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

If the member is bi/multi-lingual what other language(s) can they use to communicate?

Does the member want to change or improve how they communicate?

◉ yes ○ No

Is and interpreter or translator needed for meetings or documents

Interpreter

Translator

Interpreter and Translator

Not Applicable

Member Providers

Primary Care Physician :

Dentist :

Psychiatrist :

Psychologist/Therapist :

Eye Doctor :

Pharmacy :

Hospital: