

**RYAN WHITE PART B PEER REVIEW 2009-2010**

**Virginia Department of Health  
Division of Disease Prevention  
HIV Care Services  
Chart Review**

**Mental Health Services**

**ID#**

	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
1. Is there a referral by a Ryan White Part B provider for initiation of mental health services?				
2. Is the therapeutic framework/model identified by the agency and available for review?				
<b>3. Evaluation</b>				
<ul style="list-style-type: none"> <li>Is there a completed mental health evaluation conducted by a licensed mental health professional present prior to the initiation of treatment?</li> </ul>				
Does the evaluation consist of:				
<ul style="list-style-type: none"> <li>History, including chief complaint</li> </ul>				
<ul style="list-style-type: none"> <li>Present illness-confirmed mental health diagnosis</li> </ul>				
<ul style="list-style-type: none"> <li>Past psychiatric history</li> </ul>				
<ul style="list-style-type: none"> <li>Family History</li> </ul>				
<ul style="list-style-type: none"> <li>Social and personal history</li> </ul>				
<ul style="list-style-type: none"> <li>Substance abuse</li> </ul>				
<ul style="list-style-type: none"> <li>Medical history</li> </ul>				
<ul style="list-style-type: none"> <li>Current and recent medications</li> </ul>				
<ul style="list-style-type: none"> <li>Pre-morbid personality</li> </ul>				
<ul style="list-style-type: none"> <li>Complete mental-status evaluation</li> </ul>				

	YES	NO	NA	COMMENTS
• Appearance and behavior				
• Suicide risk				
• Homicidal risk				
• Delusions				
• Hallucinations				
• Illusions				
• Obsessions/compulsions				
• A cognitive assessment				
4. Is the client receiving individual counseling?				
5. Is the client receiving group counseling?				
<b>6. Treatment Plan</b>				
• Is there documentation that the treatment plan was developed in collaboration with the client?				
• Is there documentation that the client was offered a copy of the treatment plan?				
• Is there a treatment plan stating the evidenced-based therapeutic intervention to be used?				
Does the treatment plan consist of:				
• Measurable treatment goals				
• Measurable time frames for progress and outcomes				
• Plan for follow up with client including frequency of contacts				
• Outcome assessment				
• Risk reduction to prevent HIV transmission				
• Are there notes for all contacts and service dates?				

	YES	NO	NA	COMMENTS
<b>7. Reassessment</b>				
<ul style="list-style-type: none"> <li>Is there documentation of the plan of care being reassessed a minimum of <b>every 90 days</b>?</li> </ul>				
<ul style="list-style-type: none"> <li>Is the reassessment with revised treatment plan present in the client record, signed and dated by the mental health professional and the client?</li> </ul>				
<b>8. Psychotropic Drugs</b>				
<ul style="list-style-type: none"> <li>Is there documentation of the monitoring of psychotropic drugs, when applicable?</li> </ul>				
<ul style="list-style-type: none"> <li>Is there documentation of assessment and education of side effects of the medication?</li> </ul>				
<b>9. Referrals</b>				
<ul style="list-style-type: none"> <li>Is the client referred for other services?</li> </ul>				
<ul style="list-style-type: none"> <li>Are these referrals documented and is there follow up with outcomes?</li> </ul>				
<b>10. Discharge</b>				
<ul style="list-style-type: none"> <li>If treatment goals are reached, is there documentation that there is a plan for discharge?</li> </ul>				

	YES	NO	NA	COMMENTS
<ul style="list-style-type: none"> <li>Is there documentation that the client collaborated with the mental health professional in the development of the discharge plan?</li> </ul>				
<ul style="list-style-type: none"> <li>Is the discharge plan present in the client's record, signed and dated by mental health professional and the client?</li> </ul>				
<b>11. Third-Party Payer:</b>				
<ul style="list-style-type: none"> <li>Is the provider a third-party payer?</li> </ul>				
<ul style="list-style-type: none"> <li>Is there a referral for services present in the client's record?</li> </ul>				
<ul style="list-style-type: none"> <li>Is there an initial assessment with a mental health diagnosis present in the client's record?</li> </ul>				
<ul style="list-style-type: none"> <li>Is there an individualized treatment plan present in the client's record?</li> </ul>				
<ul style="list-style-type: none"> <li>Is there documentation of all contacts and services dates present in the client's record?</li> </ul>				
<ul style="list-style-type: none"> <li>Are there reassessments of the treatment plan present in the client's record?</li> </ul>				
<ul style="list-style-type: none"> <li>Does the client continue to need mental health services?</li> </ul>				
<ul style="list-style-type: none"> <li>Is there a discharge plan present in the client's record?</li> </ul>				
<ul style="list-style-type: none"> <li>Is all documentation signed and dated?</li> </ul>				

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

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