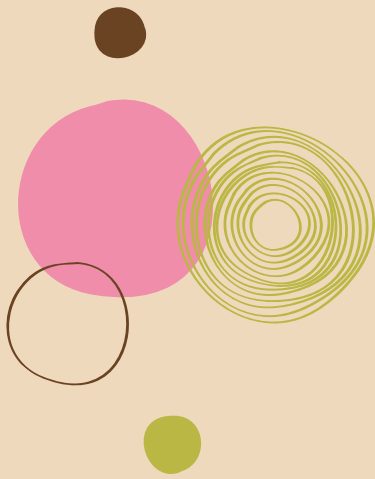


Contractor
Toolbox

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Section 1
Staying
Organized

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MONTHLY TASK

MONTHLY REPORT DEADLINES		
HAB & TRAINING & SUPPORT	HBCW, RFSS, PE, PFFA	
Submit By The 1st (By The Contractor)	Submit by the 1st (By The Contractor)	Submit by the 8th (By The Contractor) Use Template Provided
Returned By The 2 nd	Returned by the 4th	Returned by the 10th
Submit Edits By The 4th (By The Contractor)	Submit Edits By The 6th (By The Contractor)	Submit Edits By The 11th (By The Contractor)

SUBMIT YOUR INVOICE THE 1ST DAY FOLLOWING THE MONTH OF SERVICE BY MIDNIGHT (IF YOUR TIME & NOTES/REPORTS ARE NOT SUBMITTED BY THE DEADLINE THERE WILL BE A DELAY IN PAY.) SUBMIT 1 INVOICE FOR THE ENTIRE MONTH

- SUBMIT YOUR MONTHLY REPORT BY THE FIRST DAY & 8TH (Use Template) DAY OF THE FOLLOWING MONTH
- SUBMIT ALL ORIGINAL DOCUMENTS SIGNED BY THE CLIENT TO THE CLIENT FILE
- AFTER MONTHLY REPORTS ARE APPROVED. BE SURE TO UPDATE ANY/ ALL CHANGES TO THE PROGRESS NOTE IN THERANEST. (The Progress Note Must Match The Monthly Report.)
- YOU HAVE 10 BUSINESS DAYS TO COMPLETE CLIENT FILE AUDIT AND UPLOAD REQUESTED DOCUMENTS AFTER YOUR AUDIT CHART IS RECEIVED.

*******Process Discharge/ Transfer*******

1. Send "client satisfaction survey" to the client. Send referral follow up form to referral source. Load proof to the client file. (Links can be found on audit checklist.)
2. Complete final progress notes be sure to document all conversations and meetings.
3. Complete treatment plan and update where needed. Mark achieved goals and objectives. Update aftercare plan if needed.
4. Compose Discharge/Transfer report (Page 36-38)
5. Complete File Audit. (From Contractor Tool box pages 41-44)
6. Complete case change form on our partner page.
7. Staff the case with your supervisor and be sure to complete a professional consultation note mention the case discharge/transfer.

Password Log

WEBSITE:
USERNAME:
PASSWORD:
NOTES:

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WEBSITE:
USERNAME:
PASSWORD:
NOTES:

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WEBSITE:
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WEBSITE:
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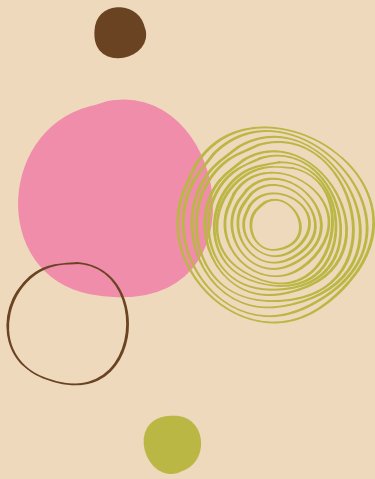
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WEBSITE:
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PASSWORD:
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WEBSITE:
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Section 2
Software
Tutorials

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How to Create a Treatment Plan in CMP

1. Click on Treatment Plan -Treatment Plan · Select Case

- Select Member
- Click Find
 - o If no Treatment Plan exists, you will receive a message; "No Treatment Found"
 - o You MUST hit find, even when you know a treatment plan does not exist.
- Enter in a Date
- Enter in a Review Date (3 Months out)
- Select Save
 - o You will receive the message; "Treatment Plan Header Updated"
- Complete Main Data Sections - See example
- Select Save again
 - o You will receive the message: "Treatment Plan Header Updated"
- Select -Main Button: This will make it easier to see the goal section

2. Select the Template drop down box

- Select a Template
 - o Click "Add Goals"
 - o The goal will populate in the bottom blue box
 - o Select (+) next to your name to expand the objectives
 - o You can Edit or Delete objectives as needed, by simply selecting "Edit" or "Delete" in the same line as the objective
 - o Update each goal to include "Date Established"
 - o You can Add an Objective by selecting "Add New"
 - Once selected type your new objective in the box that appears
 - Select Save
 - Your new objective will be added to the treatment plan

- If you have multiple goals, you will repeat the process until you have added all goals to the treatment plan.
- Once all of the goals have been added, Select Save
 - o You will receive the message: "Treatment Plan Header Updated"
- After you have saved, and are satisfied with your Treatment Plan, Select "COMP"
 - o You will receive the message: "Treatment Plan Completed"
- Once you have completed the treatment plan, notify your supervisor/team lead so they can review.
- Once your treatment plan has been supervised you can review the treatment plan with your client.
 - o Select Treatment Plan Treatment Plan Detail
 - All Treatment Plans should populate
 - Select your treatment plan by selected the number in the Treat Case ID Column
 - Select Print
 - Scroll to the bottom of the Treatment Plan, input a date.
 - Click on the Red "X", and a box will generate. Your client can use the mouse or touch screen to sign.
 - Click on Save.
 - o Input a date for your signature.
 - o Click the Red "X" and your signature should automatically populate

How to Complete a Treatment Plan 90 Day Update

1. Under Treatment Plan tab select Treatment Plan Detail
2. Under "Treat Case ID" column click on the number for the client TX plan needed
3. In the New Treatment Date field insert date of 90 day update
4. Click Copy Treatment
5. In the Review Date field insert date 90 days out from date just entered
6. Click Save
7. Update goals if required. To delete one hit, delete next to the goal. If one needs added, under the template field find the goal then click Add Goals.
8. Update objective dates. Under the Employee Column in the goal section select the + sign next to the goal. The objectives will pop up. Select edit, update dates then click update. Repeat as needed.
9. Click Print
10. Click the red X by the client's name and have your client sign
11. On the provider line insert the date
12. Click the red X by the provider's name and sign
13. The 90 day TX Plan update is complete

***Note, once a 90-day update has been completed previous TX plans are unable to be signed electronically. It is important to ensure all signatures on current plan are obtained when due.

