

Class Member Treatment Planning Review Directions & Evidence

General Instructions:

- Use the current form found on-line.
- Use only blue or black ink.
- Handwriting must be legible.
- When correcting an error; use a single line to void entry and initial.
- Review pertinent record documentation back one year from the date of review or to date of intake, if intake was within the past year.
- Evidence
 - Answer all questions.
 - If the treatment plan/ISP is a data source, then review it first. If the evidence is met, then there is no need to review other data sources.
 - Items must meet the specified criteria to be scored 'yes.' Partial evidence is not accepted.
 - Only one piece of evidence is needed for each question to answer in the affirmative.
 - Be specific. Example: 4/2/07, Release of information, PCP (Primary Care Physician.)
 - 'Other' evidence must be written documentation found in the record.
 - EVIDENCE IS ENTERED INTO EIS, Notes are not.
- Terms
 - Individual Support Plan = ISP
 - Treatment Plan = a plan for a service that may or may not be inclusive of the ISP for CSS (CI, ICI, ACT, ICM); some providers include all services within one treatment plan; others have an ISP for CSS and treatment plan for all other services.
 - Treatment Plan Summary = Individual Support Plan Summary = ISP Summary
 - Treatment Plan Goal = Individual Support Plan Goal = ISP Goal
 - Treatment Plan action step = Individual Support Plan action step = ISP action step
 - Resource Data Summary = RDS

Review Date: _____ **Region:** 1 2 3 **CSN:** 1 2 3 4 5 6 7

Time Spent: List the amount of time taken to complete the review in minutes

Reviewer: Last Name: _____ First Name: _____

Client: Last Name: _____ First Name: _____ MI: _____

DOB: _____ SS# _____ AMHI Class? Yes ___ No ___

Case Manager: Last Name: _____ First Name: _____

Agency: _____ Site: _____

Program Type: CI ICM ICI ACT

Date(s) of Treatment Planning Review: From (Date of review) To (1 year ago or intake)

I. Releases:

- a. Does the record document that the agency has planned with and educated the consumer regarding releases of information at Intake/Initial treatment planning process?
Yes No Evidence Found N/A, intake/initial treatment plan more than 1 year old

EVIDENCE: Fully completed, dated, and signed release of information in release section of consumer's file completed at the time of the initial treatment planning process; or treatment plan summary or progress notes noting specific discussion about obtaining releases of information.

Notes: Use this space to keep notes for your/the reviewers reference only. Notes will not be entered into EIS. A note section will be attached to each question for the reviewer's use/convenience. This instruction will not be repeated throughout this document.

- b. Does the record document that the agency has planned with and educated the consumer regarding releases of information during each Treatment Plan review?
Yes No Evidence Found Initial Plan/90 day review not yet due

EVIDENCE: Dated/signed release(s) of information in release section of the consumer's file (signed since the last treatment planning review or at the time of review.) treatment plan summary or progress notes noting specific discussion about obtaining releases of information.

- c. Does the record document that the consumer has a Primary Care Physician (PCP)?
Yes No Evidence Found

EVIDENCE: PCP or practice name noted on case record face sheet or in medical section of an assessment.

- d. If **'c' is Yes**, has there been an attempt to obtain a release signed by the consumer for the sharing of information with the PCP?
Yes No Evidence Found N/A ('c' is no)

EVIDENCE: Dated/signed release of information for the PCP in release section of the consumer's file; or treatment plan summary or progress notes noting specific discussion about obtaining a release for the sharing of information with the PCP.

Other (specify): If evidence is found that supports an affirmative response in a document other than on/in the documents listed above, clearly specify the nature of the document and where the evidence was found.

II. Treatment Plan:

- a. Does the record document that the domains of housing, financial, social, recreational, transportation, vocational, educational, general health, dental, emotional/psychological and psychiatric were assessed with the consumer in treatment planning?
Yes ☉ No Evidence Found ☉

Note: If ‘no evidence found’, plan of correction is required - complete Section VI a.1.

EVIDENCE: Completed assessments/updates, treatment plan summary, or progress notes.
All domains must be addressed.

