

RYAN WHITE PART B PEER REVIEW
Virginia Department of Health
Division of Disease Prevention
HIV Care Services
Chart Review
Non-Medical Case Management

Client ID _____

Service Standard	Question	YES	NO	NA	COMMENTS
Newly Enrolled Clients (within the previous 12 months)					
1.1	1. Is there documentation of initial contact with the client within three business days?				
Newly Enrolled and Ongoing Clients					
1.2	2. Is there dated documentation of communication with the client regarding the date and time of the client's intake appointment and the required documentation needed to be brought to the appointment?				
1.3	3. Is there documentation of a completed and dated eligibility/intake review form within 10 business days of the first contact with client?				
1.4	4. Is there documentation of expedited eligibility/intake for newly diagnosed, pregnant, or recently released from incarceration?				

1.5	5. If the intake completion is delayed because of missing documents during the 30-day calendar period, is there documentation that the Non-Medical Case Manager/Eligibility/Intake Specialist notified the client at least three times, on different days, about what documents are missing.				
1.5	6. Was the final notification in writing and does it include information that client files will be closed if the missing documentation is not provided (Exception for clients with documentation that they do not wish to receive mail)				
1.6	7. Is there a completed and dated Eligibility Assessment Determination Form (including income, # in household, verification of HIV + status, Virginia residency and uninsured /underinsured status) reviewed and recertified every 24 months.				
1.7	8. Is there documentation of a signed and dated Informed Consent and Release of Information? And documentation that the client received a copy of the Grievance Procedures, Confidentiality Statement?				
1.8	9. Is there documentation that the NMCM referred the client within two (2) working days to MCM if the client answered “yes” to questions 8-20 in the Medical Case Management Service Plan / MCM Referral section of the Eligibility Assessment Determination Form				
1.11	10. Is there documentation that client was screened using the NMCM Service Plan / MCM Referral form.				

1.11	11. Is there documentation that the NMCM Service Plan/MCM Referral was completed every 6 months?				
1.11	12. Is there documentation of a completed NMCM Service Plan to include answers to questions 1-7, tasks, action steps, target dates, and date achieved/outcome (if applicable).				

Reviewer: _____ Date: _____

Provider Staff(s) interviewed: _____