

## CCO MONITORING TOOL

Guidance: LBHA/CSA **will** complete.

**Current Certificate of Approval Effective Date:**

**Accreditation** (not required):      None      ACHC      COA      CARF      TJC      Expiration Date:

**Contract Type:**  Fee-for-Service

**Date of Monitoring Visit:**

**Release of Last Procurement:**

**Date of Last Monitoring Visit:**

**Contract/Memorandum of Understanding Period:**

**Contract/Memorandum of Understanding Number:**

**Monitoring Visit Attendees** (Monitors, CCO Representatives, BHA Representatives, Guests, etc.):

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**Checklist of Actions Completed:**

Section 1 - Policies & Procedures Review

Section 2 - Personnel Record Review

Section 3 - Maryland Youth Care Coordinator Training Series Review

Section 4 - Deliverables Review

Section 5 - Chart Review (All Levels)

Section 6 - Chart Review (1915i)

Section 7 – Summary

Other Review (if so, please attach):

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**Summary of Overall Results included in Section 7:**      Yes      No

## Section 1 - Policies & Procedures Review

Guidance: At the LBHA/CSA discretion, the CCO **may** complete all columns prior to the monitoring visit. LBHA/CSA **will** verify at monitoring visit.

Policies and Procedures	Available for Review		Complete & Accurate		Posted (if applicable)	
	Yes	No	Yes	No	Yes	No
Consent, Orientation and Advanced Directives <b>10.21.17.04</b>	Yes	No	Yes	No	<input checked="" type="checkbox"/>	N/A
Employee Orientation <b>10.21.17.11</b>	Yes	No	Yes	No	<input checked="" type="checkbox"/>	N/A
Rights and Responsibility <b>10.21.17.15</b>	Yes	No	Yes	No	<input checked="" type="checkbox"/>	N/A
Records <b>10.21.17.08</b>	Yes	No	Yes	No	<input checked="" type="checkbox"/>	N/A
Staff Credentials and Competencies <b>10.21.17.14; 10.09.90.10</b>	Yes	No	Yes	No	<input checked="" type="checkbox"/>	N/A
Clinical Supervision <b>10.21.17.11; 10.09.90.10</b>	Yes	No	Yes	No	<input checked="" type="checkbox"/>	N/A
Program Model <b>10.21.17.07</b>	Yes	No	Yes	No	<input checked="" type="checkbox"/>	N/A
Plan of Care <b>10.09.90.12</b>	Yes	No	Yes	No	<input checked="" type="checkbox"/>	N/A
Training <b>10.09.90.10; <a href="#">MD YCC Training Requirements (08/03/22)</a></b>	Yes	No	Yes	No	<input checked="" type="checkbox"/>	N/A
Reportable Events <b><a href="#">YCC 1915i Reportable Events Form</a></b>	Yes	No	Yes	No	<input checked="" type="checkbox"/>	N/A
Crisis Response <b>10.09.90.14</b>	Yes	No	Yes	No	<input checked="" type="checkbox"/>	N/A
Customized Goods and Services <b><a href="#">TCM Plus Referral Guide</a></b>	Yes	No	Yes	No	<input checked="" type="checkbox"/>	N/A
Job Description <b>10.09.90.10</b>	Yes	No	Yes	No	<input checked="" type="checkbox"/>	N/A
Complaints and Grievances <b>10.21.17.16-17</b>	Yes	No	Yes	No	Yes	No
Substance Use/Drug Policy <b>10.21.17.09</b>	Yes	No	Yes	No	Yes	No
Criminal and CPS Background Check <b>10.09.90.08C(1) &amp; 10.09.89.08C(1)</b>	Yes	No	Yes	No	<input checked="" type="checkbox"/>	N/A

## Section 2 - Personnel Record Review

Guidance: At the LBHA/CSA discretion, the CCO **may** complete all columns prior to the monitoring visit. LBHA/CSA **will** verify at monitoring visit. If a column is not applicable, write in "N/A" so there are no blanks. It is **recommended** the LBHA/CSA obtain copies of the licenses/certificates for those staff required to be certified and/or licensed during or prior to the monitoring visit. It is **recommended** the LBHA/CSA obtain copies of CANS renewals for all staff during or prior to the monitoring visit. Identify all new staff hired after the last documented monitoring visit with an asterisk (\*) symbol.

