

## Questionnaire: Follow-Up Coordinated Service Plan (CSP)

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### Follow-Up CSP

1. Has there been a recently (within one year) completed single assessment for which you need to complete the follow-up CSP?  
(Please select one.)

- Yes
- No

1.1.1. Please indicate the date of the Follow-Up CSP submission

1.1.2. Guardian 1: First Name

1.1.3. Guardian 1: Last Name

1.1.4. Where is the member currently residing?  
(Please select one.)

- Child Residential Care Facility (CRCF)
- Foster Care
- Home
- Long Creek
- Other
- Out of State Child Residential Care Facility (CRCF)
- PRTF
- Psychiatric Hospital
- Shelter

1.1.4.6.1. Please describe.

1.1.4.7.1. Has a return plan been developed?  
(Please select one.)

- Yes
- No
- N/A

1.1.5. What is the member's current physical address? Please only include the street number and street name

1.1.6. Please select the member's city of residence  
(Please select one.)

- Abbot
- Acton
- Addison
- Albion
- Alexander
- Alfred
- Allagash
- Alna
- Alton
- Amherst
- Amity
- Andover
- Anson
- Appleton
- Argyle
- Arrowsic
- Ashland
- Athens
- Auburn
- Augusta

- Aurora
- Avon
- Baileyville
- Bancroft
- Bangor
- Bar Harbor
- Baring
- Bath
- Beals
- Beaver Cove
- Beddington
- Belfast
- Belgrade
- Belmont
- Benedicta
- Benton
- Berwick
- Bethel
- Biddeford
- Bingham
- Birch Harbor
- Blaine
- Blanchard
- Blue Hill
- Boothbay
- Boothbay Harbor
- Bowdoin
- Bowdoinham
- Bowerbank
- Bradford
- Bradley
- Bremen
- Brewer
- Bridgewater
- Bridgton
- Brighton
- Bristol
- Brooklin
- Brooks
- Brooksville
- Brookton
- Brownfield
- Brownville
- Brownville Junction
- Brunswick
- Buckfield
- Bucksport
- Burlington
- Burnham
- Buxton
- Calais
- Cambridge
- Camden
- Canaan
- Canton
- Cape Elizabeth
- Cape Neddick
- Caribou
- Carmel
- Casco
- Castine
- Castle Hill
- Caswell
- Chapman
- Charleston
- Chebeague Island

- Cherryfield
- Chesterville
- China
- Clinton
- Columbia
- Columbia Falls
- Cooper
- Corinna
- Corinth
- Cornish
- Cranberry Isles
- Cumberland
- Cushing
- Cutler
- Dallas Plantation
- Damariscotta
- Danforth
- Dedham
- Deer Isle
- Denmark
- Dennysville
- Detroit
- Dexter
- Dixfield
- Dixmont
- Dover-Foxcroft
- Dresden
- Durham
- Eagle Lake
- East Machias
- East Millinocket
- Eastbrook
- Easton
- Eastport
- Eddington
- Edgecomb
- Eliot
- Ellsworth
- Embden
- Enfield
- Etna
- Eustis
- Exeter
- Fairfield
- Falmouth
- Farmingdale
- Farmington
- Fort Fairfield
- Fort Kent
- Frankfort
- Franklin
- Freedom
- Freeport
- Frenchboro
- Frenchville
- Friendship
- Fryeburg
- Gardiner
- Garland
- Georgetown
- Glenburn
- Gorham
- Gouldsboro
- Grand Isle
- Gray
- Greenbush

- Greene
- Greenville
- Greenwood
- Guilford
- Hallowell
- Hampden
- Hancock
- Hanover
- Harmony
- Harpswell
- Harrington
- Harrison
- Hartland
- Haynesville
- Hebron
- Hermon
- Hiram
- Hodgdon
- Holden
- Hollis
- Hope
- Houlton
- Howland
- Hudson
- Industry
- Island Falls
- Islesboro
- Jackman
- Jay
- Jefferson
- Jonesboro
- Jonesport
- Kenduskeag
- Kennebunk
- Kennebunkport
- Kingfield
- Kittery
- Kittery Point
- Lagrange
- Lakeville
- Lebanon
- Lee
- Leeds
- Levant
- Lewiston
- Liberty
- Limerick
- Limestone
- Limington
- Lincoln
- Lincoln Plantation
- Lincolnville
- Lisbon
- Lisbon Falls
- Litchfield
- Littleton
- Livermore
- Livermore Falls
- Long Island
- Lovell
- Lubec
- Machias
- Machiasport
- Madawaska
- Madison
- Manchester

