MEDICAL SERVICES PROCEDURE

| | ACTIONS | Provider | Individual Receiving Services | Nurse | Program Manager | Comments |
|---------------|--|-------------|-------------------------------------|-------------|--------------------|----------|
| W i 1. | thin 30 days of entering MSS Secure a community based: primary physician, dentist, psychiatrist (if needed), psychologist (if needed) optometrist (if needed) | X Assist | X | X Assist | X Assist | |
| 2. | Obtain information about health status, including current medications and medical needs | | | X | X Assist | |
| 3. | Obtain a physical exam (if current report is not available) to include: vision, hearing, current health status, medication and immunization history, functional limitations and activity restrictions, current medications, prescribed therapy, weight and nutrition status, and recommendations | X Assist | X | X | X | |
| 4. | Semi-Annually Obtain physician(s) signature on Medication Review form | | | X Assist | X | |
| 5. | Annually: Obtain a physical exam including: current health status, changes in health status, changes in functional limitations and activity restrictions, current medications, prescribed therapy, weight and nutrition status, and recommendations | X Assist | X | X Assist | X Assist | |
| 6. | As needed or recommended: Obtain exams/treatment: vision, hearing, dental, other medical assessments and indicated treatment as identified by Interdisciplinary Team or medical provider | X Assist | X | X Assist | X Assist | |
| 7. | At the first sign of illness: Obtain medical services, e.g., nurse, physician, ambulance and/or hospital | X Assist | X | X | | |
| 8. | Report results, immediately, to program manager or nurse | X | X | | | |
| 9. | In the event of a seizure: Follow seizure protocol, Obtain medical treatment, if necessary | X | X | | | |

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|---|-------------|-------------------------------------|-------------|--------------------|----------------|
| 10. Chronic Illness: Secure continuing treatment | X Assist | X | X Assist | X Assist | |
| 11. In the event of a medical emergency: Obtain medical services | X | X | | X | |
| 12. Contact nurse, program manager or on-call person | X | X | | | |
| 13. Ensure completion of Consultation Results, labs, orders, etc | X | | | X | |
| 14. Documentation: Complete Consultation form following each medical service and attach to Therap consultation or forward to MSS within 24 hours | X | | | X | |
| 15. Complete Contact Notes/T-log | | | | X | |
| 16. When a medication changes: Contact the nurse or program coordinator as soon as possible and prior to administration of medication. Ensure Physician's Orders are completed. Notify IDT members as appropriate. | X | X | | X | |
| 17. Change the Medication Administration Record accordingly | X | | X | | |
| 18. Document in Contact Notes/T-log | X | | | X | As appropriate |
| 19. Update Individual Information Record | X | | X | X | As appropriate |
| 20. Update Individual Information Record with changes in therapy, physician, hospital, clinic, pharmacy, or health status | X | | X | X | As appropriate |