

RYAN WHITE PART B PEER REVIEW 2009-2010

Virginia Department of Health

Division of Disease Prevention

HIV Care Services

Chart Review

Substance Abuse Services (Outpatient)

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?				
3. Assessment:				
<ul style="list-style-type: none"> Is there documentation that a substance abuse assessment was completed every 90 days? 				
<ul style="list-style-type: none"> Is a completed copy of the assessment present in the client record, signed and dated? 				
<ul style="list-style-type: none"> Does the assessment include the client's substance abuse history and current status? 				
<ul style="list-style-type: none"> Does the assessment include the client's medical history and current medical status? 				

	YES	NO	NA	COMMENTS
<ul style="list-style-type: none"> Does the assessment include legal issues and custody status? 				
<ul style="list-style-type: none"> Does the assessment include the client's availability to food, shelter, transportation, financial resources? 				
<ul style="list-style-type: none"> Does the assessment include likely communication with collateral service providers with informed consent? 				
<ul style="list-style-type: none"> Does the assessment include an emergency contact? 				
4. Treatment Plan:				
<ul style="list-style-type: none"> Is there documentation that the support counselor and the client developed the treatment plan together? 				

	YES	NO	NA	COMMENT
<ul style="list-style-type: none"> Is the treatment plan present in the client record, signed and dated by the substance abuse counselor and the client? 				
<ul style="list-style-type: none"> Is there documentation that a copy of the treatment plan was offered to the client? 				
<ul style="list-style-type: none"> Does the treatment plan identify problem(s)? 				
<ul style="list-style-type: none"> Does the treatment plan include measurable goals to remedy the problem(s)? 				
<ul style="list-style-type: none"> Does the treatment plan have target dates for completion of the goals? 				
<ul style="list-style-type: none"> Does the treatment plan document progress or lack of progress toward obtaining goals? 				
<ul style="list-style-type: none"> Does the treatment plan include education about risk reduction to prevent HIV transmission? 				

	YES	NO	NA	COMMENTS
<ul style="list-style-type: none"> Do the progress notes include type of service, frequency and date of service and type of contact (face to face, phone, e-mail)? 				
5. Psychotropic Drugs:				
<ul style="list-style-type: none"> Is there documentation of the monitoring of psychotropic drugs (when applicable), present in the client's record? 				
<ul style="list-style-type: none"> Is there documentation of the use of evidence- based therapeutic interventions? 				
<ul style="list-style-type: none"> Is the client receiving individual therapy? 				
<ul style="list-style-type: none"> Is the client receiving group therapy? 				
<ul style="list-style-type: none"> Do the progress notes include type and frequency of contacts? 				
<ul style="list-style-type: none"> Are all sessions documented, signed and dated by the support counselor? 				
6. Reassessment:				
<ul style="list-style-type: none"> Is treatment plan reassessed at least every 90 days? 				

<ul style="list-style-type: none"> Is there a copy of the revised treatment plan present in the client record, signed and dated by the client and the support counselor? 				
7. Discharge:				
<ul style="list-style-type: none"> Does the client no longer require substance abuse services? 				
<ul style="list-style-type: none"> Is there documentation that the provider and the client have discussed follow-up/after care? 				
<ul style="list-style-type: none"> Is there a discharge plan present in the client's record, signed and dated? 				
<ul style="list-style-type: none"> When all goals and issues have been met and no new issues have been identified, is discharge planning in collaboration with the client initiated? 				
<ul style="list-style-type: none"> Is there a discharge plan present in the client's record, signed and dated? 				
8. Referrals:				
<ul style="list-style-type: none"> Are referrals made and tracked for outcomes with documentation present in the client's record, signed and dated? 				

9. Third-Party Payer:				
<ul style="list-style-type: none"> • Is there a referral from a Ryan White Part B provider present in the client record? 				
<ul style="list-style-type: none"> • Is there a substance abuse assessment present in the client's record, signed and dated? 				
<ul style="list-style-type: none"> • Is there treatment plan in the client's record, signed and dated? 				
<ul style="list-style-type: none"> • Are there notes of all contacts and dates of service present in the client's record, signed and dated? 				
<ul style="list-style-type: none"> • Are referrals and follow up documented in the client's record, signed and dated? 				
<ul style="list-style-type: none"> • If services are no longer needed, is there a discharge plan present in the client's record, signed and dated? 				

Reviewer: _____ Date: _____

Subcontractor staff(s) interviewed: _____