

Ryan White Program Medical Case Management Record Review Tool

Agency Name: <input style="width:90%;" type="text"/>	CIS# <input style="width:90%;" type="text"/>	Date: <input style="width:90%;" type="text"/>
MCM: <input style="width:90%;" type="text"/>	Agency ID#: <input style="width:90%;" type="text"/>	Reviewer: <input style="width:90%;" type="text"/>

SECTION I: ELIGIBILITY DOCUMENTS:		YES	NO	NA	DATE	Comments
1	Is there proof the client is HIV+? List type of proof:					
2	Is there a current proof of Miami-Dade County residency? List type of proof:					
3	Is there a picture ID?					
4	Is there a current Composite Consent for Enrollment signed and dated by both mcm and client?					
5	Is there a current, complete, signed and dated SDIS Authorization for the Release and Exchange of Information form?					
6	Is there an Outreach Consent signed and dated by both mcm and client? If no, is the reason client did not sign documented?					
7	Is there a signed Miami-Dade County Notice of Privacy Practices ?					
8	Is there proof of current financial eligibility on file for all counted household members? List type of proof:					
9	Is there a Miami-Dade County Property Search document on file?					
Total Required Document Score		0	0	0		
Percent Compliance Required Documents		#DIV/0!				

Date of most recent financial assessment:	<input style="width:90%;" type="text"/>		
Is the most recent financial assessment also the initial assessment?	YES	<input type="checkbox"/>	NO
If no, what is the date of the prior assessment?	<input style="width:90%;" type="text"/>		

SECTION II: FINANCIAL ASSESSMENT:		YES	NO	NA	DATE	Comments
1	Are all payer sources noted in the FA? (e.g. entitlements or private insurance)					
2	Is there documentation on file from Florida Medicaid Management Information System? (FMMIS/MEDIFAX)					
3	Is there documentation in the file from the Social Security Administration? (TPQY within 45 days of initial intake)					
4	If client was enrolled in ADAP at the time of the FA, is this noted in Section 1.3?					
5	Is the proof of income appropriate for the individual's living arrangement?					
6	Is the gross monthly income correctly entered on the FA?					
7	Is the household size correctly entered on the FA?					
8	Are the expenses listed reasonable and do they agree with other relevant information in the client file?					
Total Required		0	0	0		
Percent		#DIV/0!				

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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 prior POC?			

Comprehensive Health Assessment and Plan of Care Tool		Did mcm document a measurable goal?			Is the target date appropriate for goal?			Is timely follow-up on the goal noted in the plan of care?			Was a referral generated?			Comments
		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	
I. Health/Medical History														
Primary Care	Medical Appointment Compliance													
	POC entry:													
Screenings	Chlamydia													
	Gonorrhea													
	Syphilis													
	TB													
	Hepatitis B													
Immunizations	Flu Shot													
	Pneumovax (every 5 years)													
	Hepatitis B													
Vision	POC entry:													
Labs	Absolute CD4 Test													
	Viral Load Test													
Other Needs	HIV symptoms and/or other health matters													
	Medicaid PAC Waiver Program													
Total:		0	0	0	0	0	0	0	0	0	0	0	0	0
Score:		#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			
Health/Medical History Score:		#DIV/0!												

Ryan White Program Medical Case Management Record Review Tool

Comprehensive Health Assessment and Plan of Care Tool		Did mcm clearly document goals?			Is the target date appropriate for goal?			Is timely follow-up on goals/outcomes noted in the plan of care?			Was a referral generated?			Comments
		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	
II. Medications														
Issues Identified at Assessment	POC entry #1:													
	POC entry #2:													
	POC entry #3:													
Total:		0	0	0	0	0	0	0	0	0	0	0	0	
Score:		#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			
Medications Score:		#DIV/0!												
III. Medication Adherence														
Issues Identified at Assessment	POC entry #1:													
	POC entry #2:													
Total:		0	0	0	0	0	0	0	0	0	0	0	0	
Score:		#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			
Adherence Score:		#DIV/0!												
IV. Nutrition /Height and Weight														
Issues Identified at Assessment	POC entry #1:													
	POC entry #2:													
Total:		0	0	0	0	0	0	0	0	0	0	0	0	
Score:		#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			
Nutrition Score:		#DIV/0!												
V. Dental Assessment														
Issues Identified at Assessment	POC entry #1:													
Total:		0	0	0	0	0	0	0	0	0	0	0	0	
Score:		#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			
Dental Assessment Score:		#DIV/0!												

