages	☐ Savings
☐ Other Family Member/Friend	☐ Retirement/Social Security Income
☐ Veteran's Assistance Benefits	☐ Loan/Credit
☐ Housing Subsidy	☐ General Relief/General Assistance
☐ Food Stamps	☐ Temporary Assistance for Needy Families (TANF)
☐ Supplemental Security Income/State Supplementary Payment (SSI/SSP) Program	☐ Social Security Disability Insurance (SSDI)
☐ State Disability Insurance (SDI)	☐ American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)
☐ Other	

Indicate all the sources of CURRENT financial support used to meet the needs of the partner

☐ No Financial Support	☐ Partner's/Youth's Wages
☐ Partner's/Youth's Spouse/Significant Other's Wages	☐ Savings
☐ Other Family Member/Friend	☐ Retirement/Social Security Income
☐ Veteran's Assistance Benefits	☐ Loan/Credit
☐ Housing Subsidy	☐ General Relief/General Assistance
☐ Food Stamps	☐ Temporary Assistance for Needy Families (TANF)
☐ Supplemental Security Income/State Supplementary Payment (SSI/SSP) Program	☐ Social Security Disability Insurance (SSDI)
☐ State Disability Insurance (SDI)	☐ American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)
☐ Other	

● User is able to indicate which fields apply to the client and use the checkbox to indicate selections made.
● At least one checkbox will need to be selected by the user in each section above.
● *All checkboxes show for all ages with the exception of the 'Caregiver Wages' and 'Child Support' fields as these will only show for Partnership Form Type of Child or TAY.*
    ○ The checkbox shown logic (Global Code) is based on the calculated age using Partnership Date less DOB.

Global Codes

Field Name	Global Code Category Name

Indicate all the sources of financial support…	XCurrentFinancial

Justice/EI/Health/SU

These sections show for all form types except where called out differently below.

Justice System Involvement-Arrest Information

Indicate the number of times the partner was arrested during the past 12 months-

- User adds a numeric value in the textbox. Any numeric value is accepted.
- This is a required field.

Was the partner arrested anytime prior to the last 12 months?-

- User is able to choose between the radio buttons 'Yes' or 'No.'
- This is a required selection.

Justice System Involvement-Probation Information

- User is able to choose between the radio buttons 'Yes' or 'No' for each field in this section.
- Each is a required selection.

Justice System Involvement-Parole Information

Justice System Involvement - Parole Information

Was the partner on parole anytime prior to the last 12 months? ○ Yes ○ No

Was the partner on parole during the past 12 months? ○ Yes ○ No

- User is able to choose between the radio buttons 'Yes' or 'No' for each field in this section. Each is a required selection.

Conservatorship Information

Conservatorship Information

Is the partner currently on conservatorship? ○ Yes ○ No

Was the partner on conservatorship anytime prior to the last 12 months? ○ Yes ○ No

Was the partner on conservatorship during the past 12 months? ○ Yes ○ No

- User is able to choose between the radio buttons 'Yes' or 'No' for each field in this section.
- Each is a required selection.

Payee Information

Payee Information

Does the partner currently have a payee? ○ Yes ○ No

Did the partner have a payee anytime prior to the last 12 months? ○ Yes ○ No

Did the partner have a payee during the past 12 months? ○ Yes ○ No

- User is able to choose between the radio buttons 'Yes' or 'No' for each field in this section.
- Each is a required selection.

Dependent (W & I Code 300 Status) Information

This subsection will only show for Partnership Form Type of Child or TAY.

Dependent (W & I Code 300 Status) Information

Is the youth currently a dependent of the court? ○ Yes ○ No

Was the youth a dependent of the court anytime prior to the last 12 months? ○ Yes ○ No

Was the youth a dependent on the court during the past 12 months? ○ Yes ○ No

If the youth was ever a dependent of the court, indicate the year the youth was first placed on W & I Code 300 status [   ]

- User is able to choose between the radio buttons 'Yes' or 'No' for each field in this section. These are required fields.
- Text field is only required when at least one response to other questions in this section = Yes. When required a user must enter a 4-digit value and it cannot be less than 1900. This field will initialize from last signed PAF document, if one exists.

