

Consumer Name	Case #	DOB
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## CASE OPENING CHECKLIST-CIGMMO

**Completed by Assessment Specialist (AS):** \_\_\_\_\_

**Information has been disseminated to the consumer:**

- Your Rights Booklet
- HIPAA Privacy Information
- HPIAA Acknowledgment and Consent to Contact
- Customer Service Handbook
- Self-Determination Brochure
- Recovery Assessment Scale (RAS)
- Offer CEHR access (PIN)

**Consumer/legal responsible party's signature has been obtained on the following:**

- Consent for Participation in CMHCM Services
- Fee Discussion Form
- Worksheet B
- Proof of Insurance
- Consent to Exchange Information with Primary Health Care Provider
- Consent to Exchange Information – General
- Consent to Exchange Information with Non-Primary Medical Provider

**The following documents have been completed and necessary signatures obtained:**

- Consumer/Family Psychosocial Assessment
- Advance Directive Acknowledgment (unless a minor or has a guardian)
- 'What You Should Know About a Psychiatric Advance Directive'*
- 'Thinking Ahead: My Way, My Choice, My Life at the End'*
- Individual Crisis Safety Plan
- Family Crisis Safety Plan
- Health Screen
- Guardianship Papers Expiration
- Advance Directive (full document)
- LOCUS/CAFAS/PECFAS
- SIS Assessment
- Risk to Staff Assessment
- Preliminary PCP
- Copy of PCP Delivered to Consumer
- Person/Family Centered Pre-Planning
- Action Notice & Hearing Rights Form
- Review/Update Consumer Information
- Review Update Health & Safety Warnings
- Review/Update Program Assignment
- Review/Update Staff Assignment

**Completed by Receiving Clinician:** \_\_\_\_\_

- PCP (to be completed within 30 days of AS appointment)
- Action Notice & Hearing Rights Form
- Copy of PCP Delivered to Consumer