Ryan White Program Medical Case Management Record Review Tool

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VI. Functional Assessment		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	
Issues Identified at Assessment	POC entry #1:													
	POC entry #2:													
Total:		0	0	0	0	0	0	0	0	0	0	0	0	
Score:		#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			
Functional Assessment Score:		#DIV/0!												
VII. Housing/Living Arrangement		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	Comments
Issues Identified at Assessment	POC entry #1:													
	POC entry #2:													
Total:		0	0	0	0	0	0	0	0	0	0	0	0	
Score:		#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			
Housing/Living Arrangement Score:		#DIV/0!												
VIII. HIV Education		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	Comments
Issues Identified at Assessment	POC entry #1:													
	POC entry #2:													
Total:		0	0	0	0	0	0	0	0	0	0	0	0	
Score:		#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			
HIV Education Score:		#DIV/0!												
IX. Support Systems and Relationships		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	Comments
Issues Identified at Assessment	POC entry #1:													
	POC entry #2:													
Total:		0	0	0	0	0	0	0	0	0	0	0	0	
Score:		#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			
Support Systems and Relationships Score:		#DIV/0!												

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		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	
X. Mental Health/Psychosocial and Emotional Well Being														
Issues Identified at Assessment	POC entry #1:													
	POC entry #2:													
Total:		0	0	0	0	0	0	0	0	0	0	0	0	
Score:		#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			
Mental Health/Psychosocial and Emotional Well Being Score:		#DIV/0!												
XI. Substance Abuse														
Issues Identified at Assessment	POC entry #1:													
	POC entry #2:													
Total:		0	0	0	0	0	0	0	0	0	0	0	0	
Score:		#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			
Substance Abuse Score:		#DIV/0!												
XII. Transportation														
Issues Identified at Assessment	POC entry #1:													
	POC entry #2:													
Total:		0	0	0	0	0	0	0	0	0	0	0	0	
Score:		#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			
Transportation Score:		#DIV/0!												
XIII. Legal														
Issues Identified at Assessment	POC entry #1:													
	POC entry #2:													
Total:		0	0	0	0	0	0	0	0	0	0	0	0	
Score:		#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			
Legal Score:		#DIV/0!												

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		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	
XIV. Other Issues		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	Comments
Issues Identified at Assessment	POC entry #1:													
	POC entry #2:													
Total:		0	0	0	0	0	0	0	0	0	0	0	0	
Score:		#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			
Other Issues Score:		#DIV/0!												

PROGRESS NOTES		YES	NO	N/A	Comments
Did MCM document a clear explanation of the following in the FA/CHA progress note:					
1	Source and amount of client's gross monthly and/or annual income				
2	The relationship (s) with the members of the household and any other individuals in the house				
3	Client's health insurance status or lack thereof				
4	Client's current health status				
5	Any health related changes (improvements or lack thereof) since prior assessment				
6	How well client is coping with the disease				
7	Client's support system				
8	Client's eligibility regarding entitlements				
9	A list of all medications				
10	The funding source for each medication				
11	Adherence to treatment education (at least every six months)				
12	Documentation to verify client's understanding of adherence to treatment education				
ADAP/PAP					
13	ADAP Re-enrollment (Indicate date in comments section)				
14	ADAP Wait List (Indicate date in comments section)				
15	ADAP Disenrollment (Indicate date in comments section)				

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16	PAP Re-enrollment (Indicate date in comments section)				
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PROGRESS NOTES		YES	NO	N/A	Comments
For the last 10 Progress Notes:					
17	Are the progress notes clearly labeled to identify business of the encounter? (Initial assessment, FA re-assessment, CHA re-assessment, Follow-up visit, ADAP application, Walk-in, etc...)				
18	Are late progress notes clearly indicated as "late"?				
19	Did the MCM use the ADH code to reflect time spent on adherence and treatment education?				
20	Do progress notes record time spent and types of units billed?				
21	Do progress notes support the time and types of units billed?				
Total:		0	0	0	
Progress Notes Score:		#DIV/0!			

Required Documents Score:	#DIV/0!
Financial Assessment Score:	#DIV/0!
POC Score:	#DIV/0!
Referral Score:	#DIV/0!
Progress Notes Score:	#DIV/0!
Final Score:	#DIV/0!