LOCAL PUBLIC HEALTH AUTHORITY CHART REVIEW

All Chart Review Summary forms are due by October 31, 2020 via e-mail submission to:

DeAnna Kreidler, MS, LMFT
Quality and Compliance Coordinator
deanna.p.kreidler@dhsoha.state.or.us

This chart review provides an opportunity for the local Public Health Departments to monitor their own performance and to make improvements based on their findings. While the review is required, at a minimum, annually, it is a process that benefits program quality when used consistently and regularly. Local programs are encouraged to integrate quality review activities into their agency quality improvement plan and to report these outcomes in their HIV Community Services Program Progress Report Form.

INSTRUCTIONS FOR COMPLETING CHART REVIEW

- **Select a reviewer(s) who is not the HIV Case Manager(s)**. A reviewer could be the program supervisor or anyone who does not document regularly in the client files. In the case of subcontractors, the reviewer must be from the contracting agency.

- **The reviewer will randomly select active client files to be reviewed.** Agencies must review a minimum of 5 HIV case management program client files or 15% of the total HIV Case Management program client files, whichever is more. Agencies with 5 or fewer clients in the HIV case management program will review all of their client files.

- **Use one "HIV Care and Treatment Chart Review Tool"** for each client file you review.

- Submit all of the "Chart Review Summary" forms you complete to the HIV Community Services Program, DeAnna Kreidler via email (see above contact information).

- "Current" refers to the previous fiscal year (July 1-June 30) unless otherwise stated.

- Check "N/A" when the client is excluded from the chart review item. Check "No" only to designate when the file does not meet the compliance requirement for that item. Check "Yes" when the file does meet the compliance requirement for that item.

- Hover over each section to identify if there is a link for a corresponding form related to the section.

- The following references have links that will access the documentation requirements:
  - HIV Case Management: Standards of Service (County Based Model)
  - CAREWare User Guide
  - County CAREWare Quick Guides for the chart review period
  - Support Services Guide

LPHA CHART REVIEW TOOL

Time period chart review covers: - Client URN#: Enrolled CAREWare date: Re-enrolled date:

Closed: Acuity: Acuity date: New HIV diagnosis?

Virally Suppressed? Current VL/CD4 labs (*within 12 mo.*)? Homeless? Special needs/issues?

(*PE 08, OAR 333, Division 22, HIV Community Services Program Support Services Guide, and HIV Community Services Program HIV Case Management: Standards of Services (Standards)*). All HIV Care and Treatment forms are found here: www.healthoregon.org/hiv

Criteria for compliance	Compliant Y	N	N/A	Comments/documentation/explanation/timelines
I. INITIAL INTAKE and SIX-MONTH ELIGIBILITY REVIEW New Clients only (*client was enrolled for the first time at this agency less than 12 months ago*) (*PE 08(4)(a: Eligibility)*)				
A. LPHA Informed Consent form signed at the Initial Intake and before the client was added to CAREWare.	☐	☐	☐	
B. LPHA Client Rights and Responsibilities form is signed and dated by client and case manager. (*Ensure Agency form complies with OAR*)	☐	☐	☐	
C. Current LPHA ROI form signed and dated. (*Current per agency written policy on frequency of updating the ROI.*)	☐	☐	☐	
D. Proof of a confirmatory HIV test or diagnosis must be obtained within 30 days of intake (as specified in the Support Services Guide). Documentation is in the chart. (*Intake/Eligibility Review Form # 8395*)	☐	☐	☐	
E. Intake/Eligibility Review form and documentation at Initial (*new*) is complete: Intake/Eligibility Review form # 8395	☐	☐	☐	

Criteria for compliance	Compliant Y	Compliant N	Compliant N/A	Comments/documentation/explanation/timelines
F. Verification Income and supporting documentation match the forms: 1. *Intake/Eligibility Review Form # 8395* **or** if no income, the No Income Affidavit section/form is complete and signed: ☐ 2. If CAREAssist (CA) client, the CAREAssist Client Eligibility Verification (CEV) report form is in the chart and attached to the Intake/Eligibility Review form: ☐	☐	☐	☐	
G. Verification of Residency and supporting documentation match the forms: 1. *Intake/Eligibility Review Form # 8395* **or** Homeless/Residency affidavit section/form is complete and signed: ☐ 2. If CA client, CEV report form is in the chart — address on CEV is used as proof of residency: ☐	☐	☐	☐	
H. Initial first Intake/Eligibility Review Timeline met: intake eligibility review completed within 30 days of first contact (CW *enrollment date*).	☐	☐	☐	
I. Verification of Identity and supporting documentation match the Intake/Eligibility Review Form # 8395.	☐	☐	☐	
J. HIV/AIDS risk factor is entered in CAREWare (CW) on demographic page and matches documentation.	☐	☐	☐	
K. Full legal name entered in CW matches identity documentation.	☐	☐	☐	
L. Demographic information entered in CW (*address/phone/ email, mail preference, race(s)*) matches documentation.	☐	☐	☐	

