

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

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

SERVICE PLANNING AND DELIVERY PROCESSES DHS 36.17

Yes	No	Initial Completion Date:	Dates Updated: (minimum every 6 months):
<input type="checkbox"/>	<input type="checkbox"/>	1. Completed within 30 days of receipt of an application for services (2)	
<input type="checkbox"/>	<input type="checkbox"/>	2. if the Service Plan was not completed within 30 days, the specific reason was documented	
<input type="checkbox"/>	<input type="checkbox"/>	3. Documentation that the planning process was facilitated by the service facilitator in collaboration with the consumer and recovery team	
<input type="checkbox"/>	<input type="checkbox"/>	4. Documentation that the planning process was explained to the consumer (2c)	
<input type="checkbox"/>	<input type="checkbox"/>	5. The plan addresses the needs and recovery goals identified in the assessment (2d)	
<input type="checkbox"/>	<input type="checkbox"/>	6. Discharge criteria ("Discharge from the CCS shall be based on the discharge criteria in the service plan" (5)(a))	
<input type="checkbox"/>	<input type="checkbox"/>	7. The service plan includes a description of all of the following: (2m)	
<input type="checkbox"/>	<input type="checkbox"/>	a. The service facilitation activities that will be provided (2m)1	
<input type="checkbox"/>	<input type="checkbox"/>	b. The psychosocial rehabilitation and treatment services to be provided to or arranged for the consumer, including the schedules and frequency of services provided. Psychosocial rehabilitation and treatment services are: (2m)2	
<input type="checkbox"/>	<input type="checkbox"/>	I. Provided in the most natural and least restrictive manner and most integrated settings practicable (4a)	
<input type="checkbox"/>	<input type="checkbox"/>	II. Delivered with reasonable promptness (4a)	
<input type="checkbox"/>	<input type="checkbox"/>	III. Build upon the natural supports available in the community (4a)	
<input type="checkbox"/>	<input type="checkbox"/>	IV. Provided with sufficient frequency to support achievement of goals identified in the service plan. (4b)	
<input type="checkbox"/>	<input type="checkbox"/>	V. Documentation of the services are included in the service record of the consumer. (4c)	
<input type="checkbox"/>	<input type="checkbox"/>	c. The service providers and natural supports who are or will be responsible for providing the consumer's treatment, rehabilitation, or support services and the payment source for each. (2m)3	
<input type="checkbox"/>	<input type="checkbox"/>	d. Measurable goals and type and frequency of data collection that will be used to measure progress toward desired outcomes. (2m)4. Include start date of services (suggested, not required by DHS 36)	
<input type="checkbox"/>	<input type="checkbox"/>	8. The completed service plan is signed by the consumer, a mental health or substance abuse professional, and the service facilitator. (2mc)	
<input type="checkbox"/>	<input type="checkbox"/>	9. The service plan has been reviewed/updated at least every 6 months. The reviews include: (3)	
<input type="checkbox"/>	<input type="checkbox"/>	a. An assessment of the progress toward goals (3)	
<input type="checkbox"/>	<input type="checkbox"/>	b. Consumer satisfaction with services (3)	
<input type="checkbox"/>	<input type="checkbox"/>	c. Original, updated, and partially completed service plans are maintained in the consumer's service record	
<input type="checkbox"/>	<input type="checkbox"/>	d. Authorization of services by a Mental Health Professional and Substance Abuse Professional if substance abuse services will be provided. (MA Requirement – ForwardHealth update June 2014-42, pg. 15)	

Notes:

ATTENDANCE ROSTER DHS 36.17 (2mb) and DHS 36.18 (3b)

<input type="checkbox"/>	<input type="checkbox"/>	1. The consumer's record shall include attendance rosters from service planning sessions (DHS 36.18(3b))
<input type="checkbox"/>	<input type="checkbox"/>	2. An attendance roster shall
<input type="checkbox"/>	<input type="checkbox"/>	a. Be signed by each person, including recovery team members in attendance at each service planning meeting (2mb)
<input type="checkbox"/>	<input type="checkbox"/>	b. Include the date of the meeting (2mb)
<input type="checkbox"/>	<input type="checkbox"/>	c. Include the name, address, and telephone number of each person attending the meeting (2mb)
<input type="checkbox"/>	<input type="checkbox"/>	d. Signatures from everyone present (2mb)

Notes:

CRISIS PLAN

1. A crisis plan has been completed
2. Crisis plan updated within past 6 months
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Notes:
