

## COMMUNITY MENTAL HEALTH

22550 Hall Road Clinton Township, MI 48036 586-469-5275 FAX 586-469-7674

DATE:

August 6, 2007

Donald I. Habkirk, Jr. Executive Director TO:

MCCMH Executive Staff

MCCMH Staff

Contract Network Providers

BOARD OF DIRECTORS Louis J. Burdi

Chairperson

FROM:

Donald I. Habkirk, Jr.,

**Executive Director** 

Janice A.B. Wilson Vice-Chairperson

Joan Flynn Secretary-Treasurer

RE:

**EXECUTIVE DIRECTIVE 1 / 2007** 

**HEALTH / NURSING ASSESSMENT SIGNATURES** 

Del (Delphine) Becker Patricia Bill Marilyn Brown Mary Louise Daner Michael Heafield Rose Ann Mrosewske Brian Negovan James M. Perna Betty Slinde

Pursuant to the requirements of the Michigan Department of Community Health Medicaid Provider Manual, as well as generally accepted documentation standards, each health / nursing assessment form must be signed by the nurse who is completing the assessment.



Signatures are not being routinely affixed to these assessments because of some concerns regarding the content of the forms. Please be aware that we are currently engaged in a review process regarding the required content of these assessment forms, including review of position responsibilities and scope of practice issues pertaining to their content.

A CARF Accredited Organization As part of this review process, other CMH Boards will be queried as to what their current practice is regarding health / nursing assessments and the content of forms being used by those Boards, particularly the Boards currently using the PCE data system.



Without signatures, the health / nursing assessment is considered incomplete and the services are not counted by the data system. This ultimately affects our units of service, our rates (increased), and our CAP rates / revenues (decreased) as determined by the State.

Based on completion of our review, the health / nursing assessment form content may be revised. In the interim, until the review is completed, nurses' signatures are required on these assessments.

DIH:Ifm

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