**Comprehensive Community Services (CCS) File Review Checklist for Service Facilitators**

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| **Consumer Name:** | | | | | | | | **Consumer ID:** | | | | | | **Earliest MA Billing Date:** | | **Admission Date:** | |
| **Service Facilitator:** | | | | | | | | **Date of Review:** | | | | | | **Reviewer:** | | **Discharge Date:** | |
| **SECTION 1: CONSUMER SERVICE RECORD DHS 36.18.**  Each consumer record shall be organized in a consistent format and include: (3) | | | | | | | | | | | | | | | | | |
| **Yes** | | **No** | | |  | | | | | | | | | | | | |
|  | |  | | | 1. A legend to explain any symbol or abbreviation used (3) | | | | | | | | | | | | |
|  | |  | | | 1. Service facilitation notes and progress notes. (3e)1 | | | | | | | | | | | | |
|  | |  | | | 1. Service provider progress notes. (3e)7 | | | | | | | | | | | | |
|  | |  | | | 1. A list of current prescription medication and regularly taken over the counter medications. (3f) | | | | | | | | | | | | |
|  | |  | | | 1. Signed consent forms for disclosure of information and for medication administration and treatment. (3g) | | | | | | | | | | | | |
| **Notes:** | | | | | | | | | | | | | | | | | |
| **SECTION 2: INITIAL PAPERWORK**  Prior to billing Medicaid for services, the following initial paperwork must be completed: A) Prescription for Treatment, B) Application for Services, C) Admission Agreement D) Authorization for Services, and EITHER E) Assessment of Initial Needs (DHS 36.13 (2)(b), DHS 36.14(3)(a), DCTS CCS Frequently Asked Questions, page 16) OR F) Determination of Need for Psychosocial Rehabilitation Services (DHS 36.14(3)(a) | | | | | | | | | | | | | | | | | | |
|  | |  | 1. **PRESCRIPTION FOR TREATMENT** (MA requirement, not a DHS 36 requirement) | | | | | | | | | | | | | | | |
| **Yes** | | **No** | | | **Initial Completion Date:** | | | |  | **Updates:** | | | | | | |  | |
|  | |  | | 1. A prescription for treatment is present | | | | | | | | | | | | | | |
|  | |  | | 1. Annual updated prescriptions (CWHP recommended procedure based on best practice) | | | | | | | | | | | | | | |
| **Notes:** | | | | | | | | | | | | | | | | | | |
|  |  | | 1. **APPLICATION FOR SERVICES** (DHS 36.13)*The date of admission is the date the application for services is signed (DCTS response to WRRWC High Priority Questions, April 2017)* | | | | | | | | | | | | | | | |
| **Yes** | | **No** | | | | **Completion Date:** |  | | | **Due date for Assessment and Plan (30 days):** | | | | | | |  | |
|  |  | | 1. An Application for services is present | | | | | | | | | | | | | | | |
| **Notes:** | | | | | | | | | | | | | | | | | | |
|  |  | | 1. **ADMISSION AGREEMENT** (DHS 36.13 (1m)/ DHS 36.19) | | | | | | | | | | | | | | | |
| **Yes** | | **No** | | | **Completion Date:** | |  | | | |  | | | |  | | | |
|  |  | | 1. An Admission Agreement is present | | | | | | | | | | | | | | | |
|  |  | | 1. Completed same day as application (1m) | | | | | | | | | | | | | | | |
|  |  | | 1. HIPAA information (Medical Assistance Requirement) | | | | | | | | | | | | | | | |
|  |  | | 1. Releases of Information (Medical Assistance Requirement) | | | | | | | | | | | | | | | |
|  |  | | 1. Written consent for Functional Screen if consumer is a minor (Medical Assistance Requirement) | | | | | | | | | | | | | | | |
| **Notes:** | | | | | | | | | | | | | | | | | | |
|  |  | | 1. **AUTHORIZATION OF SERVICES (DHS 36.15)** | | | | | | | | |  | | | | | | |
| **Yes** | | **No** | | | **Completion Date:** | | | | | | |  | | | | | | |
|  |  | | 1. Signature of mental health professional (1) | | | | | | | | | | | | | | | |
|  |  | | 1. If the applicant has or may have a substance abuse disorder, a substance abuse professional shall also sign the authorization for services. (2) | | | | | | | | | | | | | | | |
| **Notes:** | | | | | | | | | | | | | | | | | | |
|  |  | | 1. **CRITERIA FOR DETERMINING THE NEED FOR PSYCHOSOCIAL REHABILITATION SERVICES** (DHS 36.14) | | | | | | | | | | | | | | | |
|  |  | | 1. Completion of a department-approved functional screen (DHS 36.14) | | | | | | | | | | | | | | | |
|  |  | | 1. Has a diagnosis of a mental disorder or a substance use disorder | | | | | | | | | | | | | | | |
