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