****If you are reviewing a treatment plan with a client that has been transferred to you. Please add your name to the goals listed. If goals need to be edited or added please do so. Click "Edit" on the goal. "Select Staff" to select your name. Click "Update" when done. Edit or add goals as needed.****

HOW TO CREATE A PROGRESS NOTE IN CMP

1. Create a progress note
2. Click on Input Time/Progress Notes
 - Input Date
 - Input Time
 - Example: If you met with the Client from 11:15am -1:00pm
 - Type "11" TAB "15" TAB "A" TAB "01" TAB "00" TAB "P" TAB
 - This will calculate the time for you
 - Stay aware of your units remaining. If less than 15 units you will need to complete the new unit request form
 - Select Case and Service that you want to create a note for
 - Select Members
 - Select location
 - Select Method
 - Click Monthly Box
 - Select Treatment Plan Goal
 - Click (+) to add goal to note
 - If and objective applies, add an objective
 - Compose Note using this template:

On (Insert Session Date) SESSION FOCUS

In this section you should list the following:

1. Where service took place.
2. What goal was worked on.
3. What Billable service was provided

Client Progress & Assessment (In this section you should list the following:)

- 1.The client's response to interventions.
- 2.The clients progress towards the goal.

THERAPEUTIC INTERVENTION (In this section you should list the following:)

1. A description of the interventions the writer provided during the session.
2. Where should be approximately 1 paragraph /3-5 sentences per hour billed.
3. The writer should be using skill level intervention terms not therapeutic words.

PLANNED INTERVENTION (In this section you should list the following:

1. What actions by provider and client need to occur between this and the next session.
2. What is the plan for the next session.
3. What is the date of the next session.
 - Scroll to top of screen
 - o Select Save
 - o You will receive a message "Record Added"

HOW TO CREATE Visitation Notes IN CMP

1. Click on Input Time/Progress Notes
 - o Input Date
 - o Input Time
 - Example: If you met with the Client from 1- 2:30pm
 - Type "01" TAB "00" TAB "P" TAB "02" TAB "30" TAB "P" TAB
 - o Select Case and Service that you want to create a note for
 - o Select Members
 - o Select Location
 - o Select Method
 - "Billable Supervised Visit"
 - o This is what will change the format of the note to a Visit Note
 - o Complete all Field Boxes Completely
 - Each box has an explanation of the content required. Please make sure that you are providing all the information required.
 - o Scroll to top of screen
 - Select Save
 - You will receive a message "Record Added"

****Visitation Notes should be sent to the referral source 3 days after visit occurs.****

1. Notify Supervisor of completion, so the note can be reviewed

2. Once your note is Approved, and you have received notification from your supervisor send the note to the referral source

- Log in
- Click on Reporting
- Click on Time sheet
- Select the note that needs sent
- Click on visit report
- Select Print, and a new page should generate

3. Select Print again and instead of selecting a device to print your report, select a program to convert your document to a PDF; such as Microsoft Print to PDF, PDF Writer, or Cute PDF.

4. Save your document as a PDF on your computer/flash Drive

5. Compose email to send Visitation Notes to FCM/PO/CC and attach the visitation as a PDF document.

6. Print the email showing the report was sent to the referral source.
Attach it to the clients file

HOW TO CREATE A MONTHLY REPORT IN CMP

CREATING A MONTHLY REPORT

- Click on Monthly Monthly Reporting
- Choose Case from insert case line
- Type Date - the First day of the Reporting Month (11/1/2017)
- Date of Next Visit (Must be after the date you are completing the report)

• Complete the following sections:

- o **Reason for Referral and Presenting Issues:** In this area, be sure to include the reason for referral listed in the Presenting Concerns / Risk Factors Section Also mention the goal listed in Treatment Goals section.
- o **Family Functional Strengths:** In this area, you will list what the client/family does well. Does the client communicate well? Are they affectionate? Are they caring and appreciative? Do they spend quality time together? Speak about any noticed strengths in encouragement, communication, adaptive ability.... Include their strengths.
 - If you are unable to identify your client's strengths. This is an area of concern and should be documented as follows.
- o **Overall recommendation and progress summary:** In this section recommend the client continue services and explain why. Be sure to include what the client has learned so far and what they are working on Summarize the family's progress and include all recommendations. Comment on actions taken by the provider to continually assess child safety. (NOTE: Any safety concerns should be reported immediately to the Referral source immediately or the Hotline if appropriate.

*****be sure to answer the following questions in this section: Has the service been effective? If not, why? What will it take to be successful? Should the referral remain open? Include a Specific description of plans to achieve service goals immediately or the Hotline if appropriate. *****be sure to answer the following questions in this section: Has the service been effective? If not, why?

What will it take to be successful? Should the referral remain open? Include a Specific description of plans to achieve service goals *****

- o Click Insert
 - Should see a Notification "Monthly Record Inserted"
- Select Referral - (HBCW-FF; PE-FF; HBCW-CT, which ever service applies)
- Select Treatment Plan Goal, click on (+) to add it.
- Complete Sections:
 - Narrative
 - Progress Summary
 - Family Cooperativeness
 - Recommendation
- Click Save
 - o Should see a Notification "Treatment Goal Added"
- If Additional Treatment goals were worked on or other services provided during the month:
 - Click on "Clear/Insert"
 - Repeat same process -
(Select Referral, Add treatment plan goal, etc.)
- Select Print (at top of page)
 - Scroll down to narrative to ensure all progress notes transferred to Narrative section of the Monthly Report. Match all dates with the contact's box

- If Notes transfer:
 - Scroll to the top of the screen
 - Click on the Back button in the browser.
 - Update Status by clicking on "Complete"
 - o Receive notification, "Status Updated"
 - Notify Supervisor of completion, so the report can be reviewed
 - If Notes DO NOT transfer:
 - Make sure you have selected all the same goals for progress notes and monthly reports
 - o Go to Timesheet
 - o Select Each Progress Note Individually
 - o Scroll to Goals; Review and Compare to selected goals in Monthly Report
 - Make sure that the monthly box is clicked in the progress note
 - o Go to Timesheet
 - o Select Each Progress Note individually
 - o Select Monthly Checkmark box
 - o Select "Update MTH"
1. Once those are completed, select print again, and notes should transfer over.
 2. Once progress notes have transferred; refer to "If Notes Transfer" located above

How to Create a Visitation Report In CMP

1. Click on Monthly Visitation Monthly Reporting

- o Choose Case from insert case line
- o Select Referral: The referral in which you provided Supervised Visitation under. (Ex: HBCW-SV, , VFFF)
- o Type Date - the First day of the Reporting Month (11/1/2017)
- o Complete the following sections:
 1. Prohibited Persons: If none, NA
 2. Court Ordered Visitation Guideline: Frequency of visitation as ordered by the court. EX: 1- 2 visits weekly for a total of 8 hours.
 3. Visit Schedule: Ex: Mondays from 1- 5pm and Thursdays from 3 - 7pm
 4. Visit Supervision: Ex: Fully supervised; Unsupervised with Pop-ins, etc.
 5. Activities and Special Considerations: Focus of visitation: improving bond, playing games, increasing parenting skills, etc.
 6. Code of Conduct for Visits: Any special rules for visitation outside of the standard code of conduct for visitation - no use of physical discipline, no discussing the DCS case, etc.
 7. Reason for Referral and Presenting Issues: You can pull from your previous reports.
 8. Family Cooperativeness
 9. Overall Recommendation and Progress Summary of Click Insert
 10. Should see a Notification "Monthly Record Inserted"

