
From: Emily Houk <emily@r2pconsultants.com>
Sent: Friday, December 04, 2015 8:46 AM
To: Peeler, Nancy (DHHS)
Subject: Fwd: CM Forms
Attachments: CLPPP_Case_ClosureForm120315.pdf; CLPPP_Report_to_Health_Care_Provider_120315.pdf; CLPPP_Initial Home Visit Form_120315.pdf; CLPPP_Individualized Plan of Care_120315.pdf; CLPPP_Referral Form_102915.pdf; CLPPP_Followup_Visit_form_103015.pdf; CLPPP_Activity_Log Form102915.pdf

----- Forwarded message -----

From: "Emily Houk" <emily@r2pconsultants.com>
 Date: Dec 3, 2015 11:30 AM
 Subject: CM Forms
 To: "Lishinski, Karen (DCH)" <LishinskiK@michigan.gov>, "Nancy Peeler" <PeelerN@michigan.gov>
 Cc:

Forms:

- **Activity Log:** No changes required
- **Follow-up Visit:** No changes required
- **Individualized Plan of Care:** Fixed typos, updated revision date, under long-term development changed form to read "Date of ASQ screening"
- **Initial Home Visit:** Revised name of form, added in ASQ under developmental screening, w/comment section and date, fixed form errors, updated form date
- **Referral Form:** No changes ([REDACTED] ----the referral for Early On is described as being for BLL>10. Do we want to add "or other noted developmental delay"?)
- **Report to Health Care Provider:** Fixed BLL repeat test protocol on second page. Updated date of form.
- **Case Closure:** Updated date of form. Updated closure reason in section 2 of form to 1 BLL<5 ug/dL to be consistent with section 1.

All form names are revised for naming convention consistency.

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