

# Optum Idaho

## FAMILY SUPPORT RECORD REVIEW TOOL

Provider Name:

City: State:

Region:

Chart ID:

Audit Type:

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.			
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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.			
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Comments:

3	The member's record documents the member is under the age of 18 when Family Support Services were initiated.			
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Comments:

4	There is evidence of a diagnosis for the identified member, who made the diagnosis, and when the diagnosis was made.			
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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.			
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Comments:

6	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			
<b>Comments:</b>				
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.			
<b>Comments:</b>				
8	The goals the member/member family has for working with the CFSP are stated in the record			
<b>Comments:</b>				
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.			
<b>Comments:</b>				
10	Comments on the member's perception on their current family and/or social supports is included in the record.			
<b>Comments:</b>				
11	There is evidence in the contact record that the member/member family confirms they want services.			
<b>Comments:</b>				
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.			
<b>Comments:</b>				
<b><i>Coordination of Care</i></b>				
13	There is evidence in the contact record that the CFSP is coordinating care with the behavioral health clinician.			
<b>Comments:</b>				
14	There is evidence in the contact record that the member was asked whether they have a primary care (medical) physician (PCP).			
<b>Comments:</b>				
15	If the member has a PCP there is documentation that communication/collaboration occurred.			

<b>Comments:</b>			
16	If the member has a PCP, there is documentation that the member/guardian refused consent for the release of information to the PCP.		
<b>Comments:</b>			
<b><i>Service Planning</i></b>			
17	There is evidence in the contact record of a service plan, developed by the member/member family with support from the CFSP as needed.		
<b>Comments:</b>			
18	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.		
<b>Comments:</b>			
19	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.		
<b>Comments:</b>			
20	The service plan includes the development of an Action Plan for Recovery and/or plan for managing relapse (if desired by the member).		
<b>Comments:</b>			
21	There is evidence that the CFSP has offered the member/member family a range of recovery and resiliency tools.		
<b>Comments:</b>			
22	The contact record shows the CFSP is helping the member/member family work with their providers.		
<b>Comments:</b>			
23	There is evidence the service plan is reviewed at a minimum of every 120 days (per IDAPA 16.07.37, section 407).		
<b>Comments:</b>			
<b><i>Case Notes</i></b>			
24	Each case note includes the date of service, start and stop time, and is signed by the CFSP.		
<b>Comments:</b>			

25	Each case note identifies what service plan goals are being addressed during the session.			
<b>Comments:</b>				
26	The case notes reflect changes in goals as new issues are identified by the member/member family.			
<b>Comments:</b>				
27	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.			
<b>Comments:</b>				
28	There is evidence that the CFSP has offered the member/member family access to face to face support.			
<b>Comments:</b>				
29	The CFSP describes in the case notes the progress or lack of progress towards service plan goals.			
<b>Comments:</b>				
30	The case notes document any referrals made to other agencies and/or support services when indicated.			
<b>Comments:</b>				
<b><i>Transition Planning</i></b>				
31	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.			
<b>Comments:</b>				
32	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.			
<b>Comments:</b>				
<b><i>Records</i></b>				
33	The case notes document the date of next agreed upon appointments.			
<b>Comments:</b>				
34	The record is clearly legible to someone other than the writer.			
<b>Comments:</b>				