COMPREHENSIVE COMMUNITY SUPPORT SERVICES (CFT)
H2015

Provider:		Member ID:	
Review Date:		Reviewer Name:	

1.	Is there a current assessment that establishes medical necessity for this service?	3	0		
2.	Do signature, dates and/or other documentation support direct participation by consumer/guardian in treatment planning?	3	0		
3.	Are Treatment Plan goals and objectives commensurate with the time spent in the CFT program?	3	2	1	0
4.	Are Treatment Plan goals and objectives based on the current assessed need as reflected in the consumer record and the authorization request?	3	2	1	0
5.	Are there realistic projected achievement dates for the objectives on the Treatment Plan?	3	2	1	0
6.	Is there a Treatment Plan review that includes: • whether timelines for completion were met • whether a decision to either continue or modify the plan was made • a summary of treatment or training provided • progress toward achievement of objectives • problems which impede treatment/progress whether consumer or center based?	3	2	1	0
7.	Was the planning situation an instance of one or more of the following: • Psychosis • Major Affective Disorder • and/or Prescription of any Psychotropic Medication? If yes, was either the physician or licensed psychologist present? If no, was the plan signed within 72 hours? Note: For clinic services there <u>must</u> be a physician's signature.	3	0		
8.	Is the Treatment Plan modified when significant changes in the consumer's clinical status are documented?	3	0		
9.	Is there evidence that the service provides opportunities for consumers to practice and use their skills in a community setting?	3	2	1	0
10.	Are program activities individualized to the consumer's age, interests and aptitude?	3	2	1	0
11.	Do daily notes document the consumer's symptoms and level of functioning during group activities?	6	4	2	0
12.	Is the consumer's response during group activities documented with details?	3	2	1	0

No.	Question				
13.	Is the consumer's level of participation during group activities documented with details?	3	2	1	0
14.	Is there a daily note that includes: • a specific description of the activity and • the relationship of the specific activity to the consumer's Treatment Plan objectives?	3	2	1	0
15.	Is there a daily note that includes: • total time in attendance • date • signature with credentials • place of service?	3	2	1	0
16.	Is the service consistent with the service definition and/or best practice?	3	2	1	0

Total Score = _____ [Possible 51]