**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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