- Mapleton
- Mars Hill
- Masardis
- Mattawamkeag
- Mechanic Falls
- Medway
- Mexico
- Milbridge
- Milford
- Millinocket
- Milo
- Minot
- Monmouth
- Monroe
- Monson
- Monticello
- Morrill
- Mount Desert
- Mount Vernon
- Naples
- New Canada
- New Gloucester
- New Limerick
- New Portland
- New Sharon
- New Sweden
- New Vineyard
- Newcastle
- Newfield
- Newport
- Newry
- Nobleboro
- Norridgewock
- North Berwick
- North Haven
- North Yarmouth
- Northport
- Norway
- Oakfield
- Oakland
- Ogunquit
- Old Orchard Beach
- Old Town
- Orland
- Orono
- Osborn
- Otis
- Otisfield
- Owls Head
- Oxford
- Palermo
- Palmyra
- Paris
- Parsonsfield
- Passadumkeag
- Patten
- Pembroke
- Penobscot
- Perham
- Perry
- Peru
- Phillips
- Phippsburg
- Pittsfield
- Pleasant Ridge Plantation
- Plymouth

- Poland
- Portage Lake
- Portland
- Pownal
- Presque Isle
- Princeton
- Prospect
- Randolph
- Rangeley
- Raymond
- Readfield
- Richmond
- Ripley
- Robbinston
- Rockland
- Rockport
- Rome
- Roque Bluffs
- Roxbury
- Rumford
- Sabattus
- Saco
- Saint Agatha
- Saint Albans
- Saint Francis
- Sanford
- Sangerville
- Scarborough
- Searsmont
- Searsport
- Sebeco
- Sebec
- Sedgwick
- Shapleigh
- Sherman
- Shirley
- Sidney
- Skowhegan
- Smithfield
- Smyrna
- Solon
- Somerville
- Sorrento
- South Berwick
- South Bristol
- South Portland
- South Thomaston
- Southport
- Southwest Harbor
- Springfield
- Standish
- Starks
- Stetson
- Steuben
- Stockholm
- Stockton Springs
- Stoneham
- Stonington
- Stow
- Strong
- Sullivan
- Sumner
- Surry
- Swans Island
- Sweden
- Temple

- Thomaston
- Thorndike
- Topsfield
- Topsham
- Tremont
- Trenton
- Troy
- Turner
- Union
- Unity
- Van Buren
- Vanceboro
- Vassalboro
- Veazie
- Verona Island
- Vienna
- Vinalhaven
- Wade
- Waldoboro
- Wallagrass
- Warren
- Washburn
- Washington
- Waterboro
- Waterford
- Waterville
- Wayne
- Webster Plantation
- Weld
- Wellington
- Wells
- Wesley
- West Bath
- West Gardiner
- West Paris
- Westbrook
- Westfield
- Westmanland
- Westport Island
- Whitefield
- Whiting
- Whitneyville
- Wilton
- Windham
- Windsor
- Winthrop
- Wiscasset
- Woodland
- Woolwich
- Yarmouth
- York

1.1.7. Does the legal guardian reside at the current location of the member?  
(Please select one.)

- Yes
- No

1.1.7.2.1. Please indicate who the contact is as the member's location

1.1.7.2.2. Phone number and email of contact at member's location

1.1.8. First Name of Case Manager

1.1.9. Last Name of Case Manager

1.1.10. Please indicate the type of Case Manager/Provider  
(Please select one.)

- BHH
- Child ACT
- HFW
- Section 17
- TCM

1.1.11. Please enter the Case Manager's telephone number

1.1.12. Please provide the Case Manager's email address

1.1.13. What is the name of the Service Provider/Organization?

1.1.14. Has a crisis plan been developed?  
(Please select one.)

- Yes
- No

1.1.14.1.1. Please provide the Crisis Plan

1.1.14.2.1. Identify the reason why a crisis plan has not been developed  
(Please select between 1 and 2 items.)

- Family Refusal
- Other

1.1.15. Indicate the services the member was deemed eligible for during the Single Assessment  
(Please select between 1 and 15 items.)