Custody Information

Custody Information			
Indicate the total number of children the partner has who are currently place on W & I Code 300 status (Dependent of the court)		Indicate the total number of children the partner has who are currently legally reunified with partner	
Indicate the total number of children the partner has who are currently placed in Foster Care		Indicate the total number of children the partner has who are currently adopted out	

- User is to indicate a numeric value in all textbox fields for this section.
- Each is a required field.

Emergency Information

Emergency Intervention			
Please indicate the number of Physical Health Related emergency interventions (e.g., emergency room visit, crisis stabilization unit) the partner had during the past 12 months.		Please indicate the number of Mental Health/Substance Use Related emergency interventions (e.g., emergency room visit, crisis stabilization unit) the partner had during the past 12 months.	

- User is to indicate a numeric value in all textbox fields for this section.
- Each is a required field.

Health Status

Health Status			
Does the partner currently have a Primary Care Physician?	○ Yes ○ No	Did the partner have a Primary Care Physician during the past 12 months?	○ Yes ○ No

- User is able to choose between the radio buttons 'Yes' or 'No' for each field in this section.
- Each is a required selection.

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Substance Use

Substance Use

In the opinion of the partnership service
coordinator, does the partner have a co-occurring   ○ Yes ○ No   Is the partner currently receiving substance use services?   ○ Yes ○ No
mental illness and substance use problem?

Is this an active problem?   ○ Yes ○ No

- User is able to choose between the radio buttons 'Yes' or 'No' for each field in this section.
- First question is required.
- Second question 'Is this an active problem' is required if user selects 'Yes' to the first question.
- Third question 'Is the partner current receiving substance use services?' is required if user selects 'Yes' to the second question.

ADL/IADL

Index of Independent Activities of Daily Living (ADL)

This entire tab will only show for Partnership Form Types of Older Adult.

ADL/IADL

Index of Independent Activities of Daily Living (ADL)

For each area of functioning listed below, check the description that applies (The word 'assistance' means supervision, direction or personal assistance)

Area	Descriptions
Bathing - either sponge bath, tub bath or shower	○ Receives no assistance (gets in and out of tub by self, if tub is usual means of bathing) ○ Receives assistance in bathing only one part of the body (such as back or leg) ○ Receives assistance in bathing more than one part of the body (or not bathed)
Dressing - gets clothes from closets and drawers, including underclothes, outer garments and uses fasteners (including braces, if worn)	○ Gets clothes and gets completely dressed without assistance ○ Gets clothes and gets dressed without assistance, except for assistance in tying shoes ○ Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed
Toileting	○ Goes to 'toilet room', cleans self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheelchair and may manage night bedpan or commode, emptying same in AM) ○ Receives assistance in going to the 'toilet room' or in cleansing self or in arranging clothes after elimination or in use of night bedpan or commode ○ Doesn't go to room termed 'toilet' for the elimination process
Transfer	○ Moves in and out of bed as well as in and out of chair without assistance (may be using object for support, such as a cane or walker) ○ Moves in and out of bed or chair with assistance ○ Doesn't get out of bed
Continence	○ Controls urination and bowel movement completely by self ○ Has occasional 'accidents' ○ Supervision helps keep urine or bowel control; catheter is used, or person is incontinent
Feeding	○ Feeds self without assistance ○ Feeds self except for getting assistance in cutting meat or buttering bread ○ Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids
Walking	○ Walks on level without assistance ○ Walks without assistance but uses single, straight cane ○ Walks without assistance but uses two points for mechanical support such as crutches, a walker or tow canes (wears a brace) ○ Walks with assistance ○ Uses wheelchair only ○ Not walking or using wheelchair
House-Confinement	○ Has been outside of residence on 3 or more days during the past 2 weeks ○ Has been outside of residence on only 1 or 2 days during the past 2 weeks ○ Has not been outside of residence in past 2 weeks

- User is to make a selection based on the radio buttons and field associated to the right.
- This is a required selection, as a user is required to choose one of the radio buttons associated each of the separate rows.