Criteria for compliance	Compliant Y	Compliant N	Compliant N/A	Comments/documentation/explanation/timelines
M. The **Initial Intake/Eligibility Review** data in CW Annual Review tab (*Annual sub-tab*) matches the form (*#8395*) and the supporting documentation for: 1. Insurance (*Primary and Other*): ☐ 2. Household Income: ☐ 3. Household size: ☐ 4. HIV Primary Care: ☐ 5. Housing Arrangement: ☐ 6. HIV Status and date (***Initial***): ☐	☐	☐	☐	
N. The **Intake/Eligibility Review service** entry in CW was used for the initial intake, there was a charted CW case note, and the service date matches the case note and form date.	☐	☐	☐	
O. **Six-month Eligibility Review Client** Self-Attestation Form #8395a completed. 1. If CA, CEV form attached: ☐ 2. If not CA, supporting documentation listed on form is in the chart: ☐	☐	☐	☐	
P. **Six-month Eligibility Review** was completed between 5 and 7 mo. after initial first Intake Eligibility Review.	☐	☐	☐	
Q. **Six-month Eligibility Review** data in CW Annual Review tab (*Annual sub-tab*) was updated if there were changes on the form or on the CEV.	☐	☐	☐	
R. The **Six-month Eligibility Review** service entry in CW was entered for the initial Intake and Eligibility Review, there was a charted CW case note, and the service date matches the case note and form date.	☐	☐	☐	

Criteria for compliance	Compliant Y	N	N/A	Comments/documentation/explanation/timelines
II. ANNUAL UPDATE ELIGIBILITY REVIEW and SIX-MONTH ELIGIBILITY REVIEW **Established Clients only** (*client has been in your program 12 months or longer*): complete this section and check "N/A" for the "Initial Intake and Six-Month Eligibility Review" section above. *[PE 08(4)(a: Eligibility)]*				
A. Current LPHA ROI form signed and dated. (*Current per agency written policy on frequency of updating the ROI.*)	☐	☐	☐	
B. Annual update Intake/Eligibility Review form and documentation completed: *Intake/Eligibility Review Form # 8395*	☐	☐	☐	
C. Annual update Intake/Eligibility Review was completed between 5 and 7 mo. after the last Six-month Eligibility Review client Self-attestation.	☐	☐	☐	
D. **Annual update Eligibility Review** Verification Income and supporting documentation match the forms: 1. *Intake/Eligibility Review Form # 8395* **or** if no income, the No Income Affidavit section/form is complete and signed: ☐ 2. If CA, CEV form is attached: ☐	☐	☐	☐	
E. **Annual update Eligibility Review** Verification of Residency and supporting documentation match the forms: 1. *Intake/Eligibility Review Form # 8395* **or** Homeless/Residency affidavit section/form is complete and signed: ☐ 2. If CA, CEV form is attached — address on CEV is used as proof of residency: ☐	☐	☐	☐	
F. **Annual Eligibility Review** data in CW Annual Review tab (*Annual sub-tab*) was updated and matches the form (#8395) and supporting documentation for each of the following:	☐	☐	☐	

Criteria for compliance	Compliant Y	Compliant N	Compliant N/A	Comments/documentation/explanation/timelines
1. Insurance (*Primary and Other*): ☐ 2. Household Income: ☐ 3. Household size: ☐ 4. HIV Primary Care: ☐ 5. Housing Arrangement: ☐ 6. HIV Status and date (*if changes occurred*): ☐				
G. The Annual Eligibility Review service entry in CW was used for the annual update/eligibility review, there was a charted CW case note, and the service date matches the case note and form date.	☐	☐	☐	
H. **Six-month Eligibility Review Client Self-Attestation form and documentation completed:** 1. Self-Attestation Form #8395a completed: ☐ 2. If CA, CEV form attached: ☐ 3. If not CA, supporting documentation is in the chart: ☐	☐	☐	☐	
I. **Six-month Eligibility Review** was completed between 5 and 7 months after the last Annual Update/Eligibility Review.	☐	☐	☐	
J. **Six-month Eligibility Review** data in CW Annual Review tab (*Annual sub-tab*) was updated if there were changes on the form or on the CEV.	☐	☐	☐	
K. **Six-month Eligibility Review** service entry in CW was used, there was a charted CW case note, and the service date matches the case note and form date.	☐	☐	☐	

