Marquette County
Comprehensive Community Services (CCS) File Review Checklist

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

INITIAL PAPERWORK

A. PRESCRIPTION FOR TREATMENT

Yes	No	Initial Completion Date:	Updates (if applicable):
☐	☐	1. A prescription for treatment is present	
☐	☐	2. Includes client name, date of birth, date of order, and diagnosis.	
☐	☐	3. Diagnosis on initial functional screen matches the diagnosis on the prescription (recommended, not required) (depression, ADHD, R/O PTSD)	
☐	☐	4. Signed and dated by prescribing physician	
☐	☐	5. The prescription must be "current". The DCTS FAQ document references Section 49.46(2)(b)6. Lm – "A current prescription is one that has not expired. The physician will determine the expiration date for the prescription for each member."	

Notes:

B. 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	
☐	☐	2. Includes date of receipt	

Notes:

C. ADMISSION AGREEMENT (DHS 36.13 (1m)/ DHS 36.19)

Yes	No	Completion Date:
☐	☐	1. An Admission Agreement is present, and includes all of the following:
☐	☐	a. The nature of the CCS including the hours of operation (1m) a
☐	☐	b. How to obtain crisis services during hours in which the CCS does not operate (1m) a
☐	☐	c. Staff member titles and responsibilities (1m) a
☐	☐	d. Consumer Rights, including: (1m) b
☐	☐	e. Patient rights and grievance resolution procedures in s. 51.61, Stats., and ch. DHS 94.19 (1)
☐	☐	f. Choice in the selection of recovery team members, services, and service providers. DHS 94.19 (1a)
☐	☐	g. The right to specific, complete and accurate information about proposed services DHS 94.19 (1b)
☐	☐	h. For Medical Assistance consumers, the fair hearing process under s. DHS 104.01 (5). For all other consumers, how to request a review of a CCS determination by the department. DHS 94.19 (1c)
☐	☐	2. The service facilitator shall ensure that the consumer understands the options of using the formal and informal grievance resolution process in s. DHS 94.40 (4) and (5). DHS 94.19 (2)
☐	☐	3. An acknowledgement of receipt and understanding of the information received (1m) c
☐	☐	4. Signed AND dated by consumer and parent/guardian (if needed). (1m)

☐	☐	5.	Completed same day as application (1m)
☐	☐	6.	HIPAA information (Medical Assistance Requirement)
☐	☐	7.	Releases of Information (Medical Assistance Requirement)
☐	☐	8.	Written consent for Functional Screen if consumer is a minor (Medical Assistance Requirement)

Notes:

D. AUTHORIZATION OF SERVICES (DHS 36.15)

Yes	No	Completion Date:	
☐	☐	1.	Signature of mental health professional indicating they have (1)
☐	☐	2.	Reviewed and attest to the applicant's need for psychosocial rehabilitation services and medical and supportive activities to address the desired recovery goals (1a)
☐	☐	3.	Authorized the proposed psychosocial rehabilitation services (1b)
☐	☐	4.	If the applicant has or may have a substance abuse disorder, a substance abuse professional shall also sign the authorization for services. (2)

Notes:

E. CRITERIA FOR DETERMINING THE NEED FOR PSYCHOSOCIAL REHABILITATION SERVICES (DHS 36.14)

☐	☐	1.	Completion of a department-approved functional screen (DHS 36.14)
		a.	Written consent for Functional Screen if consumer is a minor (Medical Assistance Requirement)
☐	☐	b.	Documentation of functional eligibility for CCS
☐	☐	2.	Has a diagnosis of a mental disorder or a substance use disorder
☐	☐	3.	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:
☐	☐	a.	Group 1'. 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.
☐	☐	b.	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.
☐	☐	4.	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.
☐	☐	a.	The applicant shall be given written notice of the determination and referred to a non-CCS program.
☐	☐	b.	The applicant may submit a written request for a review of the determination to the department. (3b)

Notes: