

West Virginia Department of Health and Human Resources
RIGHT FROM THE START PROGRAM
Quality Assurance – Client File Checklist

			√	Date Completed
1. Client Name:				
2. Received from RCC				
3. Type of Referral: PRSI <input type="checkbox"/> HBS <input type="checkbox"/> Alternate Entry <input type="checkbox"/> NHS <input type="checkbox"/> Other <input type="checkbox"/>				
4. 1 st contact attempt (within 5 working days)				
5. 2 nd contact attempt				
6. 3 rd contact attempt				
7. Initial Visit (completed/signed) <ul style="list-style-type: none"> ▪ Initial Client Assessment ▪ Service Care Plan ▪ Rights & Responsibilities ▪ Tobacco Screening Form ▪ Copies to physician, RCC and client (within 5 working days) ▪ HITS Form 				
8. At least one home visit documented				
9. ASQ				
10. Tobacco Intervention completed				
11. Tobacco Follow Up completed <ul style="list-style-type: none"> ▪ Prenatal ▪ Postpartum 				
12. Edinburgh Postnatal Depression Scale <ul style="list-style-type: none"> ▪ Prenatal (3rd Trimester) ▪ Postpartum 				
13. Postpartum HV kept within 2 weeks after hospital discharge				
14. Client contact prior to case closure				
15. Infant HV within 30 days of 1 st birthday				
16. Outcomes Measures completed <ul style="list-style-type: none"> ▪ Closure Date ▪ Closure Code 				
17. Total number of client contacts <ul style="list-style-type: none"> ▪ Home Visits ▪ Face to Face ▪ Phone Call 				
18. Copy of chart to RCC				
Codes/Units/Sessions Documented properly on Client Tracking Sheet	Signature of client when performing a home visit on Client Tracking Sheet	RCC received weekly copies of your Client Tracking Sheet	Progress Notes completed and DCC Signature on the Client Tracking Sheet	
Date Completed	Date Completed	Date Completed	Date Completed	