Name (*Denotes New)	Title	License # and Expiration Date (if applicable)	Current Caseload Size <small>10.09.90.10A(6) (supervisors only)</small>	Date of Hire ----- Date of Departure (MM/DD/YY)	Criminal Background Check <small>10.09.90.08C state (MM/DD/YY) nat'l (MM/DD/YY)</small>	CPS Background <small>10.09.89.08C(1) (MM/DD/YY)</small>	Waiver required? <small>10.09.90.08E</small>	Biannual CPR & First Aid	Annual CANS	Compliant with Training Plan?
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No
							Yes No	Yes No	Yes No	Yes No

### Section 3 - Maryland Youth Care Coordinator Training Series

**Guidance:** At the LBHA/CSA discretion, the CCO *may* complete all columns prior to the monitoring visit. LBHA/CSA *will* verify at monitoring visit. Complete all columns for all staff members employed with the CCO during the current fiscal year prior to the monitoring visit. If a training is not applicable, write “N/A” so there are no blanks. Identify all new staff hired after the last documented monitoring visit with an asterisk (\*) symbol. For any staff previously reviewed, the LBHA/CSA is required to review trainings completed after the last documented monitoring visit only. Training timeline effective 08/03/2022 ([MD YCC Training Requirements](#)).

Name (* Denotes New Staff)									
Date of Hire (MM/DD/YY)									
Date of Departure (MM/DD/YY)									
<b>Date (MM/DD/YY) completed must be within first 30 days of hire</b>	<b>Early Childhood, Child &amp; Adolescent Development</b>								
	<b>Working with Transition Age Youth</b>								
	<b>Understanding School Language</b>								
	<b>Mental Health 101</b>								
	<b>An Introduction to Adolescent Substance Use</b>								
	<b>Best Practices in Transitions</b>								
	<b>Professional Conduct: Ethics, Confidentiality, &amp; Cultural Competence</b>								
	<b>Core Principles/ Values &amp; Maryland State Regulations</b>								
<b>Date (MM/DD/YY) completed must be within first 90 days of hire</b>	<b>Orienting Families to Care Coordination &amp; the Family Needs Assessment</b>								
	<b>Developing an Effective Plan of Care</b>								
	<b>Building an Effective Youth &amp; Family Team</b>								
	<b>Facilitating Constructive Youth &amp; Family Team Meetings</b>								
	<b>Supervising Youth Care Coordinators: Guidelines &amp; Best Practices</b>								

<b>Date (MM/DD/YY) completed must be within first 180 days of hire</b>	<b>Implementing, Monitoring, &amp; Adapting the Plan of Care</b>								
	<b>Maintaining a Strengths-Based &amp; Motivational Stance with Clients</b>								
	<b>Building &amp; Maintaining Strong Partnerships with Community Resources</b>								
	<b>Promoting a Successful Family Transition out of YCC: Sustaining Changes</b>								
	<b>Addressing Youth Care Coordination Challenges</b>								
	<b>Understanding the 1915i Program &amp; Its Practical Implications for Youth Care Coordinators</b>								
<b>Complete ONE of the following within 30 days of the anniversary date of hire (Annually)</b>	<b>Customized Module Completion Plan (developed in consultation &amp; with the approval of your supervisor)</b>								
	<b>Cluster A (4 Modules) **</b>								
	<b>Cluster B (4 Modules) **</b>								
	<b>Cluster C (4 Modules) **</b>								
	<b>Cluster D (4 Modules) **</b>								
	<b>Cluster E (3 Modules) **</b>								
	<b>CC has met BHA's 5 year training req. (3 year training req. for supervisors)</b>	has met 5 or 3 year training req.	has met 5 or 3 year training req.	has met 5 or 3 year training req.	has met 5 or 3 year training req.	has met 5 or 3 year training req.	has met 5 or 3 year training req.	has met 5 or 3 year training req.	has met 5 or 3 year training req.

\*\*One Cluster annually, based on the 5-year plan that is recommended from your online knowledge assessment on [mdbehavioralhealth.com](http://mdbehavioralhealth.com) (knowledge assessment option). Staff members with perfect scores on the knowledge assessment will be directed to complete the clusters in order, A – E (i.e., one cluster per year for 5 years). [Youth Care Coordinator Training Modules](#)


### Section 4 - Deliverables

Guidance: LBHA/CSA **will** verify at monitoring visit. Provide explanation for any partially met\* deliverables in the “COMMENTS” column.

