

## CSP REQUIREMENTS

<i>ASSESEMENT/NOTES</i>	<i>CSP FREQUENCY</i>	<i>COMPLETED BY</i>
<p><b>FUNCTIONAL ASSESSMENT</b></p> <p>(i.e. CASIG, DMHAS FSA, DLA-20, other)</p> <p><i>(If using DLA-20, please include the Self Advocacy/Rights domain located on the next page of this document.)</i></p>	<p><i>Upon admission (within 90 days)</i></p> <p>(or more often based on changing needs <i>and/or establishment of a new rehab goal</i>).</p>	<p>Any licensed (LCSWs, RNs, etc.) or non-licensed staff* (case managers, mental health assistants, etc.).</p> <p>*upon adequate training &amp; supervision</p>
<p><b>FUNCTIONAL ASSESSMENT UPDATE (optional template)</b></p> <p>(Do not have to use FA update form, but can reference on the recovery plan or reference on the progress note.)</p>	<p>Quarterly – <i>just the FA domains being worked on to reach rehab goal, or to establish a new goal.</i></p>	<p>Any licensed (LCSWs, RNs, etc.) or non-licensed staff* (case managers, mental health assistants, etc.).</p> <p>*upon adequate training &amp; supervision</p>
<p><b>COMPREHENSIVE INDIVIDUAL REHAB/RECOVERY PLAN</b></p>	<p>Upon admission</p> <p>Reviewed/Updated every 90 days.</p>	<p>Staff can write or contribute to Plan &amp; update domains</p> <p>Strongly recommended that Plan be signed off by Licensed LPHA</p>
<p><b>INDIVIDUAL SAFETY PLAN (recommended)</b></p>	<p>Upon admission. Updated as needed.</p>	<p>CSP staff</p>
<p><b>CSP ENCOUNTER NOTE</b></p>	<p>Upon every visit with individual receiving services.</p>	<p>CSP staff</p>
<p><b>TARGETED CASE MANAGEMENT (TCM) ENCOUNTER NOTE</b></p>	<p>Upon delivery of each TCM service to individual receiving services.</p>	<p>CSP staff</p>

**Revised 10/1/16**

**SELF ADVOCACY/RIGHTS DOMAIN (USE THIS DOMAIN WITH DLA-20)**

Name: \_\_\_\_\_ MPI #: \_\_\_\_\_

<p><b>Staging Definitions: PC-Precontemplation; C-Contemplation; A-Action; M-Maintenance</b></p> <p><b>Use Scoring Template located at end of document</b></p> <p><b>0. <u>UNABLE TO ASSESS</u>; 1. <u>INDEPENDENT</u>; 2. <u>STANDBY ASSISTANCE</u>; 3. <u>MINIMUM ASSISTANCE</u>; 4. <u>MODERATE ASSISTANCE</u>; 5. <u>MAXIMUM ASSISTANCE</u></b></p>	
<p><b>Self Advocacy/Rights:</b> Ask the individual that you would like to find out if he/she <u>can advocate on their behalf</u> regarding their mental health care/treatment by asking them the following.</p>	
<b>Task Area</b>	<b>Score</b>
What are some of your rights as a client receiving services at our site?	
Explain who would you go to you if you have a complaint or concern about your treatment	
Could you explain confidentiality rules and the process for sharing information with other providers or family members?	
How would you go about reviewing your recovery plan and change the services you receive?	
How comfortable would you feel approaching staff about concerns involving your treatment here?	
<i>(do not count items that are scored a 0)</i>	<i>Total Score</i>
<i>(Average score = sum of nonzero items/#items → (whole numbers, round down)</i>	<i>Average Score</i>
<b>Desire To Work on Skill Area:</b> Not at all-PC; Somewhat-C; Working On Area-A; Mastered Area-M	
<b>Staff Comments:</b>	

Assessment Dates: \_\_\_\_\_ Location:  Agency  Community/Individual's home

Site: \_\_\_\_\_ Program: \_\_\_\_\_

Staff's Name: *(print)* \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Individual's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following scale is used to score each item/area:

**5. MAXIMUM ASSISTANCE** – Unable to meet minimal standards of behavior or functioning in order to participate in daily living activities or performance of basic tasks approximately 75% of time.

**Cues** – Step by step physical gestures, pointing and demonstrations **Prompts/Coaching** - Step by step physical demonstrations with visual and verbal directions that prompt the participant to perform the skills and/or tasks.

**4. MODERATE ASSISTANCE** – Needs constant cognitive assistance such as 1:1 cueing, prompting/coaching or demonstrations to sustain or complete simple, repetitive activities or tasks safely and accurately approximately 50% of time. **Cues** - Hints to help organize thoughts.

**Prompts/Coaching** – Step by step verbal directions.

**3. MINIMUM ASSISTANCE** – Needs periodic cognitive assistance (cueing and/or prompting/coaching) to correct mistakes, check for safety and/or solve problems approximately 25% of time. **Cues** -Hints related to the task. **Prompts/Coaching** – Step by step written and/or verbal directions.

**2. STANDBY ASSISTANCE** – Supervision by one person is needed to enable the individual to perform new procedures for safe and effective performance. **Cues** – Visual demonstrations related to the task. **Prompts/Coaching** – Visual and physical directions that prompt the participant to perform the skills and/or tasks.

**1. INDEPENDENT** – No physical or cognitive assistance needed to perform activities or tasks.

**0. UNABLE TO ASSESS** – Individual refuses or has chosen to not actively participate in providing any evidence of skills and/or abilities or demonstrating any skills and/or abilities for this assessment.