

	Diagnosis	X= Required	X* = Required with Co-signature				NO=No Access				Medication Service Plan	CANS Assessment	ANSA Assessment	Vocational Assessment	ASI	TASI	Initial Psychiatric Assessment	Psychiatric Mental Status Exam	INFOSCRIBER/ORDER CONNECT		
		Core Assessment	Client Plan	Progress Note(s)	AIMS	Health Questionnaire (Child and	Mental Status Exam (child/adult)	LOCUS	CODA (Co-Occurring Disorders	Prescriber									Prescriber Agent	Non-Prescriber	
MD Psychiatrist	X	NO	NO	X	X	NO	NO	NO	NO	X	NO	NO	NO	NO	NO	NO	X	X	X	NO	NO
MD - Not psychiatrist	X	NO	NO	X	X	NO	X	NO	NO	X	NO	NO	NO	NO	NO	NO	X	X	X	NO	NO
MD Psych Resident - Licensed	X	NO	NO	X	X	NO	NO	NO	NO	X	NO	NO	NO	NO	NO	NO	X	X	X	NO	NO
MD Psych Resident - Unlicensed	X	NO	NO	X	X	NO	NO	NO	NO	X	NO	NO	NO	NO	NO	NO	X	X	NO	X	NO
MD Psych Med Stud Clinical Clerkship	X	NO	NO	X*	X	NO	NO	NO	NO	X*	NO	NO	NO	NO	NO	NO	X*	X*	NO	NO	NO
Peer Staff/Employment Spec.	NO	NO	NO	X/Peer	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
PhD (Waived)	X	X	X	X	NO	X	X	NO	X	NO	X	X	X	X	X	X	NO	NO	NO	NO	NO
Student/Intern	NO	X*	X*	X*	NO	X*	X*	X*	X*	NO	X*	X*	X*	X	X	X	NO	NO	NO	NO	NO
MFT	X	X	X	X	NO	X	X	X	X	NO	X	X	X	X	X	X	NO	NO	NO	NO	NO
LVN	NO	X*	X*	X	NO	X	X*	X*	X*	NO	NO	NO	X	X	X	NO	NO	NO	NO	X	X
Physician Assistant	X	NO	NO	X	X	NO	NO	NO	NO	X*	NO	NO	NO	NO	NO	NO	X	X	X	X	X
PhD Psychologist	X	X	X	X	NO	X	X	X	X	NO	X	X	X	X	X	X	NO	NO	NO	NO	NO
Registered Nurse	X	NO	NO	X	X	X	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	X	X
LCSW	X	X	X	X	NO	X	X	X	X	NO	X	X	X	X	X	X	NO	NO	NO	NO	NO
Master's Level Unlicensed - Elig for Waiver	X	X	X	X	NO	X	X	X	X	NO	X	X	X	X	X	X	NO	NO	NO	NO	NO
Mental Health Rehab Specialist	NO	X*	X*	X	NO	X	X*	X*	X*	NO	X*	X*	X	X	X	X	NO	NO	NO	NO	NO
Licensed Psychiatric Technician (LPT)	NO	X*	X*	X	NO	X	X*	X*	X*	NO	NO	NO	X	X	X	NO	NO	NO	NO	X	X
Nurse Practitioner	X	NO	NO	X	X	NO	NO	NO	NO	X*	NO	NO	NO	NO	NO	NO	X	X	X	X	X
Nurse Practitioner - Student	X	NO	NO	X	X	NO	NO	NO	NO	X*	NO	NO	NO	NO	NO	NO	X*	X*	NO	X	X
MH Worker 1	NO	NO	NO	X*	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
MH Worker 2	NO	NO	NO	X	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
MH Worker 3	NO	X*	X*	X	NO	X*	X*	X*	X*	NO	X*	X*	X	X	X	NO	NO	NO	NO	NO	NO
Graduate Student	X	X*	X*	X*	NO	X*	X*	X*	X*	NO	X*	X*	X*	X	X	NO	NO	NO	NO	NO	NO
ADS Assistant	NO	NO	NO	X*	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
ADS Counselor I	NO	X*	X*	X	NO	X*	NO	NO	X*	NO	X*	X*	X*	X	X	NO	NO	NO	NO	NO	NO
ADS Counselor II	NO	X*	X	X	NO	X	NO	X*	X*	NO	X*	X*	X	X	X	NO	NO	NO	NO	NO	NO
LPCC II	X	X	X	X	NO	X	X	X	X	NO	X	X	X	X	X	NO	NO	NO	NO	NO	NO
LPCC I	X	X	X	X	NO	X	X	X	X	NO	X	X	X	X	X	NO	NO	NO	NO	NO	NO

		X= Required		X* = Required with Co-signature			NO=No Access										INFOSCRIBER/ORDER CONNECT			
	Diagnosis	Core Assessment	Client Plan	Progress Note(s)	AIMS	Health Questionnaire (Child and	Mental Status Exam (child/adult)	LOCUS	CODA (Co-Occurring Disorders	Medication Service Plan	CANS Assessment	ANSA Assessment	Vocational Assessment	ASI	TASI	Initial Psychiatric Assessment	Psychiatric Mental Status Exam	Prescriber	Prescriber Agent	Non-Prescriber

DOCUMENTATION REQUIREMENTS - QUALITY MANAGEMENT

Child Initial Packet (due within 60 days of Provider Start Date):

- a) Core Assessment
- b) Child Mental Status Exam
- c) Child Health Questionnaire
- d) Client Plan
- e) CANS - Child/Adolescent Needs Assessment
- f) Diagnosis (required by Clinician or MD)
- g) CSI Admission

Adult Initial Packet (due within 60 days of Provider Start Date):

- a) Core Assessment
- b) Adult Mental Status Exam
- c) Adult Health Questionnaire
- d) Client Plan
- e) Co-Occurring Disorders Assessment – as needed/applicable
- f) Vocational Assessment as needed/applicable
- g) Diagnosis (required by Clinician or MD)
- h) CSI Admission

Psychiatric Services - Initial Packet:

- a) Initial Psychiatric Assessment (IPA)
- b) Psychiatric Mental Status Exam
- c) Diagnosis
- d) OrderConnect
- e) Medication Service Plan
- f) AIMS (used as indicated)

Child Annual Packet (due 30 days prior to end of authorization):

- a) Core Assessment
- b) Child Mental Status Exam
- c) Child Health Questionnaire
- d) CANS - Child/Adolescent Needs Assessment
- e) Diagnosis (required annually by Clinician or MD)
- f) Client Plan*
- g) CSI Admission

Adult Annual Packet (due 30 days prior to end of authorization):

- a) Core Assessment (unless stipulated for specific programs)
- b) Adult Mental Status Exam
- c) Adult Health Questionnaire
- d) Client Plan*
- e) Co-Occurring Disorders Assessment - as needed/applicable
- f) Vocational Assessment as needed/applicable
- g) Diagnosis (required annually by Clinician or MD)
- h) CSI Admission

Psychiatric Services - Annual

- a) Psychiatric Mental Status Exam
- b) Diagnosis
- c) OrderConnect
- d) Medication Service Plan
- e) AIMS (used as indicated)

- 1) * Client Plan is due annually at minimum or at intervals established by authorization; Client Plan may not always coincide with annual forms cycle
- 2) For six month reauthorizations, Core Assessment and MSE required to support medical necessity and request for reauthorization
- 3) Other assessments (i.e. CODA, Vocational Assessment) completed based on any intervals as needed
- 4) Medication Service Plan completed upon prescribing of medications and annually thereafter
- 5) AIMS is used by eligible Medical staff as indicated
- 6) For Adult programs, LOCUS completed for authorization of services and for higher level of care
- 7) CANS completed at open, discharge, and 6-month intervals for designated programs (Outpatient, FIT, Wrap)
- 8) All mandatory State Reporting information (CSI, OSHPD, MHSA FSP documents, etc) must be collected and entered at the required collection points.
- 9) Allergies and Hypersensitivities – entered in Order Connect (formerly Infoscriber).
All staff expected to complete Health Questionnaires are expected to complete this information.
If a client has no known allergies, this must be indicated as well as No Known Allergies (NKA).
- 10) For Documentation Matrix: X*: indicates co-signature/supervisor approval required; N/A* indicates by program design and scope of practice some staff in specific programs may complete these documents

Note: * A Progress Note that accounts for service and duration must be completed with every service
(i.e. completing the Core Assessment does not generate a charge)