

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

Outpatient Ambulatory Health Services (OAHS)

ID# _____

Service Standard	Question	YES	NO	NA	COMMENTS
A. Initial History and Physical Assessments: (if newly enrolled or diagnosed within the past 12 months)					
3	A.1. Initial Medical History is documented within 30 days of client contact with the provider				
5	A.2. Initial medication history which includes: a. drug allergies b. current medications c. drug/substance abuse d. treatment adherence				
4	A.3. Initial Physical Examination is documented within 30 days of client contact with the provider				
F.2.	A.4. Initial laboratory results or orders are documented as a component of the initial assessment.				
3	A.5. Oral Health assessment/referral is documented as a component of the initial assessment.				
3	A.6. Psychosocial/Mental Health assessment and/or referral documented as a component of the initial assessment.				
3	A.7. Nutritional assessment is documented as a component of the initial assessment.				
3	A.8. Substance Abuse assessment and/or referral is documented as a component of the initial assessment.				
3	A.9. TB Risk Assessment and TB Test with performance of or referral for additional evaluation as indicated (i.e., chest x-ray if positive test for TB infection or if active TB symptoms are identified).				
3	A.10. If the TB test is positive, refer for chest x-rays or other necessary follow-up tests.				

- P.R.N: if clinically needed

- Includes updated information from Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <https://hivinfo.nih.gov/hiv-source/medical-practice-guidelines/hiv-treatment-guidelines/hiv-treatment-guidelines-adults-and>

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3	A.11. Document referral to the Local Health Department for individuals with presumptive active TB.				
6	A.12. Documentation of TB-related treatment and follow-up in the treatment plan				
F.8.	A.13. Women with HIV Infection Aged <30 years: WWH ages 21 to 29 years should have a Pap test at the time of initial diagnosis with HIV.				
B. Ongoing Assessments: (for newly enrolled clients who have not yet reached the timeframe for measure, select “N/A”)					
A.2.	B.1. History, minimum q. 6 months, or p.r.n.				
A.3.	B.2. Physical Exam, minimum q. 6 months, or p.r.n.				
A.3.	B.3. Has client been seen at least twice in the past 12 months?				
F.9.	B.4. If client did not follow up with Outpatient Ambulatory Health Services for 6 months, were they referred to case management or patient navigator services for re-engagement in care?				
A.4.	B.5. Laboratory Testing, minimum q. 6 months, or p.r.n.				
A.5.	B.6. Medication history, which includes new: 1. Drug allergies 2. Current medications 3. Drug/substance abuse 4. Treatment adherence				
A.6.	B.7. Oral health assessment, referral, and annual/routine dental care				
A.7.	B.8. Nutritional assessment or referral				
A.8.	B.9. Current (in last year) ophthalmology exam or referral if CD4 <100 or hx of DM or HTN				
A.9.	B.10. Is there documentation of current breast exam, where applicable in the client’s record?				
A.1.	B.11. Is there documentation of access to antiretroviral therapies, including combination antiretroviral treatment and prophylaxis and treatment of opportunistic infections?				
A.1.	B.12. Is there documentation of pediatric developmental assessment/well-baby care (if indicated)?				

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A.1.	B.13. Is there documentation of referral to and provision of HIV specialty care related to diagnosis?				
A.10.	B.14. Is there documentation of follow-up from referrals in the client's record?				

C. Laboratory Reports/Other Tests					
B.1.	C.1. CD4, minimum q. 12 months, or p.r.n.				
B.2.	C.2. Viral Load (HIV/RNA), minimum q. 6 months, or				
B.3.	C.3. CBC, minimum q. 12 months, or p.r.n.				
B.4.	C.4. Chemistry Panel, minimum q. 6 months, or p.r.n.				
B.5.	C.5. Toxoplasmosis Antibody Titer at baseline if CD4 <200				
B.6.	C.6. Resistance Genotyping /Phenotyping, p.r.n. a) Genotypic resistance testing (baseline; treatment failure) b) Phenotypic resistance testing (known virologic failure; known complex drug resistance pattern(s))				
B.7.	C.7. Lipid Panel (annually)				
B.8.	C.8. Urinalysis (baseline & annually if CD4 <200; HIV RNA >4,000 copies/mL; history of DM and/or HTN; or if on TDF and/or TAF?)				
B.9.	C.9. Liver/Hepatic Panel (baseline; minimum annually)				
B.10.	C.10. Glucose (if not in Chem Panel; baseline & annually); Hemoglobin A1C minimum annually or p.r.n.				
B.11.	C.11. Hepatitis A serology at baseline				
B.11.	C.11a. If negative, patient referred for Immunization				
B.12.	C.12. Hepatitis B serology at baseline, before switching to an ART regimen that does not include Tenofovir in persons without known HBV infection or immunity, and p.r.n. ongoing risk factor behavior				
B.12.	C.12a. If negative, patient referred for Immunization				
B.13.	C.13. Hepatitis C serology at baseline and annually if negative and ongoing risk factor behavior				
B.13.	C.13a. If positive, patient evaluated and /or referred for treatment				

