

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

Virginia Department of Health

Division of Disease Prevention

HIV Care Services

Chart Review

**Psychosocial Support Services**

**ID#**

|   | YES        | NO        | NA        | COMMENTS        |
|---|------------|-----------|-----------|-----------------|
| 1. Is there referral in the client record from a Ryan White Part B provider?  |            |           |           |                 |
| 2. If client was self-referred is there documentation of initial contact?   |            |           |           |                 |
| <b>3. Intake:</b>   |            |           |           |                 |
| <ul style="list-style-type: none"> <li>Was the intake done and documented <b>within 10 days</b> of initial contact?</li> </ul>                          |            |           |           |                 |
| <b>4. Assessment:</b>   |            |           |           |                 |
| <ul style="list-style-type: none"> <li>Was the assessment completed <b>within 30 days</b> of intake?</li> </ul>   |            |           |           |                 |
| <ul style="list-style-type: none"> <li>Does the client's record contain documentation of why the <b>30 days</b> was not met?</li> </ul>                 |            |           |           |                 |
| <b>5. Support Plan Development:</b>   |            |           |           |                 |
| <ul style="list-style-type: none"> <li>Is there documentation that the support counselor and the client developed the support plan together?</li> </ul> |            |           |           |                 |
|   | <b>YES</b> | <b>NO</b> | <b>NA</b> | <b>COMMENTS</b> |

|   |  |  |  |  |
|---|--|--|--|--|
| <ul style="list-style-type: none"> <li>• Is the support plan present in the client record, signed and dated by the support counselor and the client?</li> </ul> |  |  |  |  |
| <ul style="list-style-type: none"> <li>• Has the support plan been completed <b>within 15 days</b> after assessment?</li> </ul>                                 |  |  |  |  |
| <ul style="list-style-type: none"> <li>• Is there documentation that a copy of the support plan was offered to the client?</li> </ul>                           |  |  |  |  |
| <ul style="list-style-type: none"> <li>• Does the support plan identify problem(s)?</li> </ul>  |  |  |  |  |
| <ul style="list-style-type: none"> <li>• Does the support plan include goals to remedy the problem?</li> </ul>  |  |  |  |  |
| <ul style="list-style-type: none"> <li>• Does the support plan have target dates for completion of the goals?</li> </ul>  |  |  |  |  |
| <ul style="list-style-type: none"> <li>• Does the support plan document progress or lack of progress toward obtaining goals?</li> </ul>                         |  |  |  |  |
| <ul style="list-style-type: none"> <li>• Do the progress notes include type and frequency of contacts?</li> </ul>   |  |  |  |  |

|   | YES | NO | NA | COMMENTS |
|---|-----|----|----|----------|
| <ul style="list-style-type: none"> <li>Are all sessions documented, signed and dated by the support counselor?</li> </ul>   |     |    |    |          |
| <b>6. Reassessment:</b>   |     |    |    |          |
| <ul style="list-style-type: none"> <li>Is support plan reassessed at least every <b>90 days</b>?</li> </ul>   |     |    |    |          |
| <ul style="list-style-type: none"> <li>Has the client and the support counselor signed the revised support plan?</li> </ul>   |     |    |    |          |
| <b>7. Discharge:</b>  |     |    |    |          |
| <ul style="list-style-type: none"> <li>Does the client no longer require psychosocial support services?</li> </ul>  |     |    |    |          |
| <ul style="list-style-type: none"> <li>When all goals and issues have been met and no new issues have been identified, is discharge planning in collaboration with the client initiated?</li> </ul> |     |    |    |          |
| Is there a discharge summary present in the client's record?  |     |    |    |          |
| <b>8. Referrals:</b>  |     |    |    |          |
| <ul style="list-style-type: none"> <li>Are referrals made and tracked for outcomes with documentation in the client's record?</li> </ul>  |     |    |    |          |

|   | YES | NO | NA | COMMENTS |
|---|-----|----|----|----------|
| <b>9. Third-Party Payer:</b>  |     |    |    |          |
| <ul style="list-style-type: none"> <li>• Is the support counselor a third-party payer?</li> </ul>                 |     |    |    |          |
| <ul style="list-style-type: none"> <li>• Does the client record contain an assessment of client needs?</li> </ul> |     |    |    |          |
| <ul style="list-style-type: none"> <li>• Does client record have a plan of care?</li> </ul>                       |     |    |    |          |
| <ul style="list-style-type: none"> <li>• Are there interim progress notes in the client record?</li> </ul>        |     |    |    |          |
| <ul style="list-style-type: none"> <li>• Are referrals and follow up documented in the client record?</li> </ul>  |     |    |    |          |
| <ul style="list-style-type: none"> <li>• If services are no longer needed, is there a discharge plan?</li> </ul>  |     |    |    |          |
| <ul style="list-style-type: none"> <li>• Is all written documentation signed and dated?</li> </ul>                |     |    |    |          |

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

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