

# Partners in Recovery

## Medical Record Forms Directory

<b>TAB (Red) <u>Case Profile</u></b>	<b><u>File as listed in chronological order</u></b>
<ul style="list-style-type: none"><li>• Transfer of Ownership Notice (Place on top of the Case Profile Tab)</li><li>• Consumer ID Labels</li><li>• Current Face Sheet in ClaimTrak (Currently In Development)</li><li>• Client Demographic Form EA1013 Assessment</li><li>• 834 EA1011 Supplemental Demographic Form (3.9.1E)</li><li>• Inter-RBHA Transfer Request Form</li><li>• Transfer Cover Sheet</li><li>• Discharge Summary (Filed on top of Face Sheet if Chart is Closed)</li><li>• Consumer Disenrollment Checklist Form</li><li>• Notification of Intent to Close Letter</li><li>• Evaluation Required Order of Completed Assessment Forms</li></ul>	
<b>TAB (White) <u>Service Plans</u></b>	<b><u>File as listed in chronological order</u></b>
<ul style="list-style-type: none"><li>• Part D: Behavioral Health Services Plan (ISP)</li><li>• Behavioral Service Plan Review of Progress</li><li>• At Risk Crisis Plan (In ClaimTrak)</li><li>• Summary of Team Meeting Discussion</li><li>• Hospital Discharge Plan [Inpatient Treatment Discharge Plan should be stamped “ITDP” prior to filing]</li><li>• Partners in Recovery Inpatient Discharge Planning Checklist</li><li>• Counseling Treatment Plan</li><li>• Notification of Person in Need of Special Assistance (PM Form 5.4.1) English &amp; Spanish</li></ul>	
<b>TAB (White) <u>Assessment/Evaluation:</u></b>	<b><u>File as listed in chronological order</u></b>
<ul style="list-style-type: none"><li>• Part E. Annual Behavioral Health Update and Review Summary ADHS/DBHS</li><li>• ADHS-DBHS Behavioral Health Assessment Supplemental Form</li><li>• Prescriber Form E Input</li><li>• Initial Psychiatric Evaluation</li><li>• Annual Consumer Health Assessment Update – Attachment B</li><li>• Initial Health Assessment – Attachment A</li><li>• ADHS/DBHS Behavioral Health Assessment and Service Plan [Cover Sheet, Checklist and Part A, B, C, D, and E] (PM 3.9.1) English &amp; Spanish (<i><u>DBHS requires all sections of the initial intake assessment be kept together, do not split out.</u></i>)</li><li>• Request for SMI Determination (PM 3.10.3)</li><li>• SMI Determination (PM 3.10.1)</li></ul>	