|  |  | | 1. Has a functional impairment that interferes with or limits one or more major life activities and results in needs for services that are described as ongoing, comprehensive and either high-intensity or low-intensity. Determination of a qualifying functional impairment is dependent upon whether the applicant meets one of the following descriptions: | | | | | | | | | | | | | | | |
|  |  | | 1. Group1'. Persons in this group include children and adults in need of ongoing, high-intensity, comprehensive services who have diagnoses of a major mental disorder or substance-use disorder, and substantial needs for psychiatric, substance abuse, or addiction treatment. | | | | | | | | | | | | | | | |
|  |  | | 1. Group 2'. Persons in this group include children and adults in need of ongoing, low-intensity comprehensive services who have a diagnosed mental or substance-use disorder. These individuals generally function in a independent and stable manner but may occasionally experience acute psychiatric crises. | | | | | | | | | | | | | | | |
|  |  | | 1. If an applicant is determined to not need psychosocial rehabilitation services, no additional psychosocial rehabilitation services may be provided to the applicant by the CCS program. | | | | | | | | | | | | | | | |
|  |  | | * 1. The applicant shall be given written notice of the determination and referred to a non-CCS program. | | | | | | | | | | | | | | | |
|  |  | | * 1. The applicant may submit a written request for a review of the determination to the department. (3b) | | | | | | | | | | | | | | | |
| **Notes:** | | | | | | | | | | | | | | | | | | |
|  |  | | 1. **FINANCIAL FORM(S)** (For MA verification, not a CCS requirement) | | | | | | | | | | | | | | | |
|  |  | | 1. Specific financial forms by County | | | | | | | | | | | | | | | |
|  |  | | 1. Completed same day as admission agreement (recommended) | | | | | | | | | | | | | | | |
| **Notes:** | | | | | | | | | | | | | | | | | | |
| **SECTION 3: RECOVERY TEAM, ASSESSMENT, PLANNING** | | | | | | | | | | | | | | | | | | |
|  | |  | **A. RECOVERY TEAM** (DHS 36.16(7)) | | | | | | | | | | | | | | | |
| **Yes** | | **No** | | | **Dates of Recovery Team Meetings:** | | | | | | | | | | | | | |
|  | |  | 1. Documentation that the consumer was asked to participate in identifying members of the recovery team (7)(a) | | | | | | | | | | | | | | | |
|  | |  | 1. Documentation that the recovery team includes all of the following (7am): | | | | | | | | | | | | | | | |
|  | |  | 1. Consumer (7am)1 | | | | | | | | | | | | | | | |
|  | |  | 1. Service Facilitator (7am)2 | | | | | | | | | | | | | | | |
|  | |  | 1. A mental health professional or substance abuse professional, or both (7am)3 | | | | | | | | | | | | | | | |
|  | |  | 1. Service providers, family members, natural supports and advocates shall be included on the recovery team, with the consumer's consent (7am)4 | | | | | | | | | | | | | | | |
|  | |  | 1. If the consumer is a minor or is incompetent or incapacitated, a parent or legal representative of the consumer (7am)5 | | | | | | | | | | | | | | | |
|  | |  | 1. Documentation that the recovery team participated in the assessment process and in service planning (7b)1 | | | | | | | | | | | | | | | |
| **Notes:** | | | | | | | | | | | | | | | | | | |
|  | |  | **B. COMPREHENSIVE ASSESSMENT PROCESS** (DHS 36.16) | | | | | | | | | | | | | | | |
| **Yes** | | **No** | | | **Completion Date:** | | | | | | | | **Dates Updated** (should coincide with updates to the recovery plan)**:** | | | | | |
|  | |  | 1. Completed in 30 days from date of signed application (2a) | | | | | | | | | | | | | | | |
|  | |  | 1. If not completed in 30 days from date of signed application, the specific reason was documented | | | | | | | | | | | | | | | |
|  | |  | 1. Documentation that the assessment process was explained to the consumer (2a) | | | | | | | | | | | | | | | |
|  | |  | 1. Substance use diagnosis established by substance abuse professional (2c) | | | | | | | | | | | | | | | |
|  | |  | 1. Assessment process incorporates consumer’s unique perspective and own words about how they view their recovery, experience, challenges, strengths, resources and needs in each of the domains | | | | | | | | | | | | | | | |
| **Notes:** | | | | | | | | | | | | | | | | | | |
|  | |  | **C. ABBREVIATED ASSESSMENT** (if necessary) DHS 36.16(5) | | | | | | | | | | | | | | | |
| **Yes** | | **No** | | | **Completion Date:** | | | | | | | | **Date Comprehensive Assessment Due** (3 months from date of application)**:** | | | | | |
