

Optum Idaho

FAMILY SUPPORT RECORD REVIEW TOOL

Provider Name: _____

City: _____ State: _____

Region: _____

Chart ID: _____

Audit Type: _____

Reviewer Name: _____

Member Gender: _____

Member Age: _____

Date of Review: _____

Rating Scale: NA = Not Applicable Y = Yes N = No

Y N NA

Initiation

1	Each member has a separate record.			
Comments:				
2	Each record includes the member's address, employer or school, home and work telephone numbers including emergency contacts, relationship or legal status, and guardianship information if relevant.			
Comments:				
3	The member's record documents the member is under the age of 18 when Family Support Services were initiated.			
Comments:				
4	There is evidence of a diagnosis for the identified member, who made the diagnosis, and when the diagnosis was made.			
Comments:				
5	All entries in the contact record include the responsible Certified Family Support Partner's (CFSP) name, what organization the CFSP peer works for and is dated and signed where appropriate.			
Comments:				
6	The CFSP has the name and contact information for the member's psychiatrist, therapists, treatment counselor, and/or case worker in the record.			
Comments:				
7	The reasons for starting family support services are indicated and includes the name <u>and</u> relationship to the member for each family member expected to participate in services.			
Comments:				
8	The goals the member/member family has for working with the CFSP are stated in the record			
Comments:				
9	There is evidence in the member's record of an inventory of the member's/member family's strengths and other resilience factors such as the member's/member family's support network.			
Comments:				
10	Comments on the member's perception on their current family and/or social supports is included in the record.			
Comments:				
11	There is evidence in the contact record that the member/member family confirms they want services.			
Comments:				
12	There is evidence the CFSP obtained appropriate consents to contact member's behavioral health clinician, medical physician, family/social supports, and/or agencies and other programs with which the member is involved.			
Comments:				

Coordination of Care				
13	There is evidence in the contact record of the member's behavioral health clinician (e.g. psychiatrist, social worker, psychologist, counselor, treatment counselor), including contact information			
Comments:				
14	There is evidence in the contact record that the CFSP is coordinating care with the behavioral health clinician.			
Comments:				
15	There is evidence in the contact record that the member was asked whether they have a primary care (medical) physician (PCP).			
Comments:				
16	If the member has a PCP there is documentation that communication/collaboration occurred.			
Comments:				
17	If the member has a PCP, there is documentation that the member/guardian refused consent for the release of information to the PCP.			
Comments:				
Service Planning				
18	There is evidence in the contact record of a service plan, developed by the member/member family with support from the CFSP as needed.			
Comments:				
19	The service plan includes a description of the member's/member family's goals, the timeframes for meeting each goal, and the steps the member/member family wants to take to achieve their goals.			
Comments:				
20	The service plan includes a description of how the member/member family will engage in family support services, utilize empowering self advocacy tools and other community support services.			
Comments:				
21	The service plan includes the development of an Action Plan for Recovery and/or plan for managing relapse (if desired by the member).			
Comments:				
22	There is evidence that the CFSP has offered the member/member family a range of recovery and resiliency_tools.			
Comments:				
23	The contact record shows the CFSP is helping the member/member family work with their providers.			
Comments:				
24	There is evidence the service plan is reviewed at a minimum of every 120 days (per IDAPA 16.07.37, section 407).			
Comments:				
Case Notes				
25	Each case note includes the date of service, start and stop time, and is signed by the CFSP.			
Comments:				
26	Each case note identifies what service plan goals are being addressed during the session.			
Comments:				
27	The case notes reflect changes in goals as new issues are identified by the member/member family.			
Comments:				
28	The case notes describe/list member/member family strengths and challenges and how those impact the member/member family meeting or changing the service plan goals.			
Comments:				
29	There is evidence that the CFSP has offered the member/member family access to face to face support.			

Comments:				
30	The CFSP describes in the case notes the progress or lack of progress towards service plan goals.			
Comments:				
31	The case notes document any referrals made to other agencies and/or support services when indicated.			
Comments:				
Transition Planning				
32	If the member/Member family transitioned from the service, there was evidence the CFSP coordinated the transition with the member's primary behavioral health clinician and other appropriate agencies and/or supports.			
Comments:				
33	If the member was transitioned from the service there was evidence that the CFSP provided the member/member family with a list of appropriate community-based support groups and activities.			
Comments:				
Records				
34	The case notes document the date of next agreed upon appointments.			
Comments:				
35	The record is clearly legible to someone other than the writer.			
Comments:				