- Child Assertive Community Treatment
- Children's Residential Care Facility IDD (CRCF-IDD)
- Children's Residential Care Facility MH (CRCF-MH)
- Enhanced Treatment Foster Care (ETFC)
- Functional Family Therapy (FFT)
- High Fidelity Wrap Around (HFW)
- Home & Community-Based Treatment (HCT)
- Intensive Outpatient Therapy (IOP)
- Multi-Systemic Therapy (MST)
- Multi-Systemic Therapy Problem Sexualized Behavior (MST-PSB)
- Psychiatric Residential Treatment Facility (PRTF)
- Rehab & Community Support (RCS) Non-Specialized
- Rehab & Community Support (RCS) Specialized
- Therapeutic Intensive Home (TIH)
- Treatment Foster Care (TFC)

1.1.15.2.1. What is the status of the child receiving Child Assertive Community Treatment services ?  
(Please select one.)

- In Service
- On Wait List
- Declined
- Discharged
- Barrier to receiving care

1.1.15.2.2. Indicate the progress the child is making with Child Assertive Community Treatment services  
(Please select one.)

- Minimal

- Minimal
- Moderate
- Significant
- None

1.1.15.2.3.Child Assertive Community Treatment Date of Review

1.1.15.3.1.What is the status of the child receiving Children's Residential Care Facility IDD (CRCF-IDD) services ?  
(Please select one.)

- In Service
- On Wait List
- Declined
- Discharged
- Barrier to receiving care

1.1.15.3.2.Indicate the progress the child is making with Children's Residential Care Facility IDD (CRCF-IDD) services  
(Please select one.)

- Minimal
- Moderate
- Significant
- None

1.1.15.3.3.Children's Residential Care Facility IDD (CRCF-IDD) Date of Review

1.1.15.4.1.What is the status of the child receiving Children's Residential Care Facility MH (CRCF-MH) services ?  
(Please select one.)

- In Service
- On Wait List
- Declined
- Discharged
- Barrier to receiving care

1.1.15.4.2.Indicate the progress the child is making with Children's Residential Care Facility MH (CRCF-MH) services  
(Please select one.)

- Minimal
- Moderate
- Significant
- None

1.1.15.4.3.Children's Residential Care Facility MH (CRCF-MH) Date of Review

1.1.15.5.1.What is the status of the child receiving Enhanced Treatment Foster Care (ETFC) services ?  
(Please select one.)

- In Service
- On Wait List
- Declined
- Discharged
- Barrier to receiving care

1.1.15.5.2.Indicate the progress the child is making with Enhanced Treatment Foster Care (ETFC) services  
(Please select one.)

- Minimal
- Moderate
- Significant
- None

1.1.15.5.3.Enhanced Treatment Foster Care (ETFC) Date of Review

1.1.15.6.1.What is the status of the child receiving Functional Family Therapy (FFT) services ?  
(Please select one.)

- In Service
- On Wait List
- Declined
- Discharged
- Barrier to receiving care

1.1.15.6.2.Indicate the progress the child is making with Functional Family Therapy (FFT) services  
(Please select one.)

- Minimal
- Moderate
- Significant
- None

1.1.15.6.3.Functional Family Therapy (FFT) Date of Review

1.1.15.7.1.What is the status of the child receiving High Fidelity Wrap Around (HFW) services ?

(Please select one.)

- In Service
- On Wait List
- Declined
- Discharged
- Barrier to receiving care

1.1.15.7.2.Indicate the progress the child is making with High Fidelity Wrap Around (HFW) services

(Please select one.)

- Minimal
- Moderate
- Significant
- None

1.1.15.7.3.High Fidelity Wrap Around (HFW) Date of Review

1.1.15.8.1.What is the status of the child receiving Home & Community-Based Treatment (HCT) services ?

(Please select one.)

- In Service
- On Wait List
- Declined
- Discharged
- Barrier to receiving care

1.1.15.8.2.Indicate the progress the child is making with Home & Community-Based Treatment (HCT) services

(Please select one.)