<ul style="list-style-type: none"> <li>• Guidelines for Axis III and Demographic Data Set Fields #52-56</li> <li>• Extended Evaluation Program Final Evaluation</li> <li>• Extended Evaluation Program Initial Intake Report</li> <li>• Rapid Response Team Coordination Assessment</li> <li>• Arizona Level of Functioning Assessment (ALFA)</li> <li>• Level of Care Assessment</li> <li>• University of Rhode Island Change Assessment Scale (URICA)</li> <li>• ASAM Dimensional Triage</li> <li>• DBT Application 2001</li> </ul>	
<p><b>TAB (White) <u>Living Arrangements</u></b></p> <ul style="list-style-type: none"> <li>• Adult Residential Treatment Request</li> <li>• Community Housing Application</li> <li>• Housing and Opportunity and Preparatory Employment (HOPE) Financial Assistance Application</li> <li>• Recovery Innovations of Arizona (RIAZ) Referral Request Form</li> <li>• Housing Needs Assessment</li> <li>• Supervisory Care Home Monthly Progress Report</li> <li>• Eviction Prevention/Emergency Housing (EP/EH) Program Information and Application</li> <li>• Any other housing related forms</li> </ul>	<p><b><u>File as listed in chrono order</u></b></p>
<p><b>TAB (Purple) <u>Psychiatrist Progress Notes</u></b></p> <ul style="list-style-type: none"> <li>• Psychiatric Progress Notes</li> <li>• Collateral Progress Note, Behavioral Health Medical Practitioner (BHMP)</li> </ul>	<p><b><u>File in chronological order</u></b></p>
<p><b>TAB (Light Green) <u>Nursing Progress Notes</u></b></p> <ul style="list-style-type: none"> <li>• Nursing Progress Note</li> <li>• Nursing Group Progress Report</li> </ul>	<p><b><u>File in chronological order</u></b></p>
<p><b>TAB (Blue) <u>Progress Notes</u></b></p> <ul style="list-style-type: none"> <li>• Case Manager Progress Notes (In ClaimTrak)</li> </ul>	<p><b><u>File in chronological order</u></b></p>
<p><b>TAB (Yellow) <u>Medication Flow Sheet</u></b></p> <p><i>[Attach a plastic pocket holder to the front of tab to hold RX slips]</i></p> <ul style="list-style-type: none"> <li>• Medication Flow Sheet</li> <li>• Medication Flow Sheet (Use of Fast Acting Medications)</li> <li>• Daily Medication Administration Record</li> <li>• Communication of Medical Staff Directives</li> <li>• Medication Observation Form</li> <li>• Medication Disposal Log</li> <li>• Pharmacy Refill Faxes/FAX Confirmation Sheet</li> </ul>	<p><b><u>File as listed in chrono order</u></b></p>

<b>TAB (Yellow) <u>Medication Informed Consent</u></b>	<b><u>File as listed in chrono order</u></b>
<ul style="list-style-type: none"> <li>• Informed Consent for Psychotropic Medication Treatment (English &amp; Spanish version) (PM.3.15.1)</li> <li>• All other informed consent for medication</li> </ul>	
<b>TAB (Yellow) <u>Medication Prior Authorization</u></b>	<b><u>File in chrono order</u></b>
<ul style="list-style-type: none"> <li>• Prior Authorization Request Form for Medications</li> <li>• Other medication prior authorization request forms from RX America</li> </ul>	
<b>TAB (Yellow) <u>AIMS</u></b>	<b><u>File as listed in chrono order</u></b>
<ul style="list-style-type: none"> <li>• AIMS Exam (Abnormal Involuntary Movement Scale)</li> </ul>	
<b>TAB (Yellow) <u>Vital Signs</u></b>	<b><u>File as listed in chrono order</u></b>
<ul style="list-style-type: none"> <li>• Vital Signs Record</li> </ul>	
<b>TAB (Yellow) <u>Medical Testing</u></b>	<b><u>File as listed in chrono order</u></b>
<ul style="list-style-type: none"> <li>• Laboratory results</li> <li>• Other testing</li> </ul>	
<b>TAB (Yellow) <u>PCP Health Communication/Out</u> All medical and health records, i.e. PCP, specialists)</b>	<b><u>File in chrono order</u></b>
<ul style="list-style-type: none"> <li>• PCP Coordination Log</li> <li>• PCP Communication Document (PM.4.3.1)</li> <li>• Request For Information From PCP or Medicare Plan/Provider (PM 4.3.2)</li> <li>• Request for Information/Laboratory Testing/Consultation</li> <li>• Notification of Care/Assessment</li> <li>• Notice of Transition of Primary Staff Assignment</li> <li>• Other PCP coordination documents</li> </ul>	
<b>TAB (Yellow) <u>PCP Health Communication/In</u></b>	<b><u>File in chrono order</u></b>
<ul style="list-style-type: none"> <li>• PCP Coordination Log</li> <li>• All medical and health records, i.e. PCP, specialty, etc.</li> </ul>	
<b>TAB (Yellow) <u>Other Behavioral Health Records</u></b>	<b><u>File as listed in chrono order</u></b>
<ul style="list-style-type: none"> <li>• Urgent Psychiatric Care (UPC) records – Keep entire packet together</li> <li>• All external behavioral health records from outside agencies and providers</li> <li>• Engagement Form (Substance Abuse Co-Location)</li> </ul>	

