



## **Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey**

1. Early Intervention Services
2. Emergency Financial Assistance
3. Food Bank/ Home Delivered Meals
4. Health Education/Risk Reduction
5. Health Insurance Premium & Cost Sharing Assistance Program
6. Health Insurance to Provide Medications
7. Housing
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Medical Transportation
11. Mental Health Services
12. Non-medical Case Management Services
13. Oral Health Care
14. Other Professional Services (Legal Services)
15. Outpatient/Ambulatory Health Services
16. Outreach Services
17. Psychosocial Support Services
18. Referral for Health Care and Support Services
19. Substance Abuse Outpatient Care



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Early Intervention Services (EIS)	Yes	No	N/A	Code	Comments
Does the subrecipient have established Memorandum of Understanding (MOU) with key points of entry into care to facilitate access to care for those who test positive?				A	
Does the agency provision directly or through a MOU/Referral complete of all required EIS service components?					
<ul style="list-style-type: none"> <li>• Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV positive.</li> </ul>				B	
<ul style="list-style-type: none"> <li>• HIV testing services are coordinated with other HIV prevention and testing programs in the geographic area</li> </ul>				B	
<ul style="list-style-type: none"> <li>• HIV tests bought by Ryan White Part B funds could not have been paid for by any other sources</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Referral services are provided to improve access and coordination of HIV care and treatment</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Access and linkage to care are provided through Outpatient Ambulatory Health Services, Medical Case Management, Non-Medical Case Management, and/or Substance Abuse Care</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Health education and literacy training is provided that enables clients to navigate the HIV system of care</li> </ul>				B	
Documentation that HIV testing activities and methods meet CDC and state requirements.				A	
Documentation that training and education sessions provided to Consumers are designed to help them navigate and understand the HIV system of care.				B	
Documentation of established linkage agreements with testing sites where Part B is not funding referral and access to care, education and system navigation services.				B	
Policy and procedure for determining an individual's eligibility for EIS.				B	



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

<b>EIS Consumer File Review</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Comments</b>
Percentage of surveyed Consumers where EIS records in Consumer file match services entered in CAREWare.			
Percentage of surveyed Consumers that have been referred to OAHS, MCM, NMCM, and/or Substance Abuse Care.			



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Emergency Financial Assistance (EFA)	Yes	No	N/A	Code	Comments
Services are provided to Consumers with limited frequency and for limited periods of time; this is notated in Subrecipient policy and procedures				B	
Assistance is provided only for the following essential services: utilities, housing, food (including groceries, food vouchers, and Food Stamps), and/or eyewear (eyewear is only for underinsured/uninsured Consumers in EFA)				B	
Emergency funds are allocated, tracked, and reported by type of assistance				B	
Payments are made either through a voucher program or short-term payments to the service entity, with no direct payments to clients				B	
Ryan White funds are used for EFA only as a last resort					

Emergency Financial Assistance (EFA) Consumer File Review	Numerator	Denominator	Comments
Percentage of Consumers surveyed does not exceed the Grantee specified allowable service amount or the allowable duration of time.			
Percentage of surveyed Consumers where EFA service records in Consumer file or agency records match services entered in CAREWare.			
Percentage of surveyed Consumers where EFA services were delivered to Ryan White enrolled Consumers.			



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Food Bank/ Home-Delivered Meals	Yes	No	N/A	Code	Comments
Documentation of services are limited to food bank, home-delivered meals, and/or food voucher program				B	
Documentation of types of non-food items provided are allowable (personal hygiene products or household cleaning supplies)				B	
If water filtration/ purification systems are provided, documentation of non-permanent filtration systems are used and community has water purity issues				B	
Compliance with federal, state and local regulations including any required licensure or certification for the provision of food banks and/or home- delivered meals (if applicable)				B	

Food Bank/ Home-Delivered Meals Consumer File Review	Numerator	Denominator	Comments
Percentage of Consumers surveyed with documentation showing the amount of funds used to purchase food or voucher			
Percentage of Consumers surveyed with documentation showing the amount of funds used to purchase allowable non-food items			
Percentage of surveyed Consumers where Food Bank/ Home-Delivered Meals service records in Consumer file or agency records match services entered in CAREWare.			
Percentage of surveyed Consumers where Food Bank/ Home-Delivered Meals services were delivered to Ryan White enrolled Consumers.			



