#### ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## **ADMINISTRATIVE PROCEDURE**

**Date Issued** <u>11/23</u>

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CHAPTER			CHAPTER	SECTION	SUBJECT
Health/Medical			04	002	0015
SECTION SUBJECT					
Health Care Medical Appo		Medical Appoin	intment Information Record		
WRITTEN BY	REVIEWED I	REVIEWED BY		AUTHORIZED BY	
Peg Lawton	Karen Recker	Karen Recker Latina Cates and		Tracey Pingitore	
_	Thompson			-	

I.	APPLICATION:
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	SCCCMHA Board
$\boxtimes$	SCCCMHA Providers & Subcontractors
$\boxtimes$	Direct-Operated Programs
$\boxtimes$	Community Agency Contractors
$\times$	Residential Programs

### II. PURPOSE STATEMENT:

Specialized Foster Care

St. Clair County Community Mental Health Authority (SCCCMHA) shall ensure proper treatment is provided to the individual and accurate communication occurs regarding medical conditions between the individual, care provider and prescriber.

#### III. <u>DEFINITIONS</u>:

None Available

#### IV. STANDARDS:

None Available

#### V. PROCEDURES:

#### Residential Program Supervisor/Designee/Specialized Foster Care Provider

- 1. Completes the top portion of Medical Appointment Information Record (SCCCMHA form #0050) prior to the face to face/virtual/phone medical appointments for non-SCCCMHA medical appointments. For SCCCMHA medical appointments, the residential staff will request the Visit Summary form generated in OASIS at checkout.
- 2. Requests that Prescribers complete the physician section of the Medical Appointment Information Record. If Prescriber refuses and staff is present in the appointment with the individual, staff documents information obtained from Prescriber. Not applicable for SCCCMHA medical appointments.
- 3. Makes a signed, timed, and dated note in Health Care Chronological that a Medical Appointment Information Form was completed.

CHAPTER	VOLUME	CHAPTER	SECTION	SUBJECT	
Health/Medical	III, IV	03	010	0050	
SECTION	SUBJECT				
Health Care	Medical Appointment Information Record				

4. Retains original Medical Appointment Information Record or Visit Summary form in home record. Sends copies for previous month to assigned Case Manager at the beginning of each month.

### VI. <u>REFERENCES</u>:

None Available

# VII. <u>EXHIBITS</u>:

None Available

# VIII. <u>REVISION HISTORY</u>:

Dates issued 09/94, 03/98, 02/00, 02/02, 02/04, 02/06, 02/08, 02/10, 01/12, 03/13, 03/14, 03/15, 03/16, 03/17, 03/18, 03/19, 03/20, 03/21, 05/22.