2. Select Print (at top of page)

- o Scroll down to narrative to ensure that the contact box with all Supervised Visitation dates has populated. all progress notes transferred to Narrative section of the Monthly
 1. Click on the Back button in the browser.
 2. Update Status by clicking on "Complete"
 1. Receive notification, "Status Updated"

• **HOW TO CREATE A PROFESSIONAL CONSULTATION NOTE IN CMP**

Click "Reporting"

- Click "Consultation Note"
- Click the drop down next to "insert case" to select the case you are writing the note for.
- Click the drop down next to "member", select the name of the member you are writing the note for.
- Complete the note.
- Click "Insert" at the top of the document"

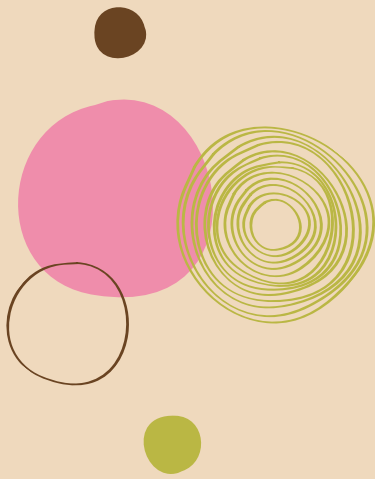
• **How to Load Attachments to CMP**

Log into CMP

- Under admin client data tab choose attachments
- Select the case name
- Select Choose File
- Locate your document
- Click open ***Note-the document needs to be titled when you save it*****
- Select upload
- In subject line use the following format (Date_ServiceCode_NameOfDocument) ex:
June21_PE_SessionSignIn_

How to add client phone number

- Click "Client Data"
- Click "Member"
- Select Case by name, then click "Find"
- Select the member under "Select Member"
- Type the phone number and click "Save"



Section 3
Progress Note

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Session Note Guidance

SESSION FOCUS

In this section you should list the following:

1. Where service took place.
2. What goal was worked on.
3. What Billable service was provided.

Client Progress & Assessment

In this section you should list the following:

1. The clients response to interventions.
2. The clients progress towards the goal.

THERAPEUTIC INTERVENTION

In this section you should list the following:

1. A description of the interventions the writer provided during the session.
2. There should be approximately 1 paragraph /3-5 sentences per hour billed.♥
3. The writer should be using skill level intervention terms not therapeutic words.

PLANNED INTERVENTION

In this section you should list the following:

1. What actions by provider and client need to occur between this and the next session.
2. What is the plan for the next session.
3. What is the date of the next session.

Session Note Guidance

SESSION FOCUS

In this section you should use this template:

Provider attended (court/CFTM/mediation) as requested by the Indiana Department of Child Services Family Case Manager (Insert FCM Name).

THERAPEUTIC INTERVENTION

In this section you should use this template:

During this session, provider collaborated with others as requested and provided updates on client progress.

PLANNED INTERVENTION

In this section you should use this template:

1. The clients next scheduled (court date, CFTM/ mediation) is scheduled for (_____).

Progress Note Questionnaire



1. Beginning & End Time: *Does the writer use exact times instead of rounding? Times ending in 30 or 00 may be rounded*

YES NO

2. Method: *Is the appropriate method selected? Compare the details of the note to be sure the correct method is entered?*

YES NO

3. Is at least 1 goal entered?

YES NO

4. Does the writer use the template provided by the agency?

YES NO

5. Does the session focus tell where service took place & what goal was worked on?

YES NO

6. Does the session focus section list one of the following billable services?

YES NO

Parent Education- *Parent education family skills training, *Parent Education Individual, *Parent Education Group

Resource Family Support- *Home visits, *Coordination of services, *Conflict management, *Emergency/crisis services* Child development education, *Developmental/behavioral effects of trauma education, *Parenting education/training *Parent training with children present, *Monitor progress of parenting skills, *Family communication, *Foster family support, *Community service information, *Community referrals and follow-up, *Develop structure/time management *Reactive Attachment Disorder (RAD) support, *Foster family support*Life skills training

Home Base Case Work- *Home visits, *Participation in DCS Case Planning, *Coordination of Services, *Conflict management, *Emergency/crisis services, *Child development education, *Domestic violence, Parent Education *Family communication, *Facilitate transportation - goal directed, *Participation in Child and Family Team Meetings, *Family Reunification/Preservation, *Reactive Attachment Disorder (RAD) Support, *Foster family support, *Advocacy, *Family Assessment, *Community referrals and follow-up, *Develop structure/time management, *Behavior modification, *Budgeting/money management, *Meal planning/preparation, *Parent training with children present, *Monitor progress of parenting skills, *Community services information, *Develop long and short term goals, *Life skills training

7. Does client progress and assessment describe the clients response to interventions listed in this note and progress towards the goal?

YES NO

8. Is the client progress and assessment written in a way that shows the client's level of engagement without sharing personal details or private information?

YES NO

9. Does the therapeutic intervention explain in detail the services that are listed in the session focus?

YES NO

10. If the session lasted more than 2.5 hours does the provider should utilize a timeline note in the intervention section?

YES NO

11. Does the writer refrain from including personal details about their self that is not related to the service currently being provided to the client? For example, this provider has a doctors appointment next Tuesday and needs to cancel next Tuesday's session. Or This provider is going on vacation.

YES NO

12. If this is a parent education note. Does it list the name of Curriculum, Lesson name and number?

YES NO

13. Does the intervention section include there 3-5 sentences per hour billed.

YES NO

14. Does the writer use terms that are in their scope? For example, parent education, resource family support and homebased casework should use skill level intervention terms

YES NO

15. Is the date and plan for the next session included. Does the writer include what the client need to do to prepare for the next session?

YES NO

16. Does the writer include at least one note regarding the update that was sent to the FCM?

YES NO

****If the answer is no to any of the questions, resubmission will be requested.****

WORDS COMMONLY USED BY CLINICIANS TO DOCUMENT INTERVENTIONS

- Asked
- Assisted client in
- Acknowledged
- Affirmed
- Encouraged
- Contracted
- Clarified -sought clarification
- Discussed
- Explained
- Established
- Evaluated
- Developed
- Discussed
- Explained
- Inquired about
- Directed
- Redirected
- Refocused
- Examined with the client t the benefits/consequences.....
- Explored
- Elicited
- Emphasized
- Pointed out the consequences
- Listened closely to the client for.....
- Confronted client about
- Negotiated with the client
- Helped client to identify
- Guided
- Interpreted
- Instructed
- Focused on
- Paraphrased
- Inquired about
- Reframed
- Lead client in practicing.....
- Performed
- Reflected back
- Repeated back
- Reinforced
- Praised
- Responded to.....
- Shared
- Reviewed with
- Validated
- Supported client's efforts to.....
- Verbally addressed client's concern.....
- Gave homework assignment
- Trained the client in one of several relaxation techniques
- Informed
- Confronted
- Recommended.....