- b. Does the record document that the treatment plan goals reflect the strengths of the consumer receiving services?
Yes ☉ No Evidence Found ☉

EVIDENCE: Consumer ‘strengths’ listed on the treatment plan, treatment plan goals, or within action steps. Plans are required to note consumer ‘strengths.’

- c. Does the record document that the treatment plan goals reflect the barriers of the consumer receiving services?
Yes ☉ No Evidence Found ☉

EVIDENCE: Consumer ‘barriers’ listed on the treatment plan, treatment plan goals or within action steps. Plans are required to note consumer ‘barriers.’

- d. Does the record document that the individual’s potential need for crisis intervention and resolution services was considered with the consumer during treatment planning?
Yes ☉ No Evidence Found ☉

EVIDENCE: Treatment Plan contains a crisis goal; or current crisis plan in record; or treatment plan summary or progress notes noting specific discussion regarding the individual’s potential need for crisis intervention or resolution services; or 90-day review of domain areas that references crisis intervention needs were assessed.

- e. Does the record document that the consumer has a crisis plan
Yes ☉ No Evidence Found ☉

EVIDENCE: A dated and current crisis plan is present in the record.

- f. If ‘**e**’ is **No**, is the reason why documented?
Yes ☉ No Evidence Found ☉ N/A (‘e’ is yes) ☉

EVIDENCE: Treatment plan summary or progress notes noting specific discussion about why a crisis plan was not developed.

- g. If **'e' is Yes**, has the crisis plan been reviewed as required every 3 months?
Yes No Evidence Found Initial Plan/90 day review not yet due N/A ('e' is no)

EVIDENCE: The treatment plan or crisis plan notes the crisis plan was reviewed; or treatment plan summary or progress notes document review of the crisis plan every 3 months.

- h. If **'e' is Yes**, has the crisis plan been reviewed as required subsequent to a psychiatric crisis?
Yes No Evidence Found No psychiatric crisis during review period N/A ('e' is no)

EVIDENCE: Ascertain from record or CSW if there has been a psychiatric crisis within the past year that has resulted in use of crisis services and/or an admission to a higher level of care. If multiple crises, then assess crisis that occurred closest to the time of this review. Documentation on the treatment plan or crisis plan that it was reviewed; or documentation on treatment plan summary or progress notes noting review of the crisis plan.

- i. Does the record document that the consumer has a mental health Advance Directive?
Yes No Evidence Found

EVIDENCE: Formal, legal (signed and witnessed) Advance Directive document present in record.

- j. If **'i' is Yes**, has the advance directive been reviewed at least annually by the CSW and consumer?
Yes No Evidence Found A year has not passed since initiation N/A ('i' is no)

EVIDENCE: Treatment plan summary or progress notes documenting specific discussion about the Advance Directive; or notation/date on Advanced Directive documenting review.

- k. If **'i' is No**, is the reason why documented?
Yes No Evidence Found N/A ('i' is yes)

EVIDENCE: Treatment Plan Summary or progress notes documenting specific discussion about why an Advance Directive has not been developed.

III. Needed Resources:

- a. Does the record document that natural supports (family/friends) are being accessed as a resource?
Yes No Evidence Found

EVIDENCE: Treatment plan/ISP goals, action steps, or progress notes include natural supports as a resource.

Other (please specify): _____

- b. If **'a' is No**, has the worker discussed with the consumer the consideration of natural supports as a resource?

Yes No Evidence Found N/A ('a' is yes)

EVIDENCE: Treatment plan summary or progress notes document a specific discussion about natural supports being used as a resource to meet needs.

Other (please specify): _____

- c. Does the record document that generic resources (those resources that anyone can access) are being accessed?

Yes No Evidence Found

EVIDENCE: Treatment plan/ISP goals or action steps include generic resources; or presence of releases of information for generic resources.

Other (please specify): _____

- d. If **'c' is No**, has the worker discussed with the consumer the consideration of generic resources as a resource?

Yes No Evidence Found N/A ('c' is yes)

EVIDENCE: Treatment plan summary or progress notes document a specific discussion about generic resources as a resource in meeting needs.

Other (please specify): _____

- e. Does the record document a resource need that has not been provided according to/within the expected response time? (Expected response times are defined in column 2 of the attached Unmet Need Standards)

Yes No Evidence Found

EVIDENCE: Treatment plan/ISP, treatment plan summary, or progress notes documenting resource needs and unmet resource needs; or a current Resource Data Summary.