DELIVERABLES	Total YTD	Met	Partially Met*	Not Met	N/A	COMMENTS
Maintain full compliance with all relevant regulations, including <b>COMAR 10.09.89 &amp; 10.09.90</b>	N/A					
Employ CCO staff in a manner consistent with personnel requirements outlined in all relevant regulations including <b>COMAR 10.09.89 &amp; 10.09.90</b> , fully documenting compliance to regulations in staff personnel records	N/A					
Maintain an electronic health record for each youth per <b>10.09.90.09.B(9)</b>	N/A					
Number of Care Coordination provider meetings attended as scheduled (Local, if applicable)	#					
Number of Care Coordination supervisor meetings attended as scheduled (UMD/BHA, if applicable)	#					
CCO Documented Complaints/ Grievances attached per <b>10.21.17.16-17</b>	#					See attached
LBHA/CSA Documented Complaints/ Grievances attached per <b>10.21.17.16-17</b>	#					See attached
Submit Timely Program Reports to LBHA/CSA (if applicable)	QTR 1					
	QTR 2					
	QTR 3					
	QTR 4					

## Section 5 - Chart Review (All Levels)

Guidance: LBHA/CSA **will** verify at monitoring visit. TCM Plus only youth (e.g. private insurance youth) will **not** be included in the review.

Unique Identifier (first name initial, last name initial and 8 digit date of birth)								Where to Find? 
<b>Referral date</b> (MM/DD/YY)								-Review referral for date of submission to provider
<b>Enrollment (authorization) date</b> (MM/DD/YY)								-Date of ASO authorization -Enrollment date on POC
<b>Date (MM/DD/YY) youth contacted to schedule the first face-to-face meeting</b> (contact must occur within 72 hours of enrollment/authorization) <b>10.09.90.09B(4)</b>								-Review contact notes for documented contact of the facilitator to the family to schedule the first face to face visit
<b>Date (MM/DD/YY) consent signed</b> (written agreement for services signed by the youth or the youth's legally authorized representative by the youth's care coordinator) <b>10.09.90.09B(9)(b)</b> (Consent for Services, Orientation, and Advance Directive for Mental Health Services) <b>10.21.17.04</b>								-Review signature date on consent to treat
<b>Date (MM/DD/YY) HIPAA notice signed</b> <b>10.21.17.04</b>								-Review signature date on HIPAA notice
<b>Eligibility verified based on the category for Maryland</b>	<b>Yes</b> <b>No</b> <b>N/A</b>	<b>Yes</b> <b>No</b> <b>N/A</b>	<b>Yes</b> <b>No</b> <b>N/A</b>	<b>Yes</b> <b>No</b> <b>N/A</b>	<b>Yes</b> <b>No</b> <b>N/A</b>	<b>Yes</b> <b>No</b> <b>N/A</b>	<b>Yes</b> <b>No</b> <b>N/A</b>	-Screen print of authorization from ASO system