Instrumental Activities of Daily Living (IADL)

This section will only show for Partnership Form Types of Older Adult.

Instrumental Activities of Daily Living(IADL)

For each area of functioning listed below, click the description that applies

Can the client use the telephone?	○ Without Help ○ With Some Help ○ Completely Unable to Do
Can the client get to places out of walking distance?	○ Without Help ○ With Some Help ○ Completely Unable to Do
Can the client go shopping for groceries?	○ Without Help ○ With Some Help ○ Completely Unable to Do
Can the client prepare their own meals?	○ Without Help ○ With Some Help ○ Completely Unable to Do
Can the client do their own housework?	○ Without Help ○ With Some Help ○ Completely Unable to Do
Can the client do their own handyman work?	○ Without Help ○ With Some Help ○ Completely Unable to Do
Can the client do their own laundry?	○ Without Help ○ With Some Help ○ Completely Unable to Do
If the client takes medication (or if the client had to take medication) could they take it on their own?	○ Without Help ○ With Some Help ○ Completely Unable to Do
Can the client manage their own money?	○ Without Help ○ With Some Help ○ Completely Unable to Do

- This is a required selection, as a user is required to choose one of the radio buttons associated with each of the separate rows.

Completing the FSP PAF

When all information that can be gathered has been entered into the FSP PAF, a few final steps are needed to complete the FSP PAF.

You have two options: sign or save. If there is a compelling reason not to complete and sign the document, it can be saved and returned to at a later time by clicking the save button in the toolbar.

However, keep in mind that if the document is not signed information will not initialize into the client record, where applicable. To sign the document, it is not required that you save it first. Signing will both
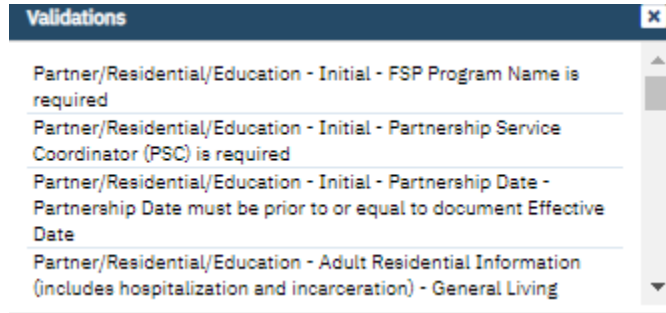
save and sign the document. First, ensure that the document has an effective date, and then click the blue 'Sign' button.
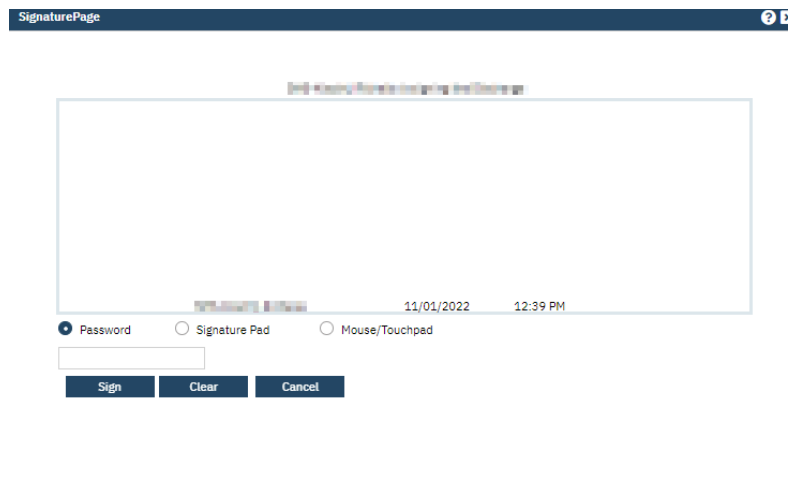

When you click the sign button, if you have fields that are required that you did not enter data into, you will receive a validation message like the one below.

