

New Haven Ryan White Part A HIV Chart Review: Mental Health

1	PROGRAM SITE:		CHART #s:	
2	REVIEWER(S):		REVIEW DATE:	

CHARTING & MONITORING		1	2	3	4	5	6	7	8	9	10
3	Recordkeeping Requirements Chart is properly stored & secure; chart is clearly organized; entries legible										
4	Bill of Consent/Rights/Grievance Procedures Client signed consent, bill of rights, non-discrimination & grievance procedures										
5	Medical Record Release Forms Release forms (as necessary) present, current, & signed by client										
6	Confirmation of HIV Diagnosis HIV antibody test record, confirmatory lab data, or letter of diagnosis										
INITIAL EVALUATION		1	2	3	4	5	6	7	8	9	10
7	Client Demographics Age, ethnicity, gender, <i>risk/exposure</i> documented										
8	Primary Medical Care Assessed for engagement in HIV care & assisted with linking to care if not										
9	Initial Assessment Intake & assessment completed no later than 14 days after first face-to-face visit Assessments contain a screen for depression Assessment contain and a supervisor's signature	—	—	—	—	—	—	—	—	—	—
TREATMENT PLAN DEVELOPMENT		1	2	3	4	5	6	7	8	9	10
10	Treatment Plan Treatment plan addresses adherence Signed by client within 30 days of intake	—	—	—	—	—	—	—	—	—	—
11	Psychopharmacotherapy Any change in psychopharmacotherapy prescribing document contact with medical provider within 72 hours of Rxing, or of client refusal to authorize this communication										
REASSESSMENT		1	2	3	4	5	6	7	8	9	10
12	Primary Medical Care Assessed every 3 months for engagement in HIV care & assisted with linking to care										
13	Treatment Plans Treatment Plans are reassessed every 6 months and signed by the client										
14	Treatment Goals Engaged* clients address min. 3 treatment goals. Reviewed every 6 months										
REFERRAL FOR CARE / CLIENT SATISFACTION		1	2	3	4	5	6	7	8	9	10
15	Referral (if indicated) Coordination of all necessary services along the Continuum of Care										
16	Satisfaction Survey Standardized Ryan White Part A satisfaction surveys are offer to client annually										

Y = Yes N = No
 NC=Non-Compliant (cannot be determined from information in chart; or due to client transfer or non-compliance) NA=Not Applicable (to patient or program/facility)

- Verification Mental Health staff is currently licensed, certified or license-eligible Yes No
- Verification of all unlicensed/certified staff is supervised by a licensed behavioral health professional Yes No
- At least 10 hours of HIV-specific training per year for each professional staff member serving RW clients Yes No
- CQI plan updated annually ensures ongoing improvement of services Yes No
- A crisis intervention policy in place to assist a client in life-threatening situations including but not limited to suicidal, homicidal, child abuse or neglect issues Yes No

Engaged* clients address at least treatment goals that are agreed upon with clinician.