<b>Medical Assistance</b> (ASO authorization) 10.09.90.03 & 10.09.24							<i>-May also be recorded in contact notes</i>
<b>Diagnosis</b> (Established as evidence of the youth's eligibility for services) 10.09.90.03 & 10.09.90.12A(2)	<b>Yes</b> <b>No</b> <b>N/A</b>	<b>Yes</b> <b>No</b> <b>N/A</b>	<b>Yes</b> <b>No</b> <b>N/A</b>	<b>Yes</b> <b>No</b> <b>N/A</b>	<b>Yes</b> <b>No</b> <b>N/A</b>	<b>Yes</b> <b>No</b> <b>N/A</b>	<i>-Referral form -CON documents -Provisional POC -Crisis Plan</i>
<b>Comprehensive psychosocial assessment completed using the CANS</b> (Initial assessment shall be completed within 10 calendar days after the youth has been authorized as eligible) 10.09.90.09B(8)(a) (Reassessment should be completed every 6 months or as needed) 10.09.90.11E(5)	<b>Initial CANS Date</b> (MM/DD/YY):  <b>Reassess Date(s)</b> (MM/DD/YY):  <b>in compliance</b>	<b>Initial CANS Date</b> (MM/DD/YY):  <b>Reassess Date(s)</b> (MM/DD/YY):  <b>in compliance</b>	<b>Initial CANS Date</b> (MM/DD/YY):  <b>Reassess Date(s)</b> (MM/DD/YY):  <b>in compliance</b>	<b>Initial CANS Date</b> (MM/DD/YY):  <b>Reassess Date(s)</b> (MM/DD/YY):  <b>in compliance</b>	<b>Initial CANS Date</b> (MM/DD/YY):  <b>Reassess Date(s)</b> (MM/DD/YY):  <b>in compliance</b>	<b>Initial CANS Date</b> (MM/DD/YY):  <b>Reassess Date(s)</b> (MM/DD/YY):  <b>in compliance</b>	<i>-Review CANS completion date on each score sheet (initial CANS to be done within 10 calendar days of enrollment)</i>
<b>Level of intensity</b> (Youth may not remain at Level III for longer than 6 consecutive months unless approved by the Department or its designee, e.g. ASO) 10.09.90.04	<b>Level I Date:</b>  <b>Level II Date:</b>  <b>Level III Date:</b>  <b>1915i Date:</b>	<b>Level I Date:</b>  <b>Level II Date:</b>  <b>Level III Date:</b>  <b>1915i Date:</b>	<b>Level I Date:</b>  <b>Level II Date:</b>  <b>Level III Date:</b>  <b>1915i Date:</b>	<b>Level I Date:</b>  <b>Level II Date:</b>  <b>Level III Date:</b>  <b>1915i Date:</b>	<b>Level I Date:</b>  <b>Level II Date:</b>  <b>Level III Date:</b>  <b>1915i Date:</b>	<b>Level I Date:</b>  <b>Level II Date:</b>  <b>Level III Date:</b>  <b>1915i Date:</b>	<i>-CON included in file -ECSII/CASII may be shared in the file with the CCO (at the LBHA/ CSA discretion)</i>

<p><b>Initial face to face</b> (with family evidences administration of the appropriate assessment and shows that an initial crisis plan was developed with youth and family, which includes response to immediate service needs) <b>10.09.90.13D(3)</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><i>-Documented in contact notes &amp; includes initial crisis plan signed by staff &amp; family</i> <i>-Review Initial face-to-face meeting date is within 7 days of enrollment</i></p>
<p><b>Initial CFT meeting occurred within 30 days of enrollment</b> <b>10.09.90.09B(5)</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><i>-Review initial CFT date on POC &amp; the corresponding sign in sheet to verify</i></p>
<p><b>Record &amp; keep notes at every CFT</b> (meeting that include the CFT members who were present, a summary of the discussion, any changes to the POC, and action items for follow up, &amp; share them with the CFT members, including those who were not in attendance) <b>10.09.90.13B</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><i>-Review CFT meeting sign in sheets, POCs &amp; contact notes</i></p>
<p><b>CFT Meetings held</b> Level I - every 6 months Level II - every 3 months Level III - every 45 calendar days <b>10.09.90.13</b> <b>10.09.90.11E(4)(b)-(c)</b> <b>10.09.90.11F(6)(a)-(c)</b> <i>Item repeated in Section 6</i></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><i>-Review CFT meeting sign in sheets for documentation that the team is meeting within the required time frame</i></p>

<p><b>Signatures of the youth &amp; family indicating that the youth &amp; family have:</b>  (a) Participated in the development of the POC &amp; (b) Had choice in the selection of services, providers &amp; interventions, when possible, in the process of building the POC  <b>10.09.90.12A(7)(a)-(b)</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><i>-Review CFT meeting sign in sheets, POCs &amp; contact notes  -A corresponding POC should be developed for each sign in sheet</i></p>
<p><b>Updated POC addresses areas of need identified through comprehensive screening &amp; assessment (CANS) &amp; CFT meetings</b>  (developed based on the information obtained through the comprehensive screening and assessment tools approved by the Department)  <b>10.09.90.11F(1)</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><i>-Review to ensure CANS is completed within time frames (i.e., within 10 days of enrollment &amp; then every 6 months)</i></p>
<p><b>Crisis plan as an element of the POC</b>  (includes the proposed strategies &amp; interventions for preventing &amp; responding to crises &amp; the youth &amp; family's definition of what constitutes a crisis)  <b>10.09.90.12A(4)</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><b>Yes</b> <b>No</b> <b>N/A</b></p>	<p><i>-Crisis plan may be embedded as a section within POC or it may be a standalone document</i></p>

