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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | CG Treatment Plan #: | | | |  | Client Number: | |  | |  | |  | |  | | |  | | |  |  | | Status: | | Draft, Pending or Authorizing  (Non-Finalized Plans can be “Rejected” and then “Edited” by the author without IS intervention.) | | | Finalized  Revision or  Renewal of | | | Previous Plan # |  | | RU on Plan: | |  | | | Episode Opening Date: | | |  |  | | Author’s Name: | | |  | | Signature: |  | | |  | | Organization: | | |  | | Clinic: |  | | |  | | Phone: | | |  | |  |  | | |  | | Reason: | Wrong Reporting Unit: Should be  (Finalized Plans may be “revised” by the author to change the RU for the future, without IS help. Non-Finalized Plans can be rejected by the author or an authorizer, edited to correct the RU and then re-submitted for authorization without IS help.) | | | | | | | |  | | Reason: | Wrong Start Date: Should be       \*  (Start dates may only be changed to an earlier date when a signed paper copy is submitted showing the earlier dates. The author of the Plan can change the Start Date to a future date, without IS help, when renewing or revising the Plan.) | | | | | | | |  | | Reason: | Wrong End Date: Should be       \*  (Plan length can be shortened by IS on request. Plan duration may be one year or shorter. Requests to lengthen a Plan must be submitted with a signed paper copy with the later dates initialed by the client. Alternately, the author could “Renew” the Plan using new Start and End Dates to bridge the period until the next Plan in the review cycle is due.) | | | | | | | |  |   \*Start and End Dates should correspond with the INSYST 1 year review cycles. Start Dates are the first day of the episode opening month. (i.e. March 1st and September 1st) The end dates are the last day of the month before the next plan starts. (i.e. If an episode opened on March 18th, March is the first month, and February is the last month; their Plans always run from March 1st – February 28th) (Exception: The initial Plan may start within 60 days of the episode opening date. The initial Plan end dates are calculated as if the initial Plan started in the episode opening month.)   |  |  | | --- | --- | | Additional Comments: |  | |
| |  |  |  |  | | --- | --- | --- | --- | | **Supervisor Approval:** | | | | | I approve of these changes and attest that an addendum has been added to the existing plan explaining the error and requested changes: | | | | | Supervisor Name: |  | Phone: |  | | Signature: |  | Date: |  | |

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| **Instructions:** |

1. Fill out the form, after first attempting to correct the Plan by rejecting, editing, revising or renewing it.
2. Add an addendum to the Plan explaining the error and requested corrections.
3. Give this form to your supervisor to approve.
4. Supervisor should sign and date this form attesting that an addendum was added.
5. Fax this form and a copy of the Plan, if increasing its length, to IS at 3-8161 or 567-8161.

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **For IS Use ONLY** | | | | | | | Log # |  | Date Changed: |  | Name: |  | |