
ARNOLD v. ADHS

Case Review Instrument

VERSION 22.00

Reviewer's Name: _____

Date of Review: _____

Obtain Copies of the Following Documents:

All Current Assessments **Yes** **NA**

Current ISP **Yes** **NA**

**Inpatient Treatment and
Discharge Plan** **Yes** **NA**

Provider Treatment Plan **Yes** **NA**

Priority Status:

Arizona State Hospital

Supervisory Care Home

24 Hr. Residential

Jail

**Frequent Crisis or Inpatient
more than 2 X's/ Year**

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I. Reviewer's Guide

for

Case File Review

The guide for reviewers is provided as general information about the review process. It should be read by reviewers prior to training and will be used for reference during the review. This protocol should not be used by untrained persons. The guide for reviewers is a necessary tool but is not a substitute for professional skills, proper training or supervision of reviewers.

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General Procedure

For each person in the sample, the reviewer will conduct a record review that focuses on the documentation in the past year. If the original “Comprehensive Assessment” was completed more than a year ago, the reviewer will need to be able to evaluate the updates to that assessment. The reviewer will also conduct an interview with the assigned person, case manager, and, as applicable, provider staff, Probation/Parole Officer, family member/guardian/designated representative or other members on the person’s clinical team within the RBHA service delivery system.

In each section the auditor will respond to a series of questions with either “yes”, “no” or “NA” (not applicable). The rating “yes” represents circumstances that support a determination of full compliance with the questioned item. The rating of “no” represents less than full compliance and/or non compliance. All ratings must be substantiated by recording the reviewer’s rationale or justification and the relevant evidence in the space provided after the rating.

Reviewers are selected because of their ability to render professional opinions with regard to the quality and adequacy of services provided. The reviewer is responsible for gathering enough information to render an opinion. The reviewer will make judgments as a professional qualified to participate and render opinions in the clinical process. If there is reason to doubt the credibility of the information gathered during the review process, the reviewer should take measures to document any possible limitations of the information gathered.

Due Professional Care

Due professional care is to be used in conducting the review. This standard places upon a reviewer the responsibility for employing high professional standards in performing the review.

This standard does not imply unlimited responsibility for discovery and disclosure of any irregularities in treatment, nor does it imply infallibility on the part of the reviewer. This standard does require professional performance of a quality appropriate to the complexity and importance of the task. Due professional care imposes on the reviewer the requirement to be alert to situations or actions that could be indicative of abuse, neglect, insensitive care, unnecessary restriction, or ineffective or harmful treatment.

Exercising due professional care means using good judgment in applying review procedures. The quality of review work is related to: procedures properly applied by competent persons; findings and conclusions based on objective use of relevant facts; and the judgment exercised by those participating in the review.

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Definitions

The review process uses a variety of terms that require definition for reviewers. These terms are identified and defined below in working terms for use in this protocol.

Assertive Case Management Treatment:

An Assertive Case Management Treatment Team (ACT) is a self-contained clinical team which:

1. Assumes responsibility for directly providing needed treatment, rehabilitation, and support services to identified clients with severe and persistent mental illnesses;
2. Minimally refers clients to outside service providers;
3. Provides services on a long-term care basis with continuity of caregivers over time;
4. Delivers 75 percent or more of the services outside the clinic offices; and
5. Emphasizes outreach, relationship building, and individualization of service. The clients to be served are individuals who have severe symptoms and impairments not effectively remedied by available treatments or who, because of reasons related to their mental illnesses, resist or avoid involvement with mental health services. Also, the person served is considered a member of the clinical team.

There should be no more than 12 clients assigned to one staff member.

ACT team members include: Team coordinator, psychiatrist, case manager (behavioral health techs), rehabilitation specialist, housing specialist, substance abuse specialist, and staff who provide independent living skills training, transportation and vocational services.

Clinical Team:

A group of individuals working in collaboration who are actively involved in a person's assessment, service planning and service delivery. At a minimum, the team consists of the person, their guardian (if applicable), a case manager, a nurse, and a psychiatrist/nurse practitioner or other prescribing clinician, and a vocational specialist unless employment has been determined by the team and the person to no longer be an issue. The team may include members of the person's family, probation/parole officers, physical health, mental health or social service providers including professionals representing disciplines related to the person's needs, e.g., housing specialists, substance abuse specialists and any other providers of services as needed by the person.

Comprehensive Assessment:

In accordance with AACR9-21-305c an assessment shall include an evaluation of the person's:

- Presenting concerns;
- Behavioral health treatment;
- Medical conditions and treatment;
- Sexual behavior and, if applicable, sexual abuse;
- Substance abuse, if applicable;
- Living environment;
- Educational and vocational training;

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Employment;
Interpersonal, social, and cultural skills;
Developmental history;
Criminal justice history;
Public and private resources;
Legal status and apparent capacity;
Need for special assistance;
Language and communication capabilities;
A risk assessment of the client;
A mental status examination of the client;
A summary of impressions, and observations;
Recommendations for next steps;
Diagnostic impressions of the qualified clinician; and
Other information determined to be relevant.

The comprehensive assessment should be reflective of the person's current status.

Connective Case Management Team:

Connective treatment teams serve persons who have largely achieved recovery and are concerned with maintaining their level of functioning and who are able to manage their illness with moderate levels of supportive counseling and guidance and independently seek outpatient services. Persons served by a connective team typically make monthly (but at least quarterly) visits to the clinic for medication management. Connective teams include a team coordinator, prescribing clinician (psychiatrist, nurse practitioner, physician's assistant under the supervision of a psychiatrist), nurse and behavioral health technicians (as needed). No identified team specialists (e.g. substance abuse or housing) are included on the team. However, consultation with qualified specialists is available when necessary. Rehabilitation services are provided by an assigned VR counselor employed by DES/Rehabilitation Services Administration (aka Vocational Rehabilitation). Crisis services utilization is minimal. The caseload size is no more than 70 for a case manager or 350 for a prescribing clinician.

Conservator:

Means a person who is appointed by a Court to manage the finances and property of a protected person. As such, a conservator is legally empowered to act on behalf of the protected person to sell the property of the protected person, to purchase goods and services and pay the debts for the protected person using the protected person's income and assets. A conservator is required to exercise his/her best judgment to act in the best interests of the protected person. Proof of the conservator relationship is established by Letters of Conservatorship issued by the court.

Engagement:

An activity performed to establish a close bond or connection with a person. Engagement includes the establishment of a close trusting relationship with the person that encourages them to talk about their unique problems and service needs.

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Family:

Family is a biological, adoptive or self-created unit of people who share bonds, culture, practices and significant relations. Parents, siblings and others with significant attachment to the person living outside the home are included in the definition of family.

Functional Assessment:

A functional assessment must contain an assessment of the person's current status in terms of living, working/learning (or retirement) and social/community integration and an **analysis of the supports and skills** necessary to achieve the person's long-term view.

Guardian:

In general, it is the guardian's responsibility to make provision for the care, comfort and maintenance of the incapacitated person. A guardian is responsible to secure appropriate treatment for the incapacitated person and, in general, can consent to treatment, including inpatient hospitalization if authorized by the Court. The guardian is obligated to find the most appropriate, least restrictive setting consistent with the needs and abilities of the ward and public safety. In addition, a Title 14 guardian is required to consult with mental health professionals and to seek appropriate alternatives to hospitalization with a preference for alternative placements at home or with family. If the person has created a valid Mental Health Directives Plan then the conditions of this plan should be adhered to.

Housing:

Long-term, permanent residence.

Individual Service Plan (ISP):

A plan for the provision of behavioral health services/supports that reflects the specific interventions and strategies that will be used to meet desired outcomes, the objective measures to be used to evaluate progress towards those outcomes, and a review date upon which the plan will be reevaluated based on the person's progress, lack of progress, or other emerging issues. This plan should be individualized and consistent with assessment information. It should focus on attainment of the person's long-term view/vision.

The ISP should be consistent with the information contained in the Comprehensive and Functional Assessment. The ISP should be reviewed, at a minimum, every six months.

Informed Consent:

Consent or agreement to treatment based on the person/guardian having knowledge of the purpose, benefits, expected outcomes, potential adverse reactions and alternative(s) to the treatment.

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Inpatient Treatment Discharge Plan (ITDP):

A document that is used as the basis for individual treatment during hospitalization to guide treatment while in the hospital setting and facilitate the person's discharge from the hospital. The IDTP should be developed within 7 days of admission and should be compatible with the person's ISP at admission and with the person's revised ISP past discharge

Interim Service Plan:

A plan that is developed upon completion of the initial assessment which guides service provision until an Individual Service Plan is completed. The Interim Service Plan typically provides for immediate needs of the person that may include short term crisis stabilization, access to health services, respite and support services, housing or health needs. It also identifies behavioral health services, which must begin immediately, which may include case management and medication monitoring. The Interim Service Plan is not rated as part of this Audit.

Long-term View / Vision / Recovery Goal:

A planning statement that identifies, from the individual's perspective, what the person would like to be doing for learning/working/meaningful day; social/community integration and where and what type of living situation the person desires. The long-term view is based on the person's unique interests, strengths, and personal desires.

Meaningful Day Activities

Scheduled activities that assist the person in progressing toward their long term view. Examples include: full or part time employment; vocational, educational, and/or training program attendance on a routine basis; volunteer work (e.g. peer support); structured day/treatment program (e.g. intensive substance abuse); routine attendance at a consumer operated program; full time child care responsibilities.

Mental Health Care Power of Attorney

A designated agent who may make decisions about mental health treatment on behalf of a person if the person is found incapable. These decisions shall be consistent with any wishes the person has expressed in the mental health care directive, mental health power of attorney, health care power of attorney or other advance directive.

Natural Supports/Community Integration:

Supports that are provided through community and family social networks, agencies and informal community resources. For example, representatives from community agencies; service organizations; schools, churches; synagogues or mosques; employers and co-workers; friends; and neighbors.

Payee:

Means a person appointed by a public agency to accept and manage public benefits for persons who are unable or unwilling to handle those funds appropriately. The procedures for appointment

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of a payee are unique to each payer agency. In essence, the payee is the “conservator” with respect to the benefit payment only.

Priority Class Members:

An individual currently enrolled in the system as person with a serious mental illness, and who:

- is or has been inpatient at the **Arizona State Hospital** (ASH) since July 1, 1993; or
- is or has been a resident of a **Supervisory Care Home** since July 1, 1995; or
- is or has been an inmate **in jail since July 1, 1995** who has a major biological illness.

The following diagnoses are used to define Axis I major biological disorder: or

- Schizophrenia-(295.30, .10, .90, .60);
 - Schizoaffective-(295.70);
 - Major Depression Disorder Recurrent-(296.24, .32, .34, .35, .36)
 - Bipolar Disorder-(296.40-296.89); and
 - Delusional Disorder-(297.1);
- is or has been a resident of a **24 hour Residential Program** contracted with the RBHA (timeframe – class member will be dropped from this category by not residing in a contracted licensed Level II twenty-four hour residential provider facility for a period of 24 months following the class member’s most recent move-out date from a twenty-four residential); or
 - has been **hospitalized** for mental illness twice or more in a year or is a frequent recipient of crisis services. The definition of frequent user of crisis service is
 - Three (3) episodes of crisis service usage in a rolling 90 day period,
 - One episode = 2 crisis services in a rolling 14 day period,
 - Crisis services = as determined by the contracted crisis and related services by provider, excluding crisis phone services.

(Timeframe - class member will be dropped from this last category by not having at least 2 inpatient acute admissions to a provider facility in a subsequent rolling 12 month period following the original date at which the class member entered the category).

Public Fiduciary:

Means the Office of the Public Fiduciary as created by each county board of supervisors. The Public Fiduciary may be appointed by the court to act as the conservator and/or guardian for persons when there is no other person willing or able to act as the conservator and/or guardian. The precise duties and responsibilities of the Public Fiduciary are set forth in the Arizona Revised Statutes at A.R.S. § 14-5601 *et seq.*

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Qualified Clinician:

Means a behavioral health professional who is licensed under A.R.S. Title 32, or a behavioral health technician who is supervised by a licensed behavioral health professional.

Recovery:

Recovery from mental illness involves regaining a sense of purpose and control over one's life that overcomes, to the extent possible, limitations imposed by illness. Recovery involves a process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

Retired:

The person is 62 years or older and chooses to retire. This should be noted where applicable.

Special Assistance:

Means a person who has been:

- a. Deemed by a qualified clinician, case manager, clinical team, or regional authority to need special assistance in participating in the ISP or ITDP process, which may contain, but is not limited to:
 - i. A person who requires 24-hour supervision;
 - ii. A person who is, in fact, incapable of making or communicating needs but is without a court-appointed fiduciary; or
 - iii. A person with physical disabilities or language difficulties impacting the client's ability to make or communicate decisions or to prepare or participate in meetings.
- b. Otherwise deemed by a program director, the deputy director of the Division, or a hearing officer to need special assistance to effectively file a written grievance, to understand the grievance and investigation procedure, or to otherwise effectively participate in the grievance process.

Supportive Case Management Team

Supportive Treatment Teams are designed to address the treatment and rehabilitation needs of persons exhibiting severe to moderate functional impairment. Supportive treatment is for persons who are pursuing recovery goals, are able to express clear preferences about the direction of their lives and/or beginning growth and development activities and/or in need of specialized interventions or training in specific skills. Supportive teams maximize community resources. There should be no more than 30 clients assigned to a case manager.

Core team members include a: team coordinator, prescribing clinician, psychiatric nurse, behavioral health technicians (e.g. case manager), rehabilitation specialist, and other stakeholders

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(family members and other state agency representatives) most importantly, the persons should be included and involved in whatever manner requested, since the person is the most important member of the team. The team also has the capacity to provide housing and substance abuse treatment.

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Rules of Thumb

Presented below are general rules to follow in conducting case file reviews. Some rules apply to special situations that are possible but unlikely to occur. Other rules apply to the mechanics of the review itself.

1. Any instance of abuse or neglect is to be reported immediately to the appropriate supervisory and public authorities and to the Office of the Monitor (602) 220-0276.
2. Any situation observed that poses an immediate threat to the health or safety of a person is to be reported immediately. If possible, ensure that actions necessary to secure the safety of the person have been taken.
3. Discrepancies found across records, observations, and /or interviews should be documented clearly in the section of this protocol entitled “Notes.” An example of a discrepancy includes non matching signatures. The source and information that is found to be discrepant should be clearly noted in this section.
4. Clinical team staff may utilize/refer to the clinical record during the Case Manager interview. The reviewer should ensure that the record is available in case it is needed.
5. If information or documents cannot be located, the reviewer should ask the Clinical Liaison, Case Manager or other staff to assist in locating the information if it is available.
6. Twelve months of documentation from the clinical record should be reviewed by the auditor. If the record does not contain 12 months of documentation, previous volumes should be obtained by the auditor, unless the person has been enrolled for less than 12 months.
7. The review may not consider information in the record (e.g. assessments, ISPs, progress notes, etc.) that are completed after the date of notification that the case was selected for review.
8. Reviewers are not permitted to reassign cases without the knowledge/consent of the Court Monitor.
9. The reviewer is expected to expend considerable effort to conduct an interview with the class members and their guardian (if applicable). In the event that a guardian is assigned, an interview with the class member should also be conducted. A home visit to the class member is always preferred, but if the person refuses a home visit, an alternative location or phone interview should be attempted prior to deciding to eliminate the interview. A decision not to conduct an interview with the person must be discussed with the Court Monitor.
10. The reviewer should use their discretion in determining whether there are other individuals who should be interviewed via phone. For example, a probation officer may be contacted for information about the class member if the reviewer determines they could have useful information.
11. All records and case specific information are confidential.
12. Denial of access to pertinent records or activities is to be reported immediately to the Office of the Monitor (602) 220-0276.

All available records should be reviewed prior to the beginning of the interviews.

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Identifying Information

II. Identifying Information

1. Name: _____

2. Client ID: _____

3. Date of Birth: _____ Age: _____

4. Gender: Male Female

5. Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Other Specify _____ | |

6. Address: _____

7. Current living arrangement:

- | | |
|---|---|
| <input type="checkbox"/> Independent (alone or with roommate) | <input type="checkbox"/> Home with family/spouse/friends, etc |
| <input type="checkbox"/> Level I, II or III Behavioral Health Treatment Program | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Supervisory Care Home/Assisted Living | <input type="checkbox"/> Halfway House/Boarding Home |
| <input type="checkbox"/> Transitional Housing (Level IV) | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Homeless Shelter |
| <input type="checkbox"/> Missing | <input type="checkbox"/> Other Specify _____ |

8. Telephone #: _____

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VALUE OPTIONS SITE DIRECTORY

<p>1300 N. Central 1 Mental Health Diversion PREGNANCY/ADDICTION 1300 N. Central Avenue Phoenix, AZ 85004 Phone: 602) 251-0650 Fax: 602) 251-0632 SA - Robert Cable RD Liz Smithhart OM - LaTanya Brooks CD Brandon Williams AMD Dr. Ghani</p>	<p>EAST MESA 6 3450 N. Higley MESA, AZ 85215 Phone: 480) 981-7735 Fax: 480) 981-7748 SA - Craig Brett RD Bob Quimette OM - Kristen Cann CD - Suzanne Northey AMD Dr. McIntyre</p>	<p>HIGHLAND 11 4707 N. 12th Street Phoenix, AZ 85014 Phone: 602) 241-4600 SA Donna Ross RD - Liz Smithhart OM Ivan Bruzon CD Jodi Erickson</p>	<p>TEMPE ADULT 16 1225 E. Broadway Rd., #240 290 Tempe, AZ 85282 Phone: 480) 929-5100 Fax: 480) 731-1066 SA - Grace Porter-Dyson RD - Bob Quimette OM - Carmen Kennedy CD - Bonnie Gausvik AMD Dr. McIntyre</p>
<p>ALMA SCHOOL 2 1930 S. Alma School Rd Ste A-208& A-203 Mesa, AZ 85210 Phone: 480) 838-5550 Fax: 480) 756-8201 SA - Michelle David RD Bob Quimett OM - Eileen Meilich CD - Vacant AMD Dr. McIntyre</p>	<p>EAST PHOENIX 7 1035 E. Jefferson, # A Phoenix, AZ 85034 Phone: 602) 252-6731 Fax: 602) 252-5928 SA - Stephanie Brown RD Liz Smithhart OM - Myka Stribling CD - Deb Laurie AMD Dr. Ghani</p>	<p>METRO CENTER 12 10240 N. 31st Ave. , #200 Phoenix, AZ 85051 Phone: 602) 997-9006 Fax: 602) 997-4585 SA - Darren Lee RD - Joel Conger OM - Vacant CD Laurie Johnston-Senyk AMD Dr. Figueroa</p>	<p>THOMAS ROAD 17 6330 E. Thomas Rd., #200 Scottsdale, AZ 85251 Phone: 480) 994-5211 Fax: 480) 994-5366 SA - David Berntzen RD - Bob Quimette OM - Margie Blake CD - Laurie Timarac AMD Dr. Chaney</p>
<p>ARCADIA CENTER 3 3311 N. 44th Street, Ste 100 Phoenix, AZ 85018 Phone: 602) 957-2220 Fax: 602) 957-1750 SA - Kim Rosello RD Liz Smithhart OM - Glenda Morgan CD - Belinda Rouzaud AMD Dr. Ghani</p>	<p>ESTRELLA ADULT 8 3673 S. Bullard, # 106 & 109 Goodyear, AZ 85338 Phone: 623) 932-6950 FAX: 623) 932-7995 SA - Joyce Kaylor RD Celeste Lippy OM - Vacant CD - Wendy Jensen AMD Dr. Ghani</p>	<p>OSBORN 13 3640 W. Osborn Phoenix, AZ 85019 602) 269-5300 Fax 602) 269-5380 SA Robert Fleet RD Celeste Lippy OM Melody Valiquette CD Vacant Not Yet OPEN</p>	<p>TOWNLEY CENTER 18 8836 N. 23rd Ave. Ste. 201 Phoenix, AZ 85021 Phone: 602) 944-9810 Fax: 602) 944-1547 SA Marlin Myers RD - Joel Conger OM - Christina Montanez CD - Donald Erickson AMD Dr. Figueroa</p>
<p>CAVE CREEK 4 14040 N. Cave Creek Rd, Ste 203 Phoenix, AZ 85022 Phone: 602) 992-9336 Fax: 602) 992-9133 SA - George Green RD Joel Conger OM - Robin Cook CD - Vacant AMD Dr. Figueroa</p>	<p>GLENDALE CENTER 9 7020 N. 56th Ave. Glendale, AZ 85301 Phone: 623) 463-8580 Fax: 623) 463-8641 SA - Joyce Kaylor RD Celeste Lippy OM - Cathy Samora CD Wendy Jensen AMD Dr. Figueroa</p>	<p>PARK NORTH 14 702 W. Dunlap Phoenix, AZ 85021 Phone: 602) 944-8386 Fax: 602) 944-1817 SA - Lori Archer RD - Liz Smithhart OM - Anna Pina CD - Nara Goldman AMD Dr. Figueroa</p>	<p>WASHINGTON HOUSE 19 1122 E. Washington Phoenix, AZ 85034 Phone: 602) 256-2688 Fax: 602) 253-5942 SA - Suzanne Legander RD - Liz Smithhart OM - Andrea Hodges CD - Deb Laurie AMD Dr. Ghani</p>
<p>CENTRO ESPERANZA 5 310 S. Extension MESA, AZ 85210 Phone: 480) 615-3800 Fax: 480) 615-3861 SA - Betty Tencer RD Bob Quimette OM - Leslie Mogor CD - Heidi Donniaquo AMD Dr. McIntyre</p>	<p>HEATHERBRAE ADULT 10 1950 W. Heatherbrae, #10 Phoenix, AZ 85015 Phone: 602) 264-4331 Fax: 602) 264-4095 SA - Karen Guetel RD - Celeste Lippy OM - Leigh Klein CD - Kathi Locke AMD Dr. Fangohr</p>	<p>SOUTH CENTRAL 15 1616 E. Roeser Rd Phoenix, AZ 85040 Phone: 602) 323-3000 Fax: 602) 243-5390 SA - Carna Fellows RD Liz Smithhart OM D'rtanya Brown CD Colleen Lane AMD Dr. Ghani</p>	<p>WEST CAMELBACK 20 5022 N. 54th Ave., #4 Glendale, AZ 85301 Phone: 623) 931-4343 Fax: 623) 939-3476 SA - James (Jim) Dunn RD - Celeste Lippy OM Ronay Poliak CD Shannon Martin AMD Dr. Fangohr</p>
<p>WEST MCDOWELL 21 5030 W. McDowell Rd. Ste. #16 Phoenix, AZ 85035 Phone: 602) 278-1414 Fax: 602) 269-8410 SA - Cedric Davis RD - Celeste Lippy OM - Colleen Porter CD - Jim Stewart AMD Dr. Fangohr</p>	<p>WEST VALLEY 22 11361 N. 99th Ave., #601 Peoria, AZ 85345 Phone: 623) 583-0232 Fax: 623) 583-1830 SA Norma Sartor RD - Joel Conger OM - Lori Ornouski CD - Jeanette Carroll AMD Dr. Figueroa</p>	<p>WICKENBURG 23 634 W. Wickenburg Way Suite D Wickenburg, AZ 85390 Phone: 928) 684-5131 Fax: 928) 684-3751 SA Norma Sartor RD - Joel Conger OM - Lori Ornouski CD - Jeanette Carroll AMD Dr. Figueroa</p>	

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Identifying Information***

9. Intake Date: _____

10. Case Manager: _____

11. Clinical Liaison: _____

12. Telephone #: _____

13. Clinic Site #: _____ (Put the number of the site as noted on page 17.)

14. Title XIX / XXI Yes / No

15. Other Agency Involvement, (e.g., Probation, Parole, Long Term Care, D.D.D., etc.)

16. Does the person have an assigned Psychiatrist/Nurse Practitioner? No Yes

17. If so, how long has the person been assigned to this Psychiatrist/Nurse Practitioner/Physician Assistant?

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Behavioral Health Medications***

Behavioral Health Medications Instructions

18. After reviewing the person's record including assessments, treatment/service plans, progress notes and medication logs, the reviewer will make a determination of whether the person is prescribed behavioral health medications. If the person is not prescribed (behavioral health medications) by ValueOptions skip this section.
19. The reviewer must document all behavioral health medications currently prescribed (receiving today) by ValueOptions including type of medication, dosage and frequency. This information should be found on the Medication Sheet located in the Case Management Record.
20. Review the information from the record including the physician/nurse practitioner/nurse/physician's assistant progress notes, evaluations or assessments to ascertain whether the risks and benefits of all current behavioral health medication prescribed were explained to the person/guardian **prior** to the medication being prescribed. This information is generally contained on a form completed by the prescribing clinician. (see Informed Consent definition on page 8).
21. A qualified staff is the psychiatrist, nurse practitioner, registered nurse, or physician's assistant.
22. Reasons or target symptoms for the need for medications should be documented in the Physician/Nurse Practitioner/Physicians Assistant/Psychiatrist progress notes, informed consent forms, medication administration records, evaluations, or assessments.
23. Through review of the person's record, including progress notes, assessments and medication logs, the reviewer will look for evidence that the currently prescribed behavioral health medications have been reviewed by the Nurse Practitioner, Physician, Physician Assistant or Psychiatrist at least quarterly, but more frequently if necessary.

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Behavioral Health Medications**

III. Behavioral Health Medications

18. Is the person currently prescribed behavioral health medication(s)? Yes / No
(If no, skip this section.)

19. List the currently prescribed Behavioral Health Medications:

Name of Medication	Dosage	Frequency

20. Is there documentation that the person or guardian received an explanation of the benefits and risks of each behavioral health medication listed above prior to the administration of the medication? Yes / No

21. Is there evidence that the explanation was provided by qualified staff? Yes / No

22. Are the reasons or target symptoms for all current behavioral health medications documented? Yes / No

23. Are all current behavioral health medications reviewed by a Nurse Practitioner, Physician, Physician's Assistant or Psychiatrist at least quarterly? Yes / No

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Behavioral Health Medications**

Behavioral Health Medications Instructions (Continued)

24.-26. Antipsychotic medications are utilized to treat nearly all forms of psychosis; including schizophrenia, schizoaffective disorders, affective disorders with psychosis, and psychosis associated with organic mental disorders.

The medications include those that have long-term, potentially irreversible movement disorder:

Generic Name	Brand Name	Generic Name	Brand Name	Generic Name	Brand Name
Amoxapine	Asendin	Haloperidol	Haldol	Perphenazine	Trilafon
Chlorpromazine	Thorazine	Loxapine	Loxitane	Risperidone	Risperdal
Clozapine	Clozaril	Mesoridazine	Serentil	Trifluoperazine	Stelazine
Fluphenazine	Prolixin	Molindone	Moban	Thiothixene	Navane
Olanzapine	Zyprexa	Perphen – Amitrip	Triavil	Thioridazine	Mellaril
Quetiapine	Seroquel	Ziprasidone	Geodon	Aripiprazole	Abilify

Through review of the person’s record, including psychiatric or nursing assessments, progress notes and/or any form designed to document movement disorder assessment or testing, the reviewer will determine if the testing assessment is completed and the frequency of the assessment by checking the appropriate box. The reviewer will indicate the evidence found to determine their answer by circling/writing in the appropriate response.

27. The reviewer should note any instances of the person experiencing allergic symptoms or severe adverse side effects to medication prescribed during the past 12 months and make a determination if follow up and/or treatment was provided by the clinical team. NA if no adverse reactions. Reviewer should consider the person’s responses to medication questions in the interview section.
28. Consider information obtained from progress notes, assessments, treatment notes, service/treatment planning to determine if the person does not take the medication as prescribed. This question pertains to behavioral health medication only. The reviewer must document the reason the behavioral health medication is not taken as prescribed. If the person does not take needed non behavioral health medication to treat a physical health condition, this should be documented in question number 34.
29. a-b Review the staffing notes, progress notes, physician and nursing notes, and other information in the medical record to ascertain if there is a documented plan directed at taking medications as prescribed.

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Independent Review
Behavioral Health Medications

24. For individuals that have taken antipsychotic medication during the past 12 months are assessments for movement disorders documented? Yes / No / NA
25. If yes, indicate frequency: Yearly
Twice Yearly
Monthly
Other
26. Evidenced by (indicate): AIMS Assessment
TDK Assessment
Psychiatric Progress Note
Other
27. If there are adverse reactions to medications (including allergies/side effects noted), is there documentation of follow-up actions and/or treatment to address the adverse effects? Yes / No / NA
28. Is there evidence that the person does not take the behavioral health medicine as prescribed? (Indicate the reason). Yes / No / NA
29. If Yes, is there evidence that any of the following steps have been taken?
- a. Assist the person to take the behavioral health medication as prescribed? Yes / No / NA
- b. Change to a behavioral health medication or dosage more acceptable to the person? Yes / No / NA

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Behavioral Health Medications

Behavioral Health Medications Instructions (Continued)

30. Review the service/treatment plan to ascertain the frequency of clinic appointments for the person. After reviewing progress and staffing notes, the reviewer will make a determination if follow-up/outreach actions were completed for any missed appointments.
31. Review the staffing notes, physician and nursing notes, lab reports and other information in the medical record to ascertain if Lithium blood levels were obtained.
32. Evidence that the person/guardian provided either verbal or written consent to take behavioral health medication can be located in the physician/nurse practitioner progress notes, consent forms, or team meeting notes. An answer of “yes” indicates that the person/guardian gave informed consent to all medications prior to starting the medication. An answer of “no” indicates that the person/guardian either did not provide verbal or written consent; the person/guardian provided verbal or written consent for some, but not all, medications, or based on information found during this review, the person does not have the capacity to give informed consent.
33. N/A if no ECT or surgically related procedures to address mental health conditions were initiated as part of the person’s treatment.

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Behavioral Health Medications

30. Is follow-up or outreach documented following missed medication or treatment appointments? Yes / No
31. If this person was prescribed Lithium Carbonate during the past 12 months, is there documentation that Lithium blood levels were obtained? Yes / No / NA
32. **Is there evidence that the person/guardian was provided informed verbal or written consent to take the behavioral health medication? (Appendix C.11)** Yes / No / NA
33. **Is there documentation of informed consent to ECT or surgically related procedures to address mental health conditions? (Appendix C.11)** Yes / No / NA

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Independent Review
Coordination of Care with PCP/Other Agencies

Coordination of Care with PCP/Other Agencies Instructions

34. At a minimum, the following information must be provided to the person's assigned primary care physician (PCP):

The person's diagnosis;
The person's current prescribed medication (including strength and dosage);
Any other events requiring medical consultation with the person's PCP.

This must be provided annually and/or within 30 days of a significant change in the person's diagnosis and/or prescribed medication. Evidence of the coordination of care with the PCP must have been completed prior to the date of notification that the case was being audited.

