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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.

PPORT ATTENDEES						
		Sup	port Attendees			
n Member Attending Meeting	Attendee Name	Attendee Title	Attendee Agency	Relationship Date Notified	Formal Support	How Notified
			Lange of			
			No data to show			
		A	dd Support Attendees			
ve Save & Close Submit	Return					
acel Delete Print	View Treatment Plan Review	History				
Add/Edit Support Attendee			*			
Team Member						
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Attendee Title:	w		-	AUNT BROTHER CAREGVER CHLD STUDY TEAM MEMBER COUSIN DAUGHTER DCP&P FATHER		*
Attendee Title:	W		-	AUNT BROTHER CAREGIVER CARE MANAGER CHILD STUDY TEAM MEMBER COUSIN DAUGHTER DCP&P FATHER FRIEND CHARDIAN		
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- **Team Member** Checkbox = 'Yes' to identify CFT team members (parent/legal guardian, providers actively providing services, youth, DCPP, 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

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- 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.

Add/Edit Support Attendee	4
Team Member	
Attendee Name:	
Attendee Title	
Attendee Agency:	
Relationship	
Formal Support	
Date Notifed of Meeting: MM//DD/VYPY	
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C Attended Meeting	
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Validation Failed Attendee Name: is required.	
Attendee Title: is required.	
Attendee Agency: is required.	
Date Notifed of Meeting: is required.	

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 <u>entire Support</u> <u>Attendees</u> 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.

D	Туре	Created Date	Author	Submitted Date
	CMO - CR90D			
	CMO - CR90D			
	CMO - CR90D			
	CMO - CR90D			
	CMO - Annual Review			
	CMO - CR90D			

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DEMOGRAPHICS				
Child Name:		DOB		
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County:		55N;		
itate	Do	Medicaid #		
areni/Guardian:		Guardian Relationship	c	
adoress		Primary Phone:		
Cityc		Secondary Phone:		
State	2lp-			
Current Living Situation:		Care Management En	uty:	Scroll to see the
urrent LS Effoctive Date:		Care Manager		Domographics tob
		Care Manager Phone:		Demographics tab
rovider Name		Assessor Username		
dmission Date:		Assessor Hame:		
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		Assessment Complete	in Date 01/08/0011	
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		/		
			The Den	CFT Date located in the nographics tab of the
CFT Date:		03/28/2023	Trea the	atment Plan should match
Assessment Com	pletion Date:	03/28/2023	E che	uate on the Cri Sign In.

Demographics Tab

CFT Sign-In Attendance Sheet

The Document Upload (Doc) tab in the youth record, allows users with security to upload the CFT Signin. 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 Epi	isodes Pro	vider Sup	oports	Dx/Med	Eligibility	Insurance	Legal	Doc*			_	
									_		Add New Document	Save	Clear Search
Doc Status	Document Ty	pe Doc	ument Sub Ty	ype	Description		Date Uploaded		File Name	Uploaded By	Program Name		
New Doc Upload	ed CMO Attachme	nts CFT	Sign-In										2
New Doc Upload	ed CMO Attachme	nts CFT	Sign-In										
New Doc Upload	ed CMO Attachme	nts CFT	Sign-In										

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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.

SUPPORT ATT	NDEES							
			Support Attend	ines				
Team Mamber	Attending Meeting	Attendee Name	Attendes Title	Attendee Agency	Relationship	Date Notified	Formal Support	
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YES	YES				PROVIDER		(ES	
YES	YES		TH parent:		PROVIDER		YES	
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VES	VES				CARE MANAGER		YES	

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Team Meniber			
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	Phote		
How Notifies:			
How Motifies:		Question	×
How Mattieu:		Question Do you wish to delete this Suppo	ort Attendee?