

**Client Checklist Procedure  
Intensive Outpatient Substance Abuse  
Policy and Procedure**

Subject	Number	Date Issued	Date Revised	Date Effective
Client Checklist Procedure	T0010_MAT	4-1-2015	4-1-2016	4-15-2016
<b>Originated By:</b>			<b>Approved By:</b>	
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**Purpose:** This procedure ensures all patients are properly on-boarded and provided appropriate materials, system access, and other treatment items throughout their course of the program, and then discharged appropriately.

**Policy:** A checklist will be completed for each patient in the program.

**Procedure(s):**

1. Upon entry into the program, a care coordinator will complete and monitor the Client Checklist to ensure each patient receives the appropriate items outlined in the Client Checklist.

- a. **Upon Admission:**

- i. **Agreement Audit:**

- Financial Agreement
      - Informed Consent
      - Release(Exchange) of Information for all providers
      - Telemedicine Informed Consent
      - Audit Insurance Authorization (must have a auth#)
      - All docs posted to Kareo
      - Pre-treatment Survey
      - Toxicology Screen
      - Email to treatment team, primary therapist, psychiatrist, group therapists, and Group Clinical Director.

- ii. **Referral Communication:**

- Care Coordinator will communicate with referent that patient has admitted to Bright Heart.
      - Care Coordinator will request how often the referent would like to be updated on patient.
      - Care Coordinator will ensure discharge plan includes referent if appropriate.

- iii. **Safety Information Posted to Kareo:**

- Emergency Contact

- Hospital
  - Police
  - iv. **System Access:**
    - Welcome Email
    - Private Client Portal registration
    - Forum Registration
    - Welcome Video from Clinical Director based on Assessment
    - Welcome Video from Primary Therapist
    - Welcome Video from Dietitian
  - v. **Toxicology Screening**
    - Admission toxicology screen
    - Monthly toxicology screen
  - vi. **Weekly Symptomatology Survey**
    - Weekly Symptomatology
  - vii. **Customer Satisfaction Survey:**
    - Discharge Survey
    - 3 - Month Survey
    - 1 - Year Survey
  - viii. **Discharge:**
    - Discharge date is informed of authorization and discharge date
    - Referral or Handoff to Next level of care
    - 1 week, 1 month, 3 month, 1 year appointment scheduled with client
    - Stanford Survey
    - Update patient access on portal
2. Care Coordinator will store a checklist for each client in the Client folder on the company's document management system.
  3. For readmission within 30 days, patients are not required to complete a psychiatric assessment or clinical assessment.
  4. The Director of Intake will ensure compliance to this policy.