1. **Purpose:** This procedure establishes guidelines for documentation of Social Services provided, to be included in the individual’s clinical record.

2. **Training Requirements:** All Senior Human Services Counselor Supervisors, Social Services Counselors, and Human Services Counselor II’s and III’s (acting in a social service capacity) will be trained on this operating procedure during the Discipline Specific Training as outlined in Florida State Hospital Operating Procedure 225-1. Additional training will be provided on any modifications of additions to all persons acting in a Social Services role.

3. **References:**
   
a. Joint Commission on Accreditation of Healthcare Organizations Accreditation Standards.

b. Florida State Hospital Manual 130-1, Record Manual, Chapter 12.


e. Hospital Licensure, Florida Administrative Code, Chapter 59A-3.214.

f. Florida State Hospital 151-6, Progress and Event Note Documentation.


4. **Procedure:**

   a. All documentation shall be completed in a clear, concise manner to promote effective communication with other members of the interdisciplinary team and record the social services component of the individual’s course of treatment and rehabilitation accurately.

   b. Documentation shall be completed by assignment and adhere to standards established by the Unit, Florida State Hospital, and the Florida Department of Children and Families.

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This operating procedure supersedes: Operating Procedure 155-20, dated December 3, 2008

**Office of Primary Responsibility:** Office of Social Services

**Distribution:** Florida State Hospital Computer Network Users
c. Social Services documentation shall be written on approved Florida State Hospital forms and shall include, but not limited to:

(1) Psychosocial Assessment (Form 22);

(2) Authorization for Release of Information (Form 3044);

(3) Resident Orientation Checklist (Form 470);

(4) Emergency Response Cards;

(5) Receipt of Management and Protection of Protected Health Information Policy (Form 432; included in Resident Orientation Manual);

(6) Inventory/Receipt of Resident’s Tangible Personal Property (Form 415);

(7) Daily Progress Notes as indicated by resident's needs (e.g., event, trip, admission or transfer note) (Form 52);

(8) Monthly Progress Note summaries to include resident behaviors, pre-recovery plan meeting, family and case management support, and discharge plans. Also used for Pre-Recovery Plan meeting (Form 621). *Unit 14, Wards A and B, must complete weekly progress notes on Form 52, Progress and Event Note for 8 weeks in accordance with Medicare Benefit Policy Manual for Inpatient Psychiatric Hospital Services and at least once a month thereafter.

(9) Comprehensive Psychosocial Assessment (Forms 11 and 11A);

(10) Substance Use/Abuse Screen (Form 83);

(11) Substance Abuse Services Progress Note (Form 86);

(12) Personal Safety Plan Form (Form 325);

(13) Signature Page for Personal Safety Plan (Form 325A);

(14) LEAP (Living Environment Alternative Placement) referral;

(15) Recovery Plan (Social Services Components) (Form 54);

(16) Reports of Contact (Form 582);

(17) Court related documents (e.g., guardian reports, baker act summaries, conditional release plans);

(18) Discharge Receipt (Form 487);

(19) Discharge Summary Form - Civil (Form 7001);

(20) Discharge Summary Form - Civil / Resident Transfer Checklist (Form 7001A);

(21) Discharge/Leave Of Absence Summary for 916 Commitments (Form 465);
(22) Resident Satisfaction Survey (Internal);
(23) Consumer Satisfaction Survey (Statewide);
(24) Family Satisfaction Survey (Internal);
(25) Leave of Absence/Authorization Questionnaire (Form 200);
(26) Discharge Planning Patient Transportation Request (Form 205);
(27) Special Cash Withdrawal for Shopping (Form 225);
(28) Baker Act Summaries;
(29) Advance Directive (Form 632);
(30) Voters Registration Forms;
(31) Children and Families Form 280, Financial Information (Forensic and Civil Units);
(32) Children and Families Form 280A, Financial Information--Short Form (Forensic and Civil Units);
(33) Children and Families Form 281, Admission and Movement Record (Forensic and Civil Units).  Note original goes to the fee collection unit and a copy goes to your files. (Forensic and Civil Units);
(34) Care Funds Request (also known as Indigent Funds Request);
(35) Authorization to Discharge Prior to Benefits Acquisitions (Form 239);
(36) Health Information Protection and Portability Act Information letter (for distribution to resident and 1st representative);
(37) Invitation/Response to Team Meeting (Form 241);
(38) Facility to Facility Transfer Checklist (Appendix A to Children and Families Operating Procedure 155-12);
(39) Referral Form for Social Security Benefits (Pre-Release) (Form 364);
(40) Division of Vocational Rehabilitation Referral/Application for Vocational Rehabilitation Services (Form DOE/VR-1007).

(Signed original on file in Central Health Information Services)

DIANE R. JAMES
Hospital Administrator
SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

This procedure was revised to add Forms 364, Referral Form for Social Security Benefits; and Form DOE/VR-1007, Division of Vocational Rehabilitation Referral/Application for Vocational Rehabilitation Services.