CORRECTIVE ACTION PLAN OUTLINE

Please fill in the areas in each section that need correction. Please include:

- **How you plan to implement the changes**
- **When you plan to implement the changes**

SECTION A: GENERAL 1-4

1. Record legibility -
2. Consumer name/ID -
3. Entries dated/signed-
4. Demographics -

SECTION B: CONSUMER RIGHTS & CONFIDENTIALITY 1-5

1. Consent for treatment form signed –
2. Magellan Patient Bill of Rights –
3. Advanced Directives or Refusal Documented -
4. Informed Consent for meds signed or refusal to sign -
5. Release for communication with PCP or refusal to sign -

SECTION C: INITIAL EVALUATION 1-13

C1A) Reason Member is seeking services or “why now”-

C1B) Comprehensive Mental Status Exam that support the treatment diagnosis, including the Supervision Practitioner recommendations for active treatment interventions -

C2) DSM Diagnosis (Axis 1-5) –

C3) History/Symptomology –

C4) Psychiatric History –

C5) Co-occurring (co-morbid) substance induced and substance use disorder screening and/or full assessment -

C6) Current and past suicide/danger risk assessed-

C7) Level of Family Supports/involvement in initial evaluation –

C8) Client/Guardian identified areas for improvement –

C9) Medical History -

C10) Exploration of allergies and adverse reactions

C11) All current medication and dosages –

C12) Discussion of discharge planning/linkage to the next level/estimated length of stay

C13) Assess consumer strengths, skills, abilities, motivation, etc. –

SECTION D: INDIVIDUALIZED TREATMENT PLAN 1-6

D1A) Individualized treatment plan –

D1B) Strengths based treatment plan-

D1C) Treatment plan is current-

D2) Measurable goals/objectives documented

D3) Goals/objectives have target date/number of sessions for achievement–

D4) Goals align with consumer identified areas for improvement/outcomes –

D5) Use of preventive/ancillary services including community and peer supports considered –

D6) Crisis plan and safety plan fully documented –

SECTION E: ONGOING TREATMENT 1-10 (Progress notes and treatment plan updates)

E1) Documentation substantiates treatment at the current intensity of care (level of care)

E2) Progress towards measurable consumer identified goals & outcomes evidenced. If not, barriers are being addressed

E3) Clinical assessments & interventions evaluated at each visit

E4) Substance use screening is current/ongoing

E5) Comprehensive suicide/risk assessment is current/ongoing

E6) Medications are current

E7) Evidence of treatment being provided in a culturally competent manner

E8) Family/support systems contacted/involved as appropriate/feasible

E9) Ancillary/preventive services considered, used and coordinated as indicated

E10) D/C planning/linkage to alternative tx (level of care) leading to D/C occurring

E11) Member compliance or noncompliance with medications is documented; if non-compliant, interventions considered

E12) Progress notes have required information

SECTION F: 1-3

F1) Guardianship –

F2) Developmental hx for children/teens -

F3) Substance Abuse D/O only – Evidence of Medication Assisted Treatment used or discussed –

SECTION H: 1-9

H1) Documentation of supervision if not IMHP including required signatures on treatment plan and updates

H2) Evidence of provider request of consumer for authorization for PCP communication

H3) Evidence consumer refused authorization for PCP communication

H4) Evidence provider discussed barriers to coordination with PCP and other providers

H5) PCP communication after initial assessment/evaluation H6) Evidence of PCP communication at other significant points in treatment, e.g.-Medication initiated, discontinued, or significantly altered-Significant changes in diagnosis or clinical status- At termination of treatment

H7) Treatment Record reflects continuity and coordination of care between primary behavioral health clinician and (note all that apply under comments): psychiatrist, treatment programs/institutions, other behavioral health providers, ancillary providers

H8) Coordination with community based resources or external resources

H9) Referral as indicated for community resources or external resources e.g. psychiatric evaluation, medical/surgical consult or medical rehabilitation

SECTION J - Addendum – Adverse Incidents

J1) If record indicates that an adverse incident occurred during treatment period, did Magellan receive an Incident Reporting form based on the established protocol (within 24 hours of the incident)?

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Signature Date