The validation message will tell you exactly where you need to go to complete the requirement. The first part of the message (e.g. Partner/Residential/Education) will tell you on what tab you will find the requirement on. The second part of the message (e.g. initial) will tell you which section to find the requirement in. The third part of the message (e.g. FSP Program Name is required) will tell you what the requirement itself is).
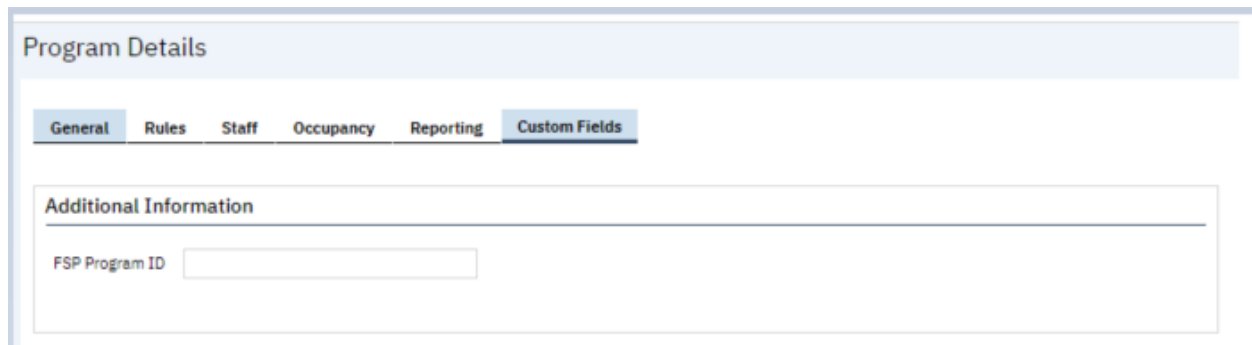
Once all requirements have been completed, click the sign button again (if validations occurred). You will then be presented with the signature screen. By typing in your password and clicking 'Sign' the document will be signed and applicable information initialized to the client record.

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Once the document is signed, you should see a PDF of the document on the screen and status should change to complete.

Set Up Considerations

Program Details Screen

On the program details page, the user is able to indicate the organization's FSP Program ID for each program that is considered an FSP/MHSA Program. This is an administrative function, as it is used to send the FSP Program ID on the file based on the program selected on the 3M document.

Configuration Keys

Field Name	Configuration Key Category Name
Partner County	XSetCountyCodeForCaliforniaStateReporting

If your organization only provides services to clients within ONE county, then you should enter the County Code as defined by your state here. If nothing is entered, then on the form, user will be required to select the County every time. If something is entered here, then user will not see the field and it will prepopulate in the table for this document to be sent for reporting to the accurate county.

If your organization provides services to clients in more than one county and you report to each of those counties, then you should indicate 'None' in this key or leave it blank and users will be required to select the county each time they do the document.

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The field this impacts is the 'Partner County' field below that is located on the Partner/Residential/Education tab in the Initial section.

If there are counties you do not provide services to, you can go to the DACSManagingEntity Global Code category in the Global Codes screen and deactivate any counties you do not want staff to see in the drop down. You should only do this for counties that NONE of your programs are serving. You should keep all counties that at least one program serves as active.

Recodes

Field Name	RecodeCategory Name
Partnership Date	XSetClientCreationDateForKET

This date is used for identifying the client creation date, which has to be considered while creating the KET and 3M Documents. This recode triggers the validation logic that checks for the existence of a PAF prior to creating a KET or 3M as well as the establishment of the Partnership for tracking the 3M due date intervals.

Version Control

Revision	Description	Updated By

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Date		
5/28/2024	Added Recode Section	EMabray

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