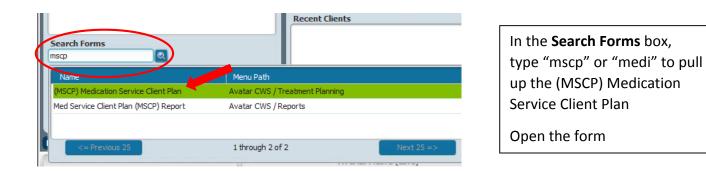
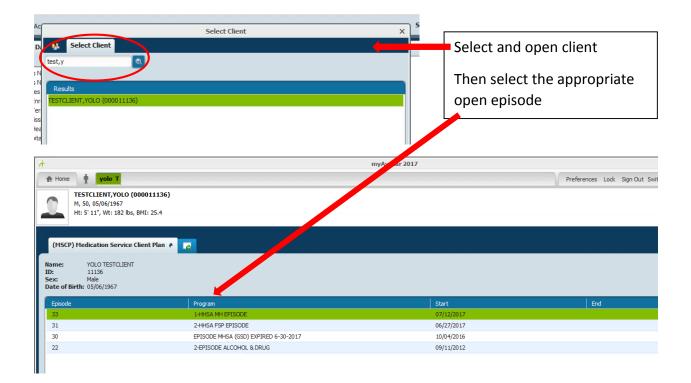
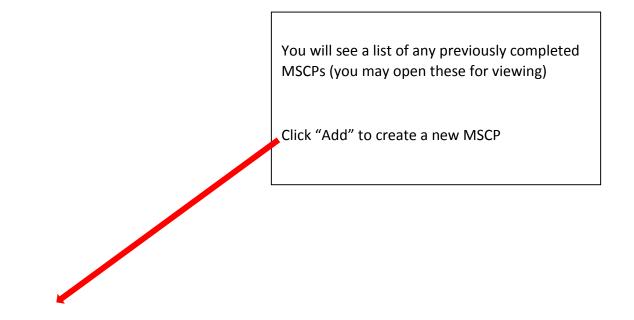
NOTE: If you select "Other" for any section, you will be prompted to fill in the "Other" box to describe







A Chart 🔹 (MSCP) Medication Service Client Plan 🕴 🧔					
• Plan Information	Спент маше				
FUNCTIONAL IMPAIRMENT GOALS	TESTCLIENT, YOLO				
STRENGTHS	-MSCP Date-				
PARTICIPATION PLAN SIGNATURES	11/03/2017 T Y				
Submit	Completed by				
	ATTA-MENSAH, ASHLEY (050059)				
	Plan Start Date 11/03/2017				
	Plan End Date 11/03/2018				
	Client is Expected to Receive Treatment for 2 12 months or more Less than 12 months				

"MSCP Date" and "Completed by" will auto-populate
Enter Plan Start Date (date you are completing)
Enter Plan End Date (**one year** from start date)
Select how long client is expected to receive treatment

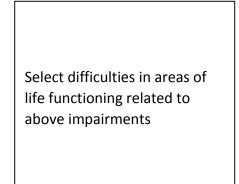
ation Service Client Plan 🔹 🛃	
Diagnosis Bipolar 1 disorder, mixed, moderate	A blank field indicates no d record. Please enter approj
FUNCTIONAL IMPAIRMENT Client meets medical necessity based on the included mental health diagnos	
Client has a significant impairment and/or probability of significant deterioration in these areas of life functioning Economic Housing	
✓ Occupational	

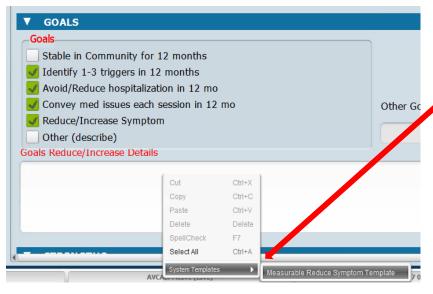
"Diagnosis" will auto-populate if there is a diagnosis in Avatar; you will see a comment on the side that if the box is blank, no diagnosis has been entered

If missing, you may enter diagnosis here, but will still need to enter in the diagnosis screen

Select applicable Functional Impairments



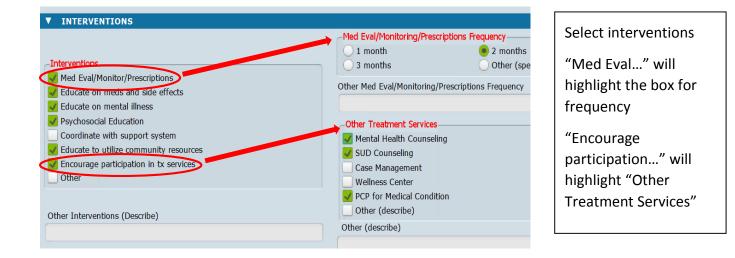




Select goals

If you select "Reduce/Increase Symptom", it will highlight the box below; in that box, right click, go to "System Templates", then "Measurable Reduce Symptom Template" – this will insert a template for you to use (you may change wording)

▼ STRENGTHS		
Strengths Family Support Awareness of Psychiatric Illness Uses Community Resources Treatment and Appointment Compliance Spiritual Beliefs Clean and Sober Motivated for Treatment Other	Other Strengths	Select client strengths

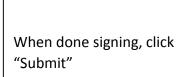


▼ PARTICIPATION	
Client Participation Contributed to goals and plan Aware of plan content Refused to Participate	
Copy of Plan Offered to Client Yes No	Reason client was not offered a

Select client's level of participation

Select if client was offered copy; if no, box at right will highlight asking for a reason

▼ PLAN SIGNATURES		
Client Signature	Reason Client Did Not Sign Plan	Obtain all applicable
	_	signatures
Get Signature		
Guardian/Conservator Signature	- Physician Signature	Click "Get Signature" to launch e-signature pad and sign
Get Signature	Get Signature	
Guardian/Conservator Name		
4	, ²	





Medication Service Client Plan

TESTCLIENT,YOLO (11136) Plan prepared on: 11/3/2017 Plan Start Date: 11/3/2017 Plan End Date: 11/3/2018

Client meets medical necessity based on the included mental health diagnosis of Bipolar disorder, current episode mixed, moderate (F 31.62)

Client has a significant impairment and/or probability of significant deterioration in these areas of life functioning: Housing, Occupational, Primary Support Group, Problems related to legal system/crime,

As a result of the impairment(s), client has difficulties with: Maintaining housing/homelessness, Obtaining/maintaining employment, Social/interpersonal relationships, Decision making, Coping skills,

Goals: Identify 1-3 triggers in 12 months, Avoid/Reduce hospitalization in 12 mo, Convey med issues each session in 12 mo,

Strengths: Treatment and Appointment Compliance, Spiritual Beliefs, Motivated for Treatment,

Interventions: Med Eval/Monitor/Prescriptions, Educate on meds and side effects, Educate on mental illness, Psychosocial Education, Educate to utilize community resources, Encourage participation in tx services,

Medication evaluation/monitoring/prescriptions every: 2 months

Encourage participation in other treatment services: Mental Health Counseling, SUD Counseling, PCP for Medic: Condition,

Once submitted, an MSCP "report" will launch, which can be printed for the client