Individual Report Inspection of Care TFC

Provider_ID

Provider_Name

Gender	**SSN**	**DOB**	**DC Date**	**Review Date**
Patient ID	**Pt Acct Num**		**Reviewer**	**Admit Date**

Axis I
- **Axis Ia**
- **Axis Ib**
- **Axis Ic**

Axis II

Axis III
- **Axis IIIa**
- **Axis IIIb**
- **Axis IIIc**

Axis IV

Axis V

I. Assessment

1. **Does the agency follow their policies and procedures in addressing an initial assessment?.....**
2. **Clinical information supports medical necessity criteria for**
3. **Clinical Information documentation indicates initial assessment was face-to-face with client and legal guardian and includes input from other sources when appropriate.....**
4. **Clinical information documents child's needs; to include age, history, if MR-IQ scores, testing information; assessed levels of functionality/ self sufficiency, and**

Comments about the clinical assessment:

II. Individual Plan of Care

1. **Master IPC with 14 days of**
2. **IPC was developed from assessment and includes input from child,CW,TFP and bio family, when appropriate.....**
3. **Was CW notified within 5 days of admit of initial planning meeting**
4. **IPC has all five DSM-IV**
5. **All signatures are original: no stamped/photocopy**
6. **All signatures noted within 30 days of**
7. **IPC signed by**
8. **IPC signed by foster**

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..... culture.....

9. **IPC signed by legal**
10. **IPC signed by treatment**
11. **If reunification is goal, efforts to involve bioparents**
12. **IPC lists all medication and**
13. **IPC addresses long term / short term goals?**
14. **Objectives are behaviorally descriptive, measurable and support goals within reasonable timelines.....**
15. **Does IPC indicate frequency and duration of planned therapeutice sercies based on identified needs assessment.**

16 **Does IPC clearly indicate who is to provide identified**

17 **IPC Updates indicate progress/ regression, revisions of goals, objectives and discharge**
Individual
Plan of Care
Comments:

III. Individual Plan of Care (IPC) Updates see extra report at end

IV. Records

1. **Documentation reflects implementation of IPC across all**
2. **Documentation of services indicate treatment is occurring throughout the**
3. **Documentation and services provided for medical**
4. **Documentation that patients with developmental disabilities rendered appropriate care.....**
.....
5. **Documentation treatment is adapted for patient's specialized needs?.....**
6. **Does documentation support continued medical necessity criteria for**

V. Discharge Planning

1. **Active discharge planning within 90 days of estimated date of discharge (to include continued treatment services, educational services, community resources, and living arrangements (i.e. DHS / OJA custody, traditional foster care, reunification, etc.).....**
2. **Discharge plan developed with collaboration of CW and/or**
3. **Discharge Planning (effective day of discharge and arranged by facility) includes documentation of:**

a) Behaviors that can be expected upon

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b) Supports what needs to be in place for the family & in the

c) Type of educational

d) Type of recreational

e) Day to day activities:

1.Ones that are good for the

2. Ones that should be avoided for the

f) Involvement with biological family while inpatient or upon

g) Involvement with siblings while inpatient or upon

h) Whether the child is able to go to daycare vs. to home after

i. Specific recommendations

1.) Number of children in the

2.) Family setting vs. group

3.) If child is better with groups or

4.) If child is better with males or

5.) Intimacy

6.) Interactions with younger children in the

7.) Interactions with older children in the

8.) Specific outpatient treatment

9.) Specific behavioral modification techiques/ calming techniques identified for child while inpatient.....

j. Appointments: must include name and address of provider and specific date and time

1.) Outpatient

2.) Psychotropic medications.....

3.) Case

4.) Medical /dental

5.) Other identified

4. Documented reason for use of any RBMS

5. Is discharge planning updated on IPC as indicated by clinical and other information....

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VI. Therapy Services

A. Individual Therapy:

1.Goals/objectives identified on

2. Documented Services address identified treatment issues/needs.....

3. Documentation of child's reponse to intervention (progress/regression /re-evaluation).....

B. Family Therapy:

1. If reunification is goal, biofamily is involved in FT with this

2. Documentation agency is providing face to face consultation to TFP outside of FT? (2x Mo)..

3. Is contact with TPS occuring

4. Documentation agency providing ongoing child specific skills training and problem solving to TFP.....
.....

5. Documentation of child's reponse to intervention (progress /regression /re-evaluation).....

C. Group therapy:

1. Goals/ objectives identified on

2. Documented Services address identified and treatment issues/needs.....

3. Documentation of child's reponse to intervention (progress/regression /re-evaluation).....

4. Documentation of ratio not exceeding 8 children: 1 staff member.....

D. Psychosocial Rehab

1. Group :

i. Documentation indicaates leader bachelor's or above.....

ii. Documentation of ratio not exceeding 8 children: 1 staff member.....

iii. Activity is based on identified need on

2. Individual :

i. Documentation of goal directed activities for child to restore, regain and improve basic skills, self help, communication, socialization and adaptive skills necessary to reside successfully in family or community setting.....

ii. Activities are age/developmentally appropriate?.....

iii. Daily Logs are signed by person provider

iv. Documentation of consultation for Rehab leader by LMHP outside session?.....

v. Activity is based on identified need on

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VII. Substance Abuse/ Chemical Dependency Education/ Prevention

1. Is there an identified substance abuse issue in the biofamily?.....

2. Child has identified substance abuse issues?.....

3. Material presented is related to identified substance abuse/ chemical dependency issues..... .....

4. Material presented is age/developmentally appropriate:.....

VIII. Crisis Intervention:

1. Documentation of crisis / behavior redirection managed by residential foster parents.....

2. Documentation of Crisis / behavior redirection by agency staff.....

3. Documentation of staff availability to respond to residential foster parents in a crisis / behavior redirection to stabilize the child's behavior and prevent placement disruption.....

4. Documentation of case worker, DHS/OJA county of jurisdiction, county placement workers and contract liaison contacted due to crisis / behavior redirection..... .....

5. Documentation of face-to-face intervention by agency staff prior to any emergency discharge.....

X. Quality of Care:

Total from page1+ 2=

Scoring Range

0- N/A

1- Not dpcumented in record

2- Documented in record, but not meeting requirements

3- Meets documenation requirements, minimal clinical

4- Meets documenation requirements, with some descriptive clinical information

5- Meets documenation requirements,with detailed descriptive clinical

6- Meets documenation requirements, provides thorough clinical

1.Individual

2.Family

3.Group

4. Psychosocial Rehab- Group.....

5. Psychosocial Rehabe Individual.

6. SA/CD Education/ Prevention....

7.

Total

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....

III. Individual Plan of Care (IPC) Updates

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IX. Active Treatment: