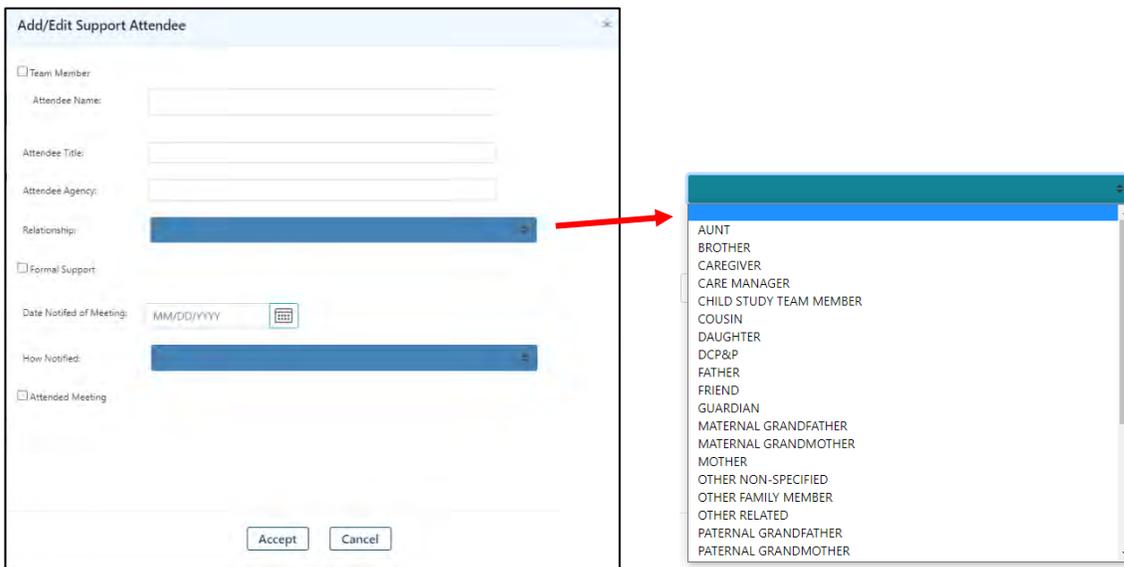
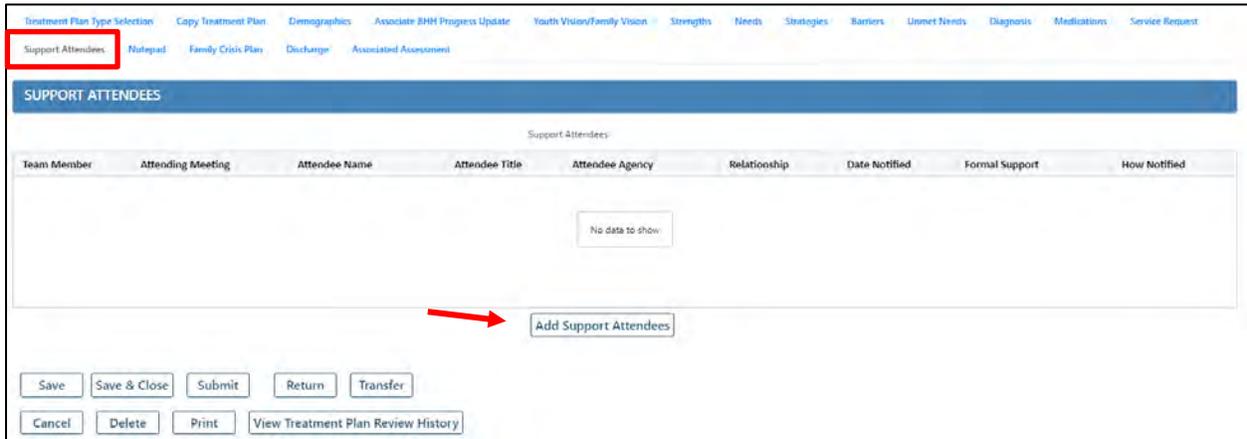


## Support Attendees Quick Guide

The Support Attendees tab of the CMO Individual Support Plan (ISP) is for documenting the people who attend the Child Family Team (CFT) Meeting and are support of the youth. Users should confirm the correct spelling of attendees' names.

### Add/Edit Support Attendee Window

The 'Add/Edit Support Attendee' window is accessed by clicking the Support Attendees tab in a Treatment Plan, then click the Add Support Attendees button.



