

CCO Comprehensive Assessment

Version :

Status :

Individual Name :

Individual Middle Name/Initial :

Individual Suffix :

Nickname/Preferred Name :

TABSID :

Medicaid ID :

Date of Birth :

Gender :

Preferred Gender :

Race :

Ethnicity :

Phone Number :

Street Address 1 :

Street Address 2 :

City :

State :

ZIP Code :

Living Situation :

Willowbrook Status :

Representation Status :

CAB Rep Contact 1 :

CAB Rep Contact 2 :

Expectations for Community Inclusion :

Hospital Staffing Coverage :

Eligibility Information

MCO Enrollment Date :

MCO Name :

OPWDD Eligibility :

ICF Level of Care Eligibility:
Determination Date

Medicaid Expiration Date :

CC/HH Consent Date :

Communication Language

Select the option that best describes the member's expressive communication skills:

Verbal – conversational

Verbal – limited (single words or difficult to understand)

Sign Language – less than 10 words

Augmentative Communication Device – limited use

No means of expressing “yes”, “no”, or any wants/needs

Verbal – can answer basic questions

Sign Language – more than 10 words

Augmentative Communication Device – fully communicative

Uses sounds, gestures, and body language to express “yes” or “no”, but no other communication

Select the option that best describes the member's receptive communication skills

Follows simple direction within routine activities

Answers simple questions (verbally or non-verbally)

No receptive language

Follows one-step directions outside of routine

Answers most questions and follows multi-step directions

What is the member's primary language

What is the member's primary spoken language

What is the member's primary written language

Is the member able to read in their primary language?

Yes

No

Unknown

Is the member bi/multi-lingual?

Yes

No

Unknown

Is and interpreter or translator needed for meetings or documents?