



**State of Oregon
HIV Care & Treatment Program
HIV Medical Case Management Chart Review Report**

1	PROGRAM SITE:	# CHARTS REVIEWED:	
2	PARTICIPATING STAFF:	REVIEW DATE:	

SCREENING & ASSESSMENT		YES	NO	NC	NA	Notes
3	Face-to-Face RN Assessment or current Reassessment completed (Form completed and signed within past 12 months from date of review)					
4	Nursing Plan completed (for last RN Assessment completed) (A written Nursing Plan appears on the Assessment form, on the Care Plan or in the Progress Notes)					
5	Nursing Plan identified interventions for needs identified in focus areas (Interventions identified if need identified in treatment adherence, nutrition, oral health and liver health)					
6	Nurse intervention activity status documented in Progress Notes (If need for nurse intervention identified, intervention completed [or in process] and status documented in Progress Notes)					
7	Face-to-Face Psychosocial Assessment or current Reassessment (Yes if current within past 12 months from date of review)					
8	Identified referrals & follow-up documented in Progress Notes & Care Plan (If MH, SA or Risk Assessment referral identified – documentation of referral and follow-up activities in Progress Notes & in goals on Care Plan)					

ACUITY & CARE PLANNING		YES	NO	NC	NA	Notes	
9	Acuity Scale Worksheet completed, dated and signed (Date matching the date of the last Assessment/Re-assessment)						
10	Acuity Level 3 and 4 clients have an RN signature (RN signature for Level 3 & 4 clients on must current Acuity Scale)						
11	Nurse notes for appropriate Acuity Level (Nurse notes in Progress Notes every 90 days for Acuity Level 3 and 30 days for Acuity Level 4)						
12	ACUITY CONTACT GOAL EVALUATION	Acuity Level 1 (Points:_____)					
13		Acuity Scale Level 2 – 6 month contact documented					
14		Acuity Scale Level 2 – Goals evaluated at 6 mo. intervals (Points:_____)					
15		Acuity Scale Level 3 – 30 day contact documented					
16		Acuity Scale Level 3 – Goals evaluated at 30 day intervals (Points:_____)					
17		Acuity Scale Level 4 – 2 week contact documented					
18		Acuity Scale Level 4 – Goals evaluated at 2 week intervals (Points:_____)					
19		Current Care Plan completed (Care Plan form completed with information about goals' status appropriate to acuity level/ current = dates match last assessment date)					
20	One Client Self-Management Goal identified in the Care Plan (At least one client self-management goal is documented in the Care Plan)						
21	Care Plan Follow-up documented (Follow-up to goals identified in Care Plan is documented in Progress Notes)						

CLINICAL OUTCOMES		YES	NO	NC	NA	Notes
22	Copy of current lab work results showing CD4 and/or Viral Load in file (Current = within past 12 months from date of review)					
23	Most current CD4 and VL lab values documented appropriately CD4 and VL lab values from most recent lab tests documented on Program Requirements Checklist					

CAREWARE QUALITY MANAGEMENT		YES	NO	NC	NA	Notes
24	CLIENT FILE MATCHES CAREWARE	Race/Ethnicity				
25		Gender				
26		HIV/AIDS Status				
27		AIDS Diagnosis Date (if applicable)				
28		HIV Risk Factor				
29		Enrollment Status				
30		If Enrollment is Active- Service provided in past 6 months				
31		Enrollment Date				
32		Primary Insurance Provider				
33		Primary Medical Provider				
34		Household Living Arrangement				
35		Annual Household Income				
36		Household Size				
37		Acuity Level				
38		Acuity Points				
39	Adherence Acuity Stage					
39	CD4/Viral Load Lab Entered verified by at least one lab report in client file in last 365 days. Note: all CD4 and Viral Load lab report data must be entered into CAREWare if included in hard chart.					
40	Full legal name is entered into CAREWare					
41	Service entries in CAREWare match client file progress notes (5 randomly selected progress notes match CAREWare data entered)					
42	Reassessment Service Date and Acuity Date Entered & Match					
43	Emergency Financial Assistance Service Cap Has Been Met					
44	Housing Service Cap Has Been Met					
45	Transportation Service Cap Has Been Met					
46	Performance Measures are met					
PROTOCOL REQUIREMENTS		YES	NO	NC	NA	Notes
47	Written Home Visit Safety Protocol (Copy of Home Visit Safety Protocol available upon request)					
48	Written Client Suicide Threat Protocol (Copy of Client Suicide Threat Protocol is available upon request)					
NURSE CM CONTACT W/ CLIENT PHYSICIAN (baseline data collection only – not required in HIV CM Standards)		YES	NO	NC	NA	Notes
49	Communication with client's physician (Documentation in progress notes about communication with the client's physician within the past 12 months)					
50	Notation of doctor's appointments & dates (Documentation of client's appointments with physician within the past year)					