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Health Education/Risk Reduction (HERR)	Yes	No	N/A	Code	Comments
Does the agency have documentation that training and education sessions provided to Consumers are designed to educate on risk reduction strategies to reduce transmission such as Pre-Exposure Prophylaxis (PrEP) for Consumers' partners and treatment as prevention?				B	
Does the agency have documentation that training and education sessions provided to Consumers are designed to educate on health care coverage options (e.g. qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)?				B	
Does the agency have documentation that training and education sessions provided to Consumers are designed to educate on health literacy?				B	
Does the agency have documentation that training and education sessions provided to Consumers are designed to educate on treatment adherence?				B	
Does the agency have documentation that training and education sessions provided to Consumers are designed to educate on available medical, psychosocial, and supportive services?				B	
Does the agency provide non-clinical counseling on how Consumers can improve their health status and reduce the risk of HIV transmission?				B	

HERR Consumer File Review	Numerator	Denominator	Comments
Percentage of surveyed Consumers where Health Education/Risk Reduction service records in Consumer file or agency records match services entered in CAREWare.			
Percentage of surveyed Consumers where Health Education/Risk Reduction services were delivered to Ryan White enrolled Consumers.			



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Health Insurance Premium & Cost Sharing Assistance Program for Low Income Individuals (HIP-CSAP)	Yes	No	N/A	Code	Comments
Maintain proof of low income status.				B	
Documentation that demonstrates that funds were not used to cover costs associated with the creation, capitalization or administration of liability risk pools, or social security costs.				B	
Documentation for funds used to cover co-pays; example, a physician's written statement, that the services are related to HIV infection.				B	
For dental services delivered under MDP, documentation of a treatment plan on file.					
Does subrecipient have a policy and procedure to determine allowable premiums and copays?				B	

HIP-CSAP Consumer File Review	Numerator	Denominator	Comments
Percentage of surveyed Consumers where HIP-CSAP Program records in Consumer file match services entered in CAREWare			
Percentage of surveyed Consumers where HIP-CSAP services were delivered to Ryan White enrolled Consumers.			
Percentage of surveyed services where financial documents match service costs			



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Health Insurance Provide Medications (HIP-Rx)	Yes	No	N/A	Code	Comments
What is your referral timeframe?				B	
What is your policy and procedure for enrolling clients into the correct ADAP service?				B	
Does the client maintain proof of low income status?				B	
Is there documentation that demonstrates that funds were not used to cover costs associated with the creation, capitalization or administration of liability risk pools, or social security costs?				B	
Does the subrecipient have a policy and procedure to determine allowable premiums and copays?				B	
What is your policy and procedure for payment timeframe of premiums and copays?				B	

HIP-Rx Consumer File Review	Numerator	Denominator	Comments
Percentage of surveyed Consumers where HIP Program records in Consumer file match services entered in CAREWare			
Percentage of surveyed Consumers are enrolled in a health insurance plan with at least one drug in each class of core antiretroviral therapeutics.			
Percentage of surveyed Consumers where HIP-RX services were delivered to Ryan White enrolled Consumers.			





## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Housing Services (HS)	Yes	No	N/A	Code	Comments
Documentation showing housing services include housing assessment, search, placement, advocacy, and the fees associated with them				B	
Can the agency provide an assurance that housing services are provided by case managers or other professionals who possess a comprehensive knowledge of local, state, and federal housing programs and how to access these programs?				B	
Policies and procedures in place to provide individualized written housing plan covering each Consumer receiving short term, transitional, and emergency housing services				B	
Policy and procedure in place and verification that no Ryan White funds are used for direct payment to Consumers				A	
Policy and procedure for maintaining the Grantee service cap				B	

