



TOBY DOUGLAS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

Date: October 31, 2014

PFC Program Notice: 14-03  
Supersedes PFC Program Notice 13-02

**SUBJECT:** Partners For Children (PFC) Waiver 60-Day Family-Centered  
Action Plan (F-CAP) New Schedule and PFC Monthly Services  
Log

The purpose of this Program Notice is to inform PFC Providers and participating local county California Children's Services (CCS) staff of the revised 60-day F-CAP and review schedule, as well as to introduce the new PFC Monthly Services Log.

## BACKGROUND

In response to feedback from the PFC Stakeholders, participating agencies, Care Coordinators and PFC CCS Nurse Liaison (PFC CCSNL) the 60-day F-CAP was revised as of September 2014. The new 60-day F-CAP is designed to streamline the process, thereby reducing the need to complete lengthy care/service plans in order to focus on changes and Federal assurances so the PFC participant can safely receive PFC services in the home and community. The monthly services log is designed to document the PFC services received each month by the PFC enrolled client.

## POLICY

PFC agencies providing care to PFC clients shall submit F-CAPs as described below to the CCS Nurse Liaison, who will review and send authorization of requested services to the PFC agency. The State CCS Program may request intermittently that the PFC agency send F-CAP directly to the State.

## **I. F-CAP**

### **Initial and Six Months**

- The initial F-CAP must be completed and sent to the PFC CCSNL for review within fourteen (14) days of the date of the first visit. Physician signature is required. Also include, as a cover sheet, the F-CAP Initial Summary Sheet. The review clock starts on the day of the first visit with the Care Coordinator to the PFC participant and family.
- Full F-CAP with Physician signature is required six (6) months from the date of the Initial F-CAP, and every six (6) months thereafter for the duration of the child's enrollment in the PFC Program. Also include, as a cover sheet, the F-CAP Review Summary Sheet.

### **60-Day F-CAP**

- The 60-Day F-CAP must be submitted sixty (60) days after the Initial F-CAP (see attachment A), and sixty (60) days after the 60 Day F-CAP.
- Required sections are now integrated into the 60-Day F-CAP, including, Physical Assessment, Health & Welfare, PFC Family-Centered Team Meeting, Goals of Care, and the anticipated level of Care Coordination.
- Additional changes in other sections of the F-CAP are attached/added by the Care Coordinator to the 60-day F-CAP Notes Section to reflect client's changing needs above and beyond the required sections.
- Physician signature is only required when new services are requested.

## **II. PFC Monthly Services Log**

The purpose of the monthly service log is to document which of the PFC services authorized are provided, how many units of each, and for care coordination, the setting in which the service was given. This documentation is necessary to meet the Centers for Medicare and Medicaid Services, Home and Community-Based Services waiver quality assurances and for ongoing PFC quality improvement. Please refer to the attached "PFC Monthly Services Log" and the instructions for completing the document.

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A PFC Monthly Services Log must be completed and sent to the local county PFC CCSNL by the 5<sup>th</sup> of each month for each enrolled client, reflecting the prior month's services and activities (see attachment B). This log includes the following:

- Number and type of palliative care services provided that month
- Number of hours of care and setting of care coordination provided
- Family counseling service hours provided

The PFC CCSNLs will send a copy of all F-CAPs, Summary Sheets and Monthly Service Log to the State PFC FAX number (916) 440-5315 or e-mail to [CCSPPC@dhcs.ca.gov](mailto:CCSPPC@dhcs.ca.gov). The PFC CCSNLs will use the log as a reference when communicating with families during the monthly family-PFC CCSNL call.

This policy is effective November 1, 2014

If there are any questions regarding this PFC Program Notice, please contact Galynn Thomas, RN, NCIII at (916) 327-2692 or via e-mail at [CCSPPC@dhcs.ca.gov](mailto:CCSPPC@dhcs.ca.gov).

**ORIGINAL SIGNED BY JILL ABRAMSON, MD**

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