

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

Virginia Department of Health

Division of Disease Prevention

HIV Care Services

Chart Review

**Supportive Case Management**

**ID#**

	YES	NO	COMMENTS
1. Is the client's status in supportive CM reflected in the client's records?			
<b>2. Screening</b>			
<ul style="list-style-type: none"> <li>Was screening done <b>within 3 working days</b> of referral or initial phone call?</li> </ul>			
<b>2. Intake</b>			
<ul style="list-style-type: none"> <li>Was the intake done <b>within 10 working days</b> of the initial screening?</li> </ul>			
<b>3. 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 meet?</li> </ul>			
<b>4. Issues List (IL) Development</b>			
<ul style="list-style-type: none"> <li>Is it apparent that the case manager and the client developed the IL together?</li> </ul>			
<ul style="list-style-type: none"> <li>Is the IL signed and dated by both the client and the case manager?</li> </ul>			
<ul style="list-style-type: none"> <li>Has the IL been completed <b>within 15 days</b> after assessment?</li> </ul>			

	YES	NO	COMMENTS
<ul style="list-style-type: none"> <li>Is there documentation that a copy of the IL was offered to the client?</li> </ul>			
<ul style="list-style-type: none"> <li>If no separate IL is maintained in the client's record, are the client's initials and date next to the first entry for each issue</li> </ul>			
<ul style="list-style-type: none"> <li>Is there documentation for the issue(s) being addressed?</li> </ul>			
<ul style="list-style-type: none"> <li>Is there documentation that the goal related to the outcome being used in accordance with the VDH HIV/AIDS Case Management Standards?</li> </ul>			
<ul style="list-style-type: none"> <li>Is there documentation that who is responsible for the action steps (CM/Client)?</li> </ul>			
<ul style="list-style-type: none"> <li>Is there documentation of the results of the action taken?</li> </ul>			
<ul style="list-style-type: none"> <li>Is there documentation of IL's implementation including frequency of contacts (<b>at least once every 180 days</b>), documentation, and progress and or barriers toward goals?</li> </ul>			
<b>5. Issues List Reassessment (This is separate from the required 180 day contact visit)</b>			
<ul style="list-style-type: none"> <li>Is the IL reassessed at least every <b>180 days</b>?</li> </ul>			
<ul style="list-style-type: none"> <li>Has the client/CM signed and dated the revised IL?</li> </ul>			
<ul style="list-style-type: none"> <li>Is there documentation in the client's record to note the client being offered Supportive CM for an additional 90 days if they no longer meet the criteria?</li> </ul>			

	YES	NO	COMMENTS
<b>6. Discharge</b>			
<ul style="list-style-type: none"> <li>Does the client no longer require case management?</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 started?</li> </ul>			
<ul style="list-style-type: none"> <li>Is there a discharge summary present in the client's record which contains: <ul style="list-style-type: none"> <li>-consumer's name</li> <li>-date service began</li> <li>-special consumer needs</li> <li>-services needed/actions taken</li> <li>-statement in summary that all identified issues have been met/or not met</li> <li>-date of discharge</li> <li>-reason for discharge</li> <li>-referrals made at time of discharge?</li> </ul> </li> </ul>			
<b>7. Referrals</b>			
<ul style="list-style-type: none"> <li>Are referrals tracked and their outcomes documented in the service plan, or other forms used by case managers?</li> </ul>			
<ul style="list-style-type: none"> <li>Is documentation present in the client's record documenting regular contact at least <b>once every six months</b> with other CM(s)?</li> </ul>			

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

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