

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

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

DISCHARGE DHS 36.17(5)

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Discharge from CCS shall be based on the discharge criteria in service plan (5) unless one of the following conditions: (5a) |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Consumer no longer wants psychosocial rehabilitation (5a)1 |
| <input type="checkbox"/> | <input type="checkbox"/> | b. The whereabouts of the consumer are unknown for at least 3 months despite diligent efforts to locate the consumer (5a)2 |
| <input type="checkbox"/> | <input type="checkbox"/> | c. The consumer refuses services from the CCS for at least 3 months despite diligent outreach efforts to engage the consumer (5a)3 |
| <input type="checkbox"/> | <input type="checkbox"/> | d. The consumer enters a long-term care facility for medical reasons and is unlikely to return to community living (5a)4 |
| <input type="checkbox"/> | <input type="checkbox"/> | e. The consumer is deceased (5a)5 |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Psychosocial rehabilitation services are no longer needed (5a)6 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. 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) |
| <input type="checkbox"/> | <input type="checkbox"/> | a. A copy of the discharge summary (5am)1 |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Written procedures on how to re-apply for CCS services. (5am)2 |
| <input type="checkbox"/> | <input type="checkbox"/> | c. 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 |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. 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) |
| <input type="checkbox"/> | <input type="checkbox"/> | a. The reasons for discharge. (5b)1 |
| <input type="checkbox"/> | <input type="checkbox"/> | b. The consumer's status and condition at discharge including the consumer's progress toward the outcomes specified in the service plan. (5b)2 |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Documentation of the circumstances, as determined by the consumer and recovery team, that would suggest a renewed need for psychosocial rehabilitation services (5b)3 |
| <input type="checkbox"/> | <input type="checkbox"/> | d. 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:
