

MACOMB COUNTY COMMUNITY MENTAL HEALTH - FOCUS
 PERIODIC REVIEW OF PERSON CENTERED PLAN

Name:

Case #:

Case:

Date of Birth

Home Phone

Current Admission

Address

Primary Program:
Case Holder:

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1. Periodic Review: Review

Review Date

[Use Current Date](#)

Start Time

Significant Changes

	No significant changes	Significant Changes in Life Circumstances (Summarize the changes for each area)
Caregiver / Family / Social Relationships	<input type="checkbox"/>	<input type="text"/> characters left: 1024
Employment / Education	<input type="checkbox"/>	<input type="text"/> characters left: 1024
Financial Status	<input type="checkbox"/>	<input type="text"/> characters left: 1024
Daily Functioning	<input type="checkbox"/>	<input type="text"/> characters left: 1024
Medications / Health / Safety	<input type="checkbox"/>	<input type="text"/> characters left: 1024
Living Arrangement	<input type="checkbox"/>	<input type="text"/> characters left: 1024
Legal	<input type="checkbox"/>	<input type="text"/> characters left: 1024
Substance Abuse	<input type="checkbox"/>	<input type="text"/> characters left: 1024
Other	<input type="checkbox"/>	<input type="text"/> characters left: 1024

Consumer Satisfaction
Satisfaction with Services Rendered

- Satisfied
- Not Satisfied (explain)
- Not Discussed (explain)

Comments (use direct quotes from consumer, when possible)

characters left: 1024



✓ Spell Check

[Save and Continue to Goal Review](#) [Save](#) [CANCEL](#)

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2. Periodic Review: Goal Review

#	Goal (Phrased in consumer's words)	Dates	
1		Effective Target	Print
	Objective	Dates	
	A	Effective Target	
	B	Effective Target	
	C	Effective Target	
Comment on progress, or lack of progress, toward goal and each related objective			
<div style="border: 1px solid black; padding: 5px;"> <p>characters left: 5000</p> <p> <input type="radio"/> Met on <input type="text"/>  <input type="radio"/> Discontinued on <input type="text"/>  <input type="radio"/> Continued <input type="radio"/> Modified </p> </div>			
2		Effective Target	Print
	Objective	Dates	
	A	Effective Target	







	<input type="radio"/> Continued <input type="radio"/> Modified		
B	<hr/> <input type="radio"/> Met on <input type="text"/>  <input type="radio"/> Discontinued on <input type="text"/>  <input type="radio"/> Continued <input type="radio"/> Modified	Effective Target	
C	<hr/> <input type="radio"/> Met on <input type="text"/>  <input type="radio"/> Discontinued on <input type="text"/>  <input type="radio"/> Continued <input type="radio"/> Modified	Effective Target	

Comment on progress, or lack of progress, toward goal and each related objective

characters left: 5000 


Met on 
 Discontinued on 
 Continued
 Modified


3		Effective Target	Print
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Objective	Dates		
A	<hr/> <input type="radio"/> Met on <input type="text"/>  <input type="radio"/> Discontinued on <input type="text"/>  <input type="radio"/> Continued <input type="radio"/> Modified	Effective Target	
B	<hr/> <input type="radio"/> Met on <input type="text"/>  <input type="radio"/> Discontinued on <input type="text"/>  <input type="radio"/> Continued <input type="radio"/> Modified	Effective Target	
C	<hr/> <input type="radio"/> Met on <input type="text"/>  <input type="radio"/> Discontinued on <input type="text"/>  <input type="radio"/> Continued <input type="radio"/> Modified	Effective Target	

Comment on progress, or lack of progress, toward goal and each related objective

characters left: 5000

Met on 

Discontinued on 

Continued

Modified

 **Spell Check**

Record Added

Record Changed

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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"/>
Related Goals				
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"/>
Related Goals				
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"/>
Related Goals				

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"/>
Related Goals			
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"/>
Related Goals			
Notes <input type="text"/>			
Add More Detail Lines			

<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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4. Periodic Review: Action Notice

Action Notice Medicaid Status

Medicaid Non-Medicaid

✓ Spell Check

Record Added

Record Changed

Save and Continue to Send Copy to

Save

CANCEL

Back

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5. Periodic Review: 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"/>	lookup clear	
<input type="text"/>	lookup clear	
<input type="text"/>	lookup clear	
Location: lookup clear Contact Name: <input type="text"/> Purpose: <input type="text"/> ?		
Location: lookup clear Contact Name: <input type="text"/> Purpose: <input type="text"/> ?		

[Send to Staff](#)

[Send External Copy](#)

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Record Changed

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6. Periodic Review: Signatures

Service Activity Logs

Staff: Consumer: <input type="text"/>	Date: Begin: End: <input type="text"/> <input type="text"/>	Contact Type: <input type="text"/> Attendance: <input type="text"/> Place of Service: <input type="text"/> Staff Type: <input type="text"/>
<input type="checkbox"/> SAL Spans Midnight	<input type="checkbox"/> IDDT	
<p style="color: red;">If this is not the program providing the service, please use the LOOKUP button to select a new program</p>	Authorization: <input type="text"/>	CPT Code: <input type="text"/> <input type="text"/> lookup clear
Please use the LOOKUP button to find an authorization and CPT code for the service provided		
Was physician on site? (Medicare) <input type="radio"/> Yes <input type="radio"/> No	Physician on Site: <input type="text"/>	lookup 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 [lookup](#)

Enter your password to sign

 [Sign and Save](#)

Digital Signature To Be Obtained By [lookup](#) [clear](#)

To Be Signed By

 * Select Type

Digital Signature To Be Obtained By [lookup](#) [clear](#)

To Be Signed By

 * Select Type

Digital Signature To Be Obtained By [lookup](#) [clear](#)

To Be Signed By

 * Select Type

Supervisor Signature Required By [lookup](#)

Psychiatrist Signature [lookup](#) [clear](#)

Record Added

Record Changed