Reviewer Comments and Recommendations:

PROGRAM POLICY CITATIONS

Criteria # (Chart Review Form)	Document Title	Policy Name	Program Manual Page #
SCREENING & ASSESSMENT			
3	HIV Medical Case Management Standards of Service	Psychosocial & Nurse Assessment HRSA/HAB Guidance	21-23, 25 11
4-6	HIV Medical Case Management Standards of Service	Nurse Roles & Responsibilities	13-15
7	HIV Medical Case Management Standards of Service	Psychosocial & Nurse Assessment HRSA/HAB Guidance	21-23 11
8	HIV Medical Case Management Standards of Service	Psychosocial & Nurse Assessment Referral & Advocacy Follow-up & Monitoring HRSA/HAB Guidance	21-23, 25 28-29 30-31 11
ACUITY & CARE PLANNING			
9	HIV Medical Case Management Standards of Service	Psychosocial & Nurse Assessment The Acuity Scale	23-25
10-18	HIV Medical Case Management Standards of Service	Psychosocial & Nurse Assessment The Acuity Scale	24-25
19	HIV Medical Case Management Standards of Service	Care Planning HRSA/HAB Guidance	32-33 11
20	HIV Medical Case Management Standards of Service	Care Planning	32
21	HIV Medical Case Management Standards of Service	Care Planning HRSA/HAB Guidance	32-33 11
CLINICAL OUTCOMES			
22	RW CAREWare 4.1 User Guide	Lab Entries, Acuity Stage and Adherence Life Area	29
23	HIV Medical Case Management Standards of Service	Intake	20
CAREWARE QUALITY MANAGEMENT			
24-28	Ryan White HIV/AIDS Program Data Report RW CAREWare 4.1 User Guide	RW CAREWare Required Fields for the CARE Act Data Report	49
29-30	RW CAREWare 4.1 User Guide DHS 8391 (6/08)	Enrollment Status and Enrollment Date RW CAREWare Required Fields for the CARE Act Data Report and DHS 8391 (6/08)	17, 21, 49
31-35	Ryan White HIV/AIDS Program Data Report RW CAREWare 4.1 User Guide	Annual Review Data RW CAREWare Required Fields for the CARE Act Data Report	24-27, 49
36-38	HIV Medical Case Management Standards of Service RW CAREWare 4.1 User Guide	Psychosocial & Nurse Assessment The Acuity Scale Lab Entries, Acuity Stage and Adherence Life Area RW CAREWare Required Fields for the CARE Act Data Report	24-25 29-33 49
39	RW CAREWare 4.1 User Guide	Lab Entries, Acuity Stage and Adherence Life Area RW CAREWare Required Fields for the CARE Act Data Report	29-33, 49
40	RW CAREWare 4.1 User Guide	Adding a New Client	9
41	RW CAREWare 4.1 User Guide	Service Data	18-21
42	HIV Medical Case Management Standards of Service	Documentation	26-27
43-45	HIV Case Management and Support Services Program, Program Policies, Service Definitions & Guidance	Emergency Financial Assistance Housing Services Transportation Services	14 19 26

NC=Non-Compliant (compliance cannot be determined from information in chart; or due to client transfer or non-compliance)

NA=Not Applicable (to patient or program/facility)

46	RW CAREWare 4.1 User Guide	Performance Measures	41
PROTOCOL REQUIREMENTS			
47	HIV Medical Case Management Standards of Service, July 2007	Home Visit Safety Protocol	37
48	HIV Medical Case Management Standards of Service Forms, July 2007	Psychosocial Screening, DHS 8401 (7/07)	2-3