

CASE MANAGEMENT DOCUMENTATION REVIEW

Staff Name _____	Staff Initials _____	Staff Initials _____	Staff Initials _____	Staff Initials _____
Supervisor's Name _____	Date _____	Date _____	Date _____	Date _____
Supervisor's Signature _____	FMP/Last 4 SSN _____	FMP/Last 4 SSN _____	FMP/Last 4 SSN _____	FMP/Last 4 SSN _____
Were the Following Standards Met	YES	NO	N / A	YES
Patient has signed a case management consent form.				
Performs assessment related to appropriateness of the level of care, diagnostics, and procedures performed.				
Assesses physical, psychological, and social needs of patient				
Assesses patient and family education needs				
Assesses patient and/or family support systems				
Assesses financial needs				
Identifies barriers to learning or implementation of care plan				
Problem list generated upon which care plan is developed				
Develops plan of care based on patient/family interviews, medical record review, and accesses other factual information upon which to formulate a care plan.				
For each problem, an intervention(s) is noted				
Measurable long and short term goals are determined with designated time frames				
Patient/family/care giver education/materials are noted				
Life style/role changes are addressed				
Specific services to be provided are identified				
Care Plan developed with input from health care team				
Care Plan developed with input from the patient/legal guardian/family				
Life planning contingencies, e.g. Power of Attorney, Advanced Directives				
Care Plan completed within 30 days of program acceptance				
Monthly updates: dated and if indicated, plan of care is reviewed based on acuity/patient need				
Documentation reflects case manager is facilitating and coordinating patient care activity, assure recommendations in the care plan are implemented, continuity of care is maintained.				
Communication with health care team members, e.g. social worker, primary care provider, specialists, rehabilitation therapists, etc.				
Documents outcomes and variances of care as related to the Care Plan				
Plan of care is updated based on variances of care				
Initiates/coordinates/collaborates with health care team regarding referrals, e.g. equipment, LTC, home care, VA hospital, outpatient rehab				
Initiates and follows through on discharge planning based on goals established by the multidisciplinary care plan				
Documentation reflects intermittent checks to determine the effectiveness of the plan of care and the plan is meeting expected goals/time frames.				
Maintains regular communication with patient/family/care giver regarding progress or needed changes to impact goals and outcomes				
Communicates with health care team review effectiveness of plan of care and to identify early problems that would impact care/outcomes				
Barriers to care identified and resolutions sought communicates change with health care team, patient/family/guardian				
Based on the monitoring controls, makes an evaluation statement to describe outcomes and effectiveness of Care Plan.				
Reviews and evaluates effectiveness of interventions and implementation				
Revises the care plan as required in collaboration with other health team members				
Evaluates patient's readiness for discharge plans				
Goals were met within specified time frames and if not, what were the reasons why				
Documentation states why case management services were ended/closed.				
Ability to function independently				
Inability to contact patient/family/care giver after four documented attempts-Provider Notified				
Documented Patient refusal of services, patient relocated, transferred to another region and/or CM				

FMP/Last 4 SSN _____	Additional Information
Date _____	
Staff Initials _____	
Supervisor Initials _____	

Comments

FMP/Last 4 SSN _____	Additional Information
Date _____	
Staff Initials _____	
Supervisor Initials _____	

Comments

FMP/Last 4 SSN _____	Additional Information
Date _____	
Staff Initials _____	
Supervisor Initials _____	

Comments

FMP/Last 4 SSN _____	Additional Information
Date _____	
Staff Initials _____	
Supervisor Initials _____	

Comments