

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.

Comprehensive Community Services (CCS) Assessment Summary

Consumer's Name: Consumer's Name

Date of Birth: Date of Birth

Service Facilitator: Service Facilitator

Date of Application for CCS: Application Date

Dates of Completion and Updates:

Date the assessment process was explained to the consumer: Enter date

If the assessment process was abbreviated, please select which of the following circumstances applied:

- The consumer's health or symptoms are such that only limited information can be obtained immediately. Notes/Explanation: Enter notes/explanation
- The consumer chooses not to provide information necessary to complete a comprehensive assessment at the time of application. Notes/Explanation: Enter notes/explanation
- The consumer is immediately interested in receiving only specified services that require limited information. Notes/Explanation: Enter notes/explanation

Completion date of abbreviated assessment *(if applicable)*: Enter date

Expiration date of abbreviated assessment *(if applicable)*: 3 months from application date

Completion of comprehensive assessment: Comprehensive assessment completion date

Assessment Updates: Dates updated

Signatures

Individuals Participating in the Assessment	Relationship to the Consumer	Meeting Dates / Dates participating in the Assessment	Signature <i>The assessment process was explained to me, and I was part of the assessment process.</i>	Signature Date
Consumer	Relationship	Dates		
Parent/Guardian	Relationship	Dates		
Service Facilitator	Relationship	Dates		
Mental Health Professional	Relationship	Dates		
Other Support	Relationship	Dates		
Other Support	Relationship	Dates		

Information on which outcomes and service recommendations are based

- | | |
|--|--|
| <input type="checkbox"/> Internal Records | <input type="checkbox"/> Consumer Contacts |
| <input type="checkbox"/> External Records | <input type="checkbox"/> Face-to-face |
| <input type="checkbox"/> Collateral Contacts | <input type="checkbox"/> Text |
| <input type="checkbox"/> Face-to-face | <input type="checkbox"/> Email |
| <input type="checkbox"/> Text | <input type="checkbox"/> Phone |
| <input type="checkbox"/> Email | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Other: | |

Summary of Consumer Priorities and Measurable Goals

Date	Domains with Consumer Priorities	Summary of Consumer's Priorities	Consumer's Desired Outcomes / Measurable Goals	Options for Treatment, Psychosocial Rehabilitation Services, and Self-Help Programs Discussed
	Domain	Priority <input type="checkbox"/> Work on it now <input type="checkbox"/> Wait/maybe later	Desired outcome/measurable goal	Options discussed
	Domain	Priority <input type="checkbox"/> Work on it now <input type="checkbox"/> Wait/maybe later	Desired outcome/measurable goal	Options discussed
	Domain	Priority <input type="checkbox"/> Work on it now	Desired outcome/measurable goal	Options discussed

			<input type="checkbox"/> Wait/maybe later		
	Domain	Priority	<input type="checkbox"/> Work on it now <input type="checkbox"/> Wait/maybe later	Desired outcome/measurable goal	Options discussed
	Domain	Priority	<input type="checkbox"/> Work on it now <input type="checkbox"/> Wait/maybe later	Desired outcome/measurable goal	Options discussed
	Domain	Priority	<input type="checkbox"/> Work on it now <input type="checkbox"/> Wait/maybe later	Desired outcome/measurable goal	Options discussed
	Domain	Priority	<input type="checkbox"/> Work on it now <input type="checkbox"/> Wait/maybe later	Desired outcome/measurable goal	Options discussed
	Domain	Priority	<input type="checkbox"/> Work on it now <input type="checkbox"/> Wait/maybe later	Desired outcome/measurable goal	Options discussed
	Domain	Priority	<input type="checkbox"/> Work on it now <input type="checkbox"/> Wait/maybe later	Desired outcome/measurable goal	Options discussed
	Domain	Priority	<input type="checkbox"/> Work on it now <input type="checkbox"/> Wait/maybe later	Desired outcome/measurable goal	Options discussed
	Domain	Priority	<input type="checkbox"/> Work on it now <input type="checkbox"/> Wait/maybe later	Desired outcome/measurable goal	Options discussed
	Domain	Priority	<input type="checkbox"/> Work on it now <input type="checkbox"/> Wait/maybe later	Desired outcome/measurable goal	Options discussed

Significant differences of opinion, if any, which are not yet resolved among members of the recovery team:

- The following differences of opinion exist:
- There are no differences of opinion at this time