

**Marquette County
Comprehensive Community Services (CCS) File Review Checklist**

Consumer Name:			Admission Date:
Service Facilitator:	Date of Review:	Reviewer:	Discharge Date:

RECOVERY TEAM, ASSESSMENT, PLANNING

A. RECOVERY TEAM (DHS 36.16(7))

Yes No Dates of Recovery Team Meetings:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Documentation that the consumer was asked to participate in identifying members of the recovery team (7)(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Documentation that the recovery team includes all of the following (7am): |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Consumer (7am)1 |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Service Facilitator (7am)2 |
| <input type="checkbox"/> | <input type="checkbox"/> | c. A mental health professional or substance abuse professional, or both (7am)3 |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Service providers, family members, natural supports and advocates shall be included on the recovery team, with the consumer's consent (7am)4 |
| <input type="checkbox"/> | <input type="checkbox"/> | e. If the consumer is a minor or is incompetent or incapacitated, a parent or legal representative of the consumer (7am)5 |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. 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): |
|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Completed in 30 days from date of signed application (2a) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. If not completed in 30 days from date of signed application, the specific reason was documented | |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Documentation that the assessment process was explained to the consumer (2a) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Substance use diagnosis established by substance abuse professional (2c) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Assessment of the consumer's substance abuse, strengths and treatment needs conducted by a substance abuse professional. (2c) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. 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 15 domains included in the assessment process (listed below) (2d) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Include assessment for co-existing mental health disorders, substance use disorders, physical or mental impairments and medical problems (3a) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Updated as new information becomes available (3b) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Address the strengths, needs, recovery goals, priorities, preferences, values and lifestyle of the consumer (3c) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Address age and developmental factors (3d) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Identifies the cultural and environmental supports (3e) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Identifies preferred methods for achieving the identified goals (3e) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Identifies consumer's recovery goals (3f) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Documents consumers understanding of options for treatment, psychosocial rehabilitation services and self-help programs to address their goals (3f) | |
| | | 15. Additional information required by Forward Health Bulletin 2014-42, Attachment 3 (not a DHS 36 requirement) | |

Notes:

C. ASSESSMENT SUMMARY DHS 36.16(6)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Includes the period of time within which the assessment is conducted with meeting dates. (6a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Includes the information on which outcomes and service recommendations are based. (6b) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Includes desirable outcomes and measurable goals desired by the consumer. (6c) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Includes the names and relationships to the consumer of all individuals that participated in the process. (6d) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. 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) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Includes reason(s) why consumers are not working on a goal that corresponds to an identified need (recommended, not a DHS 36 requirement) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Includes signatures of the persons present at the meetings being summarized. (6f) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Includes a diagnostic (case) formulation (recommended, not a DHS 36 requirement) |

Notes:
