# Collaborative Care Fidelity/Adherence Assessment Checklist

Please prepare the following material to share with MCCIST/Mi-CCSI before meeting to assess your practices current delivery of collaborative care (CoCM) services.

## Workforce:

□ Provide a list of the name, licensure, FTE dedicated to CoCM of BHCM(s)

□ Provide a list of the name, licensure, FTE dedicated to CoCM of psychiatric consultant(s)

## Clinical Protocols:

□ Provide template of initial CoCM assessment

□ Provide patient follow-up measure data

* Numerator: patients actively receiving CoCM services that have at least two completed contacts with the BHCM per month (30 days) in the first two months of enrolling in CoCM services
* Denominator: patients actively receiving CoCM services

## Technology

□ Provide de-identified copy of systematic case review tool

□ Provide de-identified copy of disease registry

## Other

□ CoCM training or orientation materials or protocols/process/checklist