

MACOMB COUNTY COMMUNITY MENTAL HEALTH - FOCUS  
PERSON CENTERED PLAN ADDENDUM

Name:

Case #:

Case:

Date of Birth

Home Phone

Current Admission

Address

Primary Program:  
Case Holder:

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1. PCP Addendum: Addendum

Addendum Date

[Use Current Date](#)

Start Time

 

PCP Meeting Date

PCP Effective Date

PCP Expiration Date

 

Reason for Addendum

characters left: 3000



 **Spell Check**

Save and Continue to Goals

Save

CANCEL

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PCP Goal

Goal Number

Goal

What person needs to accomplish in their own words

characters left: 8000



Effective Date

Target Completion Date

Actual Completion Date

Discontinued Date

Objectives

Objective	Dates	
A	Implementation	
	Target	
B	Implementation	
	Target	
C	Implementation	
	Target	

Intervention / Supports

Describe the type of actions that MCCMH staff, provider staff, natural supports, and consumer are going to take to assist the consumer in moving in the direction of their goal and objective(s)

characters left: 8000



**✓ Spell Check**

Record Added

Record Changed

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PCP Goal

Goal Number

2

Goal

What person needs to accomplish in their own words

Empty text area for goal description.

characters left: 8000



Effective Date

Date input field with calendar icon

Target Completion Date

Date input field with calendar icon

Actual Completion Date

Date input field with calendar icon

Discontinued Date

Date input field with calendar icon

Objectives

Objective	Dates	
A	Implementation	
	Target	
B	Implementation	
	Target	
C	Implementation	
	Target	

Intervention / Supports

Describe the type of actions that MCCMH staff, provider staff, natural supports, and consumer are going to take to assist the consumer in moving in the direction of their goal and objective(s)

Empty text area for intervention/supports description.

characters left: 8000



✓ Spell Check

Record Added

Record Changed

SAVE CANCEL

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PCP Goal

Goal Number

3

Goal

What person needs to accomplish in their own words

Empty text area for goal description.

characters left: 8000



Effective Date

Date input field with calendar icon

Target Completion Date

Date input field with calendar icon

Actual Completion Date

Date input field with calendar icon

Discontinued Date

Date input field with calendar icon

Objectives

Objective	Dates	
A	Implementation	
	Target	
B	Implementation	
	Target	
C	Implementation	
	Target	

Intervention / Supports

Describe the type of actions that MCCMH staff, provider staff, natural supports, and consumer are going to take to assist the consumer in moving in the direction of their goal and objective(s)

Empty text area for intervention/supports description.

characters left: 8000



✓ Spell Check

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Disability Designation:

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3. PCP Addendum: Barriers

Barriers that might need to be considered

characters left: 8000



Referrals Made

characters left: 2048



The transition plan from current service to a less restrictive service would include the following:

(Describe what needs to be in place for transition to a less restrictive service or for discharge to occur.)

characters left: 2048



✓ Spell Check

Record Added

Record Changed

Save and Continue to Authorizations
Save
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Primary Program:  
Case Holder:

Authorization

Provider

Consumer

PCP

PCP Eff:

Exp:

Service Package

Authorization Effective Date



Authorization Expiration Date



[Use Current Date](#)

Authorizing Agent Notes

characters left: 512



Provider Notes

characters left: 512



Requested Date

Requested / Added By

Service <input type="button" value="lookup"/> <input type="button" value="clear"/>			Standard Unit Type		
Effective Dates <input type="text"/> - <input type="text"/>	Units Per Period Requested <input type="text"/>	Frequency <input type="text"/>	Total Units Requested <input type="text"/>	<input type="button" value="Calculate"/>	
<a href="#">Related Goals</a>					
Notes <input type="text"/>					
Service <input type="button" value="lookup"/> <input type="button" value="clear"/>			Standard Unit Type		
Effective Dates <input type="text"/> - <input type="text"/>	Units Per Period Requested <input type="text"/>	Frequency <input type="text"/>	Total Units Requested <input type="text"/>	<input type="button" value="Calculate"/>	
<a href="#">Related Goals</a>					
Notes <input type="text"/>					
Service <input type="button" value="lookup"/> <input type="button" value="clear"/>			Standard Unit Type		
Effective Dates <input type="text"/> - <input type="text"/>	Units Per Period Requested <input type="text"/>	Frequency <input type="text"/>	Total Units Requested <input type="text"/>	<input type="button" value="Calculate"/>	
<a href="#">Related Goals</a>					

