

Phase 1 Case Management Session

Checklist - Sessions 2-5

Before Resident Arrives

Resident Name: _____ Case Manager Name: _____ Individual Therapist Name: _____

Provider Name: _____ Current Program: PHP IOP UNITE eligible

Scheduled Case Manager Sessions

Phase one should last around 30 days. Schedule four to five case management sessions.

Phase 1 Session 2: _____ / _____ / _____ : _____ A. M. P. M.

Phase 1 Session 3: _____ / _____ / _____ : _____ A. M. P. M.

Phase 1 Session 4: _____ / _____ / _____ : _____ A. M. P. M.

Phase 1 Session 5: _____ / _____ / _____ : _____ A. M. P. M.

Phase 1 Session 2 <input type="checkbox"/> Complete	Phase 1 Session 3 <input type="checkbox"/> Complete	Phase 1 Session 4 <input type="checkbox"/> Complete	Phase 1 Session 5 (if needed)
Phone number in OPM: (____) ____-____	Phone number in OPM: (____) ____-____	Phone number in OPM: (____) ____-____	Phone number in OPM: (____) ____-____
Projected Discharge Date (from last session): ____/____/____	Projected Discharge Date (from last session): ____/____/____	Projected Discharge Date (from last session): ____/____/____	Projected Discharge Date (from last session): ____/____/____
Groups missed since last session: ____	Groups missed since last session: ____	Groups missed since last session: ____	Groups missed since last session: ____
New Projected Discharge Date (if applicable): ____/____/____	New Projected Discharge Date (if applicable): ____/____/____	New Projected Discharge Date (if applicable): ____/____/____	New Projected Discharge Date (if applicable): ____/____/____
Exit Interview Date (update with discharge date): ____/____/____	Exit Interview Date (update with discharge date): ____/____/____	Exit Interview Date (update with discharge date): ____/____/____	Exit Interview Date (update with discharge date): ____/____/____

Missed appointments: <input type="checkbox"/> therapist <input type="checkbox"/> IH provider <input type="checkbox"/> case manager <input type="checkbox"/> no missed appointments	Missed appointments: <input type="checkbox"/> therapist <input type="checkbox"/> IH provider <input type="checkbox"/> case manager <input type="checkbox"/> no missed appointments	Missed appointments: <input type="checkbox"/> therapist <input type="checkbox"/> IH provider <input type="checkbox"/> case manager <input type="checkbox"/> no missed appointments	Missed appointments: <input type="checkbox"/> therapist <input type="checkbox"/> IH provider <input type="checkbox"/> case manager <input type="checkbox"/> no missed appointments
Next Rent Payment Due: _____/_____/_____ Amount*: \$_____	Next Rent Payment Due: _____/_____/_____ Amount*: \$_____	Next Rent Payment Due: _____/_____/_____ Amount*: \$_____	Next Rent Payment Due: _____/_____/_____ Amount*: \$_____

***First payment is \$280. Subsequent payments are \$140/week.**

With the Resident

Phase 1 Session 2 <input type="checkbox"/> Complete	Phase 1 Session 3 <input type="checkbox"/> Complete	Phase 1 Session 4 <input type="checkbox"/> Complete	Phase 1 Session 5 (if needed)
Meeting date and time: _____/_____/_____ _____:_____ <input type="checkbox"/> A. M. <input type="checkbox"/> P. M.	Meeting date and time: _____/_____/_____ _____:_____ <input type="checkbox"/> A. M. <input type="checkbox"/> P. M.	Meeting date and time: _____/_____/_____ _____:_____ <input type="checkbox"/> A. M. <input type="checkbox"/> P. M.	Meeting date and time: _____/_____/_____ _____:_____ <input type="checkbox"/> A. M. <input type="checkbox"/> P. M.
<input type="checkbox"/> verified phone number corrected phone number (if applicable) (_____) _____-_____	<input type="checkbox"/> verified phone number corrected phone number (if applicable) (_____) _____-_____	<input type="checkbox"/> verified phone number corrected phone number (if applicable) (_____) _____-_____	<input type="checkbox"/> verified phone number corrected phone number (if applicable) (_____) _____-_____
<input type="checkbox"/> discussed any missed appointments/groups	<input type="checkbox"/> discussed any missed appointments/groups	<input type="checkbox"/> discussed any missed appointments/groups	<input type="checkbox"/> discussed any missed appointments/groups
<input type="checkbox"/> verified upcoming appointments <input type="checkbox"/> appointments okay <input type="checkbox"/> changes needed <input type="checkbox"/> details:	<input type="checkbox"/> verified upcoming appointments <input type="checkbox"/> appointments okay <input type="checkbox"/> changes needed <input type="checkbox"/> details:	<input type="checkbox"/> verified upcoming appointments <input type="checkbox"/> appointments okay <input type="checkbox"/> changes needed <input type="checkbox"/> details:	<input type="checkbox"/> verified upcoming appointments <input type="checkbox"/> appointments okay <input type="checkbox"/> changes needed <input type="checkbox"/> details:

<input type="checkbox"/> discussed next rent payment due and any delinquencies <input type="checkbox"/> payment plan needed	<input type="checkbox"/> discussed next rent payment due and any delinquencies <input type="checkbox"/> payment plan needed	<input type="checkbox"/> discussed next rent payment due and any delinquencies <input type="checkbox"/> payment plan needed	<input type="checkbox"/> discussed next rent payment due and any delinquencies <input type="checkbox"/> payment plan needed
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Phase Program

The following are action steps for Phase 1 (page three of the packet).

Action Step	Deadline	Discussed	Completed	Notes	Additional Requirements
Discussed Recovery Capital Assessment	Session 2	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5		Should have been completed after the initial session.
Discussed Recovery Capital-Based Plan	Session 2	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5		Should have been completed after the initial session. Review and update at every session.
Applications	Session 2	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5		<input type="checkbox"/> driver's license <input type="checkbox"/> Social Security card <input type="checkbox"/> food stamps <input type="checkbox"/> insurance (health/auto) <input type="checkbox"/> bank account <input type="checkbox"/> phone and email account
Created Daily Schedule	Session 2	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5		Scan to their chart in the EMR.

Found Temporary Sponsor	Ongoing	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5		
Created Support List	Session 3	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3		Should be a variety of people; not just Sober Living residents.
Attend Meetings (If not meeting this requirement, redirect the resident and document the conversation.)	Ongoing	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5		Provide the resident with options: PHP: 2 meetings/week IOP: 3 meetings/week
Engaged in Recovery Community	Ongoing	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5		Provide the resident with options. Resident should be able to share their experience of exploring a recovery fellowship.
Documented case manager sessions in packet	Ongoing	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5		
Attend House Meetings (If not meeting this requirement, redirect the resident and document the conversation.)	Ongoing	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5		one per week
Completed Chores (If not meeting this requirement, redirect the resident and document the conversation.)	Ongoing	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5		

Finding Employment	Ongoing	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> applied for three jobs	Employer:
Attended Monthly Gathering	Varies	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> valid excuse for missing:	first Monday of the month
Completed Community Page in Phase Packet	Session 3	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3	<input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3		
Completed Relapse Prevention Plan	Session 4	<input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5		
Completed "Build a Better Life" in Phase Packet	Session 4	<input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5	<input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5		

After the Session

Phase 1 Session 2	Phase 1 Session 3	Phase 1 Session 4	Phase 1 Session 5 (if needed)
<input type="checkbox"/> Documented session in DAP format (data, assessment, and plan).	<input type="checkbox"/> Documented session in DAP format (data, assessment, and plan).	<input type="checkbox"/> Documented session in DAP format (data, assessment, and plan).	<input type="checkbox"/> Documented session in DAP format (data, assessment, and plan).
<input type="checkbox"/> Updated any appointments, phone numbers, graduation dates, or any other changes in EMR/OPM/data sheets.	<input type="checkbox"/> Updated any appointments, phone numbers, graduation dates, or any other changes in EMR/OPM/data sheets.	<input type="checkbox"/> Updated any appointments, phone numbers, graduation dates, or any other changes in EMR/OPM/data sheets.	<input type="checkbox"/> Updated any appointments, phone numbers, graduation dates, or any other changes in EMR/OPM/data sheets.

Sign here and upload to the resident's chart when they complete the phase: _____ Date: _____ / _____ / _____