

Agency _____

Reviewer _____

CIS # _____

Agency ID _____

Date of Review _____

Client DOB _____

CHRIST CRUSADERS				
	Yes	No	N/A	Percent
ELIGIBILITY				
1. Is HIV status documented by a lab test, physician's letter or a current Ryan White certified referral?				
2. Is there proof of financial eligibility or a current Ryan White certified referral?				
3. Is there proof of Miami-Dade residency?				
4. Is there a signed, dated consent to exchange and release information in the SDIS?				
5. Is socio-demographic data documented (age, race/ethnicity, gender, primary or preferred language)?				
6 (a). Is there signed, dated documentation that grievance procedures have been explained?				
6 (b). Is there signed, dated documentation that client's rights and responsibilities have been explained?				
6 (c). Is there signed, dated documentation that client's right to confidentiality has been explained?				
6 (d). Is there signed, dated documentation that client's obligation to maintain confidentiality of others receiving treatment explained?				
7. Is there a signed, dated informed consent for treatment?				
8. Is there a signed, dated consent for urinalysis in the record?				
HIV/AIDS ISSUES				
9. Were client risk related behaviors assessed?				
10. Was education provided on decreasing risk behaviors, e.g., safer sex and not sharing needles?				
11. Was adherence to HIV treatment and medications discussed?				
ASSESSMENT/TREATMENT				
12. Is there documentation of a completed medical history?				
13. Is there an addiction history that includes age of onset, choice of drug, patterns and consequences of use, and prior treatment episodes?				
14. Is there an American Society of Addiction Medicine (ASAM) assessment?				
15. Is there an Interpretive Summary documented after assessments complete?				
16. Is there an initial treatment plan developed at the time of admission?				
17. Is the initial treatment plan signed and dated by clinician and the client?				
20. Is there screening for critical psychological problems (serious depression, thoughts of suicide, hallucinations, dementia) performed?				

21. Is there an individual treatment plan developed for the client in a timely manner?				
22. Is the individual treatment plan signed and dated by the therapist and the client?				
23. Is the treatment plan reviewed every thirty days and signed by client and therapist?				
24. Are there progress notes documenting client progress or lack of progress toward meeting the objectives of the treatment plan, at least weekly?				
26. Does the discharge plan include a summary of client's involvement in treatment, reason for the discharge, plans for needed services after discharge including after care?				
27. Is there a discharge ASAM assessment?				
29. Is there a signed, dated transfer summary completed for clients transferring either to another component of same program or another provider?				
30. Is there a transfer ASAM assessment?				
OVERALL				