

IAFT® Data Collection Checklist



Clients Name _____

REF_ID in CCW _____

Date of Placement		12mo	
3mo		15mo	
6mo		18mo	
9mo		21mo	

Prior To Admission & At Admission

What?	Where?	Complete
Enter Facility Data	Facility Info/Enter New Facility	
Referral Placement Date	Admission/Referral Placement	
Check All data on Referral Intake Page	Prior To Admission/Referral Intake	
Admission Criteria Checklist	Prior To Admission/Admission Criteria Checklist	
CALOCUS Score	Prior to Admission/CALOCUS	
CGAS Score	Admission/CGAS	
Medications (what was taken on first day of placement, Med changes during treatment must be entered)		
Diagnosis (what is on uploaded CCA, changes to Diagnosis must have uploaded CCA)		
CCA (signed and uploaded)	Prior To Admission/Upload Forms	
PCP & Crisis Plan (signed and uploaded)	Prior To Admission/Upload Forms	
Initial Authorization (uploaded)	Prior To Admission/Upload Forms	
EPSDT (signed and uploaded)	Prior To Admission/Upload Forms	
Adverse Childhood Experience ACE	Admission/ACE Questionnaire (complete within first 45 days)	
The referral placement date must reflect the day that treatment started. This date sets all the subsequent interval periods.		

Weekly

What	Where?	Complete
Behavior Checklist (7 days of data entered for each week)	Intervals /Daily Behavior Checklist	
Attendance (daily census/location)	Intervals/Attendance calendar	

At 90 Intervals

What?	Where?	Complete
CGAS Score	Intervals/CGAS	
Daily contact must occur. Data shall be entered in database under Daily Behavior Checklist. Location data shall be entered under attendance calendar.	3mo	
	6mo	
	9mo	
	12mo	
	15mo	
	18mo	
	21mo	

At Discharge

Discharge Date _____

What?	Where?	Complete
MHSIP Surveys (YSS & YSS-F)	Discharge/MHSIP	
Update Medications/diagnosis	Discharge/Medications/Diagnosis at Discharge	
CALOCUS Score	Discharge/CALOCUS	
CGAS Score	Discharge/CGAS	
Upload & Confirm Consent-information	Discharge/Upload Forms	
Discharge Summary Form	Discharge/Discharge Summary Form	

Check all data on Referral Intake Page

Overall review the accuracy of information, boxes, demographics upon admission (or within 5 business days). Below are some common errors that get overlooked or are incorrect during compliance reviews.

- IAFT @Treatment Information -Please enter (and change if personnel changes) the assigned Coordinator/Consultant/Coach for the child. Maintain same spelling for the staff member. (Complete after Admission): or change as staffing/caseload changes
- Location- choose the city location of the office from drop down list
- Legal Guardian: Correct type is chosen, if DSS- then also check radio button for DSS involved
- Client Information: IQ score or functional status radio button checked ;approx. number of Out of Home placements (just update if you learn a more accurate number or if it is blank)
- Diagnosis: Ensure that DSM-5 rankings match the documents uploaded. For example if the CCA, Crisis Plan and PCP all have PTSD, ADHD and Asthma- we would expect that CCW matches this information. Ensure all documents on file and any new changes are reflected in CCW upon admission and throughout treatment duration.
- Medications: Ensure medications match current Crisis Plan and MAR. Update medications throughout treatment as changes are made. Ensure psychotropic medications are noted with check box (Is Psychotropic). If you are unsure hover over the blue writing and validate against pop up list.
- Adverse Childhood Experience- ACE questionnaire please have clinician (or staff member doing record review if needed) complete the ACE questionnaire for the child's lifetime and mark yes/no. This can be completed within the first 45 days of treatment once rapport and trust has been built to ensure most accurate responses.
- Daily Behavior Checklist- Record data for all 7 days collected from the 5 days of phone contacts. It is expected that all days are marked for the week, unless the child is out of the home. Daily behavior is still tracked during Respite.

Discharge Summary Form

- Ensure ROLES score- via type of discharge location is selected from the drop down list.
- Ensure completed information by answering as many questions as possible (admit date should match placement date, discharge date should match last day on attendance calendar)
- Please give 2-3 brief sentence summary on nature of discharge/lateral move.
- If your agency is not listed leave the radio button's blank