

# Adult CM

1. Adult Targeted CM 01\* Was the adult recipient certified as requiring mental health targeted case management services by a targeted case manager and targeted case manager's supervisor?
2. Adult Targeted CM 02\* Was the Adult Certification, Adult Mental Health Targeted Case Management form completed within 30 days of the initial date of service?
3. Adult Targeted CM 03\* Is the Certification, Adult Mental Health Targeted Case Management form signed and dated by the mental health targeted case manager?
4. Adult Targeted CM 04\* Is the Certification, Adult Mental Health Targeted Case Management form signed and dated by the mental health targeted case manager's supervisor?
5. Adult Targeted CM 05\* Is the adult enrolled in a Department of Children and Families (DCF) adult mental health target population (18 years and older)?
6. Adult Targeted CM 06\* Does the adult have a mental health disability (i.e., severe and persistent mental illness) that requires advocacy and coordination of services to maintain or improve level of functioning?
7. Adult Targeted CM 07\* Does the adult require services to assist in attaining self sufficiency and satisfaction in the living, learning, work and social environments of choice?
8. Adult Targeted CM 08\* Does the adult lack a natural support system for accessing needed medical, social, educational, and other services?
9. Adult Targeted CM 09\* Does the adult require ongoing assistance to access or maintain needed care consistently within the service delivery system?
10. Adult Targeted CM 10\* Does the adult have a mental health disability (i.e., serious emotional disturbance) that based upon professional judgment, will last for a minimum of one year?
11. Adult Targeted CM 11\* Are these the only case management services being provided? Note: The adult must not be receiving duplicate case management services from another provider.
12. Adult Targeted CM 12\* Does the recipient meet at least one of the five specified requirements? See help for list of specified requirements.
13. Assessment 01\* Was the assessment completed within the first 30 days of received services? See help.
14. Assessment 02\* Was the assessment completed prior to the development of the service plan? See help.
15. Assessment 03\* Was at least one home (recipient's residence) visit made to evaluate the safety and well being of the recipient before the assessment was completed?
16. Assessment 04\* If home visit was not possible, was there a face-to-face interview in another setting?

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17. Assessment 05\* If home visit was not possible, is there written justification in the case record explaining why the home visit was not made?
18. Assessment 06\* If home visit was not possible, did the case manager and his/her supervisor sign the written justification?
19. Assessment 07\* Does the assessment include information from the recipient?
20. Assessment 08\* Does the assessment include information from the agency or individual who referred the recipient from mental health targeted case management services?
21. Assessment 09\* Does the assessment include information from the recipient's family and friends (with appropriate consent)?
22. Assessment 10\* Does the assessment include information from other agencies that are providing services to the recipient, if applicable?
23. Assessment 11\* Does the assessment include information from the school district (for under age of 18 or still attending school)?
24. Assessment 12\* Does the assessment include information from previous treating providers, including inpatient and outpatient treatment?
25. Assessment 13\* If information is not obtained from previous providers, is there written justification in the recipient's care record?
26. Assessment 14\* Does the assessment include presenting problem(s)?
27. Assessment 15\* Does the assessment include history?
28. Assessment 16\* Does the assessment include legal representative's and family's assessment of his or her situation (with appropriate consent)?
29. Assessment 17\* Does the assessment include psychiatric and medical history including medications and side effects?
30. Assessment 18\* Does the assessment include recipient's current and potential strengths?
31. Assessment 19\* Does the assessment include resources that are available to the recipient through his natural support system?
32. Assessment 20\* Does the assessment include recipient's school placement, adjustment and progress, if applicable?