<ul style="list-style-type: none"> <li>Engagement Form (Child &amp; Family Support Services – Community Based Direct Support)</li> </ul>	
<b>TAB (Green) <u>Requests/Releases</u></b>	<b><u>File in chronological order</u></b>
<ul style="list-style-type: none"> <li>Chart Review List (always on top)</li> <li>Disclosure of Protected Health Information Report Form (HIPAA Accounting of Disclosures)</li> <li>Consent to Release Protected Health Information (PM 4.1.1) English &amp; Spanish Rev. 10/25/2007.</li> <li>Receipt for certified mail delivery (green card) for records released via USPS</li> <li>Recipient Right to Request Access to PHI – Request Form</li> <li>Recipient Right to Request Access to PHI – Worksheet</li> <li>Request for an Extension of Time</li> <li>Recipient Right to Request Access to PHI – Denial Letter</li> <li>Member Right to Request Access to PHI Appeal Denial Letter</li> </ul>	
<b>TAB (Green) <u>Service Referrals</u></b>	<b><u>File in chronological order</u></b>
<ul style="list-style-type: none"> <li>ADHS/DBHS Referral for Behavioral Health Services (PM 3.3.1)</li> <li>SMI Packet Checklist</li> <li>Southwest Network Referral Request Form</li> <li>Adult Continued Psychiatric Treatment Referral</li> <li>Site Referral to Urgent Psychiatric Care</li> <li>Request for ALTCS Transfer Packet</li> <li>Request for Medical Consultation for ECT</li> </ul>	
<b>TAB (Green) <u>General Correspondence</u></b>	<b><u>File as listed in chrono order</u></b>
<ul style="list-style-type: none"> <li>SMI Determination Letter</li> <li>Receipt for certified mail delivery (green card) for general correspondence</li> <li>FAX transmittal forms for general correspondence</li> <li>TTY communications/e-mails for the hearing impaired</li> <li>Letter of Transition/Acknowledgement (ALTCS)</li> <li>ALTCS Provider Letter</li> <li>Pictures, drawings, cards, letters, etc...</li> <li>All other incoming/outgoing correspondence</li> </ul>	
<b>TAB (Green) <u>Utilization Review</u></b>	<b><u>File as listed in chrono order</u></b>
<ul style="list-style-type: none"> <li>Certificate of Need (CON) (PM Form 3.14.1)</li> <li>Re-Certification of Need (RON) (PM Form 3.14.2)</li> </ul>	
<b>TAB (Orange) <u>Rehabilitation</u></b>	<b><u>File as listed in chrono order</u></b>
Rehabilitation Specialist or Clinical Team <ul style="list-style-type: none"> <li>Meaningful Community Activity Worksheet (MCAW)</li> </ul>	

- RBHA/RSA Coordination Form
- EA 1013 Employment/Rehabilitation Status Form
- Progress notes from Community Rehabilitation Providers (CRP)
- Readiness Assessments
- E-Mails\*
- Any other information that pertains to the service recipient's engagement with a meaningful activity, including employment
- Notification of Changes in EA1013 Codes
- Provider Referrals (copy of SMI Referral Request forms)
- Progress notes showing status of non-network/non-VR referrals (community referrals)
- Record of Pell Grant status
- Progress note for Recipient showing that clinical team supports the Recipient's choice to seek work
- Progress note for Recipient showing that clinical team has discussed with the Recipient that working may affect benefits (SSI, SSDI, GA, AHCCCS) with a recommendation to attend a benefits orientation with ABIL for specific information

DES/Rehabilitation Services Administration (Vocational Rehabilitation)

- Vocational Rehabilitation Referral Feedback Form
- VR Eligibility Certification Letter
- Individualized Plan for Employment
- VR3, IPE (continuation) Post Employment Services
- Status 22 Document (VR)
- Closure Letter and Closure Form(s)
- Coordination of Extended Supported Employment Form
- E-Mails between VR Counselor and Rehab specialist
- Fastrac Program Feedback Information
- Work Exploration Program Feedback Information

Community Rehabilitation and all other Providers

- Referral Acceptance Form
- Monthly Reports and attached Progress Notes/Sign-in Sheets
- Notice of Action
- Other communication between provider and clinical team not otherwise noted in a report regarding services, participation, success, issues/concerns, etc.