Criteria for compliance	Compliant Y	N	N/A	Comments/documentation/explanation/timelines
III. LOW ACUITY TRIAGE **Acuity 1 and 2 clients only** (*if a Triage was not needed because a Psychosocial Screening or Medical Assessment was done, mark "N/A" for each item in this section*). [*PE 08(4)(d: Case Management and Supportive Services)(2)*]				
A. The Triage was completed annually within 11 to 13 months from the previous one, or at the next Annual Eligibility Review after changing the acuity to a 1 or 2.	☐	☐	☐	
B. If a Triage was completed, the client met all of the following criteria for a Triage based on documentation in CW: 1. VL lab test was within last 12 months: ☐ 2. VL lab test was suppressed (*>200 copies/mL*): ☐ 3. CW case note documentation indicates the client is stable and does not indicate a need for a Psychosocial Screening and/or a Medical Assessment: ☐	☐	☐	☐	
C. If the client answered "Yes" to one or more Triage question, follow-up with the client by telephone or email was completed within 7 business days.	☐	☐	☐	
D. Triage CW case note template was used and documented.	☐	☐	☐	
E. Triage CW service entry and the date match case note and form.	☐	☐	☐	
IV. PSYCHOSOCIAL AND MEDICAL ASSESSMENT (*PE 08(4)(d: Case Management and Supportive Services)(2)*)				
A. Psychosocial Screening was completed within 12 months of last screening.	☐	☐	☐	
B. Psychosocial Screening form completely filled out. (*Psychosocial Screening Form #8401*)	☐	☐	☐	

Criteria for compliance	Compliant Y	Compliant N	Compliant N/A	Comments/documentation/explanation/timelines
C. Documentation of the Psychosocial Screening process, findings, recommendations, and referrals were entered in the CW case note "Screening" template.	☐	☐	☐	
D. Screening CW service entry and the date match case note and form.	☐	☐	☐	
E. Medical Assessment was completed within 12 months of last assessment.	☐	☐	☐	
F. Medical Assessment form completely filled out. (*Medical Assessment Form #8402*)	☐	☐	☐	
G. Documentation of the Assessment process, findings, recommendations, and referrals were entered in the CW case note "Medical Assessment" template	☐	☐	☐	
H. Assessment CW service entry and the date match case note and form.	☐	☐	☐	
V. ACUITY AND CASE MANAGEMENT FOLLOW-UP (*PE 08(4)(d: Case Management and Supportive Services)(2)*)				
A. The "Acuity Form-County" is completed in CW (*under "Forms" tab*) and the date matches the last Psychosocial Screening and Nurse Assessment forms.	☐	☐	☐	
B. Acuity 3/4 direct contact from Medical Case Manager met Standards for follow-up: Acuity 3=30 days; Acuity 4=14 days	☐	☐	☐	
C. Documented change in psychosocial and/or medical needs warranted a change in Acuity and Acuity was changed.	☐	☐	☐	

Criteria for compliance	Compliant Y	Compliant N	Compliant N/A	Comments/documentation/explanation/timelines
F. If an Acuity was changed (*up or down*) without a Psychosocial Screening or Nursing Assessment, it met these criteria: a. Has not been an Acuity 3 or 4 for 12 months or longer: ☐ b. **And** annual Nursing Assessment was not due within 30 days: ☐ c. **And** there was communication with the client: ☐	☐	☐	☐	
G. Acuity change CW case note documented the need for the change.	☐	☐	☐	
H. Acuity 4 is automatically assigned and reassessed in 60 days if meets one of these criteria: d. The client has been incarcerated within the last 90 days: ☐ e. **And/or** the client was diagnosed with HIV in the last 180 days: ☐ f. **And/or** the client is currently homeless: ☐	☐	☐	☐	
I. Acuity form was completed in the CW Forms tab for an acuity change.	☐	☐	☐	
J. Psychosocial services provided per documented need: Case Manager contact made if need for psychosocial intervention identified and documented in case notes.	☐	☐	☐	
K. Nursing services provided per documented need: Medical Case Manager Nurse contact made if need for nurse intervention identified and documented in case notes.	☐	☐	☐	

