

**RYAN WHITE PART B PEER REVIEW 2009-2010**  
**Virginia Department of Health**  
**Division of Disease Prevention**  
**HIV Care Services**  
**Chart Review**

**Home Health and Community-based Services**

**ID#**

	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
<b>Universal Standards:</b>				
1. Does the documented patient care comply with the United States Public Health Services (USPHS) and VDH standards for HIV infected persons?				
2. Is there a signature log available for review that includes name and credential, initials, signature?				
3. Is there documentation that the provider conducts periodic, random chart review that is available for review?				
<b>4. Service Standards:</b>				
<ul style="list-style-type: none"> <li>• Is there referral in the client record from a Ryan White Part B provider?</li> </ul>				
<b>5. Assessment</b>				
<ul style="list-style-type: none"> <li>• Is there a completed medial assessment including medical history in the client's record?</li> </ul>				

	YES	NO	NA	COMMENTS
<ul style="list-style-type: none"> <li>Does the medical assessment include current medications and drug allergies?</li> </ul>				
<ul style="list-style-type: none"> <li>Does the medical assessment include history and any current drug/substance abuse?</li> </ul>				
<ul style="list-style-type: none"> <li>Does the medical assessment include psychosocial and mental health?</li> </ul>				
<ul style="list-style-type: none"> <li>Does the medical history include a nutritional assessment?</li> </ul>				
<b>6. Medical Care Plan</b>				
<ul style="list-style-type: none"> <li>Is there a medical care plan in the client's record?</li> </ul>				
<ul style="list-style-type: none"> <li>Is there documentation in the client's record that the medical care plan was developed in collaboration with the client?</li> </ul>				
<ul style="list-style-type: none"> <li>Is there documentation on the client's record that the client was offered a copy of the medical care plan?</li> </ul>				

	YES	NO	NA	COMMENTS
<ul style="list-style-type: none"> <li>Are there written physicians' orders in the client's record?</li> </ul>				
<ul style="list-style-type: none"> <li>Are actions taken and outcomes related to the physicians' orders documented in the client's record?</li> </ul>				
<b>7. Reassessment:</b>				
<ul style="list-style-type: none"> <li>Is there documentation in the client's record that a reassessment was done in collaboration with the client every <b>six months</b>?</li> </ul>				
<ul style="list-style-type: none"> <li>Is the reassessment care plan in the client's record?</li> </ul>				
<b>8. Discharge:</b>				
Is the client no longer in need of home health services?				
Is there documentation in the client record of a discharge plan and reason for discharge?				
<b>9. Continued Services:</b>				
<ul style="list-style-type: none"> <li>Is medication and treatment documentation current and complete in the client record signed and dated?</li> </ul>				

	YES	NO	NA	COMMENTS
<ul style="list-style-type: none"> <li>Does the medication record include names of drugs, doses, timing, and methods of administration (within last 6 months for HAART and/or last 12 months for OI treatment)?</li> </ul>				
<ul style="list-style-type: none"> <li>Are laboratory reports current and complete in the client's record, signed and dated to verify review of results?</li> </ul>				
<ul style="list-style-type: none"> <li>Is there a signature log available for review that includes name and credential, initials, signature?</li> </ul>				
<ul style="list-style-type: none"> <li>Is there documentation of age appropriate health prevention/maintenance measures (e.g. nutritional counseling, mammograms, PSA/rectal exams) present in the client's record, signed and dated?</li> </ul>				

	YES	NO	NA	COMMENTS
<ul style="list-style-type: none"> <li>Is there documentation in the client's record of a prevention message at each visit?</li> </ul>				
<ul style="list-style-type: none"> <li>Is there documentation of the status of vaccinations present in the client's record, signed and dated?</li> </ul>				
<ul style="list-style-type: none"> <li>Is there documentation of the referrals made and tracked for outcomes present in the client's record, signed and dated?</li> </ul>				
<ul style="list-style-type: none"> <li>Do the progress notes include type and frequency of contacts?</li> </ul>				
<b>10. Third party payer:</b>				
Is the provider a third-party payer?				
Does the client's record include documentation of a medical history?				
Does the client's record include documentation of a physical exam?				
Does the client's record include a medical care plan?				
Does the client's record include interim progress notes?				
Does the client's record				

include physicians' orders?				
Does the client's record include referrals and follow up for outcomes?				
If services are no longer needed, is there a discharge plan?				
Is all written documentation signed and dated?				

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Subcontractor staff(s) interviewed \_\_\_\_\_