

RYAN WHITE PART B PEER REVIEW 2009-2010

Virginia Department of Health
Division of Disease Prevention

HIV Care Services
Chart Review

Housing Services

ID#

	YES	NO	NA	COMMENTS
1. Is there a referral in the client record from a Ryan White Part B provider?				
2. Is there documentation that the living space for the client meets local code standards?				
3. Screening				
<ul style="list-style-type: none"> Is there documentation that a screening was completed within 5 business days of initial contact or referral? 				
<ul style="list-style-type: none"> Does documentation include the date and time of follow up appointment with the housing counselor? 				
4. Intake				
<ul style="list-style-type: none"> Is there documentation that an intake was developed within 10 days following the initial screening? 				

	YES	NO	NA	COMMENTS
Are clients who present with emergency needs referred immediately for assistance?				
Is there documentation of the referral and follow up?				
5. Assessment:				
<ul style="list-style-type: none"> Is there documentation of a housing assessment being completed within 15 days of intake? 				
<ul style="list-style-type: none"> Is there information included from the Ryan White Part B case manager? 				
<ul style="list-style-type: none"> Does the assessment include information on the client's current medical care? 				
<ul style="list-style-type: none"> Does the assessment include information on mental health and substance abuse issues? 				
<ul style="list-style-type: none"> Does the assessment include information on the client's employment, financial resources, transportation and legal issues? 				

	YES	NO	NA	COMMENTS
<ul style="list-style-type: none"> Does the assessment include information on the client's support systems, barriers to services, and communication skills? 				
<ul style="list-style-type: none"> Is there documentation of the reason for why the assessment was not completed within 15 days of the intake? 				
6. Housing Plan Implementation				
<ul style="list-style-type: none"> Is there documentation that the support counselor and the client developed the support plan together? 				
<ul style="list-style-type: none"> Is the individualized housing plan (IHP) present in the client's record, signed and dated by the housing counselor and the client? 				
<ul style="list-style-type: none"> Is there documentation that IHP has been completed within 45 days after assessment? 				

	YES	NO	NA	COMMENTS
<ul style="list-style-type: none"> Is there documentation that the client was offered a copy of the IHP? 				
<ul style="list-style-type: none"> Does the IHP include goal(s) for housing services? 				
<ul style="list-style-type: none"> Does the IHP include the relationship of housing to the client's medical stability? 				
<ul style="list-style-type: none"> Does the IHP identify the person responsible for completing each action? 				
<ul style="list-style-type: none"> Does the ISP have target dates for completion of each action? 				
<ul style="list-style-type: none"> Does the IHP have results of each action? 				
<ul style="list-style-type: none"> Does the client record contain progress notes? 				
<ul style="list-style-type: none"> Do the progress notes include type of service (s) provided, frequency and type of contact and rationale for housing services. 				

	YES	NO	NA	COMMENT
7. Reassessment				
<ul style="list-style-type: none"> Is there documentation that the ISP was reassessed every 90 days? 				
<ul style="list-style-type: none"> Does the reassessment assess progress toward goals and identify new needs? 				
8. Discharge				
<ul style="list-style-type: none"> Does the client continue to need housing services? 				
<ul style="list-style-type: none"> Is there a discharge plan if services are no longer needed? 				
9. Referrals				
<ul style="list-style-type: none"> Are referrals made and tracked for outcomes with documentation in the client's record? 				

Reviewer _____ Date _____

Subcontractor staff(s) interviewed _____