

PROGRAM REQUIREMENTS CHECKLIST

FORMS	DATE	DATE	DATE			
First Contact <i>(One time only)</i>			<i>Intentionally left blank</i>			
Informed Consent <i>(One time only)</i>						
HIV Verification <i>(One time only)</i>						
Rights & Responsibilities <i>(One time only)</i>						
Grievance Procedure <i>(One time only)</i>						
Release of Information (ROI)						
Client Intake / Update						
Psychosocial Assess. / Reassess.						
Nurse Assessment / Reassessment						
Care Plan Updated <i>(every 6 mo.)</i>						
CLINICAL OUTCOMES	VALUE <small>Level Points</small>	DATE	VALUE <small>Level Points</small>	DATE	VALUE <small>Level Points</small>	DATE
Overall Acuity Level/Points/Date						
Adherence Acuity Level/Points/Date						
CD4 / Date						
Viral Load (VL) / Date						
Weight / Date						
HIV / AIDS Status / Date*						

*Choose one of the following: **A** - HIV+/Not AIDS; **B** - HIV+/AIDS status unknown; **C**- CDC - Defined AIDS

INCOME VERIFICATION

I have verified income to be at or below:

Initial eligibility:

- CAREAssist/OHP Eligible
- 100% of poverty
- 200% of poverty
- 250% of poverty
- above 250% of poverty

Income verified through:

Date _____
CM _____

1st review:

- CAREAssist/OHP Eligible
- 100% of poverty
- 200% of poverty
- 250% of poverty
- above 250% of poverty

Income verified through:

Date _____
CM _____

2nd review:

- CAREAssist/OHP Eligible
- 100% of poverty
- 200% of poverty
- 250% of poverty
- above 250% of poverty

Income verified through:

Date _____
CM _____

HIV VERIFICATION

I have verified HIV status through:

- current CAREASSIST client
- copy of HIV+ test results (Western Blot only)
- lab results that show the presence of HIV (A detectable viral load) from lab or physician**
- written verification from another provider who has one of the above documents in client's file

Case Manager Signature _____ Date _____

**If copy of test results not available and lab work shows undetectable viral load, a new Antibody Screening Test must be performed.

Client Name _____ ID# _____