

SUMMARY OF DUE DATES AND TIMEFRAMES

Form:	By Whom:	Done When:	Entered When:
Abnormal Involuntary Movement Scale (AIMS)	Physician, nurse, or other medical staff	Before medications are prescribed for baseline; quarterly thereafter.	Day of visit.
Consumer Orientation Checklist	Team	All items prior to PCP meeting; 30 days from Intake or by 3 rd session in OP; redone at annual anniversary.	Completed upon Intake in Primary program.
Consent for Medication	Health Services staff	Whenever applicable med is rx'd; annually thereafter.	Upon signature; day of rx.
Consent for Treatment/Release for Insurance	Intake staff at Primary program	At Intake; annually thereafter; whenever insurance changes.	Upon signature; day of Intake.
Report of Death	Primary Clinician	Upon learning of individual's death.	Within 24 hours (to accompany CI).
Medication Administration Record	Health Services staff	At first rx; ongoing.	Upon initiation.
Notice of Privacy Practices	Intake staff at Primary program	At Intake; annually thereafter.	Upon signature; day of Intake.
Release of Information	Individual, parent, or guardian with assistance from staff and natural supports as appropriate	Whenever information is to be released; release for physician, supports, etc., done at Intake and annually thereafter.	Upon signature.
Request for Consultation	Primary staff	When consultation, assessment, or interventions are needed which are available as consultation services, but not within the programs where the consumer is currently receiving services. Used upon first request, and to include consultant's assessment, response, goals, and recommendations.	Completion is expected no more than 30 days from the date assigned by the Supervisor of Consultative Services
Treatment Plan	Secondary program staff (e.g., day programs, Housing); Specialty Discipline Professionals (e.g., OT, PT, InSHAPE, Psychologist)	<ul style="list-style-type: none"> Whenever there is a change in services / supports between regular reviews; whenever individual is hospitalized. Whenever individual is assessed / to be served in a Secondary program or by a consultation service (annually for inclusion in the Primary Clinician's IPOS). Accompanies Treatment Note (for the purpose of review of status of Treatment Plan goals and objectives) if changes are indicated. 	Within 10 days of change in care Individual must <u>receive</u> copy within 15 days. Secondaries and Specialty Discipline Professionals: Use the Treatment Plan to communicate changes to goals and objectives for inclusion in the IPOS.
Swallowing Questionnaire ##	Case Manager or Supports Coordinator	Annually, at least 90 days prior to annual PCP meeting / IPOS.	Immediately upon completion
Day Supports Assessment	Day Program staff	Upon referral to a Day Program site; within 30 days.	Within 7 days of assessment

SUMMARY OF DUE DATES AND TIMEFRAMES

Form:	By Whom:	Done When:	Entered When:
Discharge Plan Part A: Discharge Summary (see attached flowchart)	Primary Clinician; Secondary Clinician if Primary program is another provider	Within 14 days of discharge / exit date.	Upon completion
Discharge Plan Part B: Transition Plan (see attached flowchart)	Primary Clinician and Secondary Clinician	Prior to planned discharge / exit from a program; or whenever transfer occurs between Primary programs; and upon planned transition from or completion of a Secondary program. Not required if individual drops out, disappears, or dies (see attached flowchart for more information)	By date of discharge / exit / completion. In case of transfer, the IPOS should be completed prior to transfer/exit. Copy given to individual.
Health Screening	Qualified Clinician ⁺⁺⁺ during PSA; reviewed by medical staff	At Intake / assessment; reviewed and updated if necessary annually thereafter and/or whenever indicated.	Upon completion
Initial Service Plan ^{** #}	Clinician in assigned Primary program	Within 7 days of Intake; first session in OP if used.	Upon completion
Input for IPOS ^{** ##}	Individual, assisted by Primary program staff	Prior to first and every PCP meeting / IPOS; within 14 days from initial Intake.	Upon completion
Individual Plan of Service (IPOS) ^{**}	Team; Primary Clinician is responsible for compiling and integrating any component treatment plans	Within 30 days of initial Intake date; by 3 rd session in OP; no more than 365 days from last IPOS. In a CRU, the IPOS must be developed and signed within 48 hours of admission	Within 10 days of the meeting Note: Individual must <u>receive</u> copy within 15 days of the meeting.
Medication Review - Updated Plan	Credentialed medical staff	At least quarterly in Meds-only; as needed otherwise	Upon completion
Notification of Recipient Rights	Intake staff	At Intake and annually thereafter	Upon signature
Physical Health Assessment	Credentialed medical staff	When health screening or other information suggests potential health issues requiring assessment	Upon completion
Progress Note ⁺	Clinician or direct services staff; Secondary staff and Professional Services staff for the purpose of review of status within a Secondary or Consultative program.	<ul style="list-style-type: none"> For every billable service and all contacts significant enough to address the IPOS goals (all Clinicians) To report quarterly status regarding goals and objectives as needed (from secondaries and consultants), or as requested by Primary Clinician. The Secondary program has the responsibility to produce and send this report quarterly whether or not the Primary program requests it. Due 60 days from original IPOS and each subsequent IPOS or quarterly IPOS review. 	Upon completion
Psychiatric Evaluation - Plan	Psychiatrist	Upon referral; whenever change in status indicates need; updated via Medication Review/ Updated Plan.	Upon completion

