**Comprehensive Community Services (CCS)**

**Documentation Checklist**

\**If outside providers are used, please complete second page.*

\* Admission agreement and application for admission MUST be completed on same date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Consumer Name: | | Date of Enrollment in CCS: | | | |
| Service Facilitator: | | Peer Reviewed By: | | | |
| **CCS PROGRAM FORM NAME** | | **ANNUAL DATE** | **SIX MONTH REVIEW DATE** |
| Referral for CCS | |  |
| Application for Admission | |  |
| Admission Agreement | |  |
| Functional Screen Consent *(if a minor)* | |  |
| Functional Screen  *Completed within 30 days of Application* | Last Screen Date: |  |
|  |
| Comprehensive Assessment  *If changes to assessment, complete Addendum* | |  | *If changes, complete addendum, signed:* |  |
| Assessment Summary | |  | *If changes, note date signed:* |  |
| Prescription for Treatment | |  |
| Determination of Need | |  |
| Recovery Plan | |  |  |
| Request for Authorization of Services, *(if known at time of plan development)* | |  | *If changed, date:* |  |
| Behavioral Intervention Plan (BIP) | |  |  |
| Legend *(in initial paperwork)* | |  |
| **AGENCY FORMS THAT REQUIRE ANNUAL SIGNATURES** | |  |
| Telehealth Consent | |  |
| Client Policies/HIPAA/Grievance Procedure | |  |
| Authorization for Release of Information | |  |
| **TEAM MEETING MINUTES & ROSTERS**  *Items to check for in eVantage* | | **TEAM MEETING DATES,** *please list dates:* |  |
| *Reviewed by:* | |  |  |

**PROVIDER AUDIT**

**DATE OF REVIEW:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Provider Name** | **Provider Agency** | **CCS Training** | **Credential License or Certificate** | **Background Check**  **Date** | **Resume** | **Diploma** | | **Contract on File?** | **Ongoing Training** | **Supervision 1 hour for every 30 contact hours** | **Reference Check Copies** |
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