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Independent Review
Coordination of Care with PCP/Other Agencies***

IV. Coordination of Care with PCP/Other Agencies

34. Is there evidence that behavioral health care has been coordinated with the primary care physician and behavioral health records and other relevant information is shared with the PCP? Yes / No / NA

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Independent Review
Inpatient Care and Coordination of Care

Inpatient Care and Coordination of Care Instructions

35. Complete this section **only** if the person had an admission within the past 12 months to a Level I facility for behavioral health treatment. If the person has had multiple hospitalizations, use information from the most recent admission only. If the person has not been in an inpatient setting within the last 12 months, skip the remainder of this section.
36. If the inpatient stay was less than 7 days, skip the remainder of this section.
37. The reviewer will determine whether the clinical record contains documentation describing the inpatient treatment and discharge plan (ITDP). Evidence of the plan may be found on a document entitled Inpatient Treatment and Discharge Plan, or documentation of the plan for inpatient services and services to be provided at discharge may be found on a staffing note, progress notes or discharge summary.
38. Answer yes if an actual copy of the ITDP is found in the case management record.
39. The reviewer will determine if the ITDP includes the specific services and supports needed by the person in order to address/ameliorate the symptoms/behaviors that necessitated an inpatient hospitalization.
40. Evidence of participation would include signatures on plans, names listed as attending staffings or ISP meetings, and/or progress notes reflecting conversations or other input.

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Independent Review
Inpatient Care and Coordination of Care

V. Inpatient Care and Coordination of Care

35. Has the person had a Level 1 hospital admission within the last 12 months? (If No, skip this section.) Yes / No
36. Was the inpatient stay more than 7 days? (If no, skip the remainder of this section) Yes / No
37. Is there written documentation describing the inpatient treatment and discharge plan (ITDP)? Yes / No
38. Is there a copy of the ITDP in the case management record? Yes / No
39. Does the ITDP address the services and supports required by the person to ameliorate the symptoms/behaviors exhibited at the time of the admission? Yes / No
40. Did the following individuals participate in the development of the inpatient treatment and discharge plan?
- a. Person Yes / No
 - b. Guardian, family member or designated representative, (if applicable) Yes / No / NA
 - c. Case manager or other clinical team member Yes / No
 - d. Other (specify) Yes / No / NA

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Independent Review
Inpatient Care and Coordination of Care***

Inpatient Care and Coordination of Care Instructions (Continued)

41. Evidence that a member of the clinical team met with the person while in the hospital would include documentation in progress notes by the case manager, psychiatrist, nurse or other team member; signatures on inpatient staffings or ITDP and/or verified during the person's interview. N/A if the person was hospitalized prior to the date assigned to a clinical team.
42. In reviewing the inpatient discharge planning documentation, the reviewer will determine if services were planned for the person **prior** to being discharged from the inpatient setting.
43. In reviewing the inpatient discharge planning documentation as well as post discharge documentation (progress notes, service plan, clinical team meeting/staffing notes) the reviewer will determine if services were initiated/continued based on the person's needs upon discharge from the hospital.
44. The reviewer will determine if the case manager had met with the person within 7 days of the person's discharge.
45. The reviewer will determine whether a person was readmitted to an inpatient facility within 30 days of a previous inpatient discharge. Readmission to UPC (Urgent Psychiatric Center) or CRU (Crisis Residential Unit) is not considered inpatient.
46. The reviewer will determine through a review of progress notes, clinical team meeting/staffing notes and treatment plan/ISP/ITDP whether an ITDP was developed by the tenth day of an inpatient stay.
47. After reviewing the plans developed by the community clinical team and the inpatient treatment team, the reviewer will ascertain if the inpatient plan reflects the goals and services of the ISP. This should be rated N/A if the person had not, prior to hospitalization, been assigned to a clinical team.

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Independent Review
Inpatient Care and Coordination of Care***

- | | | |
|-----|---|---------------|
| 41. | Is there evidence that the case manager or a member of the clinical team met with the person while in the hospital? | Yes / No / NA |
| 42. | Does the plan describe the services and supports needed by the person for discharge from inpatient? | Yes / No |
| 43. | Is there evidence that outpatient services were initiated/continued after discharge from the hospital? | Yes / No |
| 44. | Is there evidence that the case manager met with the individual within 7 days of discharge? | Yes / No |
| 45. | Is there evidence the person was readmitted to an inpatient facility within 30 days of discharge? | Yes / No |
| 46. | Was an inpatient treatment and discharge plan developed by the 10th day of the inpatient stay? (Appendix C.12.) | Yes / No |
| 47. | Does the inpatient treatment and discharge plan reflect the goals and services of the ISP? (Appendix C.12). | Yes / No / NA |

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Notes:

48. Assessments: Copies of all current assessments and updates should be obtained by the reviewer. Use this space to record information about assessments indicated as needed but not found, (e.g.: independent living skills, psychological, neuropsych evaluation, etc.), efforts to obtain any missing assessments, and any pertinent information found in the case clinical record about the assessments.

49. Need for Special Assistance: Document any entry in the record related to whether the person was assessed for special assistance and whether or not the person was found to be in need of special assistance. Indicate where (i.e., case managers/doctor/ nurse's note, assessment, etc.) the information is found and the date of the document or entry.

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53. Team Process: Record information found on the team meetings, topics discussed, any communication among team members, service providers including contacts with the person or guardian if applicable.
54. Notes on monitoring and coordination of services by case management team. Record information on contact with the person's clinical team members or service providers (e.g. phone calls, staffing notes, progress reports). Include documentation found regarding progress/lack of progress by the person.
55. Grievance/Appeals: Document the date this notice was signed by the person/guardian.
56. Consent for Treatment: Document the date the consent was signed by the person/guardian.
57. Other important information or events (e.g., service denials, court-ordered treatment, and discrepancies in information etc.)

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Interviews

The purpose of the interview is to gain insight into the perspective, knowledge, opinions, preferences, and circumstances of the individual interviewed. The interview may present the reviewer with the opportunity to observe first hand someone's communication skills, appearance, manner and working style. The questions presented in interview protocols are intended to elicit certain information. Each reviewer is expected to ask all the questions as written in the protocol. In the event the reviewer determines that the person is not able or unwilling to conduct the entire interview, the reviewer will document this and the reason in Section VI of this protocol. Reviewers can ask probing questions when the information is inadequate, inconsistent, or unknown.

Even if asked directly, do not tell the person interviewed that anything is or is not "all right," "okay with me," does or does not "comply" with any regulation, law or requirement, or any other indication of approval or disapproval. Even if asked directly, do not provide advice, technical assistance or "recommendations" to resolve or improve issues.

Service Planning

Guiding Principles for Individual Service Planning:

The following items are key concepts in team-based service planning:

Strength and Needs-Based Planning:

Based in the initial and ongoing strength-based assessment, all services should be customized to creatively reflect the person's unique culture, and individual and familial strengths in addressing the person's behavioral health needs.

Consensus:

All teams strive to reach consensus on the needs of the person, the findings of the assessment process and the service plan.

Natural and Informal Supports:

Although team membership will vary with changing needs and developing strengths, teams are encouraged to strive toward memberships that include natural and informal supports.

Collaboration:

Cooperation must be sought beyond the person and from other involved agencies, family members and the community at large. The team should strive to promote connections with all the community has to offer rather than, for example, relying solely on paid supports.

Crisis Stabilization and Crisis Planning:

The team should identify urgent health, safety and security needs and develop strategies to resolve them. In addition, the team should assist the person in a plan to include strategies intended to prevent or mitigate crisis situations. Crisis planning seeks only to stabilize the crisis,

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not to change the overall plan; and incorporates family, friends and natural supports, as well as formal supports as necessary.

Cultural Competency:

The team process, from the assessment to the facilitation of team meetings and the provision of service, should be culturally competent and linguistically appropriate, and based upon unique values, preferences and strengths of the person, involved family members, friends and members of the community.

Principles of Person - Centered Planning:

The following Principles of Person-Centered Planning are required for behavioral health assessment and service planning. Services:

Are developed with the understanding that the system has an **unconditional commitment** to its individuals.

Begin with **empathic relationships that foster ongoing partnerships**, expect **equality and respect** throughout the service delivery process.

Are developed collaboratively to **engage and empower individuals, include other individuals involved in the person's life**, include meaningful choice, and are accepted by the person.

Are **individualized, strength-based and are clinically sound**.

Are developed with the **expectation that the individual is capable of positive change, growth and leading a life of value**.

We have chosen to implement these assessment and service planning principles through the team approach to care. This approach is based upon a coordinated, flexible, person-driven process that supports and helps the individual to attain an optimum level of functioning, develop healthy interpersonal relationships, experience recovery, and become a self-determined and productive member of society by:

- Managing and eliminating the debilitating symptoms of a mental illness;
- Promoting the ability to live a productive and satisfying life;
- Improving the ability to function in social, educational and vocational roles; and
- Emphasizing every individual's unique strengths, recovery process and culture.

The team works to enhance the person's engagement in services, improve customer satisfaction and treatment outcomes by involving family members, peer and other natural supports, and involved allied service systems in the design, development and oversight of the individuals service and recovery plan.

VI. Person's Interview

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Person's Interview***

VI. Person's Interview

INSTRUCTION:

I will be asking you some questions about how things are going for you in your life. Examples of these areas include your living situation, work, your health and your safety and whether or not your goals and needs are being met by ValueOptions.

I will ask you to give your opinion about the clinic (or the place where you receive most of your mental health services) and how well it is helping you.

I will be writing down your answers. Your answers to this interview are confidential.

It is important that you let us know how you feel about your life.

58. How are you doing today?

59. How long have you lived here?

60. How would you describe the place where you live?

61. Do you feel safe here? Yes /No

62. What's your ideal living situation?

63. What were the choices you had in choosing a place to live?

64. When was the last time staff visited you in your home?

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Independent Review
Person's Interview***

65. What services are you currently receiving?
66. Who is your Case Manager?
67. Who is your doctor/nurse practitioner?
68. What medications are you prescribed for your mental illness?
69. Did any of your prescriptions change in the past month? Yes / No
70. How often should you take your medication(s)?
71. Most medications have special instructions (e.g. take with food, on an empty stomach", "with plenty of fluids", etc.) Does your medication have any special instructions? Yes / No
72. Did you skip/miss any medication in the past month? Yes / No
73. Did you get help (reminder by someone) to take your medications during the past month? Yes / No
74. Are there any side effects from your medications that bother or worry you? Yes / No

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Independent Review
Person's Interview***

75. Have you ever requested a medication adjustment?
If yes, what happened? Yes / No
76. Is there anything that has prevented you from participating in the services
that you want to attend? For example, do you have reliable transportation? Yes / No
77. How does staff respond when you disagree with them?
78. Do you feel that your clinical team is respecting your rights when
making decisions about you? Yes / No
79. Does your clinical team follow up on promises? Yes / No
80. Do you believe that the people on your clinical team can help you? Yes / No
81. Do you believe that your clinical team is concerned about your personal welfare? Yes / No
82. Have your clinical team members been fair with you? Yes / No
83. Are there any individuals on your clinical team who you do not trust? Yes / No
If yes, what don't you trust about them?

