

Clients Name _____

REF_ID in CCW _____

| | | | |
|-------------------|--|------|--|
| Date of Placement | | 12mo | |
| 3mo | | 15mo | |
| 6mo | | 18mo | |
| 9mo | | 21mo | |

Prior To Admission & At Admission

| What? | Where? | Complete |
|--|---|----------|
| Enter Facility Data | Facility Info/Enter New Facility | |
| Referral Placement Date | Admission/Referral Placement | |
| Check All data on Referral Intake Page | Prior To Admission/Referral Intake | |
| Admission Criteria Checklist | Prior To Admission/Admission Criteria Checklist | |
| CALOCUS Score | Prior to Admission/CALOCUS | |
| CGAS Score | Admission/CGAS | |
| Medications (what was taken on first day of placement, Med changes during treatment must be entered) | | |
| Diagnosis (what is on uploaded CCA, changes to Diagnosis must have uploaded CCA) | | |
| CCA (signed and uploaded) | Prior To Admission/Upload Forms | |
| PCP & Crisis Plan (signed and uploaded) | Prior To Admission/Upload Forms | |
| Initial Authorization (uploaded) | Prior To Admission/Upload Forms | |
| EPSDT (signed and uploaded) | Prior To Admission/Upload Forms | |
| Consent Form | Discharge/Upload Forms | |
| The referral placement date must reflect the day that treatment started. This date sets all the subsequent interval periods. | | |

Weekly

| What | Where? | Complete |
|------------------------------------|-------------------------------------|----------|
| Behavior Checklist | Intervals /Daily Behavior Checklist | |
| Attendance (daily census/location) | Intervals/Attendance calendar | |

At 90 Intervals

| What? | Where? | Complete |
|---|----------------|----------|
| CGAS Score | Intervals/CGAS | |
| Daily contact must occur. Data shall be entered in database under Daily Behavior Checklist. Location data shall be entered under attendance calendar. | 3mo | |
| | 6mo | |
| | 9mo | |
| | 12mo | |
| | 15mo | |
| | 18mo | |
| | 21mo | |

At Discharge Discharge Date _____

| What? | Where? | Complete |
|--|---|----------|
| MHSIP Surveys (YSS & YSS-F) | Discharge/MHSIP | |
| Update Medications/diagnosis | Discharge/Medications/Diagnosis at Discharge | |
| CALOCUS Score | Discharge/CALOCUS | |
| CGAS Score | Discharge/CGAS | |
| Confirm Consent-information correct | Discharge/Upload Forms | |
| Discharge Summary Form | Discharge/Discharge Summary Form | |
| Admission Criteria Checklist (discharge) | Prior To Admission/Admission Criteria Checklist | |

Check all data on Referral Intake Page

Overall review the accuracy of information, boxes, demographics upon admission (or within 5 business days). Below are some common errors that get overlooked or are incorrect during compliance reviews.

- IAFT Treatment Information (Complete after Admission): or change as staffing/caseload changes
- Legal Guardian: Correct type is chosen, if DSS- then also check radio button for DSS involved
- Client Information: IQ score or functional status radio button checked ;approx. number of Out of Home placements (just update if you learn a more accurate number or if it is blank)
- Diagnosis: Ensure that DSM-5 rankings match the documents uploaded. For example if the CCA, Crisis Plan and PCP all have PTSD, ADHD and Asthma- we would expect that CCW matches this information. Ensure all documents on file and any new changes are reflected in CCW upon admission and throughout treatment duration.
- Medications: Ensure medications match current Crisis Plan and MAR. Update medications throughout treatment as changes are made. Ensure psychotropic medications are noted with check box (Is Psychotropic). If you are unsure hover over the blue writing and validate against pop up list.

Discharge Summary Form

- Ensure ROLES score is entered
- Ensure completed information by answering as many questions as possible (admit date should match placement date, discharge date should match last day on attendance calendar)
- Please give 2-3 brief summary on nature of discharge/lateral move.
- If your agency is not listed leave the radio button's blank