Criteria for compliance	Compliant Y	N	N/A	Comments/documentation/explanation/timelines
VI. CARE PLAN and CASE CONFERENCING **Care Plan:** Every client in HIV Case Management will have a comprehensive, individualized Care Plan that is reviewed and regularly updated with the client in compliance with the acuity requirement. **Case Conferencing** goal is to provide holistic, coordinated, and integrated services across providers, to reduce duplication of services, and ensure Ryan White funds are payer of last resort. (*PE 08(4)(d: Case Management and Supportive Services)(2)*; *Standards,* *“Care Plan” and “Case Conferencing”*)				
A. Care Plan is developed, monitored and updated according to the client’s Acuity listed below: g. Acuity 1 or 2: every 6 months ☐ h. Acuity 3: every 30 days ☐ i. Acuity 4: every 14 days ☐	☐	☐	☐	
B. Care Plan is documented as specified in LPHA policy, in addition to being charted in a CW case note.	☐	☐	☐	
C. Care Plan CW service entry and the date matches case note.	☐	☐	☐	
D. **Case Conferencing** occurred, and documentation is present to address an identified need on the Care Plan, or when needed to address client needs related to viral suppression, new diagnosis, high Acuity 3 or 4, or have an overall high acuity in life areas of housing, mental health and substance use. Case Conferences can occur through staff meetings, telephone contact, written reports and letters, review of client records, and through client and/or agency staffing. (*Standards,* *“Case Conferencing”*)	☐	☐	☐	
E. Case Conferencing CW service entry and the date matches case note.	☐	☐	☐	

Criteria for compliance	Compliant Y	Compliant N	Compliant N/A	Comments/documentation/explanation/timelines
VII. REFERRAL AND ADVOCACY Advocacy and referral are key case management activities. Case managers are expected to maintain a working knowledge of community resources and when necessary, will conduct outreach to identify needed services. The client files show that the case management program is knowledgeable about community resources and is providing referral and advocacy services. (*PE 08(4)(d: Case Management and Supportive Services)(2)*; Standards, *"Referral and Advocacy"*)				
A. Identified psychosocial and/or medical needs identified in the Psychosocial Screening, Medical Assessment, and/or case notes indicate a referral was necessary and the referral was made for the client or the client was provided information to contact the referral source directly and aided when necessary.	☐	☐	☐	
B. Mandatory referrals are in the CW Referral Tab: Outpatient/ambulatory care, CAREAssist, oral health care, mental health services, medical nutritional therapy, substance abuse services outpatient, housing (*including OHOP*), employment, tobacco cessation, and food banks.	☐	☐	☐	
C. Mandatory referrals in the CW Referral Tab, Final status entered for all referrals within 6 months. (*CAREWare User Guide*)	☐	☐	☐	
VIII. HEALTH OUTCOMES (*PE 08(4)(d: Case Management and Supportive Services)(2)*; Standards, *"Acuity"*)				
A. The client had no VL Lab within the past 12 months and is a high Acuity w/in 30 days of late/no lab.	☐	☐	☐	
B. The client was not virally suppressed at last VL lab within the last 12 months and is a high Acuity w/in 30 days of VL lab.	☐	☐	☐	

Criteria for compliance	Compliant Y	Compliant N	Compliant N/A	Comments/documentation/explanation/timelines
IX. TRANSFER AND DISCHARGE (*PE 08(4)(d: Case Management and Supportive Services)(2)*; Standards, *"Transfer and Termination"*)				
A. Transfer/Discharge and lost to follow-up: # of contacts followed identified Standards.	☐	☐	☐	
B. Transfer/Discharge data entry: CW service entry date matches the case note. If lost to follow-up, case note template used.	☐	☐	☐	
X. FINANCIAL SUPPORT SERVICES (*PE 08(4)(d)(2)*)				
A. Support Services only provided to eligible RW clients whose income is 300% FPL or under.	☐	☐	☐	
B. Support Services only provided to eligible RW clients whose eligibility was confirmed prior to financial support services being provided.	☐	☐	☐	
XI. SERVICE DOCUMENTATION Services recorded were appropriate, the correct Case Note template was used and was complete, and all supporting documentation stated in the template was in the client record (*chart or CAREWare*) (*PE 08(7)(d)*)				
A. Service #1 recorded in the Services tab was correct and complete.	☐	☐	☐	
B. Service #1 Case Note template was complete.	☐	☐	☐	
C. Service #2 recorded in the Services tab was correct and complete.	☐	☐	☐	
D. Service #2 Case Note template was complete.	☐	☐	☐	

Criteria for compliance	Compliant Y	N	N/A	Comments/documentation/explanation/timelines
E. Service #3 recorded in the Services tab was correct and complete.	☐	☐	☐	
F. Service #3 Case Note template was complete.	☐	☐	☐	

Additional comments:

Abbreviation code: CW=CAREWare, CA= CAREAssist, CEV=CAREAssist Eligibility Verification report, MCM=Medical Case Management, RN=Registered Nurse (*used interchangeably with MCM*), VL=Viral Load

Definition: “New” refers to a client who began services within the last 12 months.

Data Criterion: Data entry Quality assurance items are shaded.