

New Haven Ryan White Part A HIV Chart Review: Substance Abuse

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	Consent/Bill of 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 (3 days for inpatient) _____ Assessments contain a screen for depression _____ Assessment contain and a supervisor's signature _____										
TREATMENT PLAN		1	2	3	4	5	6	7	8	9	10
10	Treatment Plan Treatment plan addresses adherence _____ Signed by client within 30 days of admission (72 hours for inpatient) _____										
11	Methadone / Buprenorphine Clients Only Document contact with medical provider within 72 hours of to inform the provider of the new Rx or of client refusal to authorize this communication										
12	HIV Risk Reduction Counseling HIV risk reduction counseling a minimum of twice yearly										
REASSESSMENT (OUTPATIENT)		1	2	3	4	5	6	7	8	9	10
13	Primary Medical Care Assessed every 3 months for engagement in HIV care & assisted with linking to care										
14	Treatment Plans Treatment Plans are reassessed every 6 months and signed by the client										
15	Treatment Goals Engaged* clients address min. 3 treatment goals. Reviewed every 6 months										
16	Reduced Drug Use Decreased drug use or sobriety in a 6 month time frame (urine/blood/self-report)										
REFERRAL FOR CARE / CLIENT SATISFACTION		1	2	3	4	5	6	7	8	9	10
17	Referral (if indicated) Coordination of all necessary services along the Continuum of Care										
18	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 info in chart; or due to client transfer or non-compliance) NA=Not Applicable (to patient or program/facility)

Verification Drug Treatment staff is currently licensed, certified or license-eligible Yes No

Verification of all unlicensed/certified staff is supervised by a licensed drug treatment 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 including but not limited to suicidal, homicidal, child abuse or neglect issues Yes No

Inpatient: An 8-hour treatment day addresses the coping, motivation, biopsychosocial needs of clients Yes No

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