

RYAN WHITE PART B PEER REVIEW 2009-2010

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

Respite Care

ID#

	YES	NO	NA	COMMENTS
1. Is there documentation of the client's eligibility for Ryan White Part B services present in the client's record?				
2. Is there referral in the client record from a Ryan White Part B provider?				
3. Intake:				
<ul style="list-style-type: none"> Is there an intake to collect demographic information and determine program eligibility? 				
3. Assessment:				
<ul style="list-style-type: none"> Is there a completed assessment present in the client's record, signed and dated? 				
<ul style="list-style-type: none"> Is there supporting documentation of the assessment (e.g. medical provider notes) present in the client's record, signed and dated? 				

	YES	NO	NA	COMMENTS
<ul style="list-style-type: none"> Does the assessment determine the specific need of the client? 				
4. Plan of Care Development:				
<ul style="list-style-type: none"> Is the plan of care present in the client record, signed and dated by the respite care provider and the client and/or client's family? 				
<ul style="list-style-type: none"> Is there documentation that the plan of care was developed by both the client and the respite care provider? 				
<ul style="list-style-type: none"> Does the plan of care clearly state the respite care services to be provided? 				
<ul style="list-style-type: none"> Does the plan of care clearly state cost limitations for respite care services, if applicable? 				
<ul style="list-style-type: none"> Does the plan of care clearly state any time limitations on respite care services, if applicable? 				

	YES	NO	NA	COMMENTS
<ul style="list-style-type: none"> Does the plan of care clearly list client/ client's family responsibilities? 				
5. Reassessment:				
<ul style="list-style-type: none"> Is there documentation present in the client's record, signed and dated that the plan of care was reassessed every 30 days to determine if goals are met and identify new needs? 				
<ul style="list-style-type: none"> Is the reassessed plan of care present in the client's record signed and dated by both the client/client's family and respite care provider? 				
6. Discharge:				
<ul style="list-style-type: none"> Is there documentation present in the client's record, signed and dated that the client no longer requires respite care services? 				
<ul style="list-style-type: none"> Is there a discharge summary present in the client's record, signed and dated? 				

	YES	NO	NA	COMMENTS
<ul style="list-style-type: none"> Is there documentation of all referrals made and tracked for outcomes present in the client's record, signed and dated? 				

Reviewer: _____ Date: _____

Subcontractor staff(s) interviewed: _____