**SAMPLE CCS Service Facilitator “First 30 Days” Checklist**

*Following are sample checklists that counties may consider utilizing or adapting as part of the Quality Assurance process.*

**[ ]** DHS 36.19(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).

1. **[ ]** Functional Screen Completed
2. [ ]  Before billing any time to Medicaid, the following must be completed:
	1. [ ]  CCS Application and Admission Agreement (*30 day window for plan completion begins on date of signature)*
	2. [ ]  Signed prescription for CCS services using valid mental health / substance use diagnosis.
		* ADULTS: Mental health diagnosis must be made by an MA-eligible psychiatrist OR psychologist
		* CHILDREN: Diagnosis must be made by an MA-eligible psychiatrist, psychologist, physician, LCSW, or LPC.
		* ALL SUBSTANCE USE: A diagnosis from a licensed substance abuse professional (SAC-IT, SAS, SAC, or CSAC)
	3. [ ]  Documentation of Need / Authorization of Services signed by the Mental Health Professional (the applicant has or may have a substance-use disorder, a substance abuse professional shall also sign the authorization for services).
3. [ ]  Before the first Team Meeting
	1. Meet with the consumer –
		* explain assessment process and work through the Comprehensive Assessment
		* Discuss Recovery Team membership (must include MHP, SUP (if applicable), Service Facilitator, and Consumer)
	2. Contact other providers and possibly natural supports to obtain additional information needed to complete the Comprehensive Assessment and discuss team membership
	3. Complete the Assessment Summary with the Consumer – review with mental health and/or substance use professional
	4. Obtain signatures on the Assessment Summary from individuals who participated in the assessment interviews / process (this could be done at a team meeting)
4. [ ]  Schedule initial team meeting *(to be held within 30 days of application signature date).* If possible, the Mental Health Professional (MHP), and/or Substance Use Professional (SUP), should participate in this meeting!!
5. [ ]  Complete the following at initial team meeting:
	1. Roles, strengths, and goals exercise
	2. Explain the recovery planning process
	3. Review summary of consumer’s priorities, measurable goals, and potential service/intervention options discussed (Assessment Summary)
	4. Complete initial recovery plan
	5. Obtain signatures on the recovery plan and the Service Planning Meeting Roster
6. Provide consumer with copies of the signed recovery plan.
7. Documentation of the service plan shall be available to all members of the recovery team (DHS 36.17(2m)(d))

**SAMPLE CCS Service Facilitator 6-Month Review**

1. [ ]  Verify Medicaid eligibility
2. [ ]  Update assessment and assessment summary with Consumer (and possibly team) with involvement of / guidance from the mental health professional and/or substance use professional.
3. [ ]  Review current team members with consumer / parents and update team selection if changes are requested.
4. [ ]  Schedule a team meeting
5. [ ]  Complete the following at team meeting:
	1. [ ]  Review current goals and progress being made toward the goals.
	2. [ ]  Review services and interventions and if there is a need to change them.
	3. [ ]  Review any new needs from the assessment summary update
	4. [ ]  Develop new objectives and interventions, as needed, based on the consumer’s goals
	5. [ ]  Obtain signatures on the recovery plan from those who participated in the meeting.
	6. [ ]  Obtain signatures on Service Planning Meeting Roster.
6. [ ]  Provide consumer with copies of the signed recovery plan and crisis plan
7. [ ]  Documentation of the service plan shall be available to all members of the recovery team (DHS 36.17(2m)(d))

**SAMPLE CCS Service Facilitator CCS Annual Review**

1. [ ]  Verify Medicaid eligibility
2. [ ]  Obtain the following forms:
	1. [ ]  Signed prescription for CCS
	2. [ ]  CLTS Informed Consent OR Adult Consent for MH / AODA Functional Screen
	3. [ ]  Renew applicable releases of information (primary care provider, schools, family members etc.)
3. [ ]  Update functional screen and enter any changes since last screen and calculate eligibility.
	1. [ ]  if consumer is no longer eligible, contact the consumer to discuss. Written notice must be provided as well as a referral to other services and supports.
4. [ ]  Thorough review and update of the comprehensive assessment with the consumer (if there have been significant changes, a new comprehensive assessment may be completed)
5. [ ]  Complete the Assessment Summary with the Consumer – review with mental health and/or substance use professional
6. [ ]  Review current team members with client / parents and update team selection if changes are requested.
7. [ ]  Schedule a team meeting.
8. [ ]  Complete the following at team meeting:
	1. [ ]  Review current goals and progress being made toward the goals.
	2. [ ]  Review services and interventions and if there is a need to change them.
	3. [ ]  Review any new needs from the assessment summary update
	4. [ ]  Develop new objectives and interventions, as needed, based on the consumer’s goals
	5. [ ]  Obtain signatures on the recovery plan from those who participated in the meeting.
	6. [ ]  Obtain signatures on Service Planning Meeting Roster.
9. [ ]  Provide consumer with copies of the signed recovery plan and crisis plan
10. [ ]  Documentation of the service plan shall be available to all members of the recovery team (DHS 36.17(2m)(d))

**Service Facilitator**

**Documentation of Service Time**

1. Screening and Assessment

* completion of initial and annual functional screens
* completion of the initial comprehensive assessment and ongoing assessments as needed

2. Service Planning

* the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member.
* The service plan must be reviewed and updated based on the needs of the member or at least every six months.
* The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.

3. Service facilitation

* activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner.
* ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning.
* assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.
* coordinating a member’s crisis services, but not actually providing crisis services.
* For minors it includes advocating, and assisting the minor’s family in advocating, for the minor to obtain necessary services. Service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.

*Service Facilitators may use other codes in the service array if they are providing a service to the client outlined in the recovery plan. See service array for full detail.*