

Client Services

Filename: Client Services form

Revised 9/8/06

Agency:			Site Name:		
Date of Visit:		Reviewer:			
Client ID:		Case Status: Active Closed		Case Manager:	
DOB:	Sex: M F T	HIV STATUS: Asymptomatic Symptomatic AIDS High Risk Unclear			

Identifying/Important information:	Risk Characteristics:
Key: Yes = compliance with standard P = progress/needs improvement No = does not meet standard UC = unclear N/A = not applicable	

Intake Date:	Yes	P	No	UC	N/A	Comments/Recommendations
HIV+ verification in chart						
Consent form for CFP case management services signed						
Presenting needs are clearly documented						
Intake Service Plan Completed						

Assessment Date:	Yes	P	No	UC	N/A	Comments/Recommendations
Assessment is in the chart/Reviewed						
Timely (within 60 days of Intake)						
Done in conjunction with home visit						
Includes needs and problems						
Identifies collaterals						
Child assessment completed on all minor children						
Includes other providers serving client						
Includes summary of client strengths and resources						
Needs are prioritized						
Comprehensive						
Reviewed and signed by supervisor (within 30 days of completion)						

Reassessment Date:	Yes	P	No	UC	N/A	Comments/Recommendations
Reassessment is in the chart/Reviewed						
Reassessment is timely (180 days)						
Identifies new needs and/or barriers						
Medical information updated						
Home visit done as part of reassessment						
Other providers serving client identified						
Comprehensive						
Reviewed and signed by supervisor (within 30 days of completion)						

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Service Plan Date:	Yes	P	No	UC	N/A	Comments/Recommendations
Service Plan is in the chart						
Service Plan is done in conjunction with assessment/reassessment (within 7 days)						
Corresponds to assessment/reassessment of client needs						
Corresponds to identified collateral needs						
Corresponds to assessment/reassessment children's needs						
Includes: Measurable goal statements						
Concrete activities/specific tasks						
Who is responsible						
Timeframes realistic						
Outcomes updated routinely						
Client has signed the Service Plan						
Reviewed and signed by supervisor (within 30 days of completion)						

HIV Release of Information	Yes	P	No	UC	N/A	Comments/Recommendations
<i>Must review for every Active or Follow-up Status case</i>						
Spanish language form used when appropriate						
HIPAA compliant form filled out correctly, signed, and up-to-date						
Signed consents for all agencies to which HIV info is shared						

Progress Notes (Service Plan Implementation)	Yes	P	No	UC	N/A	Comments/Recommendations
Attempts to engage client begin within 7 days of Intake/Transfer/Reopening						
Includes all elements (who, what, where, timeframe, follow-up, outcomes)						
Case management interventions are community-based						
Interventions are proactive and related to service plan						
Team interventions promote self-management						
Contact frequency matches needs of client (no unexplained gaps)						
Follow-up for missed appointments						
Demonstrates team work						
Ongoing case coordination with other providers						
Case Conference held						
Billing for appropriate activities and timeframes						

Closed Case Date:	Yes	P	No	UC	N/A	Comments/Recommendations
Appropriate case closure						
HIV+ verification in chart						
Consent form for CFP case management services signed						
Case closing summary is thorough and documents reason for closure						
Outreach prior to closing "lost to follow-up" client has occurred						
Referrals made and case summary forwarded						