PROGRAM OPERATIONS DIRECTIVE # 16.0

SUBJECT: Frequency of Periodic Review Completion

ISSUED: 3-18-19

PURPOSE:

To clarify expectations for frequency of periodic review completion.

DEFINITION:

Periodic Review is a document in OASIS that is completed to review goals and objectives. To be completed by the case holder, face to face, with the individual served. Other participants to be determined by the individual served and /or guardian.

POPULATION:

All case holders/clinicians.

REQUIREMENTS:

As of May 1st, 2019, all individuals served by St. Clair County CMH will have a face to face periodic review completed every 90 calendar days.

C:\Users\tracy_g\Desktop\Directives - Copy\Directive 16.0 periodic review directive 3-19 (1).docx