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33. Assessment 21\* Does the assessment include recipient's relationship with his family and significant others?
34. Assessment 22\* Does the assessment include identification and effectiveness of services currently being provided?
35. Assessment 23\* Does the assessment include assessment of the recipient's needs and functioning abilities in mental health maintenance and abstinence from substance abuse or use?
36. Assessment 24\* Does the assessment include assessment of the recipient's needs and functioning abilities in family support and family education?
37. Assessment 25\* Does the assessment include assessment of the recipient's needs and functioning abilities in education, vocational, or job training?
38. Assessment 26\* Does the assessment include assessment of the recipient's needs and functioning abilities in housing, food clothing, and transportation?
39. Assessment 27\* Does the assessment include assessment of the recipient's needs and functioning abilities in medical and dental services?
40. Assessment 28\* Does the assessment include assessment of the recipient's needs and functioning abilities in legal assistance?
41. Assessment 29\* Does the assessment include assessment of the recipient's needs and functioning abilities in development of environmental supports through support groups, peer groups, activities, community services, friends, landlords, employers etc?
42. Assessment 30\* Does the assessment include assessment of the recipient's needs and functioning abilities in assistance with establishing financial resources?
43. Assessment 31\* Are supporting documents (e.g., copies of findings, evaluations and discharge summaries) gathered to complete the assessment filed in the recipient's case record?
44. Assessment 32\* Has the assessment been updated annually?
45. Case Notes 01\* Do case notes include case manager's name?
46. Case Notes 02\* Do case notes include case manager's signature and title (including date) ?
47. Case Notes 03\* Do case notes include the date of service?
48. Case Notes 04\* Do case notes include recipient's name?

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49. Case Notes 05\* Do case notes include service provided?
50. Case Notes 06\* Do case notes include services beginning and ending times on the clock (e.g., 2:00 to 3:25 p.m.)?
51. Case Notes 07\* Do case notes include location of service?
52. Case Notes 08\* Do case notes include updates when changes occur? See help.
53. Case Notes 09\* Do case notes clearly reflect how the case manager's efforts are linked to the services and goals in the service plan?
54. Case Notes 10\* Do case notes describe the recipient's progress or lack of progress relative to the service plan?
55. Case Notes 11\* Do case notes explain the circumstances requiring the provision of services by a substitute case manager, if applicable?
56. Case Notes 12\* If more than one contact, to a recipient, is made in a day, are all contacts summarized in one case note?
57. Intensive CM 01\* Was the recipient certified as requiring intensive case management team services by the mental health case manager and targeted case manager's supervisor?
58. Intensive CM 02\* Is the Adult Certification, Intensive Case Management Team Services, Adult Mental Health Targeted Case Management form completed within 30 days of the initial date of service?
59. Intensive CM 03\* Is the Adult Certification, Intensive Case Management Team Services, Adult Mental Health Targeted Case Management form signed and dated by the mental health targeted case manager and the case manager's supervisor?
60. Intensive CM 04\* Is justification of eligibility documented in the recipient's case record?
61. Intensive CM 05\* Is the adult enrolled in a Department of Children and Families (DCF) adult mental health target population (18 years and older)?
62. Intensive CM 06\* Does the recipient meet at least one of four specified requirements? See help for list of specified requirements.
63. Review Service Plan 01\* Does review of the service plan assess the recipient's progress and continued need for services?
64. Review Service Plan 02\* Does review of the service plan assess the recipient's continued eligibility for services?

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65. Review Service Plan 03\* Does review of the service plan include clearly documented activities and discussions as part of the review process?
66. Review Service Plan 04\* Did the recipient sign and date the service plan review?
67. Review Service Plan 05\* Did the case manager sign and date the service plan review?
68. Review Service Plan 06\* Did the case manager's supervisor sign and date the service plan review?
69. Review Service Plan 07\* Was the service plan reviewed no less than every six months? See help.
70. Service Plan 01\* Was an individualized service plan written within 30 days of initiation of services by the case manager or case management team?
71. Service Plan 02\* Does the service plan include measurable short and long-term goals?
72. Service Plan 03\* Does the service plan outline the comprehensive strategy for assisting the recipient in achieving the identified goals?
73. Service Plan 04\* Was the service plan developed in partnership with the recipient and the recipient's parent, guardian, or legal custodian, if applicable?
74. Service Plan 05\* Does the service plan describe the recipient's service needs and the activities that the case manager will undertake in partnership with the recipient?
75. Service Plan 06\* Does the service plan have identified timeframes for achievement of goals?
76. Service Plan 07\* Does the service plan include the name of the individual or agency responsible for providing the specific assistance or services?
77. Service Plan 08\* Is the service plan consistent with the recipient's treatment plan(s)?
78. Service Plan 09\* Is the service plan signed and dated by the recipient? See help.
79. Service Plan 10\* Is the service plan signed and dated by the recipient's parent, guardian or legal custodian (if under 18 years of age)? See help.
80. Service Plan 11\* Is the service plan signed and dated by the recipient's case manager, including title?

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81. Service Plan 12\* Is the service plan signed and dated by the case manager's supervisor, including title?

82. Service Plan 13\* Is the service plan retained in the recipient's case record?