<p><b>Updates to the POC occur within 5 calendar days of the CFT meeting (include change in progress, services, or other areas) 10.09.90.13C Item repeated in Section 6</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><i>-Review signatures on the POC and/or contact notes indicating the updated POC was sent to the team members within 5 days</i></p>
<p><b>POC updated for all youth (within 7 calendar days following a crisis event) 10.09.90.11F(6)(d)</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><i>-Review contact notes and/or reportable events to identify crisis events -Review crisis CFT meeting sign in sheets -For youth who have had crisis events the crisis plan must be reviewed at all crisis CFT meetings &amp; updated based on CFT feedback</i></p>
<p><b>POC includes signatures of the care coordinator &amp; other CFT members, if appropriate 10.09.90.12A(6)</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><i>-Review signatures on the POC</i></p>
<p><b>If not included in the POC, an ongoing record of contacts made on the youth's behalf, which includes all of the following &amp; shall be included in the youth's chart: (1) date, start &amp; end time, and subject of contact; (2) individual contacted; (3) electronic or scanned signature of</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><i>-Review contact notes and/or POC</i></p>


<p>care coordinator making the contact; (4) nature, content &amp; unit or units of service provided; (5) place of service; (6) whether strategies &amp; tasks specified in the POC have been achieved; (7) timeline for obtaining needed services; (8) timeline for reevaluation of the plan; (9) need for &amp; occurrences of coordination with child- and family-serving agencies &amp; providers; (10) names &amp; contact information for the youth's primary care provider, dentist &amp; other health care providers; (11) medications that the youth is currently taking &amp; the dosage and frequency of the medications; &amp; (12) monthly summary notes, which reflect progress made towards the identified needs &amp; outcome measures <b>10.09.90.12B(1)-(12)</b></p>							
<p><b>Referral &amp; Related Activities</b> (Ensure that the youth or, if the youth is a minor, the minor's parent or guardian has applied for, has access to, &amp; is receiving the necessary services available to meet the</p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><i>-Review the strategy section of the POC for coordination of supports &amp; services documentation -Review documentation for updates to progress of each step, (i.e., referral submitted on 12/01/14)</i></p>

youth's needs, such as mental health services, resource procurement, transportation, or crisis intervention) <b>10.09.90.14A</b>							
<b>Monitoring &amp; Follow Up Activities</b> to ensure the activities & contacts that are considered necessary to ensure the POC is implemented & adequately addresses the youth's needs, and include: (1) The youth or, if the youth is a minor, the minor's parent or guardian (2) With proper consent: family members & friends, if appropriate; Other individuals or agency representatives identified & approved as CFT members by the youth or, if the youth is a minor, the minor's parent or guardian; & Other service providers, if any) <b>10.09.90.15A(1)-(2)</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<i>-Review contact notes for indication of activities taking place with team members in between CFT meetings (e.g., family home visits, collateral contacts, contact with team members regarding task completion, invitations to new CFT with family consent, etc.) would be activities that could be documented in the notes</i>
<b>Monitoring &amp; Follow Up Activities</b> (Follow up any service referral <b>within 7 calendar days</b> to determine whether the youth, or, if the youth is a minor, the minor's parent or guardian, made contact with the service provider that the youth was referred to) <b>10.09.90.15B(1)</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<i>-Review contact notes</i>

<b>Development &amp; Periodic Revision of the POC</b> (Includes transitional care planning that involves contact with the youth or, if the youth is a minor, the minor's parent or guardian, or the staff of a referring agency, or a service provider who is responsible to plan for continuity of care from inpatient level of care or an out-of-home placement to another type of community service) <b>10.09.90.11F(5)(c)</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<i>-Review contact notes</i>
<b>Development &amp; Periodic Revision of the POC</b> (Includes discharge planning from care coordination, when appropriate & when the family is closer to its identified vision, when family needs have been met & when outcome measures for care coordination have been achieved) <b>10.09.90.11F(5)(d)</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<b>Yes No N/A</b>	<i>-Review contact notes, ongoing POCs and/or Discharge POC</i>

