

Record Review Tool for Providers

Date:

Client Name:

Case Manager:

Intake	Yes	No	NA	Comments
The intake is completed within seven business days of the date of referral.				
Request for Prior Authorization is submitted to TMHP within three business days of the date of the intake.				
Family Needs Assessment (FNA)	Yes	No	NA	Comments
FNA is completed within seven business days of prior authorization of service.				
FNA reflects all needs documented on the Request for Prior Authorization.				
Documentation in the FNA supports client eligibility. There must be a HEALTH CONDITION/RISK AND at least one medically necessary medical, social, educational, developmental or other need.				
All fields in the FNA are addressed as evidenced by complete and appropriate documentation.				
Service Plan (SP)	Yes	No	NA	Comments
Documentation on the SP supports client eligibility. There must be at least one medically necessary medical, social, educational, developmental or other need.				

SP is completed accurately; including documentation of all needs identified on the FNA, the interventions for addressing needs, the individual responsible for each action step and individualized time frames to address each action step.				
SP consent form (CM-03CON) includes dated signature of client/parent/guardian.				
Follow-Up Visits	Yes	No	NA	Comments
Documentation includes evidence of eligibility.				
Documentation on the first follow-up addresses all needs identified on the service plan.				
Documentation in each follow-up includes efforts to REVIEW AND address ALL outstanding Service Plan needs.				
Timeframes are met, as documented by the Case Manager on the Service Plan and/or Follow-up visit.				
If applicable, the case manager requested prior authorization to conduct additional visits with the eligible client to address outstanding needs.				
Required Documentation	Yes	No	NA	Comments
Required documentation is on HHSC standardized forms or agency forms approved by HHSC-CM. (Unless Managed Care Organization approved forms are used.)				
Documentation of activities, not otherwise documented on required forms, is recorded on progress notes.				
Required documentation includes the case manager's dated signature and license designation.				

Record includes required consents.				
Any documents provided to the client/parent/guardian are written in the client's preferred language or signed by an interpreter.				
When warranted, documentation indicates a report of abuse, neglect and/or exploitation of a child or person with a disability was made.				
Billing Review	Yes	No	NA	Comments
The records contained documentation for all contacts billed to Medicaid.				
The case manager authorized for services matches the case manager who provided the services.				