Documentation: Descriptive Words
 Ruth Herold, CTRS and Kristin Ogren, OTR/L

TASK PERFORMANCE

Following Directions: follows written directions needs repeated directions follows (1-2-3) step directions	follows verbal directions needs hands-on assist	follows demonstrations learns quickly	needs cuing retains instructions	needs clarification
Use of Time: sets goals slow to get started works steadily	works intermittently organized realistic planning	utilizes time well efficient works slowly	plans ahead irregular attendance hurried	scattered productive skips steps
Choice of Activity: indecisive quickly engages unrealistic choice	hesitant apathetic seeks challenging activity	takes initiative slow to engage decisive	ambivalent chooses familiar activity selects(type of activity)	resistant indifferent creative, repetitive
Approach to Activity: patient eager compulsive recognizes mistakes problem solving	persistent interested tolerates delays impulsive quality of work	persevering follows through accurate reckless seeks quick results	tolerates frustration orderly careful careless quick gratification	thorough neat cautious use of judgement disregards mistakes
Independence/Dependence: responsible self-reliant res suggestions	seeks direction accepts direction disregards direction	needs reminding seeks reassurance self-sufficient	competent refuses direction	independent teaches others

SOCIAL

expressive actful open cooperative noting pathetic reserved argumentative shy tentative compliant forceful sly	joking articulate self-disclosing considerate tolerant isolating self-focused seclusive timid dependent watchful intrusive flippant	congenial gracious assertive sensitive supportive sense of humor guarded detached deferring ingratiating aggressive sarcastic competitive	engaging talkative spontaneous sympathetic concerned solitary suspicious passive condescending distrustful threatening critical engages in power struggle	agreeable warm outspoken care-taking indifferent superficial withdrawn boastful submissive docile dominating provocative
--	---	---	---	---

Social Behaviors:

placement of seating in group (isolates, dominates, on fringe)	eye contact (direct, occasional, elusive)
awareness of social/physical boundaries	group skills: parallel, competitive, cooperative
body posture: open, closed, accessible	verbal/nonverbal
selective interactions (peers, staff, men, women, young, old)	speech patterns (rapid, forced, spontaneous, latent)
tone of voice (monotone, inaudible, loud, soft)	quality of grooming
role of patient in group	response of peers to patient

CHANGING LABELS TO OBSERVABLE BEHAVIORS

Below is a listing of possible observable behaviors which may be associated with a specific label.

DISRUPTIVE

- interrupts
- asks inappropriate questions
- tardy
- shouts out
- plays with inappropriate objects
- talks out loud or to neighbors
- throws objects
- leaves seat or room without permission

HYPERACTIVE

- fidgets or squirms in his seat
- excessively out of seat
- runs in the classroom
- short attention span

SNEAKY AND DISHONEST

- cheats
- lies
- blames his actions to others
- steals
- talks under his breath

DISRESPECTFUL

- argues with decisions
- refuses to follow directions

HOSTILE TROUBLEMAKER

- provokes fights
- engages in fights
- calls peers names
- teases others
- excessive hostile comments
- damages or destroys the property of others

DOESN'T PAY ATTENTION

- stares into space
- daydreams
- does not follow directions

POOR ACADEMIC PERFORMANCE

- gives up or doesn't complete work
- finishes late
- does other activities when he should be working
- hands in sloppy work
- will work only when you pressure him to
- hands in incorrect work

SHY AND WITHDRAWN

- does not interact with peers
- does not interact with adults
- plays alone
- rarely speaks

TOO EMOTIONAL

- expresses excessive fear and worry
- laughs or cries inappropriately
- tantrums
- afraid of all new activities
- excessive angry comments or actions

TOO DEPENDENT

- seeks excessive praise or encouragement
- curries favor
- seeks excessive help
- too compliant
- afraid to work on his own
- seeks excessive attention and/or approval

How to Use Intervention Verbs

Instead of writing

MHW *called* client.
MHW *talked* with client.
MHW told client...
MHW *went over* client's tx goals.
MHW *gave* client the phone number for..
MHW *told* client to talk to her therapist.

MHW *gave* client her appt. information
and *told* client to write her appts on her
calendar.

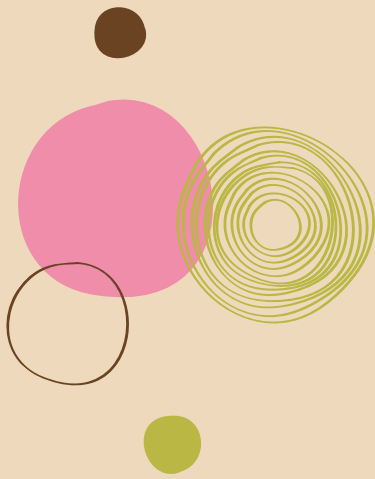
MHW *told* client he did a good job.
MHW *completed* tx goals with client.
MHW *told* client how important it is
that she attend all of her M.D. appts.

Write

MHW *outreached* client via telephone.
MHW *listened* (clarified, encouraged).
MHW *directed* (explained, discussed)
MHW *reviewed* (addressed, followed up)
MHW *linked* client to..
MHW *provided redirection* by encouraging
client to talk to her therapist.
MHW *linked* client to individual therapy by
providing client with her appt. information
and *encouraged* client to keep track of her
appts by writing them down on her calendar.
MHW *praised* client for his effort.
MHW *assisted* client in *developing* tx goals.
MHW *emphasized* the importance of regular
attendance to all appts. with client.

Intervention Verbs for Mental Health Workers

acknowledged	linked
asked	listened
assisted	monitored
brainstormed	outreached
clarified/sought clarification	paraphrased
developed	practiced
directed	provided feedback
discussed	provided psycho-education
emphasized	provided support
encouraged	recommended
explained	redirected
focused on	referred
followed up	reminded
helped	responded
informed	reviewed
inquired about	role played
instructed	



Section 4
Monthly Report

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5 THINGS

to see in EVERY Report

1. Service Goals

- a. Here is where we should see our goals listed in the referral listed in the report
- b. In applicable services, we should receive a treatment plan within 30 days
- c. Which goals have been achieved?

2. Monthly Progress/ Observations

- a. Here is where we should see a detailed described on what objective(s) were focused on during the month.
- b. The provider should note improvements, regressions. Negative results are still results!
- c. What methods/models are being used to achieved the service goals?

3. Barriers

- a. What barriers are being encountered
- b. What is being done to overcome these barriers
- c. If applicable, a description of how the service is being delivered despite any barriers listed (IE incarceration, medical issues, etc.)