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Independent Review
Person's Interview***

84. Do you know how to file a grievance or a treatment appeal? Yes / No
If yes, have you ever filed one?
85. Do you know what an Individual Service Plan is, and what it's used for? Yes / No
86. Did you receive a copy of your Individual Service Plan? Yes / No
- a.) Have you ever been asked to sign a blank ISP? If Yes When? Yes / No
87. Did you choose to participate in the development of your ISP? Yes / No
88. Were the goals on your ISP your idea? Yes / No
89. Did you have more influence than anyone else on what was included on your ISP? Yes / No
90. How is your physical health?
91. Do you have a job? Yes / No
a.) If no, are you interested in working? Yes / No

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Independent Review
Person's Interview***

92. What do you do during the day?
93. What would you like to do during the day?
94. What do you do for fun?
95. What would you like to do for fun?
96. Do you have a family member or a friend involved in your treatment? Yes / No
If yes, who is it and how can I reach this person?
97. Have drugs or alcohol been a problem for you in your life? Yes / No
98. If yes, has the staff offered you options to deal with your drug or alcohol issues? Yes / No
99. Who on your team do you meet with most often to discuss your goals, treatment plan, or any issues you need to discuss?
100. Has anyone ever talked to you about recovering from mental illness? Yes / No
101. Is there anything I didn't ask that you think would be important for me to know?

VII. Reviewer's Observations

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Independent Review
Reviewer's Observations**

VII. Reviewer's Observations

Interviews are to be conducted in the person's home whenever possible. The reviewer will make judgments based on conditions observed. When a reviewer notes situations that are believed to be a health or safety concern, **Notify the Office of the Monitor IMMEDIATELY at (602) 220-0276**

**Check here if no home visit was completed
Why was the home visit not completed?**

**If the person's living environment was not visited, complete questions
102 – 106**

102. Was the person dressed age appropriate, clean, and suitable, for weather, clothes in good repair? Yes / No

103. If no, describe problem

104. Was the person's hygiene and grooming adequate (e.g., no odor, clean appearance)? Yes / No

105. If no, describe problem

106. Per the report of the person, do they have food/drink? Yes / No

107. Was the living environment safe (e.g., working heating/cooling, electricity, water)? Yes / No

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Reviewer's Observations***

108. If no, describe problem

109. Was the living environment clean and free from hazards (e.g., clean floors/walls), in good repair? Yes / No

110. If no, describe the hazards.

111. Was the living environment suitably furnished (e.g., enough furniture, furniture in good repair)? Yes / No

112. If no, describe problem

113. Was there privacy for the person? Yes / No
Describe:

114. Other observations: Yes / No

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*VIII. Case Manager's
Interview*

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Independent Review
Case Manager's Interview**

VIII. Case Manager's Interview

Person: _____

Case Manager: _____

Gender: Male Female

Ethnicity:

- | | | |
|---|-------------------------------------|--------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | Asian | <input type="checkbox"/> |
| <input type="checkbox"/> Black or African American | Native Hawaiian or Pacific Islander | <input type="checkbox"/> |
| <input type="checkbox"/> White | Hispanic/Latino | <input type="checkbox"/> |
| <input type="checkbox"/> Other Specify _____ | | |

INSTRUCTIONS:

I will be asking you some questions about how you and other members of the clinical team think things are going for the person in several different areas. Examples of these areas include living situation, the person's role in the community, and participation in treatment, coping with problems, relationships, and the person's feelings about him/herself, health and safety.

115. What is the current caseload for the case manager?

116. How long has the person been on your caseload?

117. What kind of team is the person assigned, (i.e., Assertive, Supportive or Connective)?

118. Do you know the person well enough to complete this interview? Yes / No

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Independent Review
Case Manager's Interview***

119. Who on the team knows the person the best?
120. How often do you see the person and where do you usually meet?
121. When was the last visit you made to the person's home?
122. How would you describe the place where the person lives?
123. Is the person satisfied with their current living situation? Yes / No
124. If no, where do you think they want to live?
125. What housing options have you offered or shown the person?
126. If the person will not articulate a living long term view, what strategies and options is the team using to engage the person and assist them in exploring possible life choices?
127. What does the person do during the day?

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Independent Review
Case Manager's Interview***

128. What does the person want to do during the day?
129. If the person will not articulate a learning/working/meaningful day activities long term view, what strategies and options is the team using to engage the person and assist them in exploring life choices?
130. What kind of learning/working/meaningful day services and supports does the person currently receive?
131. What social/community integration activities does the person participate in?
132. What social/community integration activities does the person prefer?
133. If the person will not articulate a social/community integration long term view, what strategies and options is the team using to engage the person and assist them in exploring possible life choices?
134. Is the person getting the services they need? Yes / No
135. What services or supports have been offered to the person to choose from?

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Independent Review
Case Manager's Interview***

136. How is the person's physical health?
137. What has the clinical team done to coordinate care with the person's PCP?
138. Does the person currently abuse alcohol and/or drugs? Yes / No
139. If it is an issue, what services or options did the team offer the person?
140. Describe how the assigned Psychiatrist/Nurse Practitioner has been involved in the development of the ISP?
141. How does the clinical team monitor the person's medication adherence?
142. I would like you to rate the consumer's adherence using the following scale.
Which statement applies?
a. = indicate never missed medication.
b. = missed a couple of times, but essentially took all prescribed doses.
c. = missed several times, but took at least half of the prescribed doses.
d. = took less than half of the prescribed doses.
e. = stopped taking medication all together.
143. What information do you use to make this judgment about the consumer's medication adherence?

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Independent Review
Case Manager's Interview***

144. What happens when the person misses a medication appointment?
145. How has the assigned nurse been involved in the development of the ISP?
146. How has the vocational specialist been involved in the development of the ISP?
147. When you have a problem at work dealing with consumer issues or don't know what you should do, what do you do?
148. What is the most important purpose of your job?
149. Have you received training on recovery? Yes / No
150. Has the training improved your ability to do your job? Yes / No
151. What do you like most about your job?
152. What do you like least about your job?

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Independent Review
Case Manager's Interview***

153. What barriers do you typically encounter in performing your job?

154. How do these affect your performance?

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***IX. Family Member/Guardian/Designated
Representative Interview***

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Independent Review
Family Member/Guardian/Designated Representative Interview

IX. Family Member/ Guardian/ Designated Representative Interview

Person: _____

Name of Person Interviewed: _____

Relationship to Person: _____

155. Tell me about the person:

156. Does the team include you in the discussion regarding treatment decisions? Yes / No

157. Does the team consider your opinion regarding the effectiveness of current or previous treatment? Yes / No

158. Overall, does the person appear to have benefited from the services provided? Yes / No

159. Did the case manager/clinical team respond to the person's progress or lack of progress in a timely manner? Yes / No

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Independent Review
Family Member/ Guardian/ Designated Representative Interview

160. Health Care Decision Maker/or Health Care Power of Attorney, Yes / No / NA
did you receive a copy of the Individual Service Plan?

161. Health Care Decision Maker/or Health Care Power of Attorney, Yes / No / NA
were you given sufficient information so that you could provide informed
consent regarding medications?

162. Health Care Decision Maker/or Health Care Power of Attorney, did Yes / No / NA
the clinical team ensure that the Individual Service Plan was implemented?

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X. Service Planning Process

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Service Planning

COMPREHENSIVE ASSESSMENT INSTRUCTIONS

NOTE: The reviewer should not complete these ratings until the record review and all interviews are completed. The determination of compliance must include a consideration of the accuracy and completeness of information in each component of the assessment. For each component of the comprehensive assessment, indicate whether the component was present and reasonably addressed. If in the reviewer's judgment the component is not reasonably addressed or does not reflect the current status of the person, these items should be rated "no". If the person's status has changed since the last assessment, an update should be completed within 30 days of the change in status. The reviewers must provide written justification for all ratings.

163. At a minimum, the comprehensive assessment should be updated at least annually.
164. The assessment must include a face-to-face interview.
165. **MENTAL HEALTH STATUS AND EXAMINATION:** Includes presenting concerns, target symptoms, history of diagnosed mental illness, therapeutic interventions, services or supports provided and the response to treatment. Also includes the medications, significant side effects/adverse drug reaction, AIM's test and laboratory findings. Describes overall progress, lack of progress, summary of significant events/trauma since the last assessment, including any hospitalizations, arrest/incarceration or evidence of homelessness. The mental status examination should include a description of
- a. cognitive functioning (attention, memory, information processing, problem solving, and results of mini-mental status exam);
 - b. traits (appearance, affect, agitation, anxiety, appetite, concentration, compulsions, emotional stability, energy, guilt, judgment, loss of interest, mood, obsessions, psychometric retardation, self-image, sleep);
 - c. risk (hallucinations, delusions, thought disorder, suicidal ideation, homicidal ideation and self harm).
166. **LEGAL STATUS and/or APPARENT CAPACITY:** The existence of a guardianship or conservatorship for the person and the scope and authority of the guardian or conservator; whether the person appears capable of making informed decisions with regard to medical care or other treatment, financial matters, or confidential information; able to effectively participate in the service planning process; able to exercise other rights and privileges; whether the person needs a guardian, conservator, representative payee, or other protective services or, in the alternative, whether the person is no longer in need of such protective services; whether the person needs or would benefit from special assistance, counsel or advice in making treatment decisions or in enforcing the person's rights; the existence of any type of court-ordered treatment.
167. **LIVING ENVIRONMENT:** The person's current living situation, neighborhood, and community. Includes type of setting: alone, congregate, structured, suitably furnished, adequate food/drink, safety.
168. **INTERPERSONAL AND SOCIAL SKILLS:** The person's ability to relate to other people, communicate their needs and wishes, get along with other people, and their skills in interacting in social settings. Also includes their skills in dealing with conflict, communicating on the telephone, making and keeping friends, etc.

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Independent Review
Service Planning**

Comprehensive Assessment

163. Is there a current comprehensive assessment? Yes / No / NA
(NA if the person has been in service less than 45 days)

Date:

Identify the Name of the Document:

(If no comprehensive assessment, note date of last comprehensive assessment _____
and skip to question 183.)

164. Was a face-to-face interview conducted during the Yes / No / NA / CND
assessment/evaluation process?

Does The Comprehensive Assessment Include The Following Components?