**TAB (Orange) Financial**

**File as listed in chronological order**

- AHCCCS Eligibility Screening (ADHS AE-01)
- Application for AHCCCS Health Insurance
- AHCCCS Enrollment Form Letter

- AHCCCS Insurance Card
- SSI/SSD Form Letter
- Single Case Agreement/Out of Network Provider Agreement (PM 2.15A)
- Request for Single Case Agreement
- Request for Urgent Outpatient Single Case Agreement
- Any letters from DES
- Physician's/Medical Officer's Statement of Patient's Capability to Manage Benefits (SSA-787)
- Copy of Social Security Card
- Copy of Driver's License
- Arizona Dept. of Economic Security Individual Support Plan
- Non-Title XIX/XXI Co-Payment Assessment (PM 3.4.1)
- Telephone Assistance Program (TAP) Check Sheet (DES BN-030)
- MMA/SNP Disclaimer
- Clinical Prior Authorization Forms for Medicare
- Standardized CMS Exception/Prior Authorization Form
- Other Financial Information

**TAB (Orange) Legal**

**File as listed in chronological order**

- **Advance Directives Form – Place directly under the Legal Tab** (*must be prominently displayed*)
- Order for Treatment (COT)
- Petition for Court-Ordered Treatment [ADHS/DBHS Form MH-110]
- Special Treatment Plan Referral for Involuntary Administration of Medications
- Pre-Petition Screening Report (PM 3.18.2) [*If the petition is dropped, all petition paperwork must be removed from the medical record and stored for 6 months before being shredded*]
- Police Mental Health Detention Information Sheet for Court Ordered Detention (PM 3.18.1)
- Petition for Court-Ordered Evaluation [ADHS/DBHS Form MH-105]
- Application for Involuntary Evaluation [ADHS/DBHS Form MH-100]
- Application for Voluntary Evaluation [ADHS/DBHS Form MH-103]
- Petition for Court-Ordered Treatment [ADHS/DBHS Form MH-112]
- Subpoena's and Court Orders for Records
- Court-Ordered Treatment Status Report to the Court
- Urgent Care Center Forced Medication FAX Checklist Form
- Consumer's Notice of Right to Judicial Review 12/06/2007 (English/Spanish)
- Request for Judicial Review of Court Ordered Treatment
- Psychiatric Report for Judicial Review
- Minute Entries
- Protective Services Report (PM 10.3.1)
- Custodial Documents
- Terms of Probation
- Letter of No Objection (ALTCS)
- Other Legal Documents

**TAB (Orange) Grievance/Appeals****File as listed in chronological order**

- ADHS/DBHS Notice of SMI Grievance and Appeal Procedure (PM 5.5.1) English/Spanish
- Notice of Decision and Right to Appeal (PM 5.5.1) English/Spanish
- ADHS/DBHS Appeal or SMI Grievance Form (PM 5.3.1) English/Spanish
- Notice of Our Intended Action Regarding Title XIX/XXI Covered Services (PM5.1.1)
- Notice of Discrimination Prohibited (ADHS MH-209)
- All other grievance/appeals forms

**TAB (Orange) Consent/Member Rights****File as listed in chronological order**

- Southwest Network Direct Care Clinics Receipt of Admission Documents Form
- Member Handbook Receipt
- Consent to Treatment Form (English/Spanish)
- Southwest Network Behavioral Health Members Rights and Responsibilities Statement
- Extended Evaluation Program Participation Agreement
- Waiver of 3 Day Eligibility Determination
- Documentation of Informed Consent for Treatment (Counseling/DBT)
- DBT Agreements
- Consent to Publish or Photograph
- Informed Consent for Electro-Convulsive Therapy (ECY) English & Spanish, Revised (PM 3.15.2)