



EAP Case Review Form

Case #:		Client Company:	
Date Reviewed: / /		Session model:	
LNA name:		Name and Title of Reviewer:	
		Intake Date:	/ /
		Close Date:	/ /

*Read notes in computer prior to conducting review.

**If N/A, give full value of question.

*If LNA notes they were unable to complete section and ct was not seen for all sessions, can give LNA points for that section.

*If reviewing a case with a related case and some sections are incomplete, entire case should still be reviewed.

*If a question says "if x is applicable/noted," and you are unable to determine if it is applicable, answer "N/A"

*Reminder to take into consideration cultural appropriateness of interventions.

Unable to rate case: Phone sessions only LNA did not have ppwk prior to session _____

1. Statement of Understanding

Either SOU NOT Signed:

Was session terminated? (If so, terminate case review) No (-5) _____ / 8

OR SOU SIGNED

Is the SOU signed with dates/witness? 0 2 4 _____ / 4

Is the telephonic follow up checked/initialied? Yes No _____ / 1

Have both parents signed for the minor, if there is joint custody? Yes No N/A _____ / 3

****Only give 4 points total if the LNA's SOU was signed.**

TOTAL: / 8

2. Client Data Form

Are all sections fully completed? _____ / 5

(This is completed by client and should be reviewed by LNA for completeness)

TOTAL: / 5

3. Individual Assessment Form

If the client is a child age 10 or under, skip to #4 and do not complete section #3

Is the heading completed? Yes No _____ / 1

TOTAL: / 1

3a. High Risk Factors

Are all sections completed? 0 1 2 _____ / 2

Does the overall threat of violence rating accurately reflect the

assessment of high risk factors? Yes No _____ / 2

If high risk areas were noted, was an appropriate plan initiated? Yes (0 or 5) No (-5) N/A (5) _____ / 5

Are untoward responses described? Yes No N/A _____ / 1

TOTAL: / 10

3b. Mental Status

Are all sections completed?
Are untoward responses described?

0 1 2
Yes No N/A

TOTAL: / 3

3c. Current Alcohol Use

Has LNA checked one of two responses?
Either LNA checked box 2:

Has Audit been completed?
Has AUDIT been scored correctly?

Or LNA checked box 1:

Was an explanation provided?

AND (for checking boxes 1 or 2)

If current/prior alcohol abuse was noted, was an appropriate
plan initiated (see case plan or session doc notes)?

Yes No

Yes No

Yes No

Yes No

Yes (0 or 5) No (-5) N/A (5)

TOTAL: / 5

3d. Current Drug Use

Has LNA checked one of two responses?
If LNA checked box 2, is the use described with name of drug
and frequency of use?

If current/prior drug abuse was noted, was an appropriate
plan initiated (see case plan or session doc notes)?

Yes No

Yes No N/A

Yes (0 or 5) No (-5) N/A (5)

TOTAL: / 8

3e. Mental Health and Alcohol and Drug History

Has section been completed in its entirety?
If applicable, has prior treatment for mental health and
substance abuse been noted?

0 1 2

Yes No N/A

TOTAL: / 2

3f. Problem Impact

Has the impact of the assessed problem been checked and
supported by the case record?
Has the impact on affected areas of client's life been described?

Yes No

Yes No

TOTAL: / 4

4. Child Health Form

If the client is 11 or older, skip to #5 and do not complete section #4

Did the LNA appropriately complete this form
Is the heading completed?
Has LNA provided a presenting problem
Are questions 1-6 completed?

Yes No

Yes No

Yes No

0 2 4 6

TOTAL: / 16

4b. High Risk Factors

Are all sections completed?
Does the overall threat of violence rating accurately reflect the
assessment of high risk factors?
If high risk areas were noted, was an appropriate plan initiated?
Are untoward responses described?

0 1 2

Yes No

Yes (0 or 5) No (-5) N/A (5)

Yes No N/A

TOTAL: / 10

4c. Drug and/or Alcohol use

LNA gave a description either of use or that there is no use

Yes No

 / 5
TOTAL: / 5

4d. Problem Impact

Has the impact of the assessed problem been checked and supported by the case record?

Yes No
Yes No

 / 2
 / 2
TOTAL: / 4

Has the impact on affected areas of client's life been described?

5. Case Summary Form

Is client(s) name and case number completed?

Yes No

Has LNA signed and dated Case Summary Form?

Yes No

 / 1
 / 1
TOTAL: / 2

5a. Family Information

Is the family information section complete?

0 1 2

 / 2
TOTAL: / 2

5b. Checklist

Have both items been checked.

Yes No

 / 1
TOTAL: / 1

5c. Assessed problem

Has LNA completed section for each client?

Yes No

Has LNA circled the primary assessed problem?

Yes No

Is the identified primary assessed problem justified by the doc.?

Yes No

 / 1
 / 1
 / 3
TOTAL: / 5

5d. Case Plan

Has LNA fully completed section?

Yes No

Do plans reflect problems noted in record?

Yes No

Have high-risk issues been appropriately addressed?

Yes No N/A

Are the goals written in behaviorally measurable terms?

Yes No

 / 1
 / 3
 / 3
 / 1
TOTAL: / 8

5e. Ability to Function

Has LNA fully completed this section for each client?

0 1 2

 / 2
TOTAL: / 2

5f. Referral Options

Has LNA fully completed this section for each client?

Yes No N/A

 / 1
TOTAL: / 1

6. Session Documentation and Invoice Form

Is there a session note for each session billed for?

Yes No

For each session documented, is the heading accurately completed?

Yes No

For each session documented, does the note adequately include issues covered?

0 2 4

Is there a summary completed for the last session?

Yes No

Was the presenting problem appropriately addressed?

0 2 4

Was the assessed problem appropriately addressed?

0 2 4

Is the billing information completed correctly?

Yes No

 / 4
 / 2
 / 4
 / 4
 / 1
TOTAL: / 18

6b. Follow-up

Was a follow up call initiated?
Are the results of the follow up documented?

Yes No
Yes No

 / 2
 / 1
TOTAL: / 3

7 Release of Information (ROI)

****If signed, but blank – lose 1 point****

Either No ROI necessary for case

Or

If needed, is the ROI accurately completed?
If a referral was made, was a ROI obtained for the provider?
If supervisory/mandatory referral, were the appropriate releases obtained?
Subtract 1 point from total if the LNA used an ROI other than FADV's

_____ (Give 4 pts)

 / 4

Yes No N/A
Yes No N/A
Yes No N/A

 / 2
 / 1
 / 1
 / -1
TOTAL: / 4

8. Overall Legibility

0 1 2 3 _____ (-1 for white out)

 / 3
TOTAL: / 3

9. RATING:

100-91 points: Exceeds Expectations

90 -81 points: Acceptable

80-75 points: Needs Improvement

74 & below: Below Expectations

*Action plan required for scores 74 & below

Additional Comments:

First Advantage EAP

P.O. Box 1670, Bethesda, MD 20827
Network Provider Line: 1-800-935-9552