HS Consumer File Review	Numerator	Denominator	Comments
Percentage of surveyed Consumers where Housing Service records in Consumer file or agency records match services entered in CAREWare			
Percentage of surveyed Consumers where Housing Services were delivered to Ryan White enrolled Consumers			
Percentage of surveyed Consumers with an individualized housing plan			
Percentage of surveyed Consumers with a reevaluation of an individualized housing plan, if older than six months			
Percentage of individualized housing plans that include strategies to identify, relocate, and/or ensure the individual/family is moved to, or capable of maintaining, a long-term, stable living situation			
Percentage of Consumers surveyed does not exceed the Grantee specified allowable service amount or the allowable duration of time			



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Medical Case Management (MCM)	Yes	No	N/A	Code	Comments
Are services provided directly to Consumers delivered by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team				B	
Are all of the following activities being carried at this agency?					
<ul style="list-style-type: none"> <li>• Initial assessment of service needs</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Development of a comprehensive, individualize care plan</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Coordination of services through referrals required to implement the plan</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Continuous Consumer General Monitoring to assess the efficacy of the plan</li> </ul>				C	
<ul style="list-style-type: none"> <li>• Periodic re-evaluation and adaptation of the plan at least every six months during the enrollment of the Consumer</li> </ul>				B	

MCM Consumer File Review	Numerator	Denominator	Comments
Percentage of surveyed Consumers that show an initial assessment of service needs.			
Percentage of surveyed Consumers that show the development of a comprehensive, individualized care plan.			
Percentage of surveyed Consumers that show treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments ( <i>if applicable</i> )			
Percentage of surveyed Consumers that show reevaluation of care plan at least every six months with adaptations as necessary			
Percentage of surveyed Consumers where Medical Case Management records in Consumer file match services entered in CAREWare.			
Percentage of surveyed Consumers Where Medical Case Management services were delivered to Ryan White enrolled Consumers.			



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Medical Nutrition Therapy (MNT)	Yes	No	N/A	Code	Comments
Are services provided directly to Consumers delivered by a licensed dietician?				B	
Where food is provided to a Consumer under this service category, a Consumer file is maintained that includes a physician's recommendation and a nutritional plan				B	
Documentation of nutritional plan on file				B	

Medical Nutrition Therapy (MNT) Consumer File Review	Numerator	Denominator	Comments
Percentage of surveyed Consumers had documentation of nutritional plan for each eligible Consumer that includes;			
<ul style="list-style-type: none"> <li>• Services and course of medical nutrition therapy to be provided, including types and amounts of nutritional supplements and food</li> <li>• Date service is to be initiated</li> <li>• Planned number and frequency of sessions</li> <li>• Date of reassessment</li> <li>• Termination date of medical nutrition therapy</li> <li>• Any recommendations for follow up</li> <li>• The signature of the registered dietitian who developed the plan</li> </ul>			
Percentage of surveyed Consumers had documentation of a physician's referral			
Percentage of surveyed Consumers' records included date of service, nutritional supplements and food provided, and quantity of food provided.			
Percentage of surveyed Consumers with a reassessment, as applicable			
Percentage of surveyed Consumers where MNT records in Consumer file match services entered in CAREWare.			
Percentage of surveyed Consumers where MNT services were delivered to Ryan White enrolled Consumers.			



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Medical Transportation Services (MTS)	Yes	No	N/A	Code	Comments
Does the agency have documentation showing Medical Transportation Services are to be used only to enable an eligible individual to access HIV-related health and support services?				A	
Does the agency provide Medical Transportation Services through a contract or other procurement mechanism with a general provider of transportation services?				B	
Does the agency provide Medical Transportation Services through a voucher, token, or card system that allows for tracking the distribution of the vouchers, tokens, or cards?				B	
Does the agency provide Medical Transportation Services through a system of non-cash mileage reimbursement that does not exceed the federal per-mile reimbursement rate?				B	
Does the agency provide Medical Transportation Services through a system of volunteer drivers, where insurance and other liability issues are addressed?				B	
Does the agency provide Medical Transportation Services through the purchase or lease of organizational vehicles for Consumer transportation in this grant year?				A	

MTS Consumer File Review	Numerator	Denominator	Comments
Percentage of surveyed Consumers where Medical Transportation Service records in Consumer file or agency records match services entered in CAREWare.			
Percentage of surveyed Consumers where Medical Transportation Service were delivered to Ryan White enrolled Consumers.			
Percentage of surveyed Consumers with a reason of service access and its relation to the individual's HIV status.			
Percentage of surveyed Consumers with a documented trip origin and destination.			
Percentage of surveyed Consumers with a documented cost per trip and method used to meet the transportation need.			