4. Recommendations

- a. Has the service been effective? If not, why?
- b. What will it take to be successful?
- c. Should the referral remain open?
- d. Specific description of plans to achieve service goals

5. Variety

- a. Reports should look different from month to month
 1. Please contact your Regional Services Coordinator with any concerns!

1st Day of Following Month Report Tips

REASON FOR REFERRAL AND PRESENTING ISSUES:

In this area, be sure to include the reason for referral listed on the referral. After speaking to the client and FCM you will learn information that can be added to this section if needed.

Example: The client was referred to Purposeful Parenting LLC to acquire skills that will create a home environment that is functioning in the best interest of the client's children. The client will benefit from services to learning how to properly discipline her children & connect with community resources that are available to her. DCS is involved due to allegations of physical abuse. The client allegedly left marks and bruises on K. The client has three other children in the home with her. During the assessment the client expressed a need for support with groceries, and utility assistance

FAMILY FUNCTIONAL STRENGTHS: ***NEEDS TO BE STRENGTHS BASED ALWAYS***

In this area, you will list what the client/family does well. List strengths of all parents and children. Does the client communicate well? Are they affectionate? Are they caring and appreciative? Do they spend quality time together? Speak about any noticed strengths in encouragement, communication, adaptive ability...Include their strengths.

Example: The client is very creative she designs crafts and sells them at trade shows. The client uses her hobby as an opportunity to spend quality time with the child. The client is detail oriented. The client is focused. This client understands she has areas that need improvement in her parenting skills. The mother is willing to participate in services to learn skills to meet her children needs. The client is hardworking and is open to learning new skills to be a better parent. This client is resilient. *(This section should be updated as the case evolves) If you are unable to identify your client's strengths. This is an area of concern and should be documented as follows.* Example: This is an area of concern this provider will work with the client to develop family functional strengths.

OVERALL RECOMMENDATION AND PROGRESS SUMMARY:

In this section, the following questions should be answered.

In this area, you will list what the client/family does well.

1. How many sessions has the client attended?
2. How many sessions has the client cancelled, or no show?
3. Has the service been effective? If not, Why?
4. What will it take to be successful?
5. Should the referral remain open?
6. What has the client accomplished since the last monthly report?
7. Specific description of plans to achieve goals?

Example: The client participated in 5 sessions during the month of August. The client has attended each session, there have not been any no show or cancellations. Services have been effective. This client has learned how to search for employment and follow up. The client has learned parenting skills & strategies. To be successful the client needs support in several areas. The client needs support with learning appropriate expectations of her children and how to use appropriate discipline strategies. This client is in need of additional education on parenting, budgeting, obtaining safe and stable supports attending NA/AA meeting and locating community resources that will help meet the needs of her children and her. It is recommended that the client continue to participate in home based case management services. The referral should remain open.

NEXT SCHEDULED CONTACT WITH FAMILY

Be sure to update the date each time you send your report

Example: This provider will meet with the client 8/5/19



Monthly Report Goal Tips

****This should be completed for each goal****

NARRATIVE DISCUSSION OF SERVICES PROVIDED FOR THIS GOAL DURING THE MONTH:

- *This reporting explain what you the provider did over the course of the month session what service did you provide. You will only be compensated for providing services listed in the services standard. Please see list of services below.*
- *Build your reports to include info that shows progress from the previous reports*
- *Be consistent, the reports should connect and show progress*

*****To compose the narrative ask yourself the following questions*****

1. Mention the service you provided:

Resource Family Support: *Home Visits, Coordination of Services, Conflict management, Emergency/Crisis services, Child development education, Developmental/behavioral effects of trauma education, Parenting education/training, Parent training with children present, Monitor progress of parenting skills, Family communication, Foster family support, Community services information, Community referrals and follow-up, Develop structure/time management, Reactive Attachment Disorder (RAD) support.*

Parent Education: *Individual Session, Family Skills Training, Group*

Home Based Casework: *Home Visits, Participation in DCS Case Planning, Coordination of Services, Conflict management, Emergency/Crisis Services, Child Development Education, Domestic Violence Education, Parent Education, Family Communication, Facilitate Transportation (Limited to Client goal directed Face to Face, must be approved by FCM via email), Participation in Child and Family team meetings, Family Reunification/Preservation, Reactive Attachment Disorder (RAD) Support, Foster Family Support, Advocacy, Family Assessment, Community Referral and Follow up, Develop Structure/Time management, Behavior Modification, Budgeting/Money management/Meal Planning/Preparation, Parent Training with Child present, Monitoring Progress of Parenting skills, Community Services Information, Develop Long and Short term Goals, Life Skills Training.*

- 2. Describe what intervention/activity you the provider used towards treatment plan goal.**
- 3. How did you check for progress related to treatment plan goal?**
- 4. What did you do to address Barriers: Lack of progress related to goals?**
- 5. If you attended a Child and Family Team meetings or case conference what was information did you provide?**
- 6. Be sure to include the client's response and accomplishments.**

Example

HBCW

During the service period this provider assisted the client with Community Referral and Follow Up and community service information. Provider conferenced with the client once per week to discuss progress related to the goal. This provider assisted the client with obtaining an free cell phone that can be used to follow up on community resource leads. This provider attended one CFTM to share the clients progress with the team. The client was receptive to services and able to connect with resources to pay for utilities and child care.

Parent Education

During the service period, this provider engaged the client in Parent Education Services Provider taught skills from 8 lessons in the Nurturing Parenting Curriculum. This provider utilized end of lesson assessments to check for progress related to treatment plan goals. This provider implemented role play activities using a doll to over come the barrier to practicing skills with her children as suggested by the curriculum. This is due to the client's children currently being placed outside the home. This provider attended one CFTM. The client engaged in services and was receptive to strategies presented.

Resource Family Support

During the service period this provider assisted the client with foster family support and family communication. Provider utilized the clients planner as a tool to assess the progress towards her goals. This provider engaged the children in several activities to help them learn how to improve their communication skills. This provider supported the placement caregivers in getting the children prepared to start school.

Parenting Family Functioning Assessment

During the services period, this provider completed intake, observation and administered parenting assessment.

