

MEMORANDUM

TO: SEE DISTRIBUTION
FROM: LEGAL & SPECIAL SERVICES
SUBJECT: CONTINUED HABILITATION REVIEW
RE: CLIENT'S NAME:
CASE NUMBER:
LOCATION:
ADMISSION DATE: COUNTY:

The above-named client's habilitation order will expire on _____.

Committee members are required by Law to review and evaluate the updated Individualized Program Plan (IPP) and report to the Chief Medical Officer/Chief Executive Officer/Designee their recommendation (s) concerning the client's need for continued habilitation.

A meeting is scheduled for THURSDAY, _____, 2001 at 10:00 A.M. in the _____ Building.

Representatives of the above-named client have the right to be present at the meeting and they also have the right to present an alternate IPP at their expense.

The attending physician shall present an updated IPP on this client at the meeting.

All committee members who have initialed clearly state that they have participated in the Continued Hospitalization Review Committee.

DISTRIBUTION:

* _____

CHAIRPERSON _____
ALTERNATE CHAIRPERSON _____
ALTERNATE CHAIRPERSON _____
COMMITTEE MEMBER _____
COMMITTEE MEMBER _____
CLIENT
FIRST REPRESENTATIVE
SECOND REPRESENTATIVE
GUARDIAN AD LITEM/GUARDIAN/ATTORNEY
ATTENDING PHYSICIAN
LEGAL

*CHAIRPERSON

SIDE II

DATE: _____

TO: **CHIEF MEDICAL OFFICER/FACILITY ADMINISTRATOR/DESIGNEE**

FROM: _____
Signature
Committee Member, Chairperson
Continued Habilitation Review Committee

_____ **We have review the IPP of _____ and find that he/she, is in need of Continued Habilitation, because he/she:**

Is a mentally retarded person. Yes No

Is in need of additional care, training, education, habilitation or other specialized services. Yes No

Requires direct medical services. Yes No

Needs 24 hour training in a residential care facility. Yes No

Services can be provided only in such a facility as the least restrictive alternative available, at the present time. Yes No

_____ **We have reviewed the IPP of _____ and find that he/she is not mentally retarded and recommend discharge.**

_____ **We have reviewed the IPP of _____ and we did not reach a consensus as to whether he/she should remain in the hospital for a period up to one (1) year; therefore, we recommend the Hearing Examiner be notified to review the case.**

_____ **Other:** _____

CHIEF MEDICAL OFFICER/ FACILITY ADMINISTRATOR/DESIGNEE

_____ Petition be completed as prescribed by Law.

_____ **Other:** _____

CHIEF MEDICAL OFFICER/FACILITY ADMINISTRATOR/DESIGNEE

_____ **DATE**