

SERVICE CASE FILE REVIEW FY '14

Case Number:

Confidentiality

a. Consent form found in file (only required if information released) is complete, has statement that consent is subject to revocation, is signed and has complete information.	YES	NO	
b. <i>Signature of patient and guardian if minor and date signed *</i>	YES	NO	
c. Acknowledgement of receipt of Privacy statement present, signed, and witnessed.	YES	NO	

Engagement session and Assessment of Service Level

a. Engagement session identifies client goals and identifies initial diagnosis.	YES	NO	
b. Engagement session includes statement of client's presenting problem and:	YES	NO	
1. Identification and documentation of acute psychosis, intoxication/withdrawal relevant to presenting problem.	YES	NO	
2. Identification and documentation of biomedical conditions and complications relevant to presenting problem	YES	NO	
3. Identification and documentation of Emotional, Behavioral, Cognitive Conditions and or Complications relevant to client's current situation and presenting problem. <i>(include learning disabilities)*</i>	YES	NO	
4. Identification, evaluation and documentation of readiness to change relevant to presenting problem.	YES	NO	
5. Identification and documentation of Relapse, or Continued Problem Potential relevant to presenting problem.	YES	NO	
6. Identification and documentation of client's Recovery Environment relative to presenting problem	YES	NO	
7. Identification of Recovery Support services needed relevant to presenting problem.	YES	NO	
c. Engagement session summary includes recommendations for level of care and intensity of services needed.	YES	NO	

Ongoing Assessment

a. Assessment Dimensions are current and are updated as new information is received, new goals are identified and client progresses	YES	NO	
b. Assessment process is ongoing and changes to assessment information are reflected throughout record.	YES	NO	
c. Level of care and intensity of serves are supported by ongoing assessment information, or difference is clinically justified.	YES	NO	

Case Number:		
<u>Recovery Plan</u>		
a. Evidence of Client/Patient participation in development of Plan.	YES NO	
b. The plan is individualized and based on the client's goals and other needs agreed on by the client.	YES NO	
c. Objectives are measurable, achievable within a specified time frame and reflect <i>developmentally</i> * appropriate activities that support progress towards achievement of client goals.	YES NO	
d. Documentation of client's status is reflected throughout the client record, reflecting changes in types, schedule, duration and frequency of therapeutic interventions to facilitate client progress as well as changes in client objectives and goals.	YES NO	
e. Recovery Plan is current.	YES NO	
f. <i>Evidence of family involvement in treatment.*</i>	YES NO	
<u>Co-occurring Treatment</u>		
a. Co-occurring mental health and physical health issues identified during assessment process	YES NO	
b. If identified, Co-occurring diagnosis present.	YES NO	
c. If identified, evidence that it was discussed, and if agreed upon, addressed in recovery plan through direct services or referral for services. .	YES NO	
d. Progress on Co-occurring issue and/or follow through on referrals are documented in record.	YES NO	
<u>Progress Notes</u>		
a. Every service contact documented.	YES NO	
b. Clinical service notes include the date, duration and type of intervention.	YES NO	
c. Progress notes are used to document progress or lack of progress on client's goals and objectives and reflect behavioral changes as well as changes in attitudes and beliefs.	YES NO	
d. Progress reports and letters submitted as required and are individualized to reflect client progress.	YES NO	
e. Recovery support services are documented to the extent required for clinical continuity and in order to meet financial requirements.	YES NO	
<u>Gender and Cultural Specificity</u>		
Record reflects cultural and gender specificity in treatment.	YES NO	

Case Number:

Continuing Recovery Recommendations

a. Recommendations for ongoing services include the extent to which established goals and objectives were achieved, what ongoing services are recommended, and a description of the client's recovery support plan.	YES	NO	
b. Signature and title of an appropriately licensed professional.	YES	NO	
c. Referrals and follow-up care provided (preferred).	YES	NO	

*** *Italics indicate adolescent requirements***

Remarks:
Additional focus issues:
Tobacco use as part of diagnosis?
Tobacco Cessation discussion documented?