- Minimal
- Moderate
- Significant
- None

1.1.15.8.3.Home & Community-Based Treatment (HCT) Date of Review

1.1.15.9.1.What is the status of the child receiving Intensive Outpatient Therapy (IOP) services ?

(Please select one.)

- In Service
- On Wait List
- Declined
- Discharged
- Barrier to receiving care

1.1.15.9.2.Indicate the progress the child is making with Intensive Outpatient Therapy (IOP) services

(Please select one.)

- Minimal
- Moderate
- Significant
- None

1.1.15.9.3.Intensive Outpatient Therapy (IOP) Date of Review

1.1.15.10.1.What is the status of the child receiving Multi-Systemic Therapy (MST) services ?

(Please select one.)

- In Service
- On Wait List
- Declined
- Discharged
- Barrier to receiving care

1.1.15.10.2.Indicate the progress the child is making with Multi-Systemic Therapy (MST) services

(Please select one.)

(Please select one.)

- Minimal
- Moderate
- Significant
- None

1.1.15.10.3.Multi-Systemic Therapy (MST) Date of Review

1.1.15.11.1.What is the status of the child receiving Multi-Systemic Therapy Problem Sexualized Behavior (MST-PSB) services ?

(Please select one.)

- In Service
- On Wait List
- Declined
- Discharged
- Barrier to receiving care

1.1.15.11.2.Indicate the progress the child is making with Multi-Systemic Therapy Problem Sexualized Behavior (MST-PSB) services

(Please select one.)

- Minimal
- Moderate
- Significant
- None

1.1.15.11.3.Multi-Systemic Therapy Problem Sexualized Behavior (MST-PSB) Date of Review

1.1.15.12.1.What is the status of the child receiving Psychiatric Residential Treatment Facility (PRTF) services ?

(Please select one.)

- In Service
- On Wait List
- Declined
- Discharged
- Barrier to receiving care

1.1.15.12.2.Indicate the progress the child is making with Psychiatric Residential Treatment Facility (PRTF) services

(Please select one.)

- Minimal
- Moderate
- Significant
- None

1.1.15.12.3.Psychiatric Residential Treatment Facility (PRTF) Date of Review

1.1.15.13.1.What is the status of the child receiving Rehab & Community Support (RCS) Non-Specialized services ?

(Please select one.)

- In Service
- On Wait List
- Declined
- Discharged
- Barrier to receiving care

1.1.15.13.2.Indicate the progress the child is making with Rehab & Community Support (RCS) Non-Specialized services

(Please select one.)

- Minimal
- Moderate
- Significant
- None

1.1.15.13.3.Rehab & Community Support (RCS) Non-Specialized Date of Review

1.1.15.14.1.What is the status of the child receiving Rehab & Community Support (RCS) Specialized services ?

(Please select one.)

- In Service
- On Wait List
- Declined
- Discharged
- Barrier to receiving care

1.1.15.14.2.Indicate the progress the child is making with Rehab & Community Support (RCS) Specialized services

(Please select one.)

- Minimal
- Moderate
- Significant
- None

1.1.15.14.3.Rehab & Community Support (RCS) Specialized Date of Review

1.1.15.15.1.What is the status of the child receiving Therapeutic Intensive Home (TIH) services ?

(Please select one.)

- In Service
- On Wait List
- Declined
- Discharged
- Barrier to receiving care

1.1.15.15.2.Indicate the progress the child is making with Therapeutic Intensive Home (TIH) services

(Please select one.)

- Minimal
- Moderate
- Significant
- None

1.1.15.15.3.Therapeutic Intensive Home (TIH) Date of Review

1.1.15.16.1.What is the status of the child receiving Treatment Foster Care (TFC) services ?

(Please select one.)

- In Service
- On Wait List
- Declined
- Discharged
- Barrier to receiving care

1.1.15.16.2.Indicate the progress the child is making with Treatment Foster Care (TFC) services

(Please select one.)

- Minimal
- Moderate
- Significant
- None

1.1.15.16.3.Treatment Foster Care (TFC) Date of Review

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**Informed Choice Attestation**

1.By clicking this box, I am attesting that the family engaged in an informed choice process which led to the chosen services.

(Please select one.)

- I attest
-