- f. If **'e' is Yes**, does the treatment plan reflect interim planning?

Yes No Evidence Found N/A ('e' is no)

EVIDENCE: Treatment plan/ISP has specific goals and action steps addressing the unmet need.

- g. If **'e' is Yes**, does the record document that the treatment team reconvened after the unmet need was identified?

Yes No Evidence Found N/A ('e' is no)

EVIDENCE: Treatment plan/ISP with team member signatures dated on or within a reasonable time after the identification of an unmet need; or Treatment plan summary or progress notes documenting a meeting of the treatment team to discuss the unmet need and interim planning. Note specifically how the team met and when. See attached Unmet Need Standards for the expected response time/interim planning.

IV. Service Agreements:

- a. Does the record document that Service Agreements are required for this plan? (See Paragraph 69 Protocol for Definitions)

Yes ☉ No Evidence Found ☉

EVIDENCE: Documentation on treatment plan/ISP or enrollment form or treatment plan summary or progress notes indicates a DHHS licensed/funded agency is providing services to the individual.

- b. If **'a' is Yes**, have the service agreements been acquired?

Yes ☉ No Evidence Found ☉ N/A ('a' is no) ☉

EVIDENCE: For each agency identified in 'a' above, the treatment or service plan from the agency has been incorporated into the CSS Plan, including the required notice provisions related to the termination of services under paragraph 69 (page 15, October 2006 Plan) or there is a signed service agreement in the record.

- c. If **'a' is Yes**, are the service agreements current?

Yes ☉ No Evidence Found ☉ N/A ('a' is no) ☉

EVIDENCE: For each agency identified in 'a' above, an incorporated treatment or service plan that meets requirements for 90 day updates; or a dated (dated for up to one year) and signed Service Agreement is present.

V. Vocational Services:

- a. Does the record document that the vocational domain is addressed with the consumer on their initial/annual assessments?

Yes ☉ No Evidence Found ☉

EVIDENCE: Initial and Annual Assessments/Updates specifically address the Vocational Domain.

- b. Does the record document that the vocational domain is being addressed with the consumer at each 90-day treatment plan review?

Yes ☉ No Evidence Found ☉

EVIDENCE: Treatment plan/ISP contains a new goal or actions steps developed at the time of the 90-day review; or treatment plan summary or progress notes document a specific discussion of needs in the vocational domain.

VI. Comments:

Overall Treatment Plan Review Comments:

- a. Plan of Correction requested? Yes No
- a.1. Plan of correction for Section II a. (required when not all domains are assessed) included? Yes ___ No ___

*****NOTE: If Section II a. is answered NO, then VI a. and a.1 must be answered YES.*****

If yes, complete the following:

- b. Date Plan of Correction due: _____
- c. Plan of Correction received? Yes No Date _____
- d. Were corrections made to the satisfaction of the CDC? Yes No

Plan of Correction Comments:

Unmet Need Standards

Service	Expected Response Time/Interim Planning	Unmet Need For Resource Development
Emergent	Immediately	
Urgent	Within 24 Hours	
Daily Living Support Services	Within 5 Days	30 Days
Community Integration	Within 7 Days (3 for class members)	60 Days
Intensive Community Integration	Within 7 Days (3 for class members)	60Days
Assertive Community Treatment	Within 7 Days (3 for class members)	60 Days
Psychiatric Medication and Monitoring for Consumers in the Community	Within 10 Days ¹	
Skills Development	Within 30 Days	90 Days
Day Supports	Within 30 Days	90 Days
Specialized Groups	Within 30 Days	90 Days
PNMI	Varies with consumer's current situation	90 Days
All Other Services to address ISP-identified needs	Within 30 Days	90 Days

¹ The ten-day expected response time for psychiatric medication and monitoring services does not apply to persons being discharged from a hospital or crisis residential unit. The hospital or crisis residential unit discharge plan will include making the connection between the consumer and a provider of medication monitoring services within a time that does not put the person in jeopardy. The needs of patients discharged without such a plan would be deemed urgent.