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

Revised 10/1/16
SELF ADVOCACY/RIGHTS DOMAIN (USE THIS DOMAIN WITH DLA-20)

Name: _______________________________  MPI #: __________________

Staging Definitions:  PC-Precontemplation; C-Contemplation; A-Action; M-Maintenance

Use Scoring Template located at end of document

0. UNABLE TO ASSESS; 1. INDEPENDENT; 2. STANDBY ASSISTANCE; 3. MINIMUM ASSISTANCE; 4. MODERATE ASSISTANCE; 5. MAXIMUM ASSISTANCE

Self Advocacy/Rights:  Ask the individual that you would like to find out if he/she can advocate on their behalf regarding their mental health care/treatment by asking them the following.

Task Area | Score
--- | ---
What are some of your rights as a client receiving services at our site? |  
Explain who you would go to 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? |  

(Do not count items that are scored a 0)  
Total Score  
(Average score = sum of nonzero items/#items → whole numbers, round down)  
Average Score

Desire To Work on Skill Area:  Not at all-PC; Somewhat-C; Working On Area-A; Mastered Area-M

Staff Comments:

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.