

Consumer: \_\_\_\_\_

HAWAII CENTERS FOIR INDEPENDENT LIVING

Office Code: \_\_\_\_\_

**MICIL CONSUMER  
CONTACT RECORD**

Month /Year: \_\_\_\_\_

Staff: \_\_\_\_\_

Code: \_\_\_\_\_

DATE OF CONTACT	UNITS	SERVICE CODE	FUNDER CODE	CONTENT CODES Enter all that apply	REFERRAL CODES Enter all that apply

**SERVICE CODES**

- 01 Intake
- 02 Assessment
- 03 IL Skills Training
- 04 Individual Advocacy
- 05 Peer Counseling
- 06 Other Counseling
- 07 Communic. Service
- 08 Emerg. Intervention
- 09 Service Coordination
- 10 Service Planning
- 11 Exit Evaluation

**FUNDER CODES**

- 01 Title VII Core
- 02 State POS
- 03 ILP
- 04 EBS
- 05 Fee-For-Svc
- 99 Other

**CONTENT CODES**

- AA Architecural Acces
- AD Advocacy Svcs
- BN Benefits
- CA Comm Access
- CD Svcs for Children w/
- CH Chore Svcs
- CL Consumer Rights
- CM Communication Dev
- CS Counsel Svcs (Peer)
- CT Consul/Tech Assist
- DL Daily Living/Self-Care
- EM Employment

- EQ Equip/Assist. Devices
- ER Emerg Resources
- ET Education & Training
- FN Finance/Benefits
- HC Health Care/Nutrition
- HG Housing
- MO Mobility
- PA Personal Assistance
- SH Self-Help/Pers  
Growth
- SR Social/Recreation
- TR Transportation
- OT Other \_\_\_\_\_

**STATUS CODES**

- 01 Intake/Assessment
- 02 Waiting List/Referral
- 03 Exit Prior to Service
- 04 IL Plan Development
- 05 Exit During ILP Service
- 06 ILP Implementation
- 07 ILP Completion
- 08 Non-ILP Service
- 09 Program Exit

STATUS CHANGES

Date Active	Status	Date Inactive
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REFERRAL CODES**

- 01 Agen. Serv. Aging
- 02 Agen. Serv. Children
- 03 Develop. Dis. Agency
- 04 Disability Related  
Organiz.
- 05 Education Organization

- 06 Employment Agency
- 07 Housing Agency
- 08 Information Service
- 09 Legal Service
- 10 Mental Health Agency

- 11 Medicaid
- 12 Medical Service
- 13 Benefit Granting Agency
- 14 Primary Care Facility
- 15 Private Business

- 16 Private Vendor
- 17 Protection & Advocacy
- 18 Rehab Agency- Blind VR
- 19 Rehab Agency- Gen. IL
- 20 Rehab Agency- Gen. VR

- 21 Social Sec. Admin
- 22 Transportation Agency
- 23 Veteran's Administration
- 24 Welfare Agency
- 99 Other



## **INSTRUCTIONS -- Consumer Contact Record (OM-CCR)**

**PURPOSE:** To keep a record of each contact with the Consumer (by phone or in person).

**PERSONNEL RESPONSIBLE:** All Staff Members who have Consumers.

### **INSTRUCTIONS:**

1. One Consumer Contact Record will be filled in for each active Consumer each month. Staff Members who have active Consumers will keep these forms in alphabetical order in a binder or clip board at their desk. The Consumer's Name/ID will be printed/typed in the top left-hand corner of the form with the Staff Member's Code Number immediately below it. On the top right-hand corner, the Month/Year will be printed/typed.
2. Each time contact is made with a Consumer, it will be noted on the next available line of the form: "Date of Contact" will be entered as day-month (*i.e.*, 05-17); "Units" will be entered as a number to the next higher unit (*i.e.*, 1 through 15 minutes = 1 unit); "Service Code" (from the bottom of the page) will indicate what service was performed -- "Intake" is the actual intake procedure, "Assessment" could be the development of the Independent Living Plan, "Other Counseling" could be Case Consultation, and "Emergency Intervention" could be Protection and Advocacy; "Funder Code" (from the bottom of the page); "Content Code(s)" (from the bottom of the page); and "Referrals to" (from the bottom of the opposite page).
3. "PROGRESS NOTES" (on the opposite page) will include the date the observation is made and a brief (not to exceed one line) note of the contact/observation.
4. "Status Changes" (in the lower right-hand corner). This section is filled out when the Intake is completed ("Date Active" is the date of Intake, "Status" is 01, and "Date Inactive" is left blank unless the case is opened and closed in the same month). Once each month, this section is completed using the same active date with the status code for that particular month.
5. If it becomes necessary to use more than one page for a Consumer, each new page will have the Consumer's Name/ID on the line in the upper left-hand corner with a dash and the number of that page (*i.e.*, JOHN SMITH - 2).
6. For Programs which rely on detailed observation/comment, the Contact Sheet Addendum Form (OM-CSAF) will be used (**NOTE: Both the ILS and EBS Programs will continue to use the Addendum Form.**)
7. The Consumer Contact Record Form will be cut off on the last workday of each month. It may be entered into the MIS-IL system at the convenience of the IL Specialist/Special Program Counselor but not later than the 15th of the following month.



**INSTRUCTIONS -- Contact Sheet Addendum Form (OM-CSAF)**

**PURPOSE:** To provide additional, detailed documentation of activities regarding a Consumer as well as recording who took the action, when it was taken, and the goals (See Tab A for list of MICIL Goal Codes by function).

**PERSONNEL RESPONSIBLE:** IL Specialists/Special Program Counselors  
Program/Branch Coordinators

**INSTRUCTIONS:**

1. Any action taken concerning a Consumer (whether by phone or in person), and regardless of whether or not it is directly with the Consumer or about the Consumer which is too lengthy or involved to list on the Consumer Contact Record will be documented on the Contact Sheet Addendum Form (OM-CSAF).

**Special Programs such as ILS and EBS which rely on observations to satisfy program requirements and completing monthly and quarterly reports will use this form.**

2. Such documentation will include the initials of the person making the note and the date of the note in the far left column. The note, itself, will include such items as a brief description of the action taken (who did what, when, and where) and the results (if any) in the form of an achievement (goal), and other pertinent information (*e.g.*, was anyone else present at the time -- who/address/phone number/reason - do **NOT** use first names of persons unless their last name also appears and the agency/relationship to the Consumer). The note should be written clearly enough that the Goal(s) achieved is obvious.

3. The note should make clear the concern (*i.e.*, housing, financial assistance, dispensing of an aid or equipment, or training) and the activity (advocacy, peer counseling, request for and receipt of documents or information).

4. At a minimum, there will be at least one contact note in each active file per month (*i.e.*, each Consumer should be seen/contacted at least once a month to document progress - whether by phone or in person).

5. The following suggestions will be taken into consideration when writing contact notes:

- Contact Notes will be written in a brief, clear, and concise manner
- Notes will be as objective as possible -- never subjective
- Notes will be legible and grammatical
- Confidentiality will be considered at all times (*i.e.*, Contact Notes will never be left lying around where others may read or see them!)
- Notes will be relevant and pertinent to the service being provided
- All actions taken to provide service will be recorded

6. Coordinators are responsible for reviewing case files at least once each quarter to ensure notes are being entered in a timely manner, that they are complete and relevant, and to evaluate the IL Specialist/Special Program Counselor's performance based upon the documentation found in the files.