|  | |  | 1. Must have signed admission agreement and one of the following three conditions: (5a) | | | | | | | | | | | | | | | |
|  | |  | 1. Consumers health or symptoms are such that only limited information can be obtained immediately (5a)1 | | | | | | | | | | | | | | | |
|  | |  | 1. The consumer chooses not to provide information necessary to complete a comprehensive assessment at the time of application (5a)2 | | | | | | | | | | | | | | | |
|  | |  | 1. The consumer is immediately interested in receiving only specified services that require limited information (5a)3 | | | | | | | | | | | | | | | |
|  | |  | 1. An abbreviated assessment conducted shall meet the requirements of the comprehensive assessment to the extent possible that precluded the comprehensive assessment (5b) | | | | | | | | | | | | | | | |
|  | |  | 1. Assessment summary must include specific reason that an abbreviated assessment was necessary (5c) | | | | | | | | | | | | | | | |
|  | |  | 1. An abbreviated assessment is valid for up to 3 months from the date of application (5d) | | | | | | | | | | | | | | | |
|  | |  | 1. Upon the expiration date a comprehensive assessment needs to be completed to continue psychosocial rehabilitation services (5d) | | | | | | | | | | | | | | | |
|  | |  | 1. If a comprehensive assessment can’t be conducted when the abbreviated assessment expires, the applicant shall be given notice of a determination that the consumer does not need psychosocial rehabilitation services (5d) | | | | | | | | | | | | | | | |
| **Notes:** | | | | | | | | | | | | | | | | | | |

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|  |  | **D. ASSESSMENT SUMMARY** DHS 36.16(6) | | |
|  |  | 1. Includes the period of time within which the assessment is conducted with meeting dates. (6a) | | |
|  |  | 1. Includes the information on which outcomes and service recommendations are based. (6b) | | |
|  |  | 1. Includes desirable outcomes and measurable goals desired by the consumer. (6c) | | |
|  |  | 1. Includes the names and relationships to the consumer of all individuals that participated in the process. (6d) | | |
|  |  | 1. Includes significant differences of opinion not resolved among members of the recovery team. If no significant differences identified, please notate that there was no significant difference identified’(6e) | | |
|  |  | 1. Includes reason(s) why consumers are not working on a goal that corresponds to an identified need (recommended, not a DHS 36 requirement) | | |
|  |  | 1. Includes signatures of the persons present at the meetings being summarized. (6f) | | |
|  |  | 1. Includes a diagnostic (case) formulation (recommended, not a DHS 36 requirement) | | |
| **Notes:** | | | | |
|  |  | **E. SERVICE PLANNING AND DELIVERY PROCESSES** DHS 36.17 | | |
| **Yes** | **No** | | **Initial Completion Date:** | **Dates Updated:** (minimum every 6 months)**:** |
|  |  | 1. Completed within 30 days of receipt of an application for services (2) | | |
|  |  | 1. if the Service Plan was not completed within 30 days, the specific reason was documented | | |
|  |  | 1. Documentation that the planning process was facilitated by the service facilitator in collaboration with the consumer and recovery team | | |
|  |  | 1. Documentation that the planning process was explained to the consumer (2c) | | |
|  |  | 1. The plan addresses the needs and recovery goals identified in the assessment (2d) | | |
|  |  | 1. Discharge criteria (“Discharge from the CCS shall be based on the discharge criteria in the service plan” (5)(a)) | | |
|  |  | 1. The service plan includes a description of all of the following: (2m) | | |
|  |  | 1. The service facilitation activities that will be provided (2m)1 | | |
|  |  | 1. The psychosocial rehabilitation and treatment services to be provided to or arranged for the consumer, including the schedules and frequency of services provided. Psychosocial rehabilitation and treatment services are: (2m)2 | | |
|  |  | 1. Provided in the most natural and least restrictive manner and most integrated settings practicable (4a) | | |
|  |  | 1. Delivered with reasonable promptness (4a) | | |
|  |  | 1. Build upon the natural supports available in the community (4a) | | |
|  |  | 1. Provided with sufficient frequency to support achievement of goals identified in the service plan. (4b) | | |
|  |  | 1. Documentation of the services are included in the service record of the consumer. (4c) | | |
|  |  | 1. The service providers and natural supports who are or will be responsible for providing the consumer's treatment, rehabilitation, or support services and the payment source for each. (2m)3 | | |
|  |  | 1. Measurable goals and type and frequency of data collection that will be used to measure progress toward desired outcomes. (2m)4. Include start date of services (suggested, not required by DHS 36) | | |
|  |  | 1. The completed service plan is signed by the consumer, a mental health or substance abuse professional, and the service facilitator. (2mc) | | |
|  |  | 1. The service plan has been reviewed/updated at least every 6 months. The reviews include: (3) | | |
|  |  | 1. An assessment of the progress toward goals (3) | | |
|  |  | 1. Consumer satisfaction with services (3) | | |
|  |  | 1. Original, updated, and partially completed service plans are maintained in the consumer's service record | | |
|  |  | 1. Authorization of services by a Mental Health Professional and Substance Abuse Professional if substance abuse services will be provided. (MA Requirement – ForwardHealth update June 2014-42, pg. 15) | | |
| **Notes:** | | | | |
|  |  | **F. ATTENDANCE ROSTER** DHS 36.17 (2mb) and DHS 36.18 (3b) | | |
|  |  | 1. The consumer’s record shall include attendance rosters from service planning sessions (DHS 36.18(3b)) | | |
|  |  | 1. An attendance roster shall | | |
|  |  | 1. Be signed by each person, including recovery team members in attendance at each service planning meeting (2mb) | | |
|  |  | 1. Include the date of the meeting (2mb) | | |
|  |  | 1. Include the name, address, and telephone number of each person attending the meeting (2mb) | | |
|  |  | 1. Signatures from everyone present (2mb) | | |
| **Notes:** | | | | |
|  |  | **G. CRISIS PLAN** (This is not a CCS requirement, this is a Chapter 34 rule (DHS 34.23(7)) | | |
|  |  | 1. A crisis plan has been completed | | |
| **Notes:** | | | | |
| **SECTION 4: DISCHARGE (DHS 36.17(5))** | | | | |
| **Yes** | **No** | |  | |
|  |  | 1. Discharge from CCS shall be based on the discharge criteria in service plan (5) unless one of the following conditions: (5a) | | |
|  |  | 1. Consumer no longer wants psychosocial rehabilitation (5a)1 | | |
|  |  | 1. The whereabouts of the consumer are unknown for at least 3 months despite diligent efforts to locate the consumer (5a)2 | | |
|  |  | 1. The consumer refuses services from the CCS for at least 3 months despite diligent outreach efforts to engage the consumer (5a)3 | | |
|  |  | 1. The consumer enters a long-term care facility for medical reasons and is unlikely to return to community living (5a)4 | | |
|  |  | 1. The consumer is deceased (5a)5 | | |
|  |  | 1. Psychosocial rehabilitation services are no longer needed (5a)6 | | |
|  |  | 1. When a consumer is discharged from the CCS program, the consumer shall be given written notice of the discharge. The notice shall include all of the following (5am) | | |
|  |  | 1. A copy of the discharge summary (5am)1 | | |
|  |  | 1. Written procedures on how to re−apply for CCS services. (5am)2 | | |
|  |  | 1. If a consumer is involuntarily discharged from the CCS program and the consumer receives Medical Assistance, the fair hearing procedures prescribed in s. DHS 104.01 (5). For all other consumers, information on how the consumer can submit a written request for a review of the discharge to the department. (5am)3 | | |
|  |  | 1. The CCS shall develop a written discharge summary for each consumer discharged from psychosocial rehabilitation services. The discharge summary shall include all of the following: (5b) | | |
|  |  | 1. The reasons for discharge. (5b)1 | | |
|  |  | 1. The consumer’s status and condition at discharge including the consumer’s progress toward the outcomes specified in the service plan. (5b)2 | | |
|  |  | 1. Documentation of the circumstances, as determined by the consumer and recovery team, that would suggest a renewed need for psychosocial rehabilitation services (5b)3 | | |
|  |  | 1. For a planned discharge, the signature of the consumer, the service facilitator, and mental health professional or substance abuse professional. With the consumer’s consent, this summary shall be shared with providers who will be providing subsequent services. (5b)4 | | |
| **Notes:** | | | | |