SUMMARY OF DUE DATES AND TIMEFRAMES

Form:	By Whom:	Done When:	Entered When:
Psychosocial Assessment & Interpretive Summary **	Qualified Clinician	Prior to first PCP meeting / IPOS; within 14 days from Intake; by 3 rd session in OP; when a readmission occurs more than 12 months since discharge. The PSA & Interpretive Summary is reviewed and updated if needed at least annually, prior to the annual IPOS; and/or whenever individual is readmitted within 12 months from discharge (due prior to new IPOS); and/or whenever substantive change in status occurs; and/or whenever active individual changes LOC.	Upon completion
Quarterly Review of IPOS ***	Primary Clinician	No later than 90 days from the date of the initial IPOS / last Quarterly. This is a narrated overview of total progress on all interventions from all treatment plans.	Upon completion
Relapse Prevention/ Crisis Plan ** ##	Primary Clinician	Same as IPOS; reviewed and revised as needed; reviewed whenever person has stay in hospital or any intensive crisis service (partial hospital, crisis residential, or crisis stabilization).	Same as IPOS

* Primary Clinician is the supports coordinator, case manager, single service therapist, or the psychiatrist in a meds-only case (if applicable).

+ The *Medication Review – Updated Plan* takes the place of this for credentialed medical staff.

** Not required for Meds Only consumers.

*** Qualified Clinician: Consistent with Medicaid Provider Chart of Qualifications (i.e., *Mental Health Professional*)

Not required in Outpatient if IPOS is completed within 7 days instead.

Not required in Outpatient.

SUMMARY OF DUE DATES AND TIMEFRAMES**Instructions for Discharge**
(also see Flowchart that follows)