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B.14.	C.14. For sexually active clients, STI risk factors evaluated at each visit (e.g. Syphilis, Gonorrhea, Chlamydia)				
B.15.	C.14a. Sexually active clients asked about STI symptoms at each visit				
B.16.	C.15. VDRL, Syphilis IgG as first test and then reflex to RPR and FTABs q. 12 months with reports on the record where applicable				
B.17.	C.16. TB risk factors reviewed annually and p.r.n.				
B.18.	C16a. TB testing (TST or interferon-based testing) at initial presentation, repeated if baseline CD4 was <200 but has risen to >200, and p.r.n. based on risk factor review?				
B.19., B.20.	C.17. Women with HIV Infection: Is there signed and dated documentation of an appropriate Pap test? *Women Aged <21 years: Pap test within one year of sexual activity, no later than age 21 *Women Aged 21-29 years: Pap test at HIV diagnosis, repeated q. 12 months x3, then if normal results, Pap test q. 3 years? *Women Aged ≥30 years: Cervical Cancer screening; Pap testing only; or Pap testing and HPV co-testing repeated q. 3 years if results are normal				
B.21.	C.18. For clients with breasts aged 50-75 years: Is there signed and dated documentation in the client's record of annual mammogram with dates and results?				
B.22.	C.19. Chest x-ray at baseline for patients with positive TB testing or p.r.n. for underlying lung disease- dates and results in the record, patient education, and initiation or referral for LTBI treatment if indicated?				
B.23.	C.20. Special studies- other testing based on individual needs. Dates and results in the record (as applicable)				
B.24.	C.21. Pre-pregnancy discussion and counseling for all women of childbearing age at baseline and routinely thereafter				

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D. Medications:					
C.2.	D.1. Is medication adherence assessment with documentation done at each visit?				
C.3.	D.2. Are medication side effects assessed and documented?				
C.5.	D.3. Has HAART been offered to the client, when applicable?				
C.6.	D.4. Is the client currently on HAART?				
C.7.	D.5. Is HAART consistent with current PHS Guidelines?				
C.8.	D.6. Is the client on PJP prophylaxis if CD4 <200?				
C.9.	D.7. Is the client on Toxoplasmosis prophylaxis if CD4 <100?				
C.10.	D.8. If the pt is not receiving ART or remains viremic on ART with no current options for a fully suppressive ART regimen, do they receive chemoprophylaxis against disseminated Mycobacterium Avium Complex (MAC) disease if CD4 <50? *Primary prophylaxis against disseminated MAC disease is not recommended for adults and adolescents with HIV who immediately initiate ART (AII).				
F.5.	D.9. Is there signed and dated documentation in the client's record of current medication records, AIDS Drug Assistance Program (ADAP) (name of drug, dosage, time)?				
E. Prevention and Education:					
D.1.	E.1. Is an appropriate outcome-based medical plan of treatment developed with the client and present in the client's record?				
D.1.	E.1.a. Is there documentation that the client reviewed the plan and/or was offered a copy of the plan?				
D.1.	E.1.b. Does the plan include current antiretroviral treatment and other medications as indicated?				
D.1.	E.1.c. Does the plan include screening tests and vaccination recommendations/history?				
D.2.	E.2. Is Client Education documented in the client's record?				
D.3.	E.3. Are progress notes present, current, legible, signed and dated in the client's record?				

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F.3.	E.4. Do all progress notes reflect health status, response to treatment, and services provided to client?				
D.4.	E.5. Is there documentation of a Prevention/Risk factor reduction/ Counseling message at each visit?				
F. Immunizations: (Is documentation present for)					
E.1.	F.1. Influenza (annually)				
E.2.	F.2. Pneumovax 23				
E.3.	F.3. Prevnar 13				
E.4.	F.4. If Hepatitis A serology is negative, is there signed and dated documentation in the client's record of completed Hepatitis A vaccination series?				
E.5.	F.5. If Hepatitis B serology is negative, is there signed and dated documentation in the client's record of completed Hepatitis B vaccination series?				
E.6.	F.6. Tetanus/Diphtheria (or Tdap x 1) (every/ ten years)				
E.7.	F.7. COVID-19 vaccinations based on current CDC guidelines				
E.7.	F.8. Others *Human Papillomavirus (HPV), Meningococcal, Mpox, Respiratory Syncytial Virus (RSV), and Varicella-Zoster Virus (VZV) vaccinations based on current CDC guidelines				
For Qualifications, Training and Supervision; see Universal Administrative module.					

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