PROGRESS SUMMARY TOWARDS GOAL

- *This Section should be discuss what the client has done and the progress of the client completing the identified objectives.*
- *This section explains the clients progress or lack of progress.*
- *Describe how they responded to the service provided.*
- *Be sure to describe the client's mood and level of engagement.*
- *Remember to mention if the client learned skills that corresponds to the goals or demonstrated skills.*

Examples:

- The client communicated with this service provider in arranging session times and other pertinent information that impacts the direction of this service. The client made progress in meeting with this provider and participating in and engaged in searching for community resources. Client has demonstrated ability to utilize community based service agencies and resources, when needed. Client has been made aware of services and supports available. The client has independently sought out food pantries in the area. This client has been focused and seems to be focused on doing what is needed to reach her goals. This client has made progress towards compliance and participation in this referred service.
- Client has identified a number of local food service opportunities in client's community, those within walking distance and some on the bus line to ensure client can attend work as scheduled.
- Client has openly identified barriers to employment (barriers documented above).
- Client successfully enrolled in a job search program thru Workforce Development and has begun utilizing these services.
- Client independently found a temporary staffing company and called and inquired about positions available in the food service area.
- Client worked diligently to obtain correct dates client was previously employed as well as addresses of past employers to ensure resume was accurate. Client has completed a resume which reflects almost ten years of food service experience.
- Client has applied for a food service catering job thru Kelly Staffing Services and followed up with an email to the staffing company after 3 days of submitting resume. Client also independently submitted applications to Jim's Diner, and Betty's Wing Shack.
- Client appears to be making progress towards completing goal objectives and appears motivated to obtain employment as evidenced by client's follow thru.
- The client displayed appropriate bonding and attachment skills during her family skills training session. The client modeled appropriate use of gentle touch and engaged in appropriate conversations with her child.
- The client is not showing consistency in the utilization of skills being taught, modeled and reviewed.
- The client displayed appropriate discipline techniques during her family skills session.

FAMILY COOPERATIVENESS

- *This section simply addresses client's cooperativeness in regard to the identified goal(s)*
- *This section explains how the client responded to the worker and their willingness to accept services.*
- *Describe the client's mood.*
- *Did they follow directions and instructions?*
- *Were they engaged and cooperative?*
- *Were they dis engaged and uncooperative?*

Examples:

- Client has fully engaged and participated in services.
- The client was willing to accept services. Client appeared focused during the session with this provider. Client asked several questions for clarity of the information presented and seemed motivated to understand. The client was engaged in discussion and activities that were presented. The client demonstrated reflective listening.
- Client has demonstrated cooperativeness in regard to this goal and objectives. Client has attended all scheduled appointments and is open to receiving services.
- Client has been engaged and completed some employment tasks independently
- This client was cooperative during all sessions. This client engaged in discussions and activities that were presented. The client appeared focused in sessions with this provider. The client asked several questions for clarity of the information presented and seemed motivated to understand materials. The client practiced skills and was receptive to feedback.

Example of non-compliant client cooperativeness:

- The client was not willing to accept services. Client appeared to be withdrawn and mostly distracted during the session as evidenced by having to be re-directed to the task at hand with writer. Client struggled to stay awake and pay attention. The client gave short one word answers while being assessed. We will revisit the topic covered in today's session, during the next session to make sure the client masters this skill. The client did not have any questions for this provider and requested that the session end early.

Here are few more examples to describe client's mood:

- Client appeared to be withdrawn and mostly distracted during sessions as evidenced by having to be re-directed to the task at hand with this provider.
- Client appeared to be in a happy mood. Client was engaging, focused and asked many questions for the purpose of understanding the task at hand with writer.
- Client appeared to be disengaged during session, as evidenced by minimal conversation, and engagement.
- Client appeared focused during the session with writer. Client asked several questions for clarity of the information presented and seemed motivated to understand.
- Client appeared ill during the session. Client coughed and sneezed for the majority of the session, as well as reporting not feeling well.
- Client appeared upset during the latter part of the session with writer after receiving news from his father about the basketball game. Client became disinterested in the information writer attempted to provide during session.

These are only a few examples in describing a client's mood. When describing the mood, you will also want to note how to client's mood affected the flow of the session, if at all.

Recommendation regarding services for goal:

Example:

- It is recommended client continue to participate in (Insert Service Name) services with the goal of achieving goals & objectives identified in this report.
- The client has achieve their (Insert name of goal) goal. The recommendation is for the client to continue (Insert Service Name) to work on other established goals.
- The recommendation is to end services related to this goal. The client has cancelled sessions for the past 2 weeks.

8 The of The Month Report Template

REASON FOR REFERRAL AND PRESENTING ISSUES:

****This information can be copied from the previous report. If this is a new client follow the instructions below *****

In this area, be sure to include the reason for referral listed on the on the referral. After speaking to the client and FCM you will learn information that can be added to this section if needed

Example: The client was referred to Purposeful Parenting LLC to acquire skills that will create a home environment that is functioning in the best interest of the client's children. The client will benefit from services to learning how to properly discipline her children & connect with community resources that are available to her. DCS is involved due to allegations of physical abuse. The client allegedly left marks and bruises on K. The client has three other children in the home with her. During the assessment the client expressed a need for support with groceries, and utility assistance

FAMILY FUNCTIONAL STRENGTHS:

****This information can be copied from the previous report. If this is a new client follow the instructions below *****

****Needs to be strengths based always****

In this area, you will list what the client/family does well. List Strengths of all parents and children. Does the client communicate well? Are they affectionate? Are they caring and appreciative? Do they spend quality time together? Speak about any noticed strengths in encouragement, communication, adaptive ability..... Include their strengths.

Example: The client is very creative she designs crafts and sells them at trade shows. The client uses her hobby as an opportunity to spend quality time with the child. The client is detail oriented. The client is focused. This client understands she has areas that need improvement in her parenting skills. The mother is willing to participate in services to learn skills to meet her children needs. The client is hardworking and is open to learning new skills to be a better parent. This client is resilient. **(This section should be updated as the case evolves) If you are unable to identify your client's strengths. This is an area of concern and should be documented as follows.** Example: This is an area of concern this provider will work with the client to develop family functional strengths.

OVERALL RECOMMENDATION AND PROGRESS SUMMARY:

The overall recommendation is for the client to participate in services. The progress is noted below in the narrative section.

NEXT SCHEDULED CONTACT WITH FAMILY

Next meeting date to be discussed with client.

****This should be completed for each goal****

NARRATIVE DISCUSSION OF SERVICES PROVIDED FOR THIS GOAL DURING THE MONTH:

This provider has provided the intervention and services described below to the client during this service period.

PROGRESS SUMMARY TOWARDS GOAL:

The client's progress is noted in the narrative details of this report.

FAMILY COOPERATIVENESS

Details of the client's cooperativeness is noted in the narrative details of this report.

RECCOMENDATION REGARDING SERVICES FOR GOAL

The recommendation is to continue services



Discharge Report Example

For Discharge, a discharge form should be completed in addition to the discharge report. Go to the partner page. Click the button "Case Change Request For Discharge or Transfer" complete and submit the form online.

REASON FOR REFERRAL AND PRESENTING ISSUES:

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OVERALL RECOMMENDATION AND PROGRESS SUMMARY:

******Answer the questions below******

What is the number of appointments cancelled by Family from beginning to end of referral period.
What is the number of appointments cancelled by Provider from beginning to end of referral period.
What is the number of no shows from beginning to end of referral period
Has service been effective? If not, Why?
What goals have been achieved?
Why should the case be discharged closed?
What has the client accomplished during referral period?
Example: What is the after care plan?

