**Upon receiving referral notify referral source**

**Initial meeting with family:**

* Confirm MCO provider (Passport/Beacon, Humana, MH Net/Coventry Cares, Wellcare) and make sure still active (see medical card)
* Observe if family smokes or has pets (need to know before picking a BHP)
* Document Freedom of choice was explained and family choose TCM, BHP, TCS, etc. as their IP providers. Document IP service provider list was given
* Document enrollment packet was completed (complete releases for BHP, PCP, family emergency contact person, school and if applicable: TCS, psychiatrist, child care provider, SCS or other providers
* Helpful to bring NCFAS-G with you as a reminder of what to ask family in order to complete form/needs assessment.

**All other meetings with family:**

* Document who was present and where you met with family/client
* Always discuss progression of goals and current bx
* Always discuss d/c and/or transition plan (ongoing community resources)
* Any follow up from previous month/visit
* Medication changes
* Next med doctor appointment/SCS/other therapist/IEP/ARC mtg
* CPS? Hospitalizations? Crisis? Other Issues?

**Minimum Contact Requirements per month:**

* Letter or phone contact must be made to PCP and psychiatrist (proof of documentation in file)
* One 30 Min. face to face with client
* One 30 Min. face to face with parent/guardian
* 30 Min. of PC or face to face with any/all of following:
* Parent/guardian
* BHP
* TCS
* Group leader
* School
* Doctor (MCO requires us to contact doctor at least 1x per year) Best option: Send letter and fax to doctor.
* Non-plus providers
* Other family members
* Anyone else connected to family (natural supports-coach, teacher, neighbor, etc)

**Before STM:**

* Document all those that you invited to STM including: natural supports, family members, doctors, other providers (IP and non), and school (excluding BHP).
* Document how you invited these other participants to STM (Example sent email-include email with notes, left message, sent text, fax confirmation, etc)
* If parent does not want someone invited to a STM document that in your notes (example, TCM suggested we include DR. in STM, parent said they were not comfortable with inviting them)

**STM:**

* Document who was present including BHP, TCS, other providers, etc and where you met with family
* Document this as a STM
* Must do a crisis action plan
* Document that members present actively participated in the STM by helping develop goals and discussing bx.
* Include doctor, school, other providers to plan if you have discussed with them prior to STM
* Must have a goal for each diagnosis and a transition/discharge goal. Also consider adding an instability goal. Must have an independent living goal for age 14+
* Document current bx, goals, changes to goals, changes to meds, changes to GAF/GARF
* Document that you discussed d/c/transition
* Have BHP complete Outpatient Review Form at STM

**Discharge:**

* Complete discharge summary/ aftercare plan
* Complete NCFAS closure
* Progress report must reflect d/c and aftercare plan