Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chart #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | **Documentation** | **Yes/No** | **Comments** |
| --- | --- | --- | --- |
| RW Eligibility | Verification of HIV Diagnosis |  |  |
| Verification of Income, **updated semi-annually** |  |  |
| Verification of Residence in Los Angeles County, **updated semi-annually** |  |  |
| Intake & Consents | Intake documentation includes name, address, phone, primary language, demographic information & emergency contact. |  |  |
| Consent to Receive Services, signed and dated |  |  |
| Notice of HIPAA Privacy Practices form, signed & dated |  |  |
| Current MCC Screener Form (due every 6 months) |  |  |
| Current MCC Enrollment Status Form |  |  |
| Assess-ments | Current assessment completed based on acuity (see below) & signed and dated by client and MCM/PCM team. **Severe: every month; high: every 90 days; moderate: every 6 months** |  |  |
| Current MCC assessment acuity summary |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Integrated /Care Plan (ICP) | Current ICP completed based on acuity (see below) & signed and dated by client and MCC team. **Severe: every month; high: every 90 days; moderate: every 6 months** |  |  |
| Progress Notes | Documentation that patient was contacted by MCC team depending on acuity. **Severe: every week; high and moderate: every month** |  |  |
| Progress notes address the goals established in the ICP |  |  |
| Documentation of brief interventions delivered |  |  |
| Case  Conference | Chart contains documentation that MCC team discussed clients during Multidisciplinary Case Conferences as required by acuity: **Severe: every month; high: quarterly; moderate: every 6 months** |  |  |
| Closed Charts | Case transition/closure summary contains reason for transition/termination of services and is signed and dated by MCC team and clinical supervisor |  |  |

Date of Review: \_\_\_\_\_\_\_\_\_ Reviewer (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_