

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

Referral for Health Care/Supportive Services

ID#

	YES	NO	NA	COMMENTS
1. Universal Services:				
<ul style="list-style-type: none"> • Is there documentation present in the client's record that they are eligible for Ryan White Part B services? 				
2. Screening:				
<ul style="list-style-type: none"> • Is there documentation of the screening in the client's record, signed and dated? 				
<ul style="list-style-type: none"> • Is there documentation of an appointment with the referral/support staff present in the client's record, signed and dated? 				
3. Intake:				
<ul style="list-style-type: none"> • Is there documentation of a completed intake present in the client's record, signed and dated, within five (5) working days of the screening? 				
	YES	NO	NA	COMMENTS

4. Health Care Referral				
<ul style="list-style-type: none"> • Is there documentation of a referral for medical care present in the client's record, signed and dated, within five (5) working days after the screening? 				
<ul style="list-style-type: none"> • Is there documentation present in the client's record, signed and dated that the appointment was declined? 				
<ul style="list-style-type: none"> • Is there documentation present in the client's record, signed and dated that the referral/support staff has followed up with both the client and the service agency to determine the outcome of the medical referral? 				
5. Supportive Service(s) Referral:				
<ul style="list-style-type: none"> • Is there documentation of available services being reviewed with the client present in the client's record, signed and dated? 				

	YES	NO	NA	COMMENTS
<ul style="list-style-type: none"> Is there documentation of a supportive service referral(s) present in the client's record, signed and dated,?? 				
<ul style="list-style-type: none"> Is there documentation if the client declined an appointment or referral present in the client's record, signed and dated? 				
<ul style="list-style-type: none"> Is there documentation of follow up on the referral(s) reflecting outcomes present in the client's record, signed and dated? 				
6. Reassessments:				
<ul style="list-style-type: none"> Is there documentation of a reassessment present in the client record, signed and dated, every 90 days? 				
<ul style="list-style-type: none"> Is the reassessment with newly identified issues present in the client's record, signed and dated? 				

	YES	NO	NA	COMMENTS
7. Discharge:				
<ul style="list-style-type: none"> Is the client still in need of referral/supportive services? 				
<ul style="list-style-type: none"> Is there a discharge plan present in the client's record, signed and dated? 				

Reviewer: _____ Date: _____

Subcontractor staff(s) interviewed: _____