

Agency Name: _____

Review Date: _____

Reviewer: _____ Residential _____ Level _____ Outpatient _____

CIS# _____

Agency ID# _____

Intake/Admission Date: _____

Placement Date: _____

SECTION I - ELIGIBILITY/REQUIRED DOCUMENTS					
		YES	NO	NA	VALID %
1	a. Is HIV status documented or is a current Ryan White Part A Certified Referral present?				
	b. Is there proof of financial eligibility or is a current Ryan White Part A Certified Referral present?				
	c. Is there proof of Miami-Dade residency or is a current Ryan White Part A Certified Referral present?				
	d. Is there a signed, dated SDIS Consent to Release and Exchange Information or is a current Ryan White Part A Certified Referral present?				
2	Is there a signed, dated Miami-Dade County Notice of Privacy?				
3	Are the following demographic data present:				
	a. Age?				
	b. Race/ethnicity?				
	c. Gender?				
	d. Primary or preferred language?				
4	Is there a signed, dated informed consent for treatment?				
5	Is there a signed, dated consent for urinalysis/drug screen?				
6	Is there an admission ASAM-PPC-2R completed for placement validation?				
7	Are the following documents present:				
	a. A signed, dated explanation of grievance procedures?				
	b. A signed, dated explanation of client's rights and responsibilities?				
	c. A signed, dated explanation of client's right to confidentiality?				
	d. A signed, dated explanation of client's obligation to maintain confidentiality of others receiving treatment?				
Total Section I Score					

SECTION II - HIV/AIDS ISSUES					
		YES	NO	NA	VALID %
1	Were client risk behaviors assessed?				
2	Was education provided on safer sex?				
3	Was education provided on needle sharing?				
4	Were HIV adherence issues addressed:				
	a. Keeping medical appointments?				
	b. Medication adherence?				
	Total Section II Score				

Comments:

SECTION III - ASSESSMENT/TREATMENT					
	RESIDENTIAL ONLY:	YES	NO	NA	VALID %
1	Is a complete medical history present?				
	a. Is it signed by an MD, ARNP, PA, RN, LPN within 30 calendar days prior to placement date or within 24 hours of placement date?				
2	Is there an addiction history completed within:				
	a. RESIDENTIAL: 5 days of admission?				
	b. OUTPATIENT: 4 sessions or 30 days of admission, whichever comes first?				
3	Does the addiction history include:				
	a. Age of onset?				
	b. Choice of drug?				
	c. Patterns and consequences of use?				
	d. Prior treatment episodes?				
4	RESIDENTIAL ONLY: Is there a physical exam completed within 30 calendar days prior to the date of placement or 10 calendar days after date of placement?				
	a. Is it signed by an MD, ARNP or PA?				
5	RESIDENTIAL ONLY: Are the following present:				
	a. Serological test for present and past syphilis?				
	b. Other STDs?				
	c. Drug screening?				
	d. TB screening?				
	e. Were all tests and screenings completed within 30 calendar days prior to the date of placement or 10 calendar days after date of placement?				
6.	Is there screening for critical psychological problems (e.g., serious depression, thoughts of suicide, hallucinations, dementia) completed within:				
	a. RESIDENTIAL LEVEL 1: 5 calendar days of placement date?				
	b. RESIDENTIAL LEVELS 2 – 5: 10 calendar days of placement date?				
	c. OUTPATIENT: 30 calendar days of placement date?				
	TOTAL SECTION III SCORE				

SECTION IV - TREATMENT PLAN					
		YES	NO	NA	VALID %
1	Is there an initial treatment plan completed:				
	a. RESIDENTIAL LEVEL 1: Prior to or within 7 calendar days of placement date?				
	b. RESIDENTIAL LEVELS 2 – 5: Prior to or within 15 days calendar days of placement date?				
	c. OUTPATIENT: Within 30 calendar days of placement date?				
2	Is the Plan signed by both the treatment team/counselor and client or client guardian?				
3	Does the Treatment Plan include:				
	a. Goals and objectives?				
	b. Time frames for completion?				
	c. Type of service?				
	d. Frequency of service?				
	e. Duration of service?				
	f. Are the goals and objectives appropriate for the client’s present diagnosis?				
	g. Are the objectives measurable?				
	h. Is a DSM-IV AXIS or ICD-9 code present?				
	Total Section IV Score				

SECTION V - TREATMENT PLAN REVIEWS/PROGRESS NOTES					
		YES	NO	NA	VALID %
1	Are there treatment plan reviews dated and signed by both client/guardian and therapist/treatment team completed:				
	a. RESIDENTIAL LEVEL 1-3 and OUTPATIENT: Every 30 calendar days?				
	b. RESIDENTIAL LEVELS 4 – 5: Every 90 calendar days?				
2	Are there progress notes documenting client progress or lack of progress toward meeting treatment plan objectives:				
	a. RESIDENTIAL: At least weekly?				
	b. OUTPATIENT: Weekly or, if contact occurs less than weekly, according to the frequency of sessions?				
3	Are progress notes dated and signed by clinical staff?				
	Total Section V Score				

SECTION VI - CHARTING/DOCUMENTATION					
		YES	NO	NA	VALID %
1	Does the record contain:				
	a. RESIDENTIAL: Medication administration record?				
	b. OUTPATIENT: Copies of prescriptions?*				
2	Have referrals been made to ancillary services?				
	a. Is there a record of referrals?				
	b. Is there documentation of referral results?				
3	Was the Continued Stay ASAM-PPC-2R completed for placement validation?				
	a. If YES, do the notes/recommendations section of the ASAM form provide sufficient individualized summary of justification for placement?				
	Total Section VI Score				

SECTION VII - DISCHARGE/TRANSFER PLAN					
		YES	NO	NA	VALID %
1	Is there a discharge plan?				
2	If YES, does the discharge plan include:				
	a. A summary of client's involvement in treatment?				
	b. Reason for discharge?				
	c. Needed services upon discharge?				
	d. Is the discharge plan signed by the primary counselor?				
	e. Is the ASAM-PPC-2R completed for placement validation?				
3	Is there a transfer plan?				
	a. If YES, does the transfer plan include a summary completed for:				
	1. Transfer within the same provider agency?				
	2. Transfer to another (outside) provider agency?				
	b. Was the transfer summary completed:				
	1. Immediately if transfer within the same agency?				
	2. Within 5 calendar days if transfer was to an outside agency?				
	c. Is the transfer summary signed by the primary counselor?				
	d. Is the ASAM-PPC-2R completed for placement validation?				
	Total Section VII Score				