

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	General Program Standards	Policy# GSP-210	
	Subject:-	Quality Records Management	Adopted:- 05/06/2014	
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	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

FOHFS Agency conducts quarterly reviews of the services provided.

FOHFS Agency conducts both management and peer reviews of its records to ensure a high quality of service delivery. The peer review includes 5 sections that include: Timeliness of Service; Participating; Appropriateness of Services; Continuity of Care; and Administrative Review.

1. **FOHFS Agency** conducts Peer Reviews of Records and Management Review of Records each quarter.
 - a. Quarterly peer reviews are performed by Master's Level or higher Clinicians or by personnel who are trained to complete the Administrative Review section of the peer review form. The Management Team also conducts quarterly reviews of records. Each member of the Management Team is a Master's Level Clinician.
 - b. On a representative sample of:
 - (1) Current records.
 - (2) Closed records.
2. **The review addresses whether:**
 - a. The Clients were:
 - (1) Section a, line 2 of the Peer Review form ensures that each Client assessment/orientation was contacted within 24 hours.
 - (2) Section B of the Peer Review form addresses Client's participation.
 - (3) Ensures that confidential information was released according to applicable laws and regulations.
 - b. Section A of the Peer Review form addresses the thorough, complete, and timeliness of the assessment process.
 - c. The goals and service/treatment of Clients is based on the results of the assessment and input from the Client.
 - (1) **Section C**, line 1 and 2 of the Peer Review indicates that the goals and objectives reflect the results of the assessment.
 - (2) **Section B, line 1** of the Peer Review indicates that the Client assisted in setting goals and objectives.
 - d. **Section C, line 2** of the Peer Review indicates that the actual services were

- related to the goals and objectives.
- e. When applicable the following have been completed:
 - (1) Transition plan. The Transition/Discharge Summary includes a plan for transition or discharge.
 - (2) Discharge summary. The Transition/Discharge Summary includes a plan for transition or discharge.
 - f. Section E of the Peer Review form indicates that services were documented in accordance with **FOHFS Agency** policy.
 - g. **Section E, line 1** of the Peer Review form indicates that treatment plans are reviewed every 6 months and current to assess the person served is being provided with the appropriate level of care.
 - h. Indicates that the services billed reflect the Clinical records and documentation, and they are consistent.
3. **FOHFS Agency** records are reviewed by the Clinician providing the service, a Master's Level peer, trained personnel, and the Management Team to ensure a high quality of services for the Clients.
4. **FOHFS Agency** demonstrates that the information collected from the review process is:
- a. Reported to the applicable staff. The reviewer is asked if feedback was given to the treatment profession on the **Peer Review Form**.
 - b. Peer and Management reviews are reviewed by the **Executive Director** quarterly where recommendations are made to the Management Team as needed.
 - c. Recommendations made by the **Executive Director** are reviewed by the Management Team to assess for ways to improve the quality of **FOHFS Outpatient Agency**' services.

→ Case Records/Case Reviews

→ Plan

FOHFS Agency has a case records review system to ensure the case records are maintained according to the Clinical procedure. A review of the case records is performed quarterly in order to track the progress of the individual and to ensure all applicable licensure and or accreditation standards for documentation are maintained.

► Policy

FOHFS Agency will provide professional quarterly review of the quality, appropriateness and utilization of the services it provides. This review will be completed on a case-by-case basis. It will include chart review, outcome, satisfaction, efficiency, and effectiveness measures of quality. These include but are not limited to:

- A. The assessment of the Client is thorough, complete, and timely.

- B. Service goals and objectives are based on the results of the Client assessment.
- C. Actual services are related to service goals and objectives.
- D. The Client is actively involved in making informed choices regarding services received.

► Procedures

- A. Professional reviews may be completed by a designated staff member or an individual external to the facility, through peer review, supervision and case review. A staff member may not review services for which he/she is responsible.
- B. Review of the utilization of services through indicators and outcome criteria established monitored, reviewed and assessed by the **Executive Director**,
- C. Quarterly review of a representative sample of current and closed records. The representative sample will meet the minimum requirements for appropriate review requirements.
- D. The evaluation shall be documented on the quarterly quality assurance report.

► Record System

→ Consumer Storage, Retention and Disposition Procedures

To assure the delivery of quality services to its consumers; to form a base for program and personal evaluation; and to serve as a source of data for research training and education, **FOHFS Agency**, affirms the necessity of maintaining accurate, complete and timely records on all facets of its program in a secure, yet readily accessible manner.

Information concerning consumers is to be safeguarded against loss, theft, defacement, tampering, or use by unauthorized persons. Consumer case information is privileged and is to be released only as authorized by Federal and State law, or by the consumer's written consent. Confidentiality is to be stressed at all times.

Records are to be stored in locked files or cabinets, which are readily accessible to **FOHFS Agency** staff for prompt, efficient services to consumers. Confidentiality of consumer records, verbal and written, inside and outside **FOHFS Agency** is to be stressed in orientation, during intra-agency staff development programs, and with all volunteers regardless of their function. Records are available to staff and volunteers on a "need-to-know" job requirement basis only.

All consumer records will be maintained in the facility where the individual is being treated/served. (In the case of temporary office space and in-home treatment services, records will be maintained in the main (permanent) office and transported in secured lock boxes or vehicle trunks to and from temporary offices and homes, when necessary).

The **FOHFS Agency** staff will employ an alphabetical filing system that can be cross-referenced with social security/identification numbers. To provide ease of accessibility **FOHFS** files shall be maintained at the facility where the consumer is being treated/serviced.

Inactive consumer records will be stored in locked files or cabinets for a period of five (5) years subsequent to discharge. Either shredding or incineration shall dispose of consumer records.

▶ **Case Record Content**

A. All consumer records contain the following:

1. Entries in consumer records are legible, signed with first name or initial, last name, and dated by the person making the entry.
2. The consumers are identified by name and unique identifier on each sheet in the case record.
3. A signed consent for treatment is obtained before any consumer can be admitted into treatment at a facility, unless the admission was on an involuntary basis.
4. A signed consent for follow-up are obtained before any contact after discharge can be made.

▶ **Records of the Persons Served**

→ **Individual Records of Persons Served**

All Client records are well organized, clear, complete, current, legible, uniformly maintained and stored in locked file cabinets. **FOHFS** also use **Millennium Medical** an electronic system for the completion of Progress Notes and Treatment Plan development.

→ **The individual record of persons served will include:**

- 1) Date of admission and eligibility
- 2) Legal representative, if applicable
- 3) Support and emergency contacts
- 4) Primary counselor
- 5) Location of other records
- 6) Primary care physician
- 7) Financial information
- 8) Incident reports.
- 9) Historical data
- 10) Current medications
- 11) Medical and lab reports
- 12) Screening
- 13) Orientation documented
- 14) Release of information

- 15) Assessments
- 16) Individual treatment plan
- 17) Discharge summary, correspondence and referrals.

→ **General Information**

In addition to the required information above, records could reflect:

1. The extent and nature of supportive services provided.
 2. Services offered and provided by **FOHFS**.
 3. Timelines and continuity of care.
 4. Information about individual's personal representative/guardian, if applicable.
 5. The name of person coordinating or providing services.
 6. Healthcare reimbursement information.
 7. Documentation of internal and external referrals.
- a) Special Code concerning the Client at bottom of each page in Client's record.

► **Record Keeping**

Record keeping requirements with **FOHFS Agency** are based upon:

- **FOHFS** must be able to demonstrate that it is achieving the goals and objectives mutually agreed upon by the program and supporting agencies. Records reflect primary evidence that plans are being fulfilled.
- Well-kept records demonstrate superior treatment concerning needs of Clients served.
- Entries to the records of the persons served shall follow **FOHFS** policy in relationship to time frames.

The **Executive Director** shall ensure that security measures for the **FOHFS facility** are adequate and in compliance with the regulation and confidentiality and privacy rules concerning Client records (i.e., they shall be well organized, uniformly maintained, and stored in locked file cabinets safe from common environmental dangers including fire and water damage). All Client records and transactions are confidential and privileged to the Client and shall be handled in accordance with the provisions of **Public Law 93-579**, the "**Privacy Act of 1974**", and Federal Guidelines. Also, a properly completed "Authorization for Release of Information Form" which meets all federal requirements must be used for each disclosure of information concerning a Client not identified as an exception. Authorized personnel shall have limited access to Client records, both Clinical and administrative. Authorized is defined as legal and Clinical or administrative

need to know. At all times, the primary counselor will be responsible for the control of their program files.

► **Records of FOHFS Agency**

- 1) **Client Records** - Documentation is required for each Client contact and service provided as noted in this manual. All documents requiring signatures must include original or electronic signature.
- 2) **Program Records** - The **Executive Director** and **Clinical Director** shall cooperatively develop a system for the collection of data for monthly reports, which begins with treatment staff documentation of Clients served, services provided, staff hours spent, and ends with submission of the monthly reports.
- 3) Duplicated files or reports other than the Client's main chart are not allowed. Any exception to the main chart regulation requires written approval of the **Clinical Director** and will be monitored for the following:
 - The file will not be a substitute for the main record. Any secondary documents will have a specific purpose. Any second file will be maintained according to established rules on confidentiality and other policies.
- 4) As the program moves to an electronic chart, the balance between written and electronic will be addressed. Client electronic files will be protected as if written.
- 5) **Record Retention** - Client files (written and electronic) will be stored in a secured cabinet at the **FOHFS facility**.
- 6) Client records must be retained for a period of seven (7) years beyond the fiscal year end (December 31) in which the Client was most recently discharged from the **FOHFS**.
- 7) Records shall be retained beyond the seven (7) year period if an audit is in process or if any audit findings, litigation, or claims involving the records have not been resolved.
- 8) After the seven (7) year period, it shall be recommended to the **FOHFS Board** to totally destroy affected Client records, using proper shredding, or burning procedures.
 - (a) Personnel records/files, and payroll record/files must be retained for a period of seven (7) years beyond the fiscal year end (December 31) in which the employee was most recently discharged/ terminated from the program.
 - (b) Records shall be retained beyond the seven (7) year period if an audit is in process or if any audit findings, litigations, or claims involving the records have not been resolved.
 - (c) After the seven (7) year period, it shall be the decision of the Board as to whether the records shall be kept or totally destroyed, using proper shredding, or burning procedures.

► Progress Notes

It is the policy of the **FOHFS Agency** to regularly document the progress of Clients' treatment goals and objectives. Entries to the records of the persons served should be made within 7 days of the services provided.

→ **Progress notes are entered in the Client's record and include:**

- a. Chronological documentation of the Client's Clinical course
- b. Documentation of all Clinical treatment rendered to the Client
- c. Documentation of the implementation of the treatment plan
- d. Description of each change in each of the Client's conditions
- e. Description of responses to and outcomes of treatment
- f. Description of the response of the Client, Client's family and/or significant others to events
- g. Documentation of no shows and attempts by the program personnel to improve compliance, including adjusting schedules

Progress notes are dated and signed by the individual treatment team member who provided the service, makes the entry, and references the treatment objectives. Progress documentation will be entered daily if possible but at least weekly (minimum of once per month). Correct documentation will be monitored during weekly case reviews and staffing. The **FOHFS Clinical Director** or designee will conduct an annual Clinical review for the purpose of assessing services provided by staff to Clients. **FOHFS** uses measured results and findings for the purpose of keeping all Clinical policies and procedures current.

► Bio-psychosocial Assessment

A bio-psychosocial assessment for consumers is completed as soon as possible but, no later than seven (3) visits for Outpatient services and extended services by the end of the seventh (3rd) visit following admission and contains, but not limited to the following:

- A. Presenting Problem(s);
- B. History of Presenting Problem;
- C. Previous Treatment history: (mental health, substance abuse and domestic violence to include batterer's treatment or victim services);
- D. Health history and current biomedical condition and complications;
- E. Alcohol and drug use history;
- F. History of Trauma
- G. Family and social history, including family history of alcohol and drug use;
- H. Educational Information (attainment, difficulties, and history);
- I. Cultural/Religious Orientation;
- J. Military History, Vocational and/or Occupational;
- K. Sexual History (including HIV/AIDS and STD at risk behaviors);
- L. Marital or significant other relationship history
- M. Recreational/Leisure History

- N. Legal History
- O. Present Living Arrangement
- P. Economic Resources
- Q. Housing
- R. Level of Functioning
- S. Current Support System
- T. ASI Scores
- U. Current Medication (prescribing physician, name, strength, dosage & length of time on medication)
- V. Strengths/assets and weaknesses/liabilities of the consumer
- W. Consumers' Expectations in terms of services
- X. Transportation
- Y. Assessment Summary or Diagnosis