

This is a sample form developed by the "CCS Statewide QA/QI Work Group", and is available to CCS sites as a sample for consideration of use, modification, and customization. There is no implicit or explicit guarantee that this document meets the requirements for CCS as outlined in DHS 36, Medicaid, or other applicable laws, rules, or regulations. Individual counties and tribes are responsible for developing their own forms and ensuring adherence to all applicable laws, rules, and regulations. The hope is that this working draft is modified based on the experiences and expertise of state, county, and tribal partners, and as new information becomes available.

## Physician Prescription for Comprehensive Community Services

Consumer's Name: *Enter Consumer's Name*

Date of Birth: *Enter DOB*

Comprehensive Community Services (CCS) is a voluntary program for individuals with mental health and/or substance abuse disorder needs.

CCS provides psychosocial rehabilitative services including but not limited to: service planning, specialized evaluations, medication management, physical health monitoring, peer support, individual skill development, employment-related skill training, psychoeducation, wellness management, psychotherapy, and substance abuse treatment. *Enter Consumer's Name* could benefit from psychosocial rehabilitative services to assist them in their functioning and to better meet their needs.

Psychiatric and/or Substance Use Disorder Diagnoses:

*Click here to enter Diagnosis*

*Click here to enter Diagnosis*

*Click here to enter Diagnosis*

*Click here to enter Diagnosis*

I, the undersigned, prescribe Comprehensive Community Services for *Enter Consumer's Name*

X

\_\_\_\_\_  
Psychiatrist/Physician Signature

\_\_\_\_\_  
Date

*Enter name of Psychiatrist/Physician*

Printed Name of Psychiatrist/Physician\*

*Psychiatrist/Physician License Number*

Psychiatrist/Physician License Number (*not required, but recommended*)

This prescription is considered current until otherwise revoked, or upon discharge from CCS.

*\*Please note: The Psychiatrist/Physician must be a Medicaid-enrolled provider.*