

Crisis Respite Program

Form C.2.

Plan of Care: 30 DAYS OR LESS

(Optional for use by Crisis Respite Providers)

PARTICIPANT:				DATE OF PLAN:	
STAFF RATIO:		BEHAVIORAL SUPPORT PLAN:	<input type="checkbox"/> YES <input type="checkbox"/> NO	AUTHORIZATION:	<input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT ACUITY SCORE(S):		CED CONSULT	<input type="checkbox"/> YES <input type="checkbox"/> NO	CONSENTS FOR SERVICE:	<input type="checkbox"/> YES <input type="checkbox"/> NO
DISCHARGE CRITERIA:				CRISIS BACK UP PLAN:	<input type="checkbox"/> YES <input type="checkbox"/> NO
DISCHARGE PLAN:				ACTUAL DISCHARGE DATE:	
LIST PRIORITIZED GOALS AND OBJECTIVES:				LIST STAFF TRAINED IN CLIENT SPECIFIC INFORMATION:	

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Medical Needs:	Required Intervention or Action, and Assigned Staff	Frequency	Outcome
1		<input type="checkbox"/> Once	<input type="checkbox"/> Continues
2		<input type="checkbox"/> Daily	<input type="checkbox"/> Resolved
3		<input type="checkbox"/> 2x's per wk	
		<input type="checkbox"/> Monthly	
		<input type="checkbox"/> Quarterly	
Psychological Needs:	Required Intervention or Action, and Assigned Staff	Date of Action	Outcome
1		<input type="checkbox"/> Once	<input type="checkbox"/> Continues
2		<input type="checkbox"/> Daily	<input type="checkbox"/> Resolved
3		<input type="checkbox"/> 2x's per wk	
		<input type="checkbox"/> Monthly	
		<input type="checkbox"/> Quarterly	
Social Needs:	Required Intervention or Action, and Assigned Staff	Date of Action	Outcome
1		<input type="checkbox"/> Once	<input type="checkbox"/> Continues
2		<input type="checkbox"/> Daily	<input type="checkbox"/> Resolved
3		<input type="checkbox"/> 2x's per wk	
		<input type="checkbox"/> Monthly	
		<input type="checkbox"/> Quarterly	
Habilitative Needs:	Required Intervention or Action, and Assigned Staff	Date of Action	Outcome
1		<input type="checkbox"/> Once	<input type="checkbox"/> Continues
2		<input type="checkbox"/> Daily	<input type="checkbox"/> Resolved
3		<input type="checkbox"/> 2x's per wk	
		<input type="checkbox"/> Monthly	
		<input type="checkbox"/> Quarterly	

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Hours of Sleep: 12 PM - 7 AM using half hourly sleep monitoring checks.

TENTATIVE CRISIS RESPITE ROUTINE							
TIME RANGE	SUN	MON	TUES	WED	THURS	FRI	SAT
7							
8							
9							
10							
11							
12							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

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CURRENT MEDS TO BE ADMINISTERED BY AMAP USING RN SUPERVISION INCLUDE:

MEDICATION(S)	DOSAGE(S)	FREQUENCY

PLAN FOR RESUMPTION OF COMMUNITY RE-INTEGRATION:

COMMUNITY INTEGRATION TRIAL DATE(S)	HOME VISIT TRIAL DATE(S)	DAY ROUTINE RESUMPTION

OTHER COMMENT(S):

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CHANGES		
LIST MEDICATION CHANGES	LIST HEALTH STATUS CHANGES	LIST ADAPTIVE EQUIPMENT NEEDS
LIST LEGAL CHANGES	LIST SOCIAL CHANGES	LIST EMOTIONAL CHANGES
LIST BEHAVIORAL CHANGES	LIST SERVICE CHANGES	LIST PERFORMANCE CHANGES
LIST BARRIERS TO LIVING IN CURRENT HOME SETTING	LIST NEW NEEDS IDENTIFIED	LIST METHODS FOR RESOLUTION OF ANY BARRIERS TO DISCHARGE

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CRU COORDINATOR WILL:

- 1) ensure eligibility for crisis placement during intake thru informed consent, and review of assessments, interviews and/or observation
- 2) will maintain consents for release of information, medical treatment and service
- 3) provide orientation and progress information to the resident upon admission, during stay, before, and during discharge processes
- 4) provide site management, visitor sign in logs, technical assistance and collaboration with the core service team
- 5) train direct care staff in client specific information provide client-specific training as needed for respite staff including individual psychological, social, medical or habilitative specific similarities and differences
- 6) ensure smooth transitional processes for the inventory, maintenance, storage and return of personal possessions including any medications supplies

RESIDENT REPRESENTATIVE WILL:

- 1) ensure eligibility for crisis placement before intake thru review of assessments, interviews and/or observation
- 2) provide assistance with facility orientation, consents for release of information, medical treatment and service, and inventory of possessions
- 3) maintain primary role of coordination of services including all regular, routine, obligations such as housing, transportation, medications, transfer of personal belongings, and daily needs
- 4) provide treatment, discharge and after care plan including two alternative back up plans
- 5) coordinate the 72 hour and discharge meeting
- 6) provide weekly written reports of progress and barriers if requested by the CRU Coordinator
- 7) call the site or visit 1x per week to provide weekly and ongoing updates to all team members, including the resident and CRU Coordinator

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Attendance

The Next Treatment Plan Review Date is:

ROLE ON TEAM	PRINTED NAME	SIGNATURE & CREDENTIALS	AGENCY	START/STOP TIMES
Participant				
Guardian/Parent				
Advocate				
Care Coordinator				
Site Coordinator				
Site Direct Care Staff				
Therapeutic Consultant				
Residential Staff				
Other				

- THE TEAM HAS DISCUSSED THE DAILY RATE, THE SITE RULES, AND POLICIES AND PROCEDURES FOR DISCHARGE.