

Ryan White Program Medical Case Management Chart Review Tool

SECTION I: REQUIRED DOCUMENTS:		YES	NO	NA	DATE
1	Is there proof the client is HIV+? List type of proof:				
2	Is there a current proof of Miami-Dade County residency?				
3	Is there a picture ID?				
4	Is there a current Composite Consent signed and dated by both mcm and client?				
5	Is there an Outreach Consent signed and dated by both mcm and client? If no, is the reason client did not sign documented?				
6	Is there a current, complete, signed and dated SDIS Consent to Release and Exchange Information form?				
7	Is there a signed Miami-Dade County Notice of Privacy Practices?				
Total Required Document Score		0	0		
Percent Compliance Required Documents		#DIV/0!			

Comments for Required Documents Questions 1 - 7:

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Date of most recent financial assessment:

Is the most recent financial assessment also the initial assessment? YES NO

If no, what is the date of the next most recent assessment?

SECTION II: FINANCIAL ASSESSMENT:		YES	NO	NA	DATE
1	Is there a current proof of income? List type of proof:				
2	Is it attached to the FA or, if not, easily located in the client file?				
3	Is the household size correctly entered on the FA?				
4	Is the proof of income appropriate for the individual's living arrangement?				
5	Is the annual income correctly entered on the FA?				
6	Are the expenses listed reasonable and do they agree with other relevant information in the client file?				
7	Is there a progress note documenting the FA?				
Total Required Document Score		0	0		
Percent Compliance Required Documents		#DIV/0!			

Comments for Financial Assessment Questions 1 - 7:

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Date of most recent health assessment:

Is the most recent health assessment also the initial assessment? YES NO

If no, what is the date of the next most recent assessment?

SECTION III: MOST RECENT COMPREHENSIVE HEALTH ASSESSMENT		YES	NO	NA	DATE
1	Does client have an HIV PCP or, if client is new, a referral to an HIV PCP? (if new client, skip to question 2.d.)				
2	For established clients, did medical mcm assess client's appointment history including:				
	a. Last time client saw PCP?				
	b. How often client sees PCP?				
	c. Target date for next PCP appointment?				
	For new clients, did mcm document:				
	d. Date of initial appointment?				
	e. Follow up after initial appointment?				
	For established or new clients, did mcm discuss the importance of (review progress note):				
	f. Compliance with appointments				
	g. Frequency of appointments				
3	Did the mcm assess for reported problems or lack thereof with medical provider appointments?				
4	Last CD4 test result/date in client file				
	Date: Value:				
5	Is the CD4 test result current (< 3 mos)?				
6	Is the CD4 result in the file also in SDIS?				
	If no, SDIS Date: Value:				
7	Last VL test result/date in client file	1	1	1	
	Date: Value:				
	Is the VL test result current (< 3 mos)?				
	Is the VL result in the file also in SDIS?				
	If no, SDIS Date: Value:				
8	Did mcm assess for:				
	a. Reported HIV symptoms or lack thereof				
	b. Client's communication comfort level with PCP?				
	c. If an initial intake , client's quality of life prior to receiving Ryan White services? OR If a reassessment , client's current quality of life.				
	d. Did mcm assess client for annual Hepatitis B screening?				
	e. If client was screend for Hepatitis B, are there current (>12 months) results on file?				
	f. If client reported testing positive for Hepatitis B, did mcm assess if client is or was treated?				
	g. Did mcm assess client for Hepatitis B immunization?				
	h. If client was assessed for Hepatitis B immunization, is there a record of immunization (3 shots) on file?				
	i. Did mcm assess client for annual Hepatitis C screening?				
	j. If client was screend for Hepatitis C, are there current (>12 months) results on file?				
	k. If client reported testing positive for Hepatitis C did mcm assess if client is or was treated?				

	l. Did mcm assess client for PPD, Quantiferon Gold, Chest X-ray or cough screening during the past 12 mos.?				
	m. If yes , did mcm document client's report of where and result?				
	n. If yes , does mcm have documentation on file to support client self report?				
	o. If result was positive, did mcm assess if client reported taking or having taken TB meds?				
	p. If no , did mcm indicate necessity for annual screening?				
9	If initial intake did mcm assess for prior OI hospitalization OR if reassessment for OI hospitalization within past 6 mos?				
10	If hospitalized referral made to PAC Waiver OR if no referral, is reason documented?				
11	DID mcm check "yes" to health/medical needs?				
12	Did mcm document implications and notes for the POC?				
13	Are all needs/implications addressed completely for the POC?				
14	Is there a progress note documenting the CHA?				
	Total Comprehensive Health Assessment Score				
	Percent Compliance Comprehensive Health Assessment	#DIV/0!			

Comments for Comprehensive Health Assessment Questions 1 - 14:

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Date of most recent Plan of Care (POC):

Is the most recent POC also the initial POC? YES NO

If no, what is the date of the next most recent POC?

SECTION IV: MOST RECENT PLAN OF CARE (POC)		YES	NO	NA	DATE
	Does the date of the POC collate with the date of the Comprehensive Health Assessment?				
	Does the POC address needs identified in the Comprehensive Health Assessment for:				
1	Health Care				
2	Medication				
3	Adherence to Tx				
4	Nutrition				
5	Oral Health Care				
6	Functional				
7	Housing				
8	Disclosure				
9	Transportation				
10	Legal				
11	Education/Prevention				
12	Social/Spiritual support needs				
13	Mental health needs				
14	Emotional well-being needs				
15	Substance abuse				
16	Other services				
17	Is there a progress note documenting the POC?				
Total POC Score		0	0	0	
Percent Compliance Comprehensive Health Assessment		#DIV/0!			

Comments for POC Questions 1 - 17:

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SECTION IV: PROGRESS NOTES		YES	NO	NA	DATE
1	Are progress notes written in a generally clear style?				
2	Are the majority of progress notes entered within 48 hours of service?				
3	Are late progress notes clearly indicated as "late"?				
4	Do progress notes clearly indicate time spent and types of units billed?				
5	Do progress notes support the time and types of units billed?				
Total POC Score		0	0	0	
Percent Compliance Progress Notes		#DIV/0!			

Comments for Progress Notes Questions 1 - 5					
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SECTION V: MEDICATIONS		YES	NO	NA	DATE
1	List medications and funding source(s) for client's medications below				
2	Is client on ADAP?				
3	Is client on ADAP waitlist?				
4	Is client on PAP?				
5	Is client on low cost med supply program?				

Comments for MEDICATIONS Questions 1 - 5					
1					
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SECTION VI: ENTITLEMENTS		YES	NO	NA	DATE
1	Did mcm adequately assess client for other benefits/entitlements?				

Total Score	
Section I	#DIV/0!
Section II	#DIV/0!
Section III	#DIV/0!
Section IV	#DIV/0!
Section V	#DIV/0!
Subtotal	#DIV/0!
Total	#DIV/0!

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