- **Team Member** – Checkbox = 'Yes' to identify CFT team members (parent/legal guardian, providers actively providing services, youth, DCP, etc.)
- **Attendee Name\*** – Name of person who attended the CFT (type in the first few letters and wait for drop down menu)
- **Attendee Title\*** – Title of an informal or formal support (if family member, type *Relationship Name*)
- **Attendee Agency\*** – Provider agency name (if family member, type *Family*)

\*Required

## Support Attendees Quick Guide

- **Relationship** – list of family, informal and formal supports
  - *Family Relationship* (as identified by the family) - Brother, Father, Mother, Sister, Grandparents, Cousin, Aunt, Uncle, Daughter, Other Family Member, Son, Stepparents, Stepchildren, Stepbrother/sister, etc.
  - *Formal/Informal Relationship* - Teacher, Provider, Caregiver, Friend, Child Study Team Member, Guardian, Resource Brother, Resource Father, Resource Mother, Resource Sister, etc.
- **Formal Support** – Checkbox to identify formal supports
- **Date Notified of Meeting\*** – the date the attendee was notified
- **How Notified\*** – Email, Phone, Mail, Fax
- **Attended Meeting** – Checkbox = ‘Yes’

\*Required

### Validations

When the Accept button is clicked, requirements are identified by pink highlights. Missed requirements are listed in the Validations Failed box at the bottom.

Use the scrollbar to see additional requirements.

### Copying a Treatment Plan

The Copy Treatment Plan tab allows the user to copy a previously submitted and approved treatment plan.

*Copying a plan copies the entire Support Attendees tab as it was in the selected approved plan.*

*After copying, modifications must be made to the Support Attendees section to update for the next CFT.*

ID	Type	Created Date	Author	Submitted Date
	CMO - CR90D			
	CMO - CR90D			
	CMO - CR90D			
	CMO - CR90D			
	CMO - Annual Review			
	CMO - CR90D			

Support Attendees Quick Guide

Demographics Tab

DEMOCRAPHICS

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_

City: \_\_\_\_\_ Race: \_\_\_\_\_

County: \_\_\_\_\_ SSN: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Guardian Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

City: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Living Situation: \_\_\_\_\_ Care Management Entity: \_\_\_\_\_

Current LS Effective Date: \_\_\_\_\_ Care Manager: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Assessor Username: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Assessor Name: \_\_\_\_\_

Provider Phone: \_\_\_\_\_ Assessor Agency: \_\_\_\_\_

Assessor Phone: \_\_\_\_\_

Assessor Email: \_\_\_\_\_

CFT Date: 03/28/2023

Assessment Completion Date: 03/28/2023

Refresh

Scroll to see the bottom half of the Demographics tab

The CFT Date located in the Demographics tab of the Treatment Plan should match the date on the CFT Sign In.

CFT Date: 03/28/2023

Assessment Completion Date: 03/28/2023

CFT Sign-In Attendance Sheet

The Document Upload (Doc) tab in the youth record, allows users with security to upload the CFT Sign-in. This attendance sheet identifies all those present at the CFT meeting. It is important to verify and check off the attendees on the CFT Sign-in sheet against the Support Attendees in the ISP before submitting the plan.

Dashboard Demographics Episodes Provider Supports Dx/Med Eligibility Insurance Legal **Doc**

Add New Document Save Clear Search

Doc Status	Document Type	Document Sub Type	Description	Date Uploaded	File Name	Uploaded By	Program Name
New Doc Uploaded	CMO Attachments	CFT Sign-in					
New Doc Uploaded	CMO Attachments	CFT Sign-in					
New Doc Uploaded	CMO Attachments	CFT Sign-in					

### Support Attendees Quick Guide

**Confirm Names of Support Attendees:** Users should make sure all the names are entered and correct and spelled the same way each plan to avoid duplicate Support Attendee entries. In addition, the CFT Date on the Sign-In document should match the CFT Date on the Demographics tab of the Treatment Plan.

### Modify Support Attendees

If a Support Attendee name was erroneously entered, or if the support is no longer involved, the support can be modified by double-clicking the support name in the **Support Attendees** tab. This opens the **Add/Edit Support Attendee** window where the user can update the support information or click the Delete button to remove the support.

Team Member	Attending Meeting	Attendee Name	Attendee Title	Attendee Agency	Relationship	Date Notified	Formal Support
YES	NO				PROVIDER		YES
YES	YES				PROVIDER		YES
YES	YES		Th parent		PROVIDER		YES
YES	YES				STEPFATHER		NO
YES	YES				CARE MANAGER		YES

**Add/Edit Support Attendee**

Team Member

Attendee Name: \_\_\_\_\_

Attendee Title: Th parent

Attendee Agency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Formal Support

Date Notified of Meeting: 11/01/2022

How Notified: iPhone

Attended Meeting

Accept Delete Cancel

**Question**

Do you wish to delete this Support Attendee?

OK Cancel