**Nevada Office of HIV/AIDS  
Ryan White Part B Program  
Programmatic Site Visit Survey**

Percentage of surveyed Consumers where MTS services were delivered to Ryan White enrolled Consumers.			
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## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Mental Health Services (MHS)	Yes	No	N/A	Code	Comments
Are services that are provided directly to a Consumer delivered by a licensed mental healthcare provider?				A	
Documentation of mental health treatment plans on file					
Mental Health Care is provided only in an outpatient setting				B	

MHS Consumer File Review	Numerator	Denominator	Comments
Percentage of surveyed Consumers had documentation of the existence of a detailed treatment plan for each eligible Consumer that includes;			
<ul style="list-style-type: none"> <li>• The diagnosed mental illness or condition</li> <li>• The treatment modality (group or individual)</li> <li>• Start date for mental health services</li> <li>• Recommended number of sessions</li> <li>• Date for reassessment</li> <li>• Projected treatment end date</li> <li>• Any recommendations for follow-up</li> <li>• Signature of mental health professional rendering the service</li> </ul>			
Percentage of surveyed Consumers where Mental Health Services records in Consumer file match services entered in CAREWare.			
Percentage of surveyed Consumers where Mental Health services were delivered to Ryan White enrolled Consumers.			



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Non-Medical Case Management (NMCM)	Yes	No	N/A	Code	Comments
Are services provided directly to Consumers delivered by trained professionals?				B	
Are all of the following activities being carried at this agency?					
<ul style="list-style-type: none"> <li>• Initial assessment of service needs (<i>non-eligibility consumers</i>)</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Development of a comprehensive, individualize care plan <b>or</b> Completion of the Brand New or Annual Eligibility packet</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Periodic re-evaluation and adaptation of the plan at least every six months during the enrollment of the Consumer <b>or</b> Completion of the Six-Month Self Attestation Eligibility packet</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Coordination of services through referrals internally or externally</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Continuous Consumer General Monitoring</li> </ul>				B	
Does your agency provide benefits/entitlement counseling and referral activities to assist eligible Consumers to obtain access to public and private programs for which they may be eligible?				C	
Does your agency provide Transitional Case Management for incarcerated persons as they prepare to exit the correctional system?				C	

NMCM Consumer File Review	Numerator	Denominator	Comments
Percentage of surveyed <b>non-eligibility</b> Consumers that show an initial assessment of service needs.			
Percentage of surveyed <b>non-eligibility</b> Consumers that show the development of a comprehensive, individualized care plan.			
Percentage of surveyed <b>non-eligibility</b> Consumers that show reevaluation of care plan at least every six months with adaptations as necessary.			
Percentage of surveyed <b>eligibility</b> Consumers with a completed eligibility packet with signatures.			



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Percentage of surveyed <b>eligibility</b> Consumers having a proof of HIV diagnosis (only for consumers who are brand new to the program).			
Percentage of surveyed <b>eligibility</b> Consumers with proof of Nevada residency.			
Percentage of surveyed <b>eligibility</b> Consumers with proof of income.			
Percentage of surveyed Consumers who had a General Monitoring contact within 60 days of care plan development or completed eligibility packet.			
Percentage of surveyed Consumers who had referrals provided with a follow-up contact within 30 days of initial referral.			
Percentage of surveyed Consumers where Non-Medical Case Management records in agency file match services entered in CAREWare.			





## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Oral Health Care (OHC)	Yes	No	N/A	Code	Comments
Are services provided directly to Consumers delivered by a licensed dental provider (general dental practitioner, dental specialist, dental hygienist, or dental auxiliaries)?				A	
Copies of professional licensure and certification maintained.				B	
Policy and procedure in place to adhere to the cap on per-consumer expenses				B	
Process for receiving referrals.				B	

OHC Consumer File Review	Numerator	Denominator	Comments
Percent of Consumers that have a maintained dental file that includes a signed treatment plan from the dental provider			
Percentage of surveyed Consumers where Oral Health Care records in Consumer file match services entered in CAREWare.			
Percentage of surveyed Consumers where Oral Health Care services were delivered to Ryan White enrolled Consumers.			