Notes <input type="text"/>			
Service <input type="button" value="lookup"/> <input type="button" value="clear"/>		Standard Unit Type <input type="text"/>	
Effective Dates <input type="text"/> - <input type="text"/>	Units Per Period Requested <input type="text"/>	Frequency <input type="text"/>	Total Units Requested <input type="text"/> <input type="button" value="Calculate"/>
<a href="#">Related Goals</a>			
Notes <input type="text"/>			
Service <input type="button" value="lookup"/> <input type="button" value="clear"/>		Standard Unit Type <input type="text"/>	
Effective Dates <input type="text"/> - <input type="text"/>	Units Per Period Requested <input type="text"/>	Frequency <input type="text"/>	Total Units Requested <input type="text"/> <input type="button" value="Calculate"/>
<a href="#">Related Goals</a>			
Notes <input type="text"/>			
<a href="#">Add More Detail Lines</a>			

<input type="button" value="TEST REQUEST"/>	<input type="button" value="PROCESS REQUEST"/>	<input type="button" value="SAVE and PEND"/>	<input type="button" value="CANCEL"/>
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<input type="button" value="Back"/>	<input type="button" value="Home"/>
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5. PCP Addendum: Attendance

List All People who have participated or are active in this plan

	Name	Relationship	Present
1			<input type="radio"/> Yes <input type="radio"/> No
2			<input type="radio"/> Yes <input type="radio"/> No
3			<input type="radio"/> Yes <input type="radio"/> No
4			<input type="radio"/> Yes <input type="radio"/> No
5			<input type="radio"/> Yes <input type="radio"/> No
6			<input type="radio"/> Yes <input type="radio"/> No
7			<input type="radio"/> Yes <input type="radio"/> No
8			<input type="radio"/> Yes <input type="radio"/> No
9			<input type="radio"/> Yes <input type="radio"/> No
10			<input type="radio"/> Yes <input type="radio"/> No
11			<input type="radio"/> Yes <input type="radio"/> No
12			<input type="radio"/> Yes <input type="radio"/> No
13			<input type="radio"/> Yes <input type="radio"/> No
14			<input type="radio"/> Yes <input type="radio"/> No
15			<input type="radio"/> Yes <input type="radio"/> No

Record Added

Record Changed

Save and Continue to Action Notice

Save

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**6. PCP Addendum: Action Notice**

**Action Notice Medicaid Status**

Medicaid  Non-Medicaid

**✓ Spell Check**

**Record Added**

**Record Changed**

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7. PCP Addendum: Send Copy to

**Instructions:**  
 Once this document has been signed, it will be copied and sent to all parties listed below. For all documents that are to be sent outside of your agency, please be sure you have a valid Authorization for Release of Information before adding this copy request.  
 - To notify staff of document completion, click on **Send to Staff**.  
 - To send a copy of this document to a location outside of your agency, click on **Send External Copy**.  
 - To share a copy of this document with another County / Affiliate click on **Send Copy to County / Affiliate**.

5 Document Copies		Status
Send Copy To / Review By		
<input type="text"/>	<a href="#">lookup</a> <a href="#">clear</a>	
<input type="text"/>	<a href="#">lookup</a> <a href="#">clear</a>	
<input type="text"/>	<a href="#">lookup</a> <a href="#">clear</a>	
<b>Location:</b> <a href="#">lookup</a> <a href="#">clear</a>  <b>Contact Name:</b> <input type="text"/> <b>Purpose :</b> <input type="text"/> <a href="#">?</a>		
<b>Location:</b> <a href="#">lookup</a> <a href="#">clear</a>  <b>Contact Name:</b> <input type="text"/> <b>Purpose :</b> <input type="text"/> <a href="#">?</a>		

[Send to Staff](#)

[Send External Copy](#)

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8. PCP Addendum: Signatures

Service Activity Logs

Staff: Consumer: <input type="text"/>	Date: Begin: End: <input type="text"/> <input type="text"/>	Contact Type: <input type="text"/>
<input type="checkbox"/> SAL Spans Midnight	Attendance: <input type="text"/>	Place of Service: <input type="text"/>
<input type="checkbox"/> IDDT		Staff Type: <input type="text"/>
<p>If this is <b>not</b> the program providing the service, please use the LOOKUP button to select a new program</p>		Authorization: <input type="text"/> <input type="text"/> CPT Code: <input type="text"/> <input type="text"/> <input type="button" value="lookup"/> <input type="button" value="clear"/>
Was physician on site? (Medicare) <input type="radio"/> Yes <input type="radio"/> No		Physician on Site: <input type="text"/> <input type="button" value="lookup"/> <input type="button" value="clear"/>

Electronic Signatures

Instructions

When the form/document is completed, type in your password and click 'Sign and Save'. By entering your password you are electronically signing this form/document. Your signature represents your acceptance and approval of the records. Once signed, any future changes must be made via the 'Change Signed Document' option.

Staff Signature Required By

Enter your password to sign

 

Digital Signature To Be Obtained By

To Be Signed By

Digital Signature To Be Obtained By

To Be Signed By

Digital Signature To Be Obtained By

To Be Signed By

Supervisor Signature Required By

Psychiatrist Signature

Record Added

Record Changed