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| DEPARTMENT OF HEALTH SERVICES | STATE OF WISCONSIN |
| Division of Medicaid Services | Completion of this form is required by |
| F-20817A (09/2019) | Wis. Stat. § 49.77(3s) |

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| ASSESSMENT WORKSHEET FOR NATURAL RESIDENTIAL SETTING **FOR INDIVIDUALS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS AND/OR**  **ALCOHOL AND OTHER DRUG DEPENDENT DIAGNOSES** | | | | | |
| Name – SSI Recipient (Last, First, MI) | | | | | |
| For an individual who has not been found eligible using F-20817, complete a comprehensive assessment that meets, at a minimum, COP or WMAP Targeted Case Management criteria. Following assessment, enter the approximate number of hours per month needed in each service area. | | | | | |
|  | 1. | Case planning, monitoring and review |  | 14. | Transportation |
|  | 2. | Case management |  | 15. | Assistance in learning and/or completing daily living tasks (e.g., personal grooming, laundry, planning/preparing food, purchasing necessities, housekeeping, financial management, training in the use of available transportation) |
|  | 3. | Assessment / diagnosis |  |  |  |
|  | 4. | Assistance in obtaining needed benefits (e.g., financial support, legal services, money management) |  |  |  |
|  |  |  |  | 16. | Crisis intervention |
|  | 5. | Advocacy |  | 17. | Vocational Services |
|  | 6. | Education, support, and consultation to clients’ families and other major supports |  | 18. | Acquiring/maintaining adequate housing |
|  | 7. | Supportive counseling/psychotherapy |  | 19. | Social/recreational activities |
|  | 8. | Assertive outreach |  | 20. | Coordination of services with other human service programs |
|  | 9. | Symptom management |  | 21. | On-site supervision needed to protect health, safety, welfare |
|  | 10. | Medical support/obtaining health care |  | 22. | Respite to family or other major supports |
|  | 11. | Referral |  | 23. | Other—Specify: |
|  | 12. | Socialization and interpersonal |  |  |  |
|  | 13. | Assistance with and training in community functioning (e.g., family relationships, parenting) |  |  | **TOTAL Monthly Hours** |

**IF THE TOTAL HOURS ARE 40 HOURS OR MORE OF 'NEEDS' PER MONTH, THE PERSON IS ELIGIBLE FOR SSI-E.**

Keep in agency case file