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Other Professional Services incl. Legal Services (LS)	Yes	No	N/A	Code	Comments
Does the agency have documentation showing the types of legal services provided using Ryan White funding?				B	
Does the agency have documentation showing the types of legal services that cannot be provided using Ryan White funding?				B	
Are services provided directly to Consumers delivered by licensed/credentialed legal professionals?				A	
Policies and procedures in place to provide legal services necessitated by the individual's HIV status.				C	

LS Consumer File Review	Numerator	Denominator	Comments
Percentage of surveyed Consumers where Legal Services records in Consumer file or agency records match services entered in CAREWare.			
Percentage of surveyed Consumers where Legal Services were delivered to Ryan White enrolled Consumers.			
Percentage of surveyed Consumers a description of how that legal service is necessitated by the individual's HIV status.			



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Outpatient Ambulatory Health Services (OAHS)	Yes	No	N/A	Code	Comments
Are services provided directly to Consumers delivered by a licensed healthcare provider (physician, physician's assistant, clinical nurse specialist, nurse practitioner, or pharmacist)?				B	
Care is provided only in an outpatient medical setting (medical office, clinic, or mobile van) not in an emergency room, hospital, or inpatient treatment center.				B	
Under Part B funds services are provided only as part of treatment for HIV infection.				B	
Using Part B funds, which of the following service are provided by the subrecipient?					
• Medical history taking				B	
• Physical examination				B	
• Diagnostic testing, including laboratory testing				B	
• Treatment and management of physical and behavioral health conditions				B	
• Behavioral risk assessment, subsequent counseling, and referral				B	
• Preventive care and screening				B	
• Pediatric developmental assessment				B	
• Prescription, and management of medication therapy				B	
• Treatment Adherence				B	
• Education and Counseling on Health and Prevention Issues				B	
• Referral to and provision of specialist care related to HIV diagnosis				B	
• Any other service not indicated above, please write in the comments				B	
Policy and procedure in place for referral and provision of specialty care related to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects.				B	
Does the subrecipient have a policy and procedure for data entry for services not provided at your clinic?				B	
Is the laboratory approved by the FDA (Food and Drug Administration) and/or certified under the Clinical Laboratory Improvement Amendments (CLIA) Program.				A	



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

OAHS Consumer File Review	Numerator	Denominator	Comments
Percentage of surveyed Consumer medical records signed by the licensed provider of services?			
Percentage of surveyed Consumers where OAHS records in Consumer file match services entered in CAREWare.			
Percentage of surveyed Consumers where Outpatient Ambulatory Health Services were delivered to Ryan White enrolled Consumers.			



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Outreach Services (OS)	Yes	No	N/A	Code	Comments
Can the agency assure that no funds, time, or resources are used for HIV pretest counseling, testing, or posttest counseling?				A	
Can the agency assure that no funds, time, or resources are used for broad-scope awareness activities?				A	
Can the agency assure that no funds, time, or resources are used in competition with HIV prevention outreach efforts?				A	
Does the agency have documentation showing Outreach Services are planned and delivered in coordination with local HIV prevention outreach programs?				A	
Does the agency have documentation showing that Outreach Service efforts are targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection?				B	
Does the agency have documentation showing that Outreach Services are conducted at times and in places where there is a high probability that individuals with HIV infection will be reached?				B	
Does the agency have documentation showing that the Outreach Services program is designed to provide quantified program reporting activities and results to accommodate local evaluation of effectiveness?				B	

OS Consumer File Review	Numerator	Denominator	Comments
Percentage of surveyed Consumers where Outreach records in Consumer file or agency records match services entered in CAREWare.			
Percentage of surveyed Consumers who were provided education or information to retain or engaged/re-engaged in care.			



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Psychosocial Support Services (PSS)	Yes	No	N/A	Code	Comments
Does the agency provide any of the following types of Psychosocial Support Services:					
Support and counseling activities?				B	
Child abuse and neglect counseling?				B	
HIV support groups?				B	
Pastoral care/counseling?				B	
If provided, is this service available to all eligible individuals, regardless of their religious denominational affiliation				C	
If provided, is it by a licensed or accredited individual?				C	
If provided, it is part of an institutional care program (e.g., components of AIDS interfaith networks, separately incorporated pastoral care and counseling centers, components of services provided by a licensed provider, such as a home care or hospice provider)?				C	
Caregiver support?				B	
Bereavement counseling?				B	
Nutrition counseling provided by a non-registered dietitian?				B	
If provided, are nutritional supplements provided with RWPB funds?				C	

PSS Consumer File Review	Numerator	Denominator	Comments
Percentage of surveyed Consumers where Psychosocial Support Service records in Consumer file or agency records match services entered in CAREWare.			
Percentage of surveyed Consumers where Psychosocial Support Services were delivered to Ryan White enrolled Consumers.			



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Referral for Health Care and Support Services (RHCSS)	Yes	No	N/A	Code	Comments
Does the agency provide benefits/entitlement counseling and enrollment?				B	
Does the agency provide referrals to other insurance, medical, or social service benefits?				B	

RHCSS Consumer File Review	Numerator	Denominator	Comments
Percent of Consumers who received referrals showing the number and types of referrals provided.			
Percent of Consumers who were contacted by initiating referral agency to provide follow-up communication with Consumer post-referral.			
Percentage of surveyed Consumers where Referral for Health Care and Support Service records in Consumer file or agency records match services entered in CAREWare.			
Percentage of surveyed Consumers where Referral for Health Care and Support Service were delivered to Ryan White enrolled Consumers.			



## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

Substance Abuse Outpatient Care (SAOC)	Yes	No	N/A	Code	Comments
Are services that are provided directly to a Consumer delivered by a licensed physician or other licensed professional or is supervised by a licensed physician or other licensed professional that is qualified and required to have licensure in Nevada?				A	
Are Substance Abuse services provided only in an outpatient setting?				A	
Which of the following activities are being carried at this agency with RWPB funds?					
<ul style="list-style-type: none"> <li>• Pre-treatment/recovery readiness programs</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Harm Reduction</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Mental health counseling to reduce depression, anxiety, and other disorders associated with substance abuse</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Outpatient drug-free treatment and counseling</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Opiate Assisted Therapy</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Neuropsychiatric Pharmaceuticals</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Relapse prevention</li> </ul>				B	
<ul style="list-style-type: none"> <li>• Acupuncture services</li> </ul>				B	
If provided, does the acupuncture services come at the recommendation from the Consumer's primary health care provider?				B	

SAOC Consumer File Review	Numerator	Denominator	Comments
Percentage of surveyed Consumers had documentation of the existence of a detailed treatment plan.			
Percentage of surveyed Consumers treatment plan that includes;			
<ul style="list-style-type: none"> <li>• The quantity, frequency, and modality of treatment</li> </ul>			
<ul style="list-style-type: none"> <li>• The date treatment begins and ends</li> </ul>			
<ul style="list-style-type: none"> <li>• Regular monitoring and assessment of Consumer progress</li> </ul>			





## Nevada Office of HIV/AIDS Ryan White Part B Program Programmatic Site Visit Survey

<ul style="list-style-type: none"> <li>• The signature of the individual providing the service and/or the supervisor as applicable</li> </ul>			
<ul style="list-style-type: none"> <li>• Date for reassessment</li> </ul>			
<ul style="list-style-type: none"> <li>• Any recommendations for follow-up</li> </ul>			
<ul style="list-style-type: none"> <li>• If acupuncture services are provided, percentage that have an accompanying physician referral.</li> </ul>			
Percentage of surveyed Consumers where Substance Abuse Outpatient Service records in Consumer file match services entered in CAREWare.			
Percentage of surveyed Consumers where Substance Abuse Outpatient Services were delivered to Ryan White enrolled Consumers.			