165. Mental status, including a mental status examination. Yes / No

166. Legal status and apparent capacity. Yes / No

167. Living Environment. Yes / No

168. Interpersonal and Social Skills. Yes / No

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Independent Review
Service Planning

COMPREHENSIVE ASSESSMENT INSTRUCTIONS (CONTINUED)

169. **SOCIAL SETTING:** The person's support system, including the availability of family, friends, neighbors, religion or support services and other natural supports in the community.
170. **PHYSICAL HEALTH STATUS:** The person's health, including a summary of physical examinations and other evaluations completed in past year. The documentation should include the person's medical condition, including any chronic medical condition including head injury, which requires regular treatment, monitoring, or intervention and its effect on cognition, learning, social skills and behavior. Should also include coordination of care with PCP.
171. **LEVEL OF DAILY LIVING SKILLS:** The person's level of daily living skills includes (adults); personal care and grooming, nutrition and food preparation, and domestic skills: health maintenance, hazard recognition and avoidance; ability to follow a prescribed treatment program, including medication; time and money management; the utilization of community resources; including public transportation if needed, communication, functional reading, the use of a telephone; ability to independently request assistance; and self-preservation.
172. **CRIMINAL JUSTICE HISTORY (If applicable):** Include arrests, court dates and outcomes, conditions of probation/parole.
173. **DEVELOPMENTAL HISTORY (If applicable):** The existence of any developmental disability/delays or learning disability and any effect on cognition, learning, social skills and behavior as well as a summary of any related evaluations performed or recommended, including suggestions for the type of supports required.
174. **EMPLOYMENT AND VOCATIONAL TRAINING:** The person's vocational and employment skills and potential, including any vocational history, a summary of any evaluation of work skills conducted, and the person's preferences and interests in employment. Also includes a history of or current involvement with Vocational Rehabilitation specialist.
175. **EDUCATION:** The person's education and training, including a history or evaluation of the person's educational background, current education plan or Individual Education Plan (IEP), if any. Also includes the person's preferences and interests in furthering their education or training.
176. **LANGUAGE ABILITIES AND CULTURAL PREFERENCES:** The person's language abilities, including identification of the person's ability to read, hear, understand, and speak English or in the person's preferred language. Also includes customs, e.g. diet, rituals, beliefs, holidays, traditions, etc.
177. **PUBLIC AND PRIVATE RESOURCES:** The person's resources, including the identification of public and private resources paid to or for the person or to which the person may be entitled under any local, state or federal law or regulations including: (a) income maintenance programs such as SSI, SSDI, Worker's Compensation, Unemployment Compensation, Veteran's Administration, Food Stamps, and/or General Assistance; (b) if resources are available and subject to the control of a representative payee; the name of the payee and the specific agency or office with responsibility for the representative payee; (c) benefits or income from any trust, including the court, if any, with responsibility for overseeing the operation of the trust, the name of the trustee, and terms of the trust; (d) health care benefits; (e) housing assistance, including eligibility for public housing, rental assistance, and subsidized housing (f) education/vocational services; and (g) social services, including those provided by Title XIX/XXI and those administered by private, local, federal and state social service agencies.

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- | | | |
|------|---|---------------|
| 169. | Social Setting. | Yes / No |
| 170. | Physical health status. | Yes / No |
| 171. | Level of daily living skills. | Yes / No |
| 172. | Criminal justice history. | Yes / No / NA |
| 173. | Developmental History. | Yes / No / NA |
| 174. | Employment and Vocational Training. | Yes / No |
| 175. | Education. | Yes / No |
| 176. | Language abilities.
(Cultural preferences interpreter services/need for sign language or literary assistance.) | Yes / No |
| 177. | Public and Private Resources/Entitlements. | Yes / No |

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COMPREHENSIVE ASSESSMENT INSTRUCTIONS (CONTINUED)

178. **SUBSTANCE USE HISTORY** (If applicable): Current status and history of substance use including specific substances used, length of use and any treatment history.
179. **RISK ASSESSMENT:** Any history or current factor(s) which place the person at risk of harm to self or others. Examples include, but are not limited to, prior suicide attempts and/or current plan with intent/means; self-abusing behavior, exploitation, substance abuse, recent losses; symptoms of psychosis, medical instability, intentional violence toward others and/or intent/means.
180. **SEXUAL BEHAVIOR/SEXUAL ABUSE** (If applicable): Past or present victimization of self and/or others that should be addressed in treatment. Examples include, but are not limited to, being touched or abused in some way, molestation, sexual assault, prostitution and the steps or actions taken to address the behavior/abuse when it occurred.
181. **RECOMMENDATIONS AND NEXT STEPS:** Includes a summary, impressions, observations and recommendations regarding issues that require further assessment and/or actions that need to be addressed during service planning.
182. The determination of compliance must include a consideration of the accuracy and reasonable completeness of information in each component of the assessment. For each component of the comprehensive assessment, indicate whether the component was present and reasonably addressed. If in the reviewer's judgment the component is not reasonably addressed or does not reflect the current status of the person, these items should be rated "no". If the person's status changed since the last assessment, an update should be completed within 30 days of the change in status. The reviewer must provide evidence for all items rated "no". A comprehensive assessment is considered complete if all items (#165-181) are rated "yes" or "NA".
183. **SPECIAL ASSISTANCE:** Evidence that an assessment for Special Assistance (see definition) has occurred may be located in the Individual Service Plan, staffing notes, psychiatric evaluations, comprehensive assessment, psychosocial reports and/or progress notes. The documentation may include a specific statement about whether or not the person needs 'special assistance' or may include specific documentation referencing the person's inability to participate in the ISP or grievance process due to physical or cognitive deficits, or language difficulties that interfere with the person's ability to communicate effectively. Regarding the ISP process, the person may be identified as being unable to communicate choices, desires, and preferences or understand service options. Regarding the grievance and appeal process, the person may be identified as unable to communicate objection, refusal, disagreement or allegations of abuse or rights violations or cannot understand options proposed to resolve grievance/appeal issues. There may also be the existence of a "Special Assistance Form". Information should be reviewed for the entire year and at any time during the year if the person was in need of special assistance. **Merely checking the "NO" box on the ISP does not constitute evidence that the Special Assistance assessment was completed.**
184. After reviewing the clinical record and conducting all interviews, the reviewer will determine, utilizing their clinical judgment, whether the person is currently in need of special assistance. The reviewer's determination is independent of whether the team has assessed or determined the need for special assistance.

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178. Substance use history. Yes / No / NA
179. Risk Assessment. Yes / No
180. Sexual Behavior/Sexual Abuse. Yes / No / NA
181. Recommendations and Next Steps. Yes / No
182. Is the comprehensive assessment complete? Yes / No / NA
183. Did the clinical team assess whether the person needs special assistance in the ISP and grievance processes? Yes / No
184. Regardless of the team assessment decision does the person currently require special assistance? Yes / No

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COMPREHENSIVE ASSESSMENT INSTRUCTIONS (CONTINUED)

185. Refer to the definition of special assistance. The reviewer will determine whether the person received special assistance, either through ADHS or the RBHA. The reviewer will determine through the clinical record review and interviews whether a person in need of special assistance was offered assistance and was provided reasonable assistance by ADHS or the RBHA. An answer of NA means the individual was not in need of special assistance
186. Identify whether the presence of a current individual service plan (ISP) is evident by circling yes, no, or N/A. A "Not applicable" response is only acceptable if the person's enrollment was determined to be less than 90 days prior to the review. The ISP is considered current if it has been completed and/or updated within the past 12 months, and includes the person's signature and one other clinical team member's signature. If the ISP was completed after the date of notification of the audit, the reviewer should rate this question "NO", if there is no other ISP completed within the past 12 months.

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185. **If special assistance is needed, is it currently being provided or offered by ADHS or the RBHA? (Appendix C.10)** Yes / No / NA

186. Does the person have a current Individual Service Plan (ISP)? (NA if the person has been enrolled less than 90 days). Yes / No / NA

Date:

(If no current ISP, or NA skip to # 193.)

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187.a-c **Long Term View/Vision (LTV)** - is a planning statement that identifies, from the person's perspective, what the person would like to be doing for learning/working/meaningful day activities; social/ community integration, and/or education, and where the person would like to be living. The LTV is based on the person's unique interests, strengths, and personal desires. The LTV is not a statement that is the responsibility of the clinical team to construct. Instead, the clinical team should assist the person in identifying what is important in their life, so that treatment goals can be consistent with their life goals. Initially, what is important to the person may have a very short focus in time (e.g., "all I want is to get out of the hospital", or "get my roommate off my back..." etc.). As the person progresses, the clinical team should encourage a longer-term view, so that concrete preferences in each of the life domains are further clarified.

Living - the clinical team should help the person to formulate their desired living arrangements, not based on what is available, but based on the person's preferences.

Items for consideration:

- Does the person prefer to live alone or with roommates? How many?
- Does the person prefer a congregate setting where other people are available for socializing, or in a private apartment?
- Does the person prefer to shop for groceries and cook meals or have meals provided?
- Have social and other activities structured throughout the day?
- Have staff living in their residence 24 hours a day or immediately available by phone, stopping by daily, or not at all?
- Be coached on grooming, independent living skills, budgeting, etc.?
- If the person is satisfied with their living situation, would they like to make home improvements, have a roommate, etc.?
- Does the person have health/wellness issues that interfere with their role functioning?

Learning/Working/Meaningful Day - The clinical team should explore the person's educational and vocational interests. The team should assist the person to identify activities that are most meaningful to the person and potentially productive to the community, not just based on what is available or possible. If the person is 62 years of age or older and does not desire to work, this should be documented by the reviewer.

Items for consideration:

- Full or part time employment;
- Attendance at a vocational, educational and/or training program on a routine basis;
- Volunteer work, peer support, etc;
- Structured day / treatment program (e.g. intensive substance abuse, etc);
- Routine attendance at a consumer operated program;
- Full time child care responsibilities etc.

Social/ Community Integration- The clinical team should help the person to explore their current or potential social network. This includes availability of family, friends, neighbors, and other natural supports in the community. Wherever possible, normal social activities, rather than "treatment-based socializing" (e.g., partial care, clubhouse, etc.) should be identified. The person's desires for/satisfaction with intimate or romantic relationships should also be explored.

Items for consideration:

- Hobbies, sports activities, involvement with church or religious activities, community integrated activities, e.g. city parks and recreational activities, YMCA/YWCA, libraries, museums, local festivals, movies, plays, etc.
- Spending time with family and friends
- Social clubs, internet use, including dating.

NOTE: If the person will not articulate a long term view in any one or more of the domains, to score a "yes", **there must be documentation that the clinical team is working to establish a close bond with the person, as evidenced by frequent home visits, outreach in the community, follow up with commitments made on behalf of the person, responding in a timely manner to requests made by the person, utilizing peer support, etc..** The ISP must have evidence that the clinical team is providing strategies and options for the person to explore possible life choices to achieve this outcome.

