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| Record Review Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ □ Focused Review |
| **Client Information:**  First Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Last Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Birth Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Admission Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Gender: **□ M □ F**  DCFS Ward: **□**  DCFS ID: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Medicaid ID: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Database ID: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Worker Information:**  Agency Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Program Model: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  First Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Program Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Last Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Supervisor Information:  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Item** | **N/A** | | **Present** | **Compliant** | | **Corrective Actions Required** | | **Comments** | |
| 1. **Referral/ Intake** |  | |  |  | |  | |  | |
| 1.1 Client Intake Information, Participant Intake Form, OR Face Sheet  is present and complete (Form can be program specific, but must I  include intake data and client demographics information, at a  minimum). | □ | | □ Y □ N | □ Y □ N | | □ Y □ N □ **Completed** | |  | |
| 1.2 Agency and specific consent for services including client rights and  Confidentiality policy. | □ | | □  **Y □ N** | □ Y □ N | | □ **Y** □ N □ **Completed** | |  | |
| 1.3 HIPAA – Acknowledgment of Receipt of Notice of Privacy Practices  Signature Page (client must sign if age 12 or older;  parent/guardian signature required when client is under 18 years  of age). (If your agency or program believes it does not need to comply with this, please provide a brief written explanation.) | □ | | □  **Y □ N** | □ Y □ N | | □ **Y** □ N □ **Completed** | |  | |
| 1.4 Reason for referral is documented SOMEWHERE in the client record  (e.g., intake form/face sheet, referral form, or assessment). | □ | | □  **Y □ N** | □ Y □ N | | □ **Y** □ N □ **Completed** | |  | |
| 1. **Consents** |  | |  |  | |  | |  | |
| 2.1 Informed Consent to Participate in Services (client must sign if age  12 or older; parent/guardian signature required). | □ | | □  **Y □ N** | □ Y □ N | | □ **Y** □ N □ **Completed** | |  | |
| 2.2 MIECHV Data Consent (client must sign if age  12 or older; parent/guardian signature required) | □ | | □  **Y □ N** | □ Y □ N | | □ **Y** □ N □ **Completed** | |  | |
| 2.3 Consents for Release of Information are present for all service  providers where information has been released or exchanged (You  Must review case notes to determine if information was released  And to whom; review for all clients related to this case – children,  youth, biological parents, etc; if no information was released, select  n/a; if information WAS released, look for corresponding release of  information, which must be signed and dated PRIOR to the release/  exchange of information). | □ | | □  **Y □ N** | □ Y □ N | | □ **Y** □ N □ **Completed** | |  | |
| 2.4 Consents for Release of Information are completed sufficiently (all  Info and required signatures). | □ | | □  **Y □ N** | □ Y □ N | | □ **Y** □ N □ **Completed** | |  | |
| **Item** | **N/A N/A** | **Present** | | | **Compliant** | | **Corrective Actions Required** | | **Comments** |
| **3. Assessment / Social History** | □ |  | | |  | |  | |  |
| 3.1 Social History e.g. Kempe, (Clinical Checklist) was completed  within 45 days of intake or record documents efforts  to complete within the required timeframe. | □ | □  **Y □ N** | | | □ Y □ N | | □ **Y** □ N □ **Completed** | |  |
| 3.2 The assessment is complete (Review current assessment and any  previous assessments completed by program staff within the last  12 months). | □ | □  **Y □ N** | | | □ Y □ N | | □ **Y** □ N □ **Completed** | |  |

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| **Item** | **N/A N/A** | **Present** | **Compliant** | **Corrective Actions Required** | **Comments** |
| **4. Service Planning** | □ |  |  |  |  |
| 4.1 The Individual Family Support Plan or Treatment Plan (family  Goals and objectives) was developed within 45 days. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 4.2 The IFSP is complete. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 4.3 The client and/or guardian participated in the development and  Revision of the IFSP (see signatures and case notes). | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 4.4 The IFSP and revisions are signed by the parent/guardian. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 4.5 The IFSP is individualized to the client/family needs. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 4.6 The IFSP is based on the findings of the assessments listed in  Section 3, as agreed upon with the family. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 4.7 The IFSP includes goals and objectives for each identified issues of  Area of need. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 4.8 Service goals are goal directed and strengths based. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 4.9 IFSP has been modified when indicated or necessary | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |

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| **Item** | **N/A N/A** | **Present** | **Compliant** | **Corrective Actions Required** | **Comments** |
| **5. Service Provision** | □ |  |  |  |  |
| 5.1 Case notes are signed AND dated by the person who provided the  service. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 5.2 Case Notes are legible. There is no white-out, pencil or erasable pen  in any of the documentation. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 5.3 The record contains documentation of timely and progressive service  provision (the client/family is being seen regularly) and/or attempts  to meet with the client and family have been documented. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 5.4 Case notes are specific and factual and include the person(s) with  whom contact is made, the type of contact, the date/time, and a  sufficient description of the service or intervention (The reviewer  should be able to read the case notes and determine what services  are being offered to the client and what occurred during each  interaction with or on behalf of the client). | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 5.5 Case notes are up-to-date (completed and filed within 1 week of the  date of this record review). Please note the date of the last case  note in the comments. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 5.6 Case notes CLEARLY reflect that the worker is addressing the goals  and objectives specified in the Treatment Plan or Service Plan (notes  indicate that the worker is focusing services and interventions on  helping the client achieve his/her goals and objectives). | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 5.7 If the client or family is not participating in all offered services, the  record documents the worker’s attempts to involve the client/  family and/or attempts to address barriers (select n/a if client and  family are actively participating in services). | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 5.8 If the child has identified medical or developmental needs, the  worker referred the parents to community services specific to those  needs. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 5.9 If the parent has identified mental health, domestic violence, or  depression, the worker referred the parents to community services  specific to those needs. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |

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| **Item** | **N/A N/A** | **Present** | **Compliant** | **Corrective Actions Required** | **Comments** |
| **6. Supervision** | □ |  |  |  |  |
| 6.1 Weekly supervision is documented in the record  (Supervision may be documented by the worker or the Supervisor). | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 6.2 Documentation of supervision is clear, specific, and reflective. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 6.3 The record contains documentation of supervision regarding initial  and on-going assessment. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 6.4 The record contains documentation of supervisions regarding  identification of client needs and service plan development. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 6.5 The record contains documentation of supervision regarding  ongoing service provision and progress toward service Plan  goal/objectives. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 6.6 The record contains documentation of supervision regarding  client/family safety, if indicated (select n/a if there do not appear  to be any safety concerns). | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 6.7 The record contains documentation of supervision regarding client  discharge and aftercare (select n/a if the case is still open and is not  currently moving toward discharge). | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |

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| **Item** | **N/A N/A** | **Present** | **Compliant** | **Corrective Actions Required** | **Comments** |
| **7. Safety** | □ |  |  |  |  |
| 7.1 Unusual Incident Reporting Forms are complete for all unusual  incidents (You must read at least 6 months of case notes to  determine if an incident took place; if there were no incidents,  select n/a; if incidents were described in the case note, look for the  corresponding UIR). | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 7.2 Appropriate follow-up has occurred for each Unusual Incident Report  (you must read the case notes to determine if the worker discussed  the Incident with the client/family and provided appropriate services  to address the incident). | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| **8. Discharge/Aftercare** |  |  |  |  |  |
| 8.1 The Closing Summary was completed within 30 days of discharge. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 8.2 The Closing Summary includes recommendations for ongoing  services or notes that additional services are not necessary. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 8.3 The Closing Summary specifies all aftercare needs, as indicated.  This must include all needed or desired post-termination services  (select n/a if aftercare is not necessary). | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 8.4 The Closing Summary includes reason for discharge. | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |
| 8.5 Documentation reflects that, when prescribed, the worker followed  up on the aftercare plan goals specified in the Closing Summary  (select n/a in aftercare is not necessary). | □ | □  **Y □ N** | □ Y □ N | □ **Y** □ N □ **Completed** |  |