



HURON BEHAVIORAL HEALTH  
**OPERATIONAL POLICY**

Policy #: **SD.1.07**  
Issue Date: 08/08/01  
Rev. Date: 10/30/18  
Page: 1 of 2

**Title: Periodic Review Policy**

Prepared By: Clinical Director

**NOTE:** This Document Copy is **Uncontrolled and Valid on this date only: November 13, 2018.** For Controlled copy, view shared directory I:\drive

**Purpose:**

To define the process and protocols for conducting Periodic Reviews in accordance with the individual's Person Centered Plan (PCP).

**Scope:**

This policy applies to all employees (including full-time and part-time employees), contractual providers, volunteers, students, and/or interns of Huron Behavioral Health (HBH) and all consumers served.

**Information:**

- Michigan Department of Health and Human Services (MDHHS) has established guidelines for monitoring the effectiveness of the individual plan of service/PCP. HBH makes a good faith effort to conduct periodic reviews at the intervals defined in the PCP. See also "[Periodic Review Procedure](#)" (CSM.2.03).
- In accordance with the standards established by the Council on Accreditation (COA), periodic reviews of the PCP must be conducted at least quarterly.

**Policy:**

1. In the context of the Person-Centered Planning, evaluation, and service delivery process, a Periodic Review must be completed, with specific emphasis on the progress in developing and/or maintaining community supports for those for whom social inclusion is a personal goal, along with other goals as stated in the PCP. This will be documented using the "Periodic Review Form" in the Electronic Medical Record (EMR) system.
2. The frequency of periodic reviews shall be determined and specified in the PCP, but occurring not less than once every ninety (90) days.
3. Periodic Reviews will typically be conducted with the consumer present, but on occasion, (dependent upon the consumer's availability and capability), may be conducted with the guardian, home owner, family members, or significant others as necessary and in the appropriate forum. The consumer may also choose to invite additional supports or family members to their periodic review meetings.
4. The Periodic Review will address the following areas:
  - Timeframe covered in Periodic Review
  - Progress toward the specific goals and objectives outlined in the PCP and any changes needed
  - Team Assignments
5. For those individuals for whom increased community and social inclusion is a goal, the review should address efforts to assist or support the individual in developing, maintaining, and/or achieving:
  - Family connections and friendships
  - Use of community resources and natural supports
  - Other aspects of participation and community inclusion
6. Periodic Reviews should address the consumer's satisfaction with the services for the period covered.
8. If goals have changed, the worker will generate a PCP addendum (see "[PCP Addendum Procedure](#)" QI.2.23).
9. If a goal is not addressed in the periodic review due to over-riding clinical reasons, rationale must be documented on the periodic review form.
10. In a manner appropriate to the consumer's level of understanding, the consumer is informed of their clinical status and progress toward their defined goals. The consumer or legal guardian is given a copy of their Periodic Review.
11. Periodic Reviews also provide case supervision opportunities as the supervisor reviews and signs each periodic review which provides an opportunity for the supervisor to monitor the staff's clinical work and caseloads.

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Additionally, this offers an opportunity for mentoring, coaching, and follow-up. See also [“Clinical Supervision Policy”\(HR.1.02\)](#)

**Definitions/Acronyms:**

COA – Council on Accreditation  
 EMR – Electronic Medical Record  
 HBH - Huron Behavioral Health  
 MDHHS – Michigan Department of Health and Human Services  
 PCP – Person Centered Plan

**Forms:**

PCP Addendum Form (in EMR)  
 Periodic Review Form (in EMR)

**Records:**

Records of Periodic Reviews are retained in the consumer’s case record in accordance with the “HBH Record Retention & Storage Policy” ([QI.1.23](#)).

**Reference(s) and/or Legal Authority**

COA standards  
 MDHHS Site Review Protocols  
[HR.1.02 Clinical Supervision Policy](#)  
[QI.1.23 HBH Record Retention & Storage Policy](#)  
[QI.2.18 PCP Procedure](#)  
[QI.2.23 PCP Addendum Procedure](#)  
[CSM.2.03 Periodic Review Procedure](#)

**Change History:**

Change Letter	Date of Change(s)	Changes
None		Old procedure brought into new Controlled Documentation format with minimal content changes.
A	08/24/05	Added “PCP” to “Acronym” section, added last two sentences in #1 under “Policy” section, Revised periodic review frequencies in #2, under “Policy” section from minimum of 180 days to minimum of 90 days, and reworded the last sentence in #2 to reflect the 30 day review and quarterly thereafter, changed “individual” to “consumer” throughout policy, added 3 bullets in “Information” section, added references to QI.2.18 & QI.2.23, added #3 & #11 in “Policy” section.
B	09/22/05	Added #10 in “Procedure” section to comply with DCH Site Review Protocol G.3.1.
C	03/06/06	Added reference to CMHSP Rights Assessment, added # 12 in “Policy” section to comply with MDCH Rights Audit Requirements, added reference to CSM.2.03.
D	09/11/07	Revised to include new regional Periodic Review Form (90-1007), removed references to HBH form (90-014 and 30-001) through-out the document, in “Information” section (3 <sup>rd</sup> bullet) removed the statement about grandfathering in older plans with 6 month review frequency, under #4 (third bullet) removed “Prioritization of identified goals, modified #7 and added addendum form (90-1005), added “EMR” to “Acronym” section and to “Records” section, modified and combined several items in “Policy” section to clarify process, changed title from “Review of PCP/Periodic Review Policy” to “Periodic Review Policy”.
E	01/28/09	Reviewed and revised to comply with COA 8 <sup>th</sup> Edition Standards and present practices – removed COA chapter-specific reference (G9.1 & G9.6.01), added “and the consumer signs...” to #8, added 2 <sup>nd</sup> sentence in #11, added 90-369 “Continued Stay Review Form” to “Forms” section,
F	03/20/13	Reviewed and revised to comply with 8 <sup>th</sup> edition COA standards – in “Forms” section changed “Gallery” to “EMR” (2 places), added last sentence in #3, removed 3 <sup>rd</sup> bullet in “Information” section which referred to varying frequencies of periodic reviews prior to 2005, in #2 removed statement about long-term & short-term care as all programs now require 90-day periodic reviews be done and also removed sentence about Substance Abuse program, removed last sentence in “Records” section regarding implementation of EMR.
G	05/19/15	Removed form numbers and replaced with reference to EMR (3 places), in #11 removed sentence referencing “Continued Stay Review Form”, in “Forms” section removed “90-369-Continued Stay Form” < made several minor grammatical changes/corrections without changing sentence content.
H	03/21/17	Reworded first bullet in “Information” section, in “Policy” section changed “availability and ability” to “availability and capability”, in #4 combined 2 <sup>nd</sup> & 3 <sup>rd</sup> bullets, combined #5 & #6, changed “Michigan Department of Community Health/MDCH” to “Michigan Department of Health and Human Services/MDHHS” (3 places), made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
I	10/30/18	Made several minor wording/grammatical changes/corrections throughout document without changing sentence content.