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187. Does the long-term view/vision address the future of where the person wants to be in each life area:
- a. Living Situation? Yes / No

 - b. Learning/Working / Meaningful day? Yes / No

 - c. Social/Community Integration? Yes / No

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188.a-c **Functional Assessment:** This is an assessment of the person’s current status in terms of independent living, employment (or retirement) and social /community integration and an analysis of the support or skills, if any, necessary to achieve the person’s long-term view. Consider the challenges / issues and what the person needs to learn in order to be successful in achieving their long term view:

Items for consideration:

- learning the skills needed to live independently;
- learning how to better control one’s impulses;
- learning how to clarify the needed skill, offering emotional support so the person can explore their challenges and issues, etc..

The Functional Assessment must include specific steps that will assist the person in moving toward accomplishing their long term view. If the person did not articulate a long term view on one or more of the domains, to score a “yes” the Functional Assessment needs to include the steps to assist the person in establishing a long term view. If the person’s long term view or their status changes, the functional assessment must be updated within 30 days of the change.

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188. Does the functional assessment address where the person is (current status and skills) and what the person needs in order to progress toward their long term view/vision in each life area?
- a. Living Situation? Yes / No

 - b. Working/Learning? Yes / No

 - c. Social/Community Integration? Yes / No

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- 189.-190. Overall, the ISP, including the goals, objectives and action steps/methods, should be written in plain, straightforward language that a layperson could understand. The goals written need to reflect the person’s preferences as described in their long term view. The action steps need to be logical and seem likely to accomplish the goals. The action steps need to reflect not only what the person is responsible for but also should describe what activities the staff will perform in order to assist the person in moving towards accomplishing their goal. Technical terms, (i.e., diagnosis, names of medications, side effects, names of physical health disorders, names of specific therapies etc.) may be used but the majority of the plan needs to be written in a “user friendly” manner. The plan should reflect that the services provided are consistent with the needs identified in the assessments and that the type of service, level of care and frequency of the service is sufficient to meet the needs of the person.
191. Professional input is provided by members of the clinical team (psychiatrist, nurse practitioner, case manager, nurse, and vocational specialist) and may include other individuals who are needed to identify and address the person’s treatment needs. (e.g. substance abuse specialist, behaviorist, housing specialist, rehabilitation specialist, etc)

Items for Consideration:

- Is input from the clinical team used to determine the level of care or services/treatment that the person needs?
 - Does the vocational specialist provide recommendations for what employment options should be provided to the person?
 - Do involved specialists (e.g. DBT Counselor, Substance Abuse Specialist, etc.) provide input and recommendations to the clinical team for improving the person's coping, interpersonal and other needed skills?
192. The reviewer must document any needs identified on the comprehensive assessment or found elsewhere in the record that are not contained in the ISP. The reviewer may also identify needs that are not included in the person’s ISP that were noted during interviews. The source of the information should be documented by the reviewer. If there is no current comprehensive assessment, this question must be scored NO.

Items for Consideration:

- Are the conditions for Probation/Parole included in the ISP?
- Are there needs identified in the comprehensive assessment and/or progress notes that are not addressed in the ISP?
- If the person has difficulties with medication adherence, is this addressed in the ISP?
- If the housing situation is currently substandard does the ISP address these issues?

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189. Are there individualized service goals or objectives in the ISP? Yes / No
190. Are there specific steps/methods documented in the ISP that describe how the goal will be achieved? Yes / No
191. Is there evidence of professional input in the development and formulation of the ISP? Yes / No
192. Based on the comprehensive assessment and other documentation are all areas of need addressed in the ISP? Yes / No / NA

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193.-195. Progress information should be contained in case management, psychiatric and nursing notes. The notes should contain the chronological history of the services provided by the treatment system. Progress notes should contain a justification or rationale for important decisions. Examples include, but are not limited to, the decision to petition or not petition for court ordered evaluation or treatment, the decision to discharge from an inpatient setting, the decision to continue medication in light of significant side effects, the decision to recommend a restrictive level of care, etc. Any decision, which may have significant consequences for the person, should have a written justification in the record. Additionally, if the progress notes document imminent risk of danger to self or others, or imminent risk of loss of housing, employment, income or entitlements, or incarceration, then subsequent documentation should show rapid and effective actions likely to remedy the situation which have been taken by the clinical team. Also, if the progress notes document the occurrence of early warning signs of relapse, then subsequent documentation should show proactive actions likely to remedy the situation. The progress notes also need to reflect any modifications needed to the ISP as determined by all the issues noted above. Using progress documentation and interviews, the reviewer must also make a determination about whether the clinical team has been responsive in addressing changes in the person's status. Timely response includes taking specific actions to:

- Respond to a request for assistance or for treatment that comes from the person or their significant other;
- Ensure that others involved with the person have information needed to provide care (e.g. providers, PCP, jail, etc.);
- Respond to a behavioral health crisis (home visits, utilizing crisis services, etc.);
- Make referrals for and help the person access services that are likely to achieve their long term view (e.g. housing applications, bus cards, public fiduciary, transportation, counseling, work etc.).

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193. Do progress notes or any other documents reflect progress, or lack of progress, toward goals described in the plan? Yes / No
194. Is the service plan revised based on progress, lack of progress and/or a change in behavioral health needs? Yes / No / NA
195. Does the case manager / clinical team respond to changes in the person's treatment needs and/or life circumstances in a timely manner? Yes / No

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196. - 197. The reviewer should not rate this item until the record review and all interviews are completed. The reviewer will determine if, within the past year, there was a substantial reduction, modification of residential setting or day/vocational program modification or termination of services. For this purpose, **a substantial modification, reduction or termination is defined as any change in service provision which causes a significant modification in the person's daily routine and activities, and/or the level/type of supervision and support provided. A change in the level of case management will be considered a substantial change in service.** The reviewer will assess whether the ISP was modified with the person's/guardian's consent. This may be reflected by the person's/guardian's signature on the ISP and/or clinical team/staffing notes. The reviewer will also assess whether the service plan modification was done in accordance with AAC R9-21-314.

The reviewer should consider the following when making this determination:

- Obtained client consent;
- Written notice provided to client, guardian, designated representative, service provider, and clinical team prior to implementation;
- The clinical team will review any request for modification or termination within twenty (20) days to ensure the change is clinically appropriate to meet the client's needs, goals and objectives (e.g., client withdraws consent, changes focus of the ISP, services no longer needed, alternative is recommended, services previously refused, need change based on progress/lack of progress or emerging needs, no longer eligible for SMI services);
- Written notice of the right to appeal the modification, termination, suspension or reduction to the client, designated representative and/or guardian;
- Meet with the client or guardian to explain the modification and changes should be incorporated into the ISP or a revised ISP completed. Copies should be distributed to all parties;
- No modifications or termination of an ISP shall be made without the acceptance of the client or any designated representatives and/or guardian unless the change is required to avoid a serious or immediate threat to the health or safety of the client or others;
- The client may not be transferred from one program or location to another while an appeal is pending unless health and safety issues are present;
- If the client is no longer eligible for services appropriate referrals for the provision of further treatment shall be completed.

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196. During the past year, was there a substantial reduction of services, substantial modification of a residential setting, day/vocational program, or a termination of services? Yes / No

197. **If yes, was the person's ISP modified with their consent or consistent with the ISP rules. (Appendix C5)** Yes / No / NA

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198. To determine whether a change is clinically indicated, the reviewer should consider whether the person demonstrated progress or lack thereof, the person withdrew consent for participation, whether services were no longer needed, etc.

199. This is NA if the initial service plan was originally completed within the last 6 months or the person has been in service less than 90 days. Also, "NA" for non-priority clients.

The reviewer should consider the following to determine if the ISP has been reviewed:

- Documentation that includes the person's progress toward attainment of the long term view and each of the goals and objectives stated in the ISP and whether there is a need for changes;
- Staffing notes that the ISP was reviewed including the outcome of the review;
- Updated ISP with new signatures.

Any documentation noted above must include the specific members of the clinical team that participated in the review, including the person.

200. a-c Review the provider plan and progress notes and compare them to the ISP in order to make this determination. List the name of each provider involved with the person.

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198. If yes, were the changes clinically indicated? Yes / No / NA

199. **For Priority Clients, was the plan reviewed within the last six months?
(Appendix C.4)** Yes / No / NA

200. Are the actual services received from each provider included in the ISP?
Specify name of provider. Yes / No / NA

a. Provider #1: _____

b. Provider #2: _____

c. Provider #3: _____

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201. a-k Clients should have clinical teams, which include the person, guardian, nurse, physician/nurse practitioner, case manager, and vocational specialist, unless the person is retired. For other potential team members, participation in planning should be based on the individual's needs. If participation is not required or needed, mark the item N/A. N/A if plan is interim and team has not met. The reviewer will determine whether the required individuals on the clinical team participated in service/treatment planning. A signature on the plan in and of itself may not be sufficient to reflect participation. Participation is indicated by the presence of clear professional input/recommendation to the comprehensive and functional assessments, the goals/objectives/methods, as well as evidence that any clinical team staff not present had their input/recommendations captured and incorporated into the plan. Documentation that the specific clinical team members attended the ISP meeting and assisted in establishing goals and making service recommendations and documentation of team discussion in progress notes should be considered as well. If the person is not involved in services planning (e.g. doesn't sign the ISP) this question must be rated "NO"

Vocational Specialist is considered to be any clinical team member who is actively involved in employment related services, even if the person's title is not vocational specialist.

202. In order to rate this item a "yes", 201 a-f must be rated "yes or NA"

203. In order to rate this item a yes, 186 through 192 must be rated "yes." (This item should be rated NA if the person has been enrolled less than 90 days).

204. In order to rate this item a yes, 186, 187 a-b, 188 a-b and 189 through 192 must be yes for this item to be rated as yes (NA if the person has been enrolled less than 90 days).