The client has had 2 cancellations during the referral period. This provider has not cancelled any appointments. The client has had 0 no shows. Services have been effective. The client has achieved all treatment plan goals. The case should be discharged successfully. The client has obtained stable housing and demonstrated the ability to utilize parenting skills. After case closure, the client should refer to parent education tools and resources. The client will follow the family budget plan and maintain employment to maintain housing expenses.

NARRATIVE DISCUSSION OF SERVICES PROVIDED FOR THIS GOAL DURING THE MONTH:

****In this section, provide a narrative of all services provided during the referral period****

Example:

The following services have been provided for the housing goal during the referral period:

This HBCW began working with client on 4/8/12.

This HBCW provided the following services in regard to the goal of obtaining housing.

- Assisted client with identifying housing interests
 - Identified housing history of client to develop appropriate housing options
 - Assisted client with identifying barriers to obtaining housing & how to access community resources.
 - Assisted client with addressing/resolving barriers to obtaining housing
 - Assisted client with conducting housing searches
- Assisted client with applying for housing

PROGRESS SUMMARY TOWARDS GOAL:

****In this section, describe the progress the client has made during the referral period****

Example:

The following provides a progress summary & status at the time of discharge towards the housing goal. Client began working on obtaining housing as of 4/8/23 with this HBCW's assistance. Client obtained Housing on 8/1/23. Client resides at 1244 Lincoln Dr., Indianapolis, Indiana, in the Cold Springs Apartment Community. The apartment home is a two level townhome, which includes three bedrooms, a family room, dining area, kitchen, and two baths. The home inventory completed 8/10/23 revealed no concerns in regard to the home environment (please see attached completed home inventory). In regard to utilities, Client is responsible for paying electric and the apartment home is total electric.

Client pays \$675 a month. A budget was completed with Client on 8/10/23 which revealed Client's monthly income as \$1500 and her monthly household expenses totals \$1400 (Please see attached budget). Client is aware of how to access community resources if assistance is needed for utilities, rental assistance, or food for the home.

Client's sons, Chase (2) and Braedon (7) were placed in the home on TTV on 8/20/23 with Family Preservations services in place.

FAMILY COOPERATIVENESS

****In this section, describe the cooperativeness of the client during the referral period****

Example:

Overall Client has been cooperative with this HBCW and with achieving the goal of obtaining housing.

RECCOMENDATION REGARDING SERVICES FOR GOAL

****In this section explain the recommendations.****

Example:

It is recommended services discontinue as client has obtained housing and is aware of how to access community resources if further assistance is needed. Effective discharge date 8/25/23

Example for Parenting Goal.

NARRATIVE DISCUSSION OF SERVICES PROVIDED FOR THIS GOAL DURING THE MONTH:

****In this section, provide a narrative of all services provided during the referral period****

Example:

The following services have been provided for the parenting goal during the referral period: This HBCW began working with Client on 4/1/23. This HBCW provided the following services in regard to the goal of Client learning and demonstrating appropriate expectations of children.

- Assisted Client with learning Developmental Stages of Children using the Nurturing Program for Parents and Their Children by Family Development Resources, Inc.
- Assisted Client with identifying developmental stages of children using the Nurturing Program for Parents and Their Children by Family Development Resources, Inc.
- Assisted client with identifying and setting age appropriate expectations for children using the Nurturing Program for Parents and Their Children by Family Development Resources, Inc.

PROGRESS SUMMARY TOWARDS GOAL:

****In this section, describe the progress the client has made during the referral period****

Example:

The following provides a progress summary & status at the time of discharge towards the parenting goal. Client initially engaged in achieving this goal. After the completion of the curriculum client was able to comprehend and identify the developmental stages of children. Client was able to verbalize appropriate expectations of his children. However, it should be noted that during TTV it was alleged client has been utilizing corporal punishment with his two-year-old son, Chase, for soiling his pants. Toilet training expectations were reviewed with the Client by this HBCW at which time Client verbalized that he understood most children become toilet trained between 18-24 months but that children with developmental delays may require more time before toilet training is achieved.

FAMILY COOPERATIVENESS

****In this section, describe the cooperativeness of the client during the referral period****

Example:

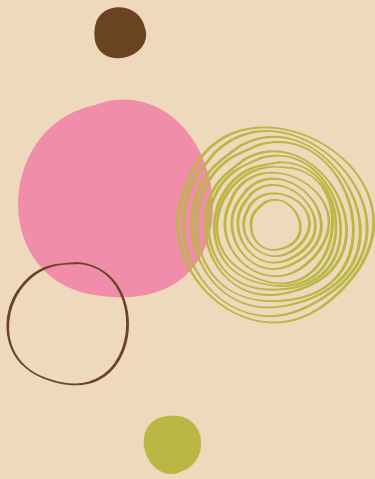
Client overall has been cooperative with this goal. Initially he challenged the “text book way of doing things,” but as he was provided with the information he became engaged, cooperative, and appeared to understand the information provided.

RECCOMENDATION REGARDING SERVICES FOR GOAL

****In this section explain the recommendations.*****

Example:

It is recommended that Client participate and engage with Family Preservation services and First Steps’ service providers to further understand his son’s developmental needs and effective ways to address those needs. Effective discharge date 8/25/23



