



<b>Series:</b>	<b>Operating Procedures</b>	<b>COA: PQI 4.02, 4.03, RPM 7.02, 7.04, 7.05, 7.07, 9.06 CM 5.04, FSP 4.07</b>
<b>Procedure Name:</b>	<b>Case Review Procedure</b>	
<b>Procedure Number:</b>	<b>OP BC 1012</b>	
<b>Revision #/Date:</b>	(1) 11/12/2012, (2) 07/05/2017, (3) 09/23/2020 (4) 3/23/2021	
<b>Effective Date:</b>	<b>1/13/2009</b>	
<b>Applicable to:</b>	<b>Brevard C.A.R.E.S. Staff</b>	

**SUBJECT:** Brevard C.A.R.E.S. Quality Assurance and Compliance Case Review Procedure

**PURPOSE:** The purpose of the Case Record Review Process/Quality Improvement Process is to ensure that the services provided to families served are of the highest quality, meet the needs of the families who participate in this program, and ensure that all services provided use strength based and family centered principles. In addition to this review process, feedback from families is an integral part of the Family Team Conference process and is used to improve the quality of services provided through the C.A.R.E.S. program.

**PROCEDURE:**

**Reference**

WRAPAROUND Family Services, Client Satisfaction Survey  
Brevard C.A.R.E.S. Case Review Tool

**Definitions**

C.A.R.E.S: Coordination, Advocacy, Resources, Education, and Support: Prevention Program

**Review Process**

Case record reviews are conducted quarterly to ensure that the services provided to families are of the highest quality and meet the needs of the families who participate in the program. The process also ensures that all services provided use strength based and family centered principles. Reviews assess compliance with state policies, agency protocols and wraparound principles.

**Supervisory Review Process**

The Supervisory review is intended for immediate feedback for a staff member to use for quality improvement that supports the safety, permanency and well-being of the children we serve. This frontline activity provides the timeliest opportunity to capture, process and implement information and processes that are vital to achieving permanency for children. Unit supervisory discussions focus staff on quality case work and create a process that allows staff to have mechanisms for gaining knowledge of best practice and delivering the highest quality of casework to the children and families that we serve. Program Managers/Supervisors review 100% of open cases assigned to their unit once per month. These reviews will be conducted by unit supervisors face-to- face with the assigned staff member in a supervisory discussion format.

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Utilization Reviews are conducted when any quality issues are present that assess appropriateness, need for, and effectiveness of services. Other criteria for assessing quality involve the identification of cases that have changes in status level such as an increase in risk factors, multiple risk factors, notoriety such as high profile (featured in media or potential media alert), length of services (cases that have been open longer than standard timeframes) changes in level of service and compliance with mandated performance measures and targets.

## Management Review Process

The Brevard C.A.R.E.S. Management Team will assess caseload and workload monthly. The Director of Operations will assess the number of qualified staff available to handle cases per unit and report caseload ratios monthly to the Executive Director. The Executive Director can temporarily reassign staff to provide support when a temporary shift is warranted. Brevard C.A.R.E.S. Coordinators and Specialist are cross-trained to provide support and ensure continuity of care when there is turnover or high intake within a specific program area.

The Wraparound Observation Form is used to assess fidelity to the model and assesses the life domain areas of Cultural, Educational, Family, Legal, Medical/Self-Care, Mental Health, Residential, Safety, Social/Recreational, Substance Abuse, Vocational, Child Development, and Financial. Presence of and inclusiveness of the areas of information and referrals in the community, individualized planning efforts, conduciveness of planning of family, evidence of interagency collaboration, unconditional care, outcomes of the meeting, management of the process and Coordinator role as this relates to discussion of the family strengths, goals, objectives, intervention and progress towards Care Plan.

The Wraparound Observation Form is completed a minimally of quarterly by their unit supervisor for all C.A.R.E.S. staff that are Wraparound certified. Aggregated results are shared ongoing with staff and used as a benchmark for staff professional development and positive outcomes for families.

Rapid Safety Feedback process using Safety Decision Making Methodology (SDMM) and the Florida Child and Family Services Review (FL CQI CFSR) tool are used to assess the quality of the agency's child welfare practice related to safety, permanency and child and family well-being. These two review tools are designed to compile more comprehensive information about our families and to provide accurate feedback to case management. These reviews more readily identify concerns in case management practices or systemic issues to improve positive results for the child and family.

The Rapid Safety Feedback and FL CQI CFSR tools are completed a minimally of quarterly for coordinators in the Non Judicial in Home Services unit by members of the Quality Assurance and Training Specialist team. Aggregated results are shared ongoing with staff and used as a benchmark for staff professional development.

Results from the case review process and the overall feedback from families are reviewed quarterly as part of the agency's Performance and Quality Improvement Plan and process.

## Peer Review Process

In order to provide feedback as well as to ensure continuous quality improvement is part of this case review process, a peer review model for the C.A.R.E.S. case reviews is utilized. The Case Review process offers opportunities to increase evidenced based best practices, ensures

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accountability for outcomes, ensures the delivery of services are of the highest quality, and ensures that family needs are being accurately assessed and met through our C.A.R.E.S. program. The Case Review Process also offers an opportunity to identify strengths and weakness in the program, identify any gaps in the C.A.R.E.S. program, as well as provide opportunities to continuously improve the services provided through our C.A.R.E.S. program.

Each quarter, the Executive Director or designee will provide a report that lists all the cases eligible to be reviewed. The report will be pulled by the second week of the month that follows the end of the quarter.

Decisions to discard a randomly selected case from the sample list must be approved by the Executive Director, who must document the basis for the decision. If a file has been selected for review less than 90 days ago, another file will be randomly selected based on recent review period. This is done consistently so that by the end of the fiscal year, all files have been reviewed at least once.

A *fixed size simple random sample* is used for the case review process that provide assurances of avoiding conflict of interest using the following rationale:

- Sample Extract: A listing of all cases potentially eligible to be included in the sample for the review.
- Sample Population: As of the sample date, all cases open for at least one day during the selection period, and who have received services for at least a month as of the sample date.
- Sample Size: 15% of the sample population
- Period under Review: The time frame beginning the first day of the review quarter, up to the date the review occurs if the case under review is still active. If services closed or were terminated during this period, the period under review is for the beginning of the period under review to the case end date.
- Review Quarter: The quarter in which the review is to be completed.
- Selection Period: The three months immediately prior to the sample date

Assignments of file review to the Peer Reviewer are made by the Executive Director or designee. Each Peer Reviewer will review all files assigned using the Case Review Tool (see attached). Once the Case Review form is completed by the Peer Reviewer, it will be reviewed by the Coordinator/Specialist currently or previously assigned to the case for review. As part of the Case Review Process, Peer Reviewers will also add general comments and suggestions for each quarter. In addition, the Peer Reviewer meets with the Coordinator/Specialist of the cases they reviewed in order to debrief them on their findings and discuss general practice issues. Any items noted by the Peer Reviewer as a *No, Not Clear, or Incomplete* will then be addressed by the Coordinator/Specialist assigned to the case under the comment section for that quarter. The Coordinator/Specialist will have 2 business days to complete this section and rectify the missing documentation in the file.

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The completed Case Review form is then forward to the Executive Assistant or designee for data entry. The data entry will be completed within 5 business days. The Executive Assistant or designee will then send a notice to the Program Managers for review. The Program Manager will review the data for accuracy and feedback within 2 business days. The purpose of this review will be to ensure that Peer Reviews are providing appropriate feedback and that the Case Review form is being used consistently by all Peer Reviewers to ensure inter-rater reliability. In addition, the purpose of the review is to provide another level of review in order to ensure services to our families demonstrate and adhere to our family centered principles and that training needs can be identified in order to improve service provision.

The Executive Director will complete a review and analysis of the Peer Review data quarterly. The data will be aggregated to the program level and shared during the PQI Committee meetings and all staff meetings.

The completed Case Review form will be maintained in the client record.

In addition, to this level of review, the Director may review files through random sample periodically for the purpose of giving feedback and making suggestions for improvements as part of our overall Quality Improvement Program. In addition, a case can also be requested for review as part of an Internal Audit, contract monitoring and/or in order to prepare for the Council on Accreditation process. This level of review can be requested from the Executive Director at any time throughout the year.

## **Elements of Review**

The Case Review Tool Document (attached) serves as the agency uniform tool to evaluate the presence, clarity, quality and continuity of required documents using a uniform tool to ensure consistency; and includes a random sample of both open and closed cases: The following areas are assessed during the monthly file review process;

*Request for Release of Information for referral source, providers and all other individuals/agencies are engaged with the child/family;*

*Acknowledgement of Client Rights Handbook;*

*HIPAA Acknowledgement Form;*

*All entries in the record include the responsible staff's name and title;*

*Strength Discovery Release of Information;*

*Family Team Conferencing Release of Information for each FTC meeting;*

*First contact with the family is made within required timeframes per OB BC 1005;*

*Strengths Discovery and Care Plan is legible to someone other than the writer*

*Strengths Discovery is completed within established timeframes per OP BC 1005;*

*Strengths Discovery clearly describes the strengths and needs of the family are thorough and complete manner;*

*The family vision and mission statement and strengths are well documented on the Care Plan face sheet;*

*The Initial Family Team Conference is completed within established time frames per OP BC 1005;*

*Issues regarding child and family safety and related goals are well documented in the Care Plan*

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*and included in the file. If not necessary, documentation on the Care Plan indicates that a safety plan is not needed;*

*Presenting needs are well documented in the Care Plan;*

*The focus of the Care Plan is consistent with the goals identified by the family and it is clear what goals were important to the family;*

*Care Plans are within established time lines, are consistent with strengths discovery and have measurable goals, timelines and responsibility for each goal that is clearly identified;*

*Family Participation in their Care Plan is evident to the reviewer;*

*Barriers to achieving success have been discussed and identified within the care plan;*

*Unmet needs have been addressed in the Care Plan;*

*Preventative services have been clearly documented as being discussed by the team;*

*The Care Plan clearly identifies any and all follow up needed by the Team;*

*The Care Plan indicates that the plan is culturally competent and that issues relevant to client's race, ethnicity, gender, age, were addressed.*

*The record reflects that appropriate signatures of family members involved in the Care Plan;*

*The record reflects appropriate signatures of other staff involved;*

*The record reflects that Family Team Conferences occurred at least every 60 days;*

*The Transition/Aftercare Plan and Graduation Care Plan identifies continuing goals for the family, additional family support systems and other outside supports (informal and formal) that are available to the family;*

*The record clearly indicates the family's readiness and/or willingness to discontinue Family Team Conference meetings;*

*The record clearly indicated the family's knowledge that they can return to CARES at any time should they need or want to engage in the process again later;*

*Case notes are complete and summarize case activities*

*The record clearly indicates that authorized services were agreed upon by the Team;*

*The record clearly indicates that services were delivered in a timely manner;*

*The record clearly indicates that clients benefited from services;*

*The record clearly indicates that discharge and aftercare planning was initiated early in the FTC process;*

*Care Plans are being tailored to the changing needs of the family;*

*Discharge summaries reflect child and/or family condition at the time of discharge and reflect adequate aftercare support;*

*The record indicates that at least one natural support is attending the FTC;*

*The Team is comprised of at least 40% informal supports;*

*Natural resources and community supports are identified on every care plan, and/or safety plan as appropriate;*

*The record clearly indicates that the FTC asked for family satisfaction feedback on a regular basis;*

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*There is evidence of a supervisory review within 5 business days of case assignment, and quarterly thereafter;*

*Case notes are entered into FSFN within 48 hours*

*There is evidence that there is active and ongoing engagement with the family through a minimum of one FSFN note per 25 days.*

*There is evidence that children determined to be unsafe or safe but high very high risk were seen in the home every 25 days;*

*The Family Functioning assessment was completed within 30 days of case transfer staffing for cases with unsafe children;*

*Progress Updates are completed within 90 days of the Family Functioning assessment being completed for cases with unsafe children;*

*There is a signed CARES release (Child and Family Services Specialist only)*

*The case was built in Mindshare within 1 business day of acceptance.*

## **Feedback from C.A.R.E.S review process**

As part of the overall case review process, trends and data are compiled by the Executive Director and reviewed with all staff. Any noted recommendations for improvements are subsequently developed. Once a recommendation for improvement has been made and implemented (such as providing additional training to staff on proper documentation), the results of whether the particular recommended action improved a weakness is addressed during the next cycle of the case review process in order to determine the effectiveness of the recommendation and to determine if other or additional recommendations should be implemented. The review of the effectiveness of a recommendation for quality improvement is integrated into the ongoing case review process.

In addition to the above referenced case review process, feedback from C.A.R.E.S. families is an integral part of the overall Family Team Conference Process. Satisfaction surveys are provided throughout the process at the initial meeting, quarterly and when the family successfully completes the Brevard C.A.R.E.S. program as well as offered to all families exiting the program. The results of these ongoing satisfaction surveys as well as the feedback received on those exiting services is part of the Brevard C.A.R.E.S. Performance and Quality Improvement Program and used to for continuous improvement purposes. Feedback from families will be shared with staff on a regular and ongoing basis in an effort to create a continuous quality improvement environment.

BY DIRECTION OF THE EXECUTIVE  
DIRECTOR:



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KATHRYN PARKER  
Executive Director  
Brevard C.A.R.E.S., Inc.

APPROVAL DATE: 3/23/2021