## Section 6 - Chart Review (1915i)

*Guidance: LBHA/CSA will verify at monitoring visit. TCM Plus only youth (e.g. private insurance youth) will not be included in the review.*

Unique Identifier (first name initial, last name initial and 8 digit date of birth)							Where to Find? 
<b>A comprehensive psychosocial assessment</b> (performed by a licensed mental health professional finds that the minor exhibits a significant impairment in functioning, representing potential serious harm to self or others, across settings, including the home, school or community) <b>10.09.90.07A(3)(c)</b>	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	<i>-Review CON included in file                      -ECSII/CASII may be shared &amp; in the file with the CCO at the LBHA/CSA discretion</i>
<b>Arrange for the participant &amp; family to meet with the intensive in-home service (IHS) to develop the initial crisis plan within 1 week of enrollment in the 1915i (with youth/ &amp; family consent)</b> <b>10.09.90.09B(7)(b)</b>	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	<i>-Review releases of information (should be on file if family agrees to work with IHS)                      -Review initial crisis plan for date within time frame                      -Review contact notes for evidence of outreach to IHS (if family agrees to work with IHS)</i>
<b>Arrange a meeting with family &amp; Family Peer Support partner within 30 calendar days of notification of enrollment (with youth &amp; family consent)</b> <b>10.09.90.09B(7)(a)</b>	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	<i>-Review contact notes for reference to discussion about this resource whether family agrees to or declines service                      -Review for first meeting occurring within 30 days (if family accepts service)</i>

<p><b>Provide an overview of the care coordination process</b> 10.09.90.13D(3)(c)</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>-Review contact notes and or intake/enrollment documentation (e.g., consent) for reference of discussion</p>
<p><b>CFT Meetings held every 45 calendar days</b> 10.09.90.11F(6)(c)</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>-Review CFT meeting sign in sheets for documentation that the team is meeting within the required time frame</p>
<p><b>Updates to the POC occur within 5 calendar days of the CFT meeting</b> (include change in progress, services, or other areas) 10.09.90.13C</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>-Review signatures on the POC and/or contact notes indicating the updated POC was sent to the team members within 5 days</p>
<p><b>POC indicates participant &amp; family had choice in the selection of services &amp; providers</b> 10.09.90.12A(7)(b)</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>Yes No N/A</p>	<p>-Review POCs &amp; contact notes -Approved 1915i services &amp; providers are found in the POC in the strategy section -Outreach to providers should be documented in contact notes &amp; POCs</p>

<p><b>POC is individualized &amp; referrals to available 1915i services are documented in POC</b> (and includes: (a) description of service; (b) service start date; (c) estimated duration; (d) frequency &amp; units of service as measured in 15 minute increments to be delivered; (e) specific need or goal that the service is related to; &amp; (f) the provider name &amp; contact information) <b>10.09.90.12A(8)(a)-(f)</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><b>Yes No N/A</b></p>	<p><i>-The provisional POC should indicate 1915i services the family wants access to -Approved 1915i services are found in the POC in the strategy section -Releases of information &amp; copies of the referrals should be in the file -POCs have completed Vision/Mission/Strengths &amp; Need Statements/Strategies section &amp; updates to progress would be provided there as well -Providers that attend CFT meetings appear on the sign-sheets -Any current service provider, including 1915i providers should be included in the team list at the end of the POC</i></p>
<p><b>Termination of youth enrollment</b> Youth shall be disenrolled from the 1915i if they experience any of the criteria noted in <b>10.09.89.04A</b></p>	<p><b>Yes No N/A</b>  <b>Discharge Date</b> (MM/DD/YY):  <b>Reason:</b></p>	<p><b>Yes No N/A</b>  <b>Discharge Date</b> (MM/DD/YY):  <b>Reason:</b></p>	<p><b>Yes No N/A</b>  <b>Discharge Date</b> (MM/DD/YY):  <b>Reason:</b></p>	<p><b>Yes No N/A</b>  <b>Discharge Date</b> (MM/DD/YY):  <b>Reason:</b></p>	<p><b>Yes No N/A</b>  <b>Discharge Date</b> (MM/DD/YY):  <b>Reason:</b></p>	<p><b>Yes No N/A</b>  <b>Discharge Date</b> (MM/DD/YY):  <b>Reason:</b></p>	<p><i>-Discharge activity documented in the discharge POC &amp; contact notes</i></p>