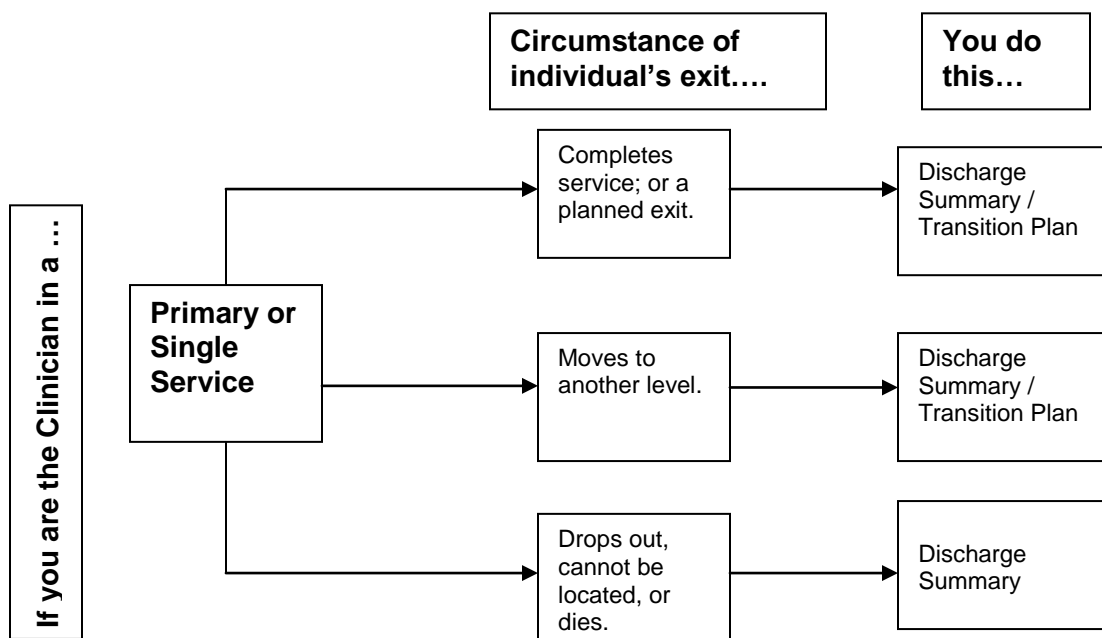
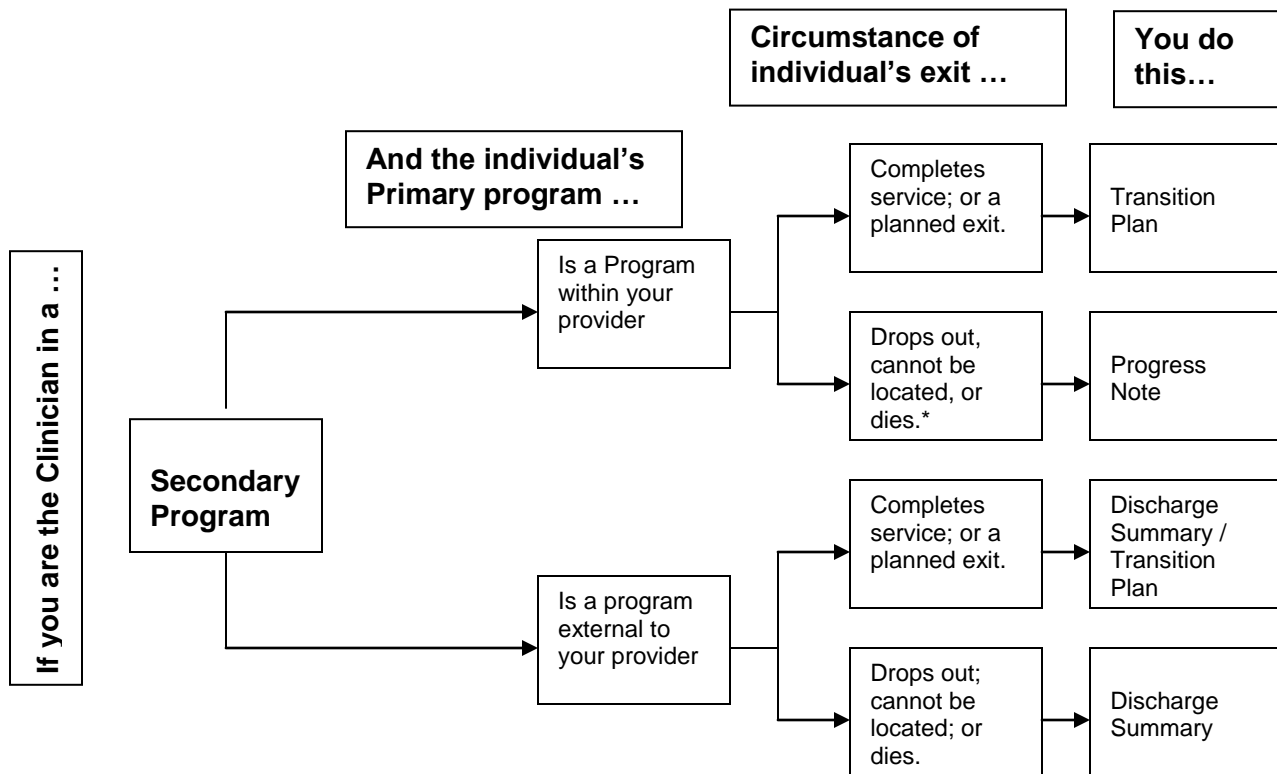
Discharge Plan Part A - Discharge Summary is completed whenever an individual:

- Leaves a network provider altogether, regardless of reason or circumstance.
- becomes incarcerated or court ordered to residential placement for a period of time to exceed 3 months.