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201. Is there evidence of participation in service/planning by the following:
- a. Person Yes / No
 - b. Guardian Yes / No / NA
 - c. Psychiatrist /Nurse Practitioner/Physician Assistant Yes / No
 - d. Nurse Yes / No
 - e. Case manager Yes / No
 - f. Vocational specialist Yes / No / NA
 - g. Clinical Liaison Yes / No
 - h. Other clinical team members Yes / No / NA
(e.g., Housing Specialist, Rehabilitation Specialist, Substance Abuse, etc.)
 - i. Other involved agencies (AOC, DES, DDD, Court, other). Yes / No / NA
 - j. Providers: Yes / No / NA
 - k. Family members and/or designated representatives? Yes / No / NA
202. **The priority client has an appropriate clinical team. (Appendix C. 2)** Yes / No
203. **Priority Clients have ISP's with a functional assessment and a long term vision. (Appendix C3).** Yes / No / NA
204. For non-priority classmembers, is there an adequate individual service plan that includes a long term vision and a functional assessment? Yes / No / NA
-

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XI. Summary Questions

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SUMMARY QUESTIONS INSTRUCTIONS

205. The reviewer should consider the following to determine whether the person received the needed level of case management services (which includes all members of the clinical case management team e.g. psychiatric and nursing services, etc.):
- The level of case management provided is consistent with the definitions for Assertive, Supportive or Connective Case Management.
 - Components of the comprehensive assessment including identification of additional/further assessments or evaluations needed;
 - Determination of need for special assistance;
 - Provisional/emergency services provided;
 - Service/treatment plan including goal/preferences of the individual and needed skill/supports;
 - Revisions or modification of the service/treatment plan based on progress/lack of progress an/or emerging needs;
 - Referrals and service delivery consistent with service/treatment plan;
 - Follow up and outreach following missed appointments;
 - Coordination and communication with involved people/agencies;
 - Advocacy.
206. In rating this item, the reviewer will evaluate both the condition of the person's living situation and whether they receive the behavioral health services and supports they require. To receive a "yes" on this question, the living environment must be safe and include working heat, air conditioning and water. The environment must be clean and furnished. Food and drink must be available. The person's living situation must be integrated into the community, be the least restrictive situation for the person and consistent with their long term view and preferences. In addition, the person must also receive the behavioral health services and supports they need (e.g. medication assistance, transportation, meal preparation, laundry, cleaning, budgeting, shopping, hygiene and other necessary independent living activities). Additionally, the person should receive the services and supports needed to address their ongoing/chronic medical conditions (e.g. diabetes, kidney disease, etc.), if applicable, as well as substance abuse, behavioral issues and criminal behavior. If the reviewer did **not** visit the person's home, this item must be rated CND.
207. Employment can be part time or full time. NA if the person is retired.
208. Consider the following to determine whether there is adequate communication among involved parties:
- team members are aware of the person's most important needs;
 - team members are aware of any significant changes in the person's life;
 - team members are aware of significant changes in the person's services;
 - team members (including the person and his/her family/guardian) have input into the assessments and treatment planning process;
 - the ISP is relevant to the person's current circumstances;
 - the provider plan is consistent with the ISP;
 - the case manager is informed when crisis services are used.

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XI. Summary Question

Based on all information obtained and utilizing professional judgment, in the reviewer's opinion:
(Please provide a written rationale/explanation for all items).

205. Does the person receive the level of case management they need? Yes / No

206. Does the person live in satisfactory housing? Yes / No / CND

207. Is the person employed? Yes / No / NA

208. Is there evidence of communication between the person and each of their clinical team members? Yes / No

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SUMMARY QUESTIONS INSTRUCTIONS (CONTINUED)

209. Review all interviews and the clinical record to determine if the clinical team offered various treatment options for the person to choose from.

The reviewer should consider the following when making the judgment:

- Various options for housing, meaningful day/work and social/community integration;
- Progress documentation showing that alternative treatments, programs and supports were explained to the person;
- The person's preferences were utilized in identifying the specific services to be provided. For example, if the person prefers individual vs. group; a specific type of work or male vs. female staff the team has considered their input, and advocated, if necessary, on their behalf; etc.

210. Consider the following to determine if the team has made efforts to engage the person:

- Home visits;
- Follow-up after missed appointments;
- Supporting the person with their choices and preferences;
- The person's report (interview);
- Frequent supportive contact with people who are relevant to participate in the person's treatment planning;

- 211-212. Review the record for evidence on the service plan (and ISP revisions), intake documents, or other sources for information informing the person of the right to file a treatment appeal or grievance as well as interview responses. Evidence would include the person's/guardian's signature on the documents explaining the rights or documentation that these same rights were explained to the person/guardian and justification for no signature present.

Also consider documentation or evidence of notification of rights at the time of:

1. Assessment and/or provision of special assistance;
2. Change or modification of service/treatment plan;
3. Reduction, modification or termination of service.

213. Consider the following to determine whether the person is treated with dignity and respect:

- Indication that the person is treated as a unique and valued individual (such as calls returned in a timely manner, etc.)
- Individual's rights are honored and protected (such as being given information, having a current ISP, etc.)
- Provision of special assistance, when applicable;
- Person's input, preferences, choices and personal goals are included in the ISP process and their participation encouraged in the process (such as individualized goals and multiple attempts made to engage the person);
- Changes in the person's circumstances are responded to by the clinical team (such as timeliness of service provision and ISP revised when new or emerging needs develop);
- Ethnic and cultural differences are recognized and respected by the clinical team (inquiring about cultural preferences and incorporating these into the person's service provision, when applicable)
- All information gathered from all of the interviews conducted during this audit.

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209. Is there evidence that the clinical team offered various treatment options for the person to choose from? Yes / No
210. Has the clinical team continually made efforts to engage the person in rehabilitation, treatment and support services? Yes / No
211. Did the system help the person to understand his/her rights to file a grievance and to appeal treatment decisions? Yes / No
212. **Class members are informed of their right to appeal eligibility and treatment decisions. (Appendix C6)** Yes / No
213. Overall is the person treated with dignity and respect? Yes / No

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SUMMARY QUESTIONS INSTRUCTIONS (CONTINUED)

214. The reviewer should find evidence that the clinical team actually put in place the services that were identified to achieve the goals in the ISP within 30 days of the completion of the ISP to rate this item yes. NA if ISP was completed less than 30 days.
215. The reviewer should ensure that there is sufficient evidence (e.g., reports from provider agencies, progress notes regarding the team's attendance at provider staffings, follow up on missed appointments, etc.) that demonstrates on-going monitoring and follow-up to rate this item yes.
216. The reviewer will determine through interviews, documentation in the progress notes, the ISP, assessment information and other clinical records documentation to determine if the person participated in the ISP.

Items for Consideration:

- Responses to the interviews;
 - Did staff meet with the person to discuss their goals?
 - Was the person provided the opportunity to give input into the goals on their ISP, and the service and treatment they get?
 - Were various choices and options for services and treatment explained to the person?
 - Does the person know what their ISP says?
 - Did the person say they have a copy of their ISP?
 - If they had a disagreement with their clinical team, did they feel the team responded to their issue?
 - Did the person sign their ISP?
217. The reviewer should determine if there is evidence that the clinical team assisted in obtaining and coordinating the medical treatment needed for ongoing health issues. This item should be “NA” if no ongoing health issues.

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214. Does the clinical team assure that all services are in place in accordance with the ISP? Yes / No / NA
215. Does the case manager/clinical team monitor the services provided? Yes / No
216. **Did the person participate in the planning and development of their ISP? (Appendix C.9)** Yes / No
217. Overall, are the person's physical health related issues and needs being addressed? Yes / No

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SUMMARY QUESTIONS INSTRUCTIONS (CONTINUED)

218. The reviewer **must** provide detailed documentation for **all** ratings. If known, list the type of service(s) that is/are needed but **not** being provided to the person. Only one rating may be chosen by the reviewer.

a. Consider the following when determining whether the persons living needs have been met:

- Condition of the living environment; (i.e. heating, cooling, privacy, cleanliness, furnishing, free from hazards, adequate food and drink, etc);
- Behavioral health services and supports needed are provided (i.e. assistance with medication, transportation, meal preparation, laundry, cleaning, budgeting, shopping, grooming, and other basic independent living skills, that ensure the person is safe);
- Monitoring for ongoing and chronic medical conditions (i.e. diabetes, kidney disease, etc.);
- The living environment is integrated into the community and the least restrictive situation for the person;
- All supports are in place to address other issues, (i.e. substance abuse, behavioral issues, criminal behavior, etc);
- The living situation is consistent with the person's long term view and preferences;

Yes, Consistent with ISP means all needed services/supports are included in the ISP **and** all services/supports planned for in the ISP are actually being provided to the person.

Yes, Without ISP means that the person receives **all** needed services/supports but the ISP has not been updated to reflect what the person is actually receiving or there is no current ISP.

No, means that the person is not receiving all needed services/supports. List missing services/supports.

b. Consider the following when determining whether the person's meaningful day/work needs are met:

- The person is employed full or part-time;
- Person attends vocational, educational, and/or a training program on a routine basis;
- Volunteer work, (e.g. peer support, etc.);
- Structured day / treatment program, (e.g. intensive substance abuse, etc);
- Routine attendance at a consumer operated program;
- Full time child care responsibilities,
- Is the meaningful day/work situation consistent with the person's long term view and preferences?

Yes, Consistent with ISP means all needed services/supports are included in the ISP **and** all services/supports planned for in the ISP are actually being provided to the person.

Yes, Without ISP means that the person receives **all** needed services/supports but the ISP has not been updated to reflect what the person is actually receiving or there is no current ISP.

No, means that the person is not receiving all needed services/supports. List missing services/supports.

c. Consider the following when determining whether the person's social/community integration needs are met:

- The person's social network (e.g. the availability of family, friends, neighbors etc.);
- Hobbies; sports activities; involvement with church or religious activities;
- Community integrated activities (i.e., city parks and recreational activities, YMCA, libraries, museums, etc.);
- Mentoring and teaching the skills needed to improve the person's role functioning (i.e. making friends, accessing public transportation, exposing people to existing social activities and natural support, etc);
- The social/community integration situation is consistent with the person's long term view and preferences;

Yes, Consistent with ISP means all needed services/supports are included in the ISP **and** all services/supports planned for in the ISP are actually being provided to the person.

Yes, Without ISP means that the person receives **all** needed services/supports but the ISP has not been updated to reflect what the person is actually receiving or there is no current ISP.

No, means that the person is not receiving all needed services/supports. List missing services/supports.

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218. Are the person's behavioral health needs met, in the following domains?

a. Living situation? Yes, consistent with ISP
Yes without ISP
No

b. Meaningful Day/work situation? Yes, consistent with ISP
Yes without ISP
No

c. Social/community integration? Yes, consistent with ISP
Yes without ISP
No

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SUMMARY QUESTIONS INSTRUCTIONS (CONTINUED)

219. Items #218, a, b and c must be a “Yes consistent with ISP”, to score this question a yes. (NA if the person has been enrolled less than 90 days).
220. Items #218, a, and b must be a “Yes consistent with ISP” to score this question a yes. (NA if the person has been enrolled less than 90 days).

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Summary Questions*

219. **The needs of priority clients are met, consistent with their ISP.
(Appendix C.7.) (SKIP IF NOT A PRIORITY CLIENT)** Yes / No / NA

220. **For non-priority class members, their needs are substantially
met consistent with their ISP or service plan? (Appendix C.8.)** Yes / No / NA