RYAN WHITE PART B PEER REVIEW
Virginia Department of Health
Division of Disease Prevention
HIV Care Services
Chart Review

Substance Abuse Outpatient

ID#

Question	YES	NO	NA	COMMENTS
1. Is there documentation of referral for outpatient substance abuse services documented in the client's record?				
2. Is there documentation of an assessment in the client's record				
3. Does the assessment include documentation of substance abuse history and current status?				
4. Does the service plan include documentation of medical history and current health status?				
5. Does the assessment include documentation of availability of food, shelter, transportation, and financial resources?				
6. Does the assessment include documentation of the client's support system?				
7. Does the assessment include documentation of the client's legal issues and/or custody status?				
8. Does the assessment include documentation of mental health status and co-existing conditions?				
9. Is there documentation of the treatment plan in the client's record?				
10. Is there documentation of a treatment plan in the client's record that is signed and dated?				
11. Is there documentation of a complete psychosocial assessment and the result used to complete the service plan?				
12. Is there documentation that the client participated in the development of the service plan?				

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13. Is there documentation of mental health provided in the client's record?				
14. Is there documentation of consultation with medical staff, mental health, pharmacy, and other support services as needed?				
15. Is there documentation of referrals made and the status of the outcome in the client's record?				
16. Is there documentation of discharge plan summary and summary in the client's record with clear rationale within 30 days of discharge, including certified letter, if applicable?				
17. If the client was transferred, is there documentation of a discharge summary and other records sent with the patient?				
18. If unable to locate the client, is there documentation of attempts made?				

Reviewer: _____ Date**:** _____

Subcontractor staff(s) interviewed: _____