Discharge Plan Part B - Transition Plan is part of the discharge/transition planning process under certain conditions:

- It should be completed with the individual whenever there is a planned transition (termination) from a Primary or Secondary program.
- When possible, family/natural support input should also be utilized and documented on this form.
- **Part B** is the only part required when the individual leaves/completes a program or service but continues active in other program(s) within the same provider.
- If the individual leaves a Primary program abruptly without **Part B** being completed, contact should be attempted by the Primary Clinician via telephone or letter to inquire about the individual's needs for further services. The Primary Clinician should complete a **Discharge Summary (Part A)**. In this case, **Part B** is NOT required.
- If the individual leaves a Secondary program abruptly without **Part B** being completed, contact should be attempted by the Secondary service provider via telephone or letter to inquire about the individual's needs for further services. The Primary Clinician should be notified via a Progress Note (for the purpose of review of status in Secondary program). In this case, **Part B** is NOT required.
- If the individual is enrolled in a Primary program in a different provider, the Secondary program Clinician proceeds as above, but also must complete a **Discharge Summary (Part A)**.
- If the individual is discharged for Aggressive/Assaultive Behavior, plans for adequate and appropriate follow-up within 72 hours must be documented.
- If the individual dies, **Part B** is NOT required. Primary program Clinicians should complete a **Discharge Summary (Part A)** and follow the network/provider's Individual Death Reporting policy. Secondary program staff should complete a Progress Note (for the purpose of review of status in Secondary program).

Transition/Discharge Flowchart



*also incarcerated > 3 mos.

Assessment and Planning

If you are the **Primary Clinician** or **Single Service Clinician**, you:

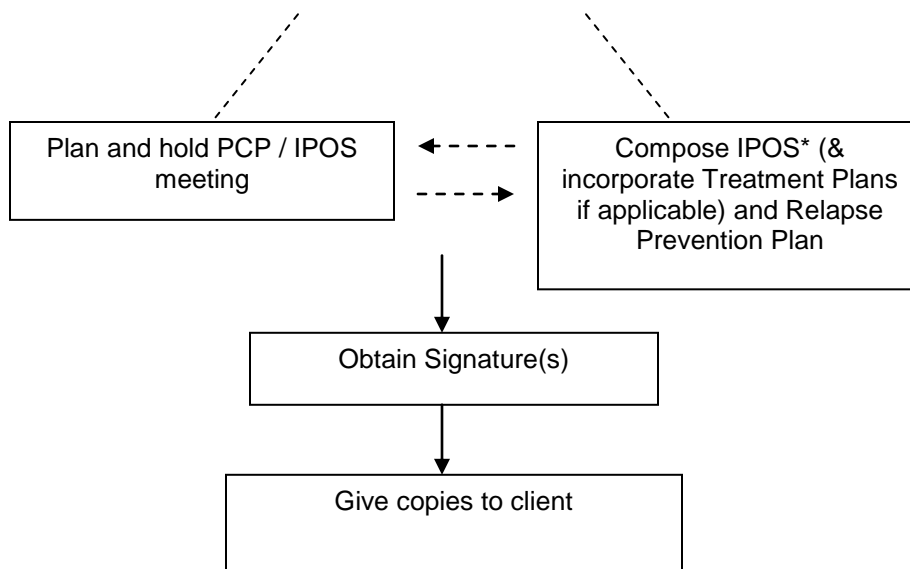
Annual Review or Initial Plan

Review and/or Document:

- Assessments & Evaluations (e.g. Psychiatric Evaluations), if applicable
- Treatment Plans, if applicable
- Input for IPOS, if applicable
- Intake/Screeners
- Medication Reviews & Updated Plan(s), if applicable

Complete:

- Psychosocial Assessment & Interpretive Summary, or review and update of same (if Qualified; if not qualified, review PSA & IS completed by Qualified staff)



Quarterly Review

Collect and/or Review:

- Progress Notes if applicable
- New or amended Treatment Plan goals and objectives, if applicable
- Medication Review / Updated Plan, if applicable

Complete:

- Quarterly Review of IPOS

SUMMARY OF DUE DATES AND TIMEFRAMES

If you are the **Secondary Clinician** or **Specialty Discipline Professional** (not Medication only), you:

Annual Review or Initial Plan

Complete:

- Assessments, if applicable
- Treatment Plan⁺⁺

Quarterly Review

Complete:

- Progress Note (with your status of the individual's goals and objectives), if applicable.
- Update Treatment Plan with new or amended goals and objectives, as needed.

If you are the **Clinician serving a Medication Clinic client**, you:

Initial Plan

Collect and Review:

- Health Screening information

Complete:

- Psychiatric Evaluation - Plan⁺⁺ (may be repeated when medically necessary)
- Physical Health Assessment (if needed)
- Abnormal Involuntary Movement Scale (AIMS)

Quarterly Review

Complete:

- Medication Review - Updated Plan
- Abnormal Involuntary Movement Scale (AIMS)

⁺⁺ Completed during regularly scheduled review.