



Plan of Care and Assessments

Date of Origin: February 27, 2015

Modification Date(s): 10/1/20, 2/9/21, 11/6/24

Date of Last Review: 12/10/24

I. Purpose

Outline expectations of Plan of Care (POC) and Assessments for Case Management, Behavioral Health Home, HCT, Outpatient, in-home RCS, and Day Treatment Programs.

II. Policy

Plans of Care will be in compliance with MaineCare Regulations and Mental Health Licensing Standards at all times. Directors and the Quality Assurance Manager are responsible for making sure document templates meet requirements and monitor quality of staff work.

III. Procedure

A POC must be developed and signed by the guardian/client within 30 days of a new open. The POC must be available in the client record. If the POC is not developed there must be adequate documentation in the client record explaining why there is no POC.

Client and legal guardians should be fully involved in POC development and revisions as well as the client's designated family members or supports. The agency will document efforts of inclusion and give at least a 10-day notice of service planning meeting. If unable to provide a 10-day notice justification should be noted in the client's record.

A POC must be processed within 3 days of completion with the family and mailed to the family within 5 business days in accordance with Mental Health Licensing.

A POC must be reviewed every 90 days. A POC must be updated if there is a significant change in client's functioning or life situation.

In Outpatient Services POCs are updated every 12 sessions or annually (whichever comes first).

Mailing the POC to the family must be documented in the client record.

Assessments must be completed and signed by the clinician or case manager and placed in the client record within 30 days of open date and within a week of the annual update. This includes addendums.

Assessments must be updated annually or if there is a significant change in functioning or circumstance.

Clinician perform a Mental Status Evaluation. If any concerns are raised regarding the following domains the clinician will discuss with client/guardian recommendation of a referral for a psychological or neuropsychological evaluation: cognitive functioning, problem-solving, decision making, organization, self-direction, systems negotiation, concentration and abstract reasoning. Individuals over 60-year-old will be assessed for memory, language, orientation and visio-spatial abilities.

Staff screens for concerns about diet and weights. Related information is available on Health Info Net. Concerns impacting health, development and functioning would be referred to Primary Care Doctor for consideration of a referral to a nutritionist.



Scott Tash, CEO



Date