

Home Based Casework

Client Name: _____ Referral Start Date: _____

Due 1 Time per client during Initial Meeting, then annually there after

- Consent for service
- HIPAA- Confidentiality statement
- Safety issues and safety plan documentation
- Client bill of rights & responsibility
- Initial Treatment Plan
- Proof that face to face services began within 48 hours of receiving the referral
- Copy of Clients State ID or Drivers License
- Signed consent for release of information for DCS
- Telehealth Informed consent
- Emergency Contact Release of Information

Due one time per client within 30 days of initial meeting

- Home Based Casework Comprehensive Assessment

Due within 30 days of initial meeting then monthly for the duration of the case.

- Family Budget
- Home Inventory

Due within 30 days of initial meeting & Update Due every 90 days for the duration of the case.

- Updated Treatment Plan
- FAST Assessment
- Email from referral source authorizing remote services (if applicable)

Due every 1st day of the following month.

- Sign in /out sheets signed by clients
- Discharge /Transfer Summary
- Copy of Weekly Updates That Were Sent To Referral Source
- Completed professional consultation note. Part time contractors working less than 20 hours per week. Contractor must complete at least four (4) hours of supervision per month. These four (4) hours must be split by weekly. 1 additional supervision hour is required each week if more than 20 hours of service provided. For full time contractors working 40 hours per week. Contractor must complete at least eight (8) hours of supervision per month. Supervision must be completed after 20 hours of service has been provided by the contractor.)**

Due within 30 days every time attended days for the duration of the case.

- Court Request & Subpoena (if attended court)
- Team meeting notes (Including CFT & Provider meetings)/ or proof of request for meeting notes from the referring agent.

Due by midnight on the day of service.

- Progress Notes (be sure to include discussions and outcomes. progress notes should match billing)

Due at case closure.

- o Proof that client satisfaction survey was sent to the client client (<https://bit.ly/RateMyHBCService>)
- o Proof that referral follow up form was sent to FCM, Probation/ Care Coordinator, (<https://bit.ly/RateMyHBCreferral>) *****Bitly links are case sensitive.