# 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. (Policy 008) |  |  |  |  |
| Request for Prior Authorization is submitted to HHSC-CM within three business days of the date of the intake. (Policy 009) |  |  |  |  |
| Family Needs Assessment (FNA) | Yes |  No | NA | Comments |
| FNA is completed within seven business days of prior authorization of service. (Policy 011) |  |  |  |  |
| FNA reflects all needs documented on the Request for Prior Authorization. (Policy 011) |  |  |  |  |
| 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. (Policy 009 and 011) |  |  |  |  |
| All fields in the FNA are addressed as evidenced by complete and appropriate documentation. (Policy 011) |  |  |  |  |
| 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. (Policy 009 and 011) |  |  |  |  |
| 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. (Policy 011) |  |  |  |  |
| SP consent form (CM-03CON) includes dated signature of client/parent/guardian. (Policy 011)  |  |  |  |  |
| Follow-Up Visits | Yes |  No |  NA | Comments |
| Documentation includes evidence of eligibility. (Policy 013) |  |  |  |  |
| Documentation on the first follow-up addresses all needs identified on the service plan. (Policy 013) |  |  |  |  |
| Documentation in each follow-up includes efforts to REVIEW AND address ALL outstanding Service Plan needs. (Policy 013) |  |  |  |  |
| Timeframes are met, as documented by the Case Manager on the Service Plan and/or Follow-up visit. (Policy 013) |  |  |  |  |
| If applicable, the case manager requested prior authorization to conduct additional visits with the eligible client to address outstanding needs. (Policy 009) |  |  |  |  |
| Required Documentation |  Yes |  No |  NA | Comments |
| Required documentation is on HHSC standardized forms or agency forms approved by HHSC-CM. (Policy 005) |  |  |  |  |
| Documentation of activities, not otherwise documented on required forms, is recorded on progress notes. (Policy 005) |  |  |  |  |
| Required documentation includes the case manager's dated signature and license designation. (Policy 005) |  |  |  |  |
| Record includes required consents. (Policy 016) |  |  |  |  |
| Any documents provided to the client/parent/guardian are written in the client’s preferred language or signed by an interpreter. (Policy 005) |  |  |  |  |
| When warranted, documentation indicates a report of abuse, neglect and/or exploitation of a child or person with a disability was made. (Policy 018) |  |  |  |  |
| Billing Review |  Yes | No |  NA | Comments |
| The records contained documentation for all contacts billed to Medicaid. (Policy 006) |  |  |  |  |
| The case manager authorized for services matches the case manager who provided the services. (Policy 006) |  |  |  |  |