Purposeful
Parenting LLC

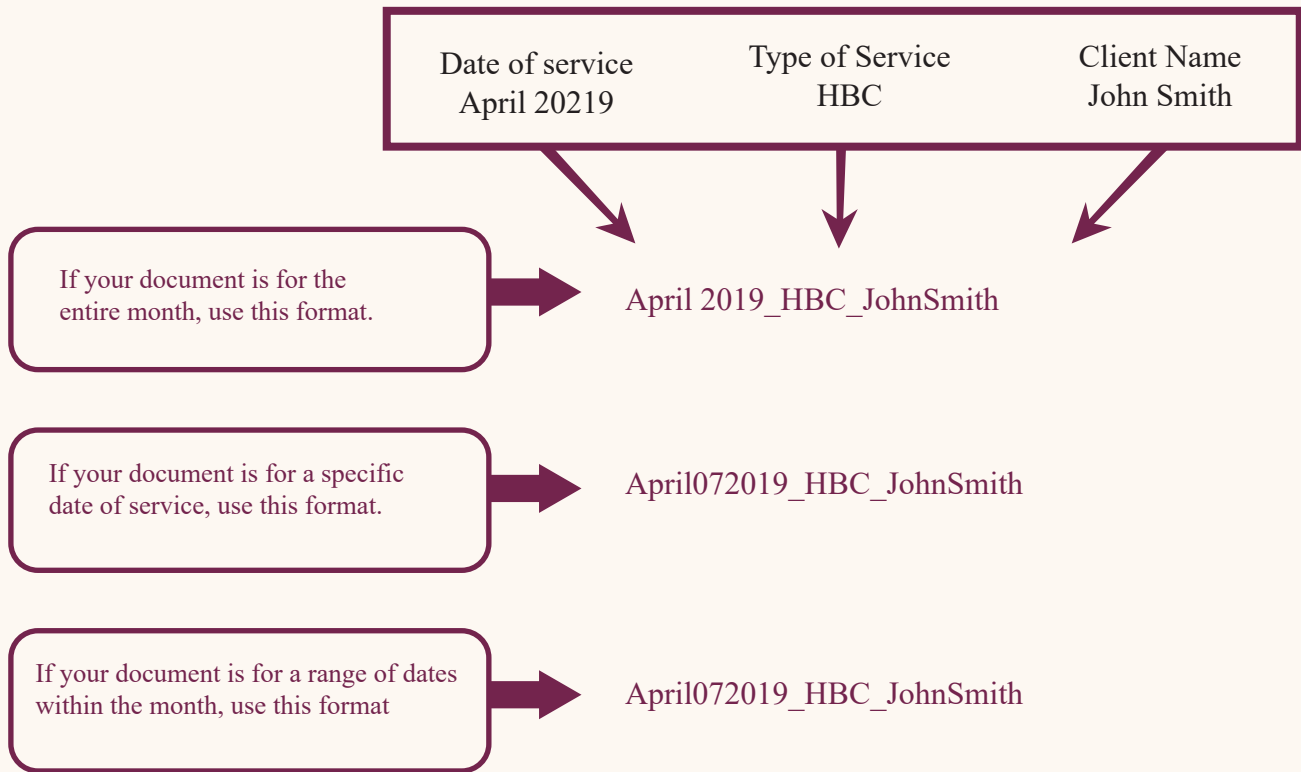


Section 5
Client File Audit

WWW.PurposefulParentingllc.com



1. Providers must save each required document using the following naming format as: “Date of service_Service_Client name”. see example below:



o The following type of service code should be used by our agency.

- Home Based Casework-HBC
- Parent Education- PE
- Resource Family Support Services- RFSS
- Parenting Assessment-PFFA
- Habilitation-CMHIHAB or CMHWHAB
- Training and Support for Unpaid Caregiver-CMHITS or CMHWTS

o The following format should be used in the email subject line

- Date of Service _ Service Code_Client Name_Description Of Document
- Example: April242019_PE_JohnSmith_AAPI
- Example: April05-152019_PE_JohnSmith_Monthly Report

Parent Education File Audit

Due 1 Time Per Client During Initial Meeting, Due Yearly There After

- Parent Education Intake
- Consent for service
- HIPAA-Confidentiality statement
- Safety issues and safety plan documentation
- Client bill of rights & responsibility
- Proof that face to face services began within 48 hours of receiving the referral
- Copy of Clients State ID
- Remote Service Informed Consent
- Signed consent for release of information for DCS
- Emergency Contact Release of Information
- Group participation agreement

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

- AAPI
- Updated treatment plan
- Family Nurturing Plan
- Email from referral source authorizing remote services (if applicable)

Due every 1st day of the following month

- Contact logs signed by clients
- 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.)**
- Court Request & Subpoena (if attended court)
- Team meeting notes (Including CFT & Provider meetings)/ or proof of request for meeting notes from the referral source
- Discharge Summary / Transfer if applicable
- Copy of Weekly Updates That Were Sent To Referral Source

Due every 6 months

- DCS Case Plan, informal adjustment or Proof of Request from referral source

Due at case closure

- Proof that client satisfaction survey was sent to the client (<https://forms.office.com/r/VbU55VSe5n>)
- Proof that PFFA referral follow up form was sent to FCM, Probation/ Care Coordinator, (<https://forms.office.com/r/q0PtancbY1>)*****Bitly links are case sensitive.
- Proof that certificate of completion was sent to referral source & client.

Parenting Family Functioning Assessment

Referral ID _____ Referral Start Date: _____

Assessment Should be completed within 30 days of referral. Enter date of completion: _____

Assessments must include at least 2 appointments, please list appointment dates: _____

& _____

Due 1 Time per client during Initial Meeting, Due Yearly There After

- Consent for service
- HIPAA- Confidentiality statement
- Safety issues and safety plan documentation
- Client bill of rights & responsibility
- Proof that services began within 48 hours of receiving the referral
- AAPI
- Copy of Client Drivers License or State ID
- Remote Service informed consent
- Signed consent for release of information, For DCS & Collateral Contacts
- Emergency Contact Release of Information
- Service Start Date (Service should begin within 3 days of referral)

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

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

Due every 1st day of the following month or upon completion of assessment, whichever comes first

- Sign in /out sheets signed by clients
- Completed Parenting Assessment
- Termination/Transition/Discharge Plans
- 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 at case closure

- Proof that client satisfaction survey was sent to the client client (<https://forms.office.com/r/ztd9SwsRmj>)
- Proof that Present to FCM, Probation/ Care Coordinator, (<https://forms.office.com/r/9uD9E3VQRT>) *****inks are case sensitive.

Resource Family Support Services

Client Name: _____ Referral Start Date: _____

Due 1 Time Per Client During Initial Meeting, Due Yearly There After

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

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

- Updated Service Plan
- Email from referral source authorizing remote services (if applicable)

Due every 1st day of the following month.

- Sign in /out sheets signed by clients
- 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.)**
- Discharge / Transfer Summary

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

- Team meeting notes (Including CFT & Provider meetings)/ or proof of request for meeting notes from the referring agent.

Due at discharge

- Proof that client satisfaction survey was sent to the client client (<https://forms.office.com/r/z8LtP0TmcF>)
- Proof that PFFA referral follow up form was sent to FCM, Probation/ Care Coordinator, (https://forms.office.com/r/4D5fw2GNwD*****) Bitly links are case sensitive.

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 referral source

Due Every 6 Months

- Case Plan, Proof of Request for the Case Plan

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.

- Proof that client satisfaction survey was sent to the client client (<https://forms.office.com/r/zS9jSYBQVp>)
- Proof that referral follow up form was sent to FCM, Probation/ Care Coordinator, (<https://forms.office.com/r/Aq5VYGSpLc>)

CMHI/CMHW

Client Name: _____ Referral Start Date: _____

Due 1 time within 48 hours of receiving the referral.

- Introduction Email sent to referring agent
- Copy of Approved Plan of Care
- Copy of Notice of Action-CMHW
- Copy of Referral-CMHI

Due 1 Time per client during Initial Meeting then yearly there after

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

Due every 30 days for the duration of the case

- Updated Treatment Plan
- CFT Attendance Documented Through Progress Note

Due every 1st day of the following month

- Copy of Updated Approved Plan of Care
- Copy of Notice of Action-CMHW(**updated copy needed if received during the service period*)
- Copy of crisis plan
- Sign in /out sheets signed by clients
- 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.)**
- Discharge /Transfer summary

Due at case closure

- Proof that client satisfaction survey was sent to the client (<https://forms.office.com/r/Y30K2AuC2C>)
- Proof that PFFA referral follow up form was sent to Referral Source (<https://forms.office.com/r/Y30K2AuC2C>)