



LOCAL PUBLIC HEALTH AUTHORITY CHART REVIEW

All Chart Review Summary forms are due by October 31, 2018 via e-mail submission to:

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Quality and Compliance Coordinator
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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 10 HIV case management program client files or 25% of the total HIV Case Management program client files, whichever is more. Agencies with 10 or fewer clients in the HIV case management program will review all of their client files.
- **Use one “Chart Review Summary” form** 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 past 365 days (12 months) 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 Guide](#)
 - [Support Services Guide](#)



AGENCY:

DATE OF REVIEW:

REVIEWER:

(Name and Title)

Client URN #

(Do not use client name)

Note: Please see the abbreviation key on the last page

	Yes	No	N/A	Comments
INITIAL INTAKE/ELIGIBILITY REVIEW				
New Clients only (client has been in your program less than 12 months)				
Intake/Eligibility Review form completely filled out. (Intake/Eligibility Review Form # 8395)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HIV status verified within 30 days of initial Intake, and documentation is in the chart (see Intake/Eligibility Review Form # 8395)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verification of Identity and supporting documentation match the Intake/Eligibility Review Form # 8395	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verification of Residency and supporting documentation match the forms: <ul style="list-style-type: none"> • Intake/Eligibility Review Form # 8395 or • Residency Verification Form #8485 If CA, CEV form is in the chart—address on CEV is used as proof of residency 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verification Income and supporting documentation match the Intake/Eligibility Review Form # 8395	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HIV/AIDS Status and risk factor is completed in CW on demographic page.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Full legal name in CW matches identity documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demographic information (address/phone/email, mail preference, race(s)) is accurate in CW.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
“Intake/Eligibility Review” service date in CW matches form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Initial Intake/Eligibility Review data in CW Annual Review tab (Annual sub-tab) matches the form (#8395) and the supporting documentation for: <ul style="list-style-type: none"> ○ Insurance (Primary & Other) ○ Household Income ○ HIV Primary Care ○ Housing Arrangement 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



	Yes	No	N/A	Comments
The “Intake/Eligibility Review” service 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LPHA Client Rights & Responsibilities form is signed and dated by client and case manager. (Ensure Agency form complies with OAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LPHA Informed Consent form signed at the Initial Intake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ANNUAL UPDATE/ELIGIBILITY REVIEW				
Established Clients only (Client has been in your program 12 months or longer)				
Annual Intake/Eligibility Review form completely filled out for demographic data, residency, and insurance information, and supporting documentation is filed in the chart: <ul style="list-style-type: none"> • Intake/Eligibility Review Form completed # 8395 and matches the supporting documentation • Residency Verification Form #8485, when needed. If CA, CEV form is in the chart—address on CEV is used as proof of residency 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annual Intake/Eligibility Review proof of Income: <ul style="list-style-type: none"> ○ If CA, CEV form is in chart as proof of income ○ If not CA, income listed on Intake/Eligibility Review form #8395 matches supporting documentation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annual Update/Eligibility Review data in CW Annual Review tab (Annual sub-tab) was updated at the annual update/eligibility review, and matches the form (#8395) and supporting documentation in the areas of: <ul style="list-style-type: none"> ○ Insurance (Primary & Other) ○ Household Income ○ HIV Primary Care ○ Housing Arrangement 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Annual Update/Eligibility Review “Intake/Eligibility Review” service 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Semi-annual Eligibility Review: <ul style="list-style-type: none"> • Self-Attestation Form #8395a completed. <ul style="list-style-type: none"> ○ If CA, CEV form attached. ○ If not CA, supporting documentation is in the chart. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



	Yes	No	N/A	Comments
Semi-annual Eligibility Review data in CW Annual Review tab (Annual sub-tab) was updated if there were changes on the form or on the CEV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The “Intake/Eligibility Review” service in CW was used for the semi-annual eligibility review, there was a charted CW case note, and the service date matches the case note and form date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current LPHA ROI form signed and dated. (Current per agency written policy on frequency of updating the ROI.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TRIAGE				
Acuity 1 and 2 clients only (if a Triage was not completed, check N/A)				
The Triage was completed at the same time as the annual update/eligibility review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If a Triage was completed, the client met all of the following criteria for a Triage based on documentation in CW: <ul style="list-style-type: none"> • VL lab test was within last 12 months • VL lab test was unsuppressed (>200 copies/ml) • CW case note documentation indicates the client is stable and does not indicate a need for a Psychosocial Screening and/or an Assessment 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the client answered “Yes” to one or more Triage question, follow-up with the client by telephone was completed w/in the timeline stated in the standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If there was a Triage, the CW Triage case note template was used and documented justification for use of Triage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PSYCHOSOCIAL AND ASSESSMENT				
Psychosocial Screening was completed within 12 months of last screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Psychosocial Screening form completely filled out. (Psychosocial Screening Form #8401)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of the Psychosocial Screening process, findings, recommendations, and referrals were entered in the CW case note “Screening” template.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse Assessment was completed within 12 months of last assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse Assessment form completely filled out. (Nurse Assessment Form #8402)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



	Yes	No	N/A	Comments
Documentation of the Assessment process, findings, recommendations, and referrals were entered in the CW case note "Assessment" template.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The "Acuity Form-County" is completed in CW (under "Forms" tab) and the date matches the last Psychosocial Screening and Nurse Assessment forms. (Psychosocial Acuity-County Form #8496; Medical Acuity-County Form #8497)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acuity Level:
CARE PLANNING & REFERRAL				
Care Plan is completed and documented as specified in LPHA policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Care Plan is developed, monitored and updated according to Acuity contact timelines: <ul style="list-style-type: none"> • Acuity 1/2: every 6 months • Acuity 3: every 30 days • Acuity 4: every 14 days 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Care Plan referral and advocacy, follow-up, and final status was documented in CAREWare chart note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any of the following referrals made are in the Referral Tab: <ul style="list-style-type: none"> • 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. • Final status w/in 6 mo. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEALTH OUTCOMES				
Viral Load Suppression: <ul style="list-style-type: none"> • VL lab completed within the past 12 months? • If VL lab over 12 months, is the client a minimum Acuity 3? • If client is not virally suppressed (see CW Performances Measure tab), is the client a minimum Acuity 3? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL COMMENTS:

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

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

Data Criterion: Data entry compliance items are highlighted in blue.