

CMHI/CMHW

Client Name: _____ Referral Start Date: _____

Due 1 time within 48 hours of receiving the referral.

- Introduction Email sent to referring agent
- Copy of Approved Plan of Care
- Copy of Notice of Action-CMHW
- Copy of Referral-CMHI

Due 1 Time per client during Initial Meeting then yearly there after

- Consent for service
- HIPAA-Confidentiality statement
- Safety issues and safety plan documentation
- Client bill of rights & responsibility
- Intake assessment
- Initial Treatment Plan
- Proof that face to face services began within 48 hours of receiving the referral
- Copy of Client State ID or Drivers License
- Signed consent for release of information for referral source.
- Tele Health informed consent
- Emergency Contact Release of Information

Due every 30 days for the duration of the case

- Updated Treatment Plan
- CFT Attendance Documented Through Progress Note

Due every 1st day of the following month

- Copy of Updated Approved Plan of Care
- Copy of Notice of Action-CMHW(**updated copy needed if received during the service period*)
- Copy of crisis plan
- Sign in /out sheets signed by clients
- Copy of Weekly Updates That Were Sent To Referral Source
- Completed professional consultation note. Part time contractors working less than 20 hours per week. Contractor must complete at least four (4) hours of supervision per month. These four (4) hours must be split by weekly. 1 additional supervision hour is required each week if more than 20 hours of service provided. For full time contractors working 40 hours per week. Contractor must complete at least eight (8) hours of supervision per month. Supervision must be completed after 20 hours of service has been provided by the contractor.)**
- Discharge /Transfer summary

Due at case closure

- Proof that client satisfaction survey was sent to the client (bit.ly/RateMyWrapService)
 - Proof that PFFA referral follow up form was sent to Referral Source (bit.ly/RateMyWrapReferral)
- *****Bitly links are case sensitive*****