

RYAN WHITE RECORD REVIEW OF PSYCHOSOCIAL SUPPORT SERVICES

Provider:

CIS Number:

Agency Identification Number:

Name of Reviewer:

Signature of Reviewer:

Date of Review:

Gender:

Race Ethnicity:

Intake: Required Forms^[JW1]

1. Informed consent for treatment signed by the client?
2. Confidentiality statement signed by client?
3. A signed consent to exchange and release information in client's file?
4. Grievance procedures, client's rights and responsibilities explained and documented?
5. Is there a Ryan White Certified Referral form in the chart?
6. If there is no Ryan White Certified Referral in the chart, is there a Ryan White Part A composite consent for enrollment?
7. If there is no Ryan White Certified Referral in the chart is there documentation of financial eligibility in clients file?
8. If there is no Ryan White Certified Referral in the chart is there documentation and Proof of HIV status in client's file?
9. If there is no Ryan White Certified Referral in the chart is there documentation of screening for Medicaid or other funding source for psychosocial and/or pastoral care?
10. Documentation that choice of treatment was offered?
11. Documentation of a psychosocial assessment completed within one month of presenting for services?

Intake: Clinical History and Assessment

12. Initial Sociodemographic data (age, race/ethnicity, gender, etc.) collected and documented?
13. Is there documentation of presenting (at intake) mental status and symptoms?
14. Is there documentation of current mental status and symptoms?
15. Is there documentation of mental health history?

16. Is there documentation of current psychotropic medications being prescribed?
17. Is there documentation of current medical issues/ problems?
18. Is there documentation regarding Family/Social Support?
19. Is there documentation regarding Financial Issues?
20. Is there documentation regarding Educational background?
21. Is there documentation regarding Occupational Status?
22. Is there documentation regarding an assessment of past history of physical or sexual abuse or neglect [JW2]?
23. Is there documentation of an assessment of housing status or issues?
24. Is there documentation of an assessment for potential substance abuse?
25. Client's reason for seeking care documented?

Clinical Documentation

26. Is there a through assessment of dangerousness (suicidal ideation/homicidal ideation)?
27. Is there an assessment for severe and acute psychological symptoms (hallucinations/paranoid ideation/delusions)?
28. Is there a complete Multi-axis Diagnosis based on DSM IV criteria?
29. Issues that may affect the provision of treatment explored with client? (faith group, gender, culture, sexual orientation, language, access to service including time of operation, etc.) -
30. Referrals to treatment made if substance abuse problems were identified or suspected? - NA
31. If substance abuse behaviors are documented is there an assessment of frequency of use and duration of use?
32. Referral for psychiatric evaluation made if problem identified or suspected? - NA
33. Was there a referral for a crisis evaluation made if appropriate or necessary?

Clinical Documentation Regarding HIV / AIDS Issues

34. Is there documentation indicating that client risk related behaviors were assessed?

35. Was education provided on safe sex, condom use, not sharing needles, etc.?
36. Was adherence to treatment and medications discussed?
37. Is Permanency planning discussed?

Treatment & Treatment Documentation

38. Is there a discussion^[JW3] of the condition being treated?
39. Is there a current treatment (less than 3 months) plan in client's charts?
40. If there is no current treatment plan in the chart is there an initial available treatment plan?
41. Is the available or current treatment plan signed by the client?
42. Is the available or current treatment plan signed by the counselor/therapist?
43. Is the available or current treatment plan dated?
44. Do the treatment plans address identified problems?
45. Does the treatment plan fit with the issues identified in the initial client assessment?
46. Do the treatment plans contain client treatment goals?
47. Are these goals measurable?
48. Do the treatment plans include target dates for achieving goals?
49. Is there documentation of whether there is progress (or lack of) toward meeting goals?
50. Are the treatment plans reviewed monthly with the client?
51. Is the type of service (group or individual) documented?
52. Is the frequency of services documented?
53. Is there a clear justification for treatment?
54. Are there progress notes in the chart?
55. Do the progress notes and or treatment plan indicate improvement in client's condition or situation?
56. Do the progress notes indicate decompensation of the client's condition or deterioration of the client's situation?

57. Does the treatment intervention seem adequate or justified for the client's condition / mental status?

If No, Explain:

58. Does the provider address non-compliance to treatment if appropriate?

Discharge or Case Closing

59. Are there gaps in treatment?

If yes how long is the gap in treatment ____

60. If the client stopped treatment without a formal closing of the case, is there evidence that follow-up was attempted? Mark NA if client is still in treatment

61. Has this case been closed / client discharged? If the case is still open mark NA for questions 61-65

62. Is there a reason for closing case documented?

63. Final contact completed and dated in chart?

64. Is there documentation that treatment was successfully completed (goals were met)?

65. Was the client referred or transferred to another treatment agency?

Credentialing Requirements^[JW4]

66. Are the credentials of the person providing services clearly documented in the progress notes? (Could be NA if not ^[JW5]credentials)

67. Is the provider of services appropriately qualified to treat the client's issues or problems?

68. Documentation of supervision of non-licensed paraprofessional counselor/therapist by a licensed ^[JW6]professional?

Other:

69. In this chart what level services were provided primarily? Please indicate the level:

70. If there is an available Axis I Diagnosis; please indicate what it is:

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