

RYAN WHITE PART B PEER REVIEW

Virginia Department of Health

Division of Disease Prevention

HIV Care Services

Chart Review

Mental Health

ID Number _____

| Service Standard | YES | NO | NA | COMMENTS |
|--|-----|----|----|----------|
| Newly Enrolled Clients (within previous 12 months) | | | | |
| 1. Is there documentation of referral for Mental House Services documented prior to initiation of service? | | | | |
| 2. Is there documentation of screening (PHQ-9, GAD-9, AUDIT-DAST, Rx Abuse Screener, MOCA) in the client's record? | | | | |
| 3. Is there documentation of the Service Plan in the client's record signed and dated by the service provider? | | | | |
| 4. Does the Service Plan include a diagnosed mental illness or condition? | | | | |
| 5. Does the Service Plan include Service modality (individual, group, or both)? | | | | |
| 6. Does the Service Plan include treatment goals? | | | | |
| 7. Does the Service Plan include start dates for mental health services? | | | | |
| 8. Does the Service Plan include a projected end date for services? | | | | |
| 9. Does the Service Plan include a number of sessions? | | | | |
| Ongoing Clients | | | | |
| 10. Does the Service Plan include reassessment dates of client progress every 90 days? | | | | |
| 11. Is there documentation of a complete psychosocial assessment and the result used to complete the service plan? | | | | |
| 12. Is there documentation of mental health services provided in the client's record? | | | | |
| 13. Is there documentation of consultation with medical staff, mental health, pharmacy, and other support services as needed? | | | | |
| 14. Is there documentation of referrals made and status of outcome in the client's record? | | | | |
| Discharge | | | | |
| 15. Is there documentation of discharge plan summary and summary in the client's record with clear rationale within 30 days of discharge, including a certified letter, if applicable? | | | | |
| 16. If unable to locate the client, is there documentation of attempts made? | | | | |

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|---|--|--|--|--|
| 17. If the client was transferred, is there documentation of discharge summary and other records sent with the patient? | | | | |
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Reviewer: _____ Date: _____

Provider Staff(s) interviewed: _____