



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

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



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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	



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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	

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.			



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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.			



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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 of all required EIS service components?					
<ul style="list-style-type: none"> • 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. 				B	
<ul style="list-style-type: none"> • HIV testing services are coordinated with other HIV prevention and testing programs in the geographic area 				B	
<ul style="list-style-type: none"> • HIV tests bought by Ryan White Part B funds could not have been paid for by any other sources 				B	
<ul style="list-style-type: none"> • Referral services are provided to improve access and coordination of HIV care and treatment 				B	
<ul style="list-style-type: none"> • Access and linkage to care are provided through Outpatient Ambulatory Health Services, Medical Case Management, and/or Substance Abuse Care 				B	
<ul style="list-style-type: none"> • Are Outreach Services provided consistent with those service standards? (please complete Outreach Self-Monitoring Tool) 				B	
<ul style="list-style-type: none"> • Are Health Education/Risk Reduction Services are consistent with those service standards? (Please complete Health Education/Risk Reduction Self-Monitoring Tool) 				B	
Documentation that HIV testing activities and methods meet CDC and state requirements.				A	



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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	

EIS Consumer File Review	Numerator	Denominator	Comments
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, and/or Substance Abuse Care.			



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Health Insurance Premium & Cost Sharing Assistance Program for Low Income Individuals (HIP-CSAP)	Yes	No	N/A	Code	Comments
Documentation of annual cost benefit analysis that demonstrates the greater benefit of using Ryan White funds for Insurance/Cost-Sharing Program versus having the Consumer on ADAP.				B	
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 for prescription eyewear, provide a physician's written statement that the eye condition is related to HIV infection.				B	
Does subrecipient have a policy and procedure to determine allowable premiums and copays?				B	



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HIP-CSAP 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 that have ADAP Cost Effectiveness Worksheet			
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 CSAP records in Consumer file match services entered in CAREWare.			
Percentage of surveyed Consumers whose prescription eyewear was provided because of conditions arising from their HIV infection or side effects of HIV treatment.			
Percentage of surveyed Consumers where HIP services were delivered to Ryan White enrolled Consumers.			
Percentage of surveyed Consumers where CSAP services were delivered to Ryan White enrolled Consumers.			



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Health Insurance Provide Medications (HIP-Rx)	Yes	No	N/A	Code	Comments
Documentation of annual cost benefit analysis that demonstrates the greater benefit of using Ryan White funds for Insurance/Cost-Sharing Program versus having the Consumer on ADAP.				B	
For premium coverage, provide proof that the insurance policy provides comprehensive primary care and a formulary with a full range of HIV medications.				B	
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 for prescription eyewear, provide a physician's written statement that the eye condition is related to HIV infection.				B	
Do you have a policy and procedure to determine allowable 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 that have ADAP Cost Effectiveness Worksheet			
Percentage of surveyed Consumers are enrolled in a health insurance plan with at least one drug in each class of core antiretroviral therapeutics.			



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Percentage of surveyed Consumers where CSAP records in Consumer file match services entered in CAREWare.			
Percentage of surveyed Consumers whose prescription eyewear was provided because of conditions arising from their HIV infection or side effects of HIV treatment.			
Percentage of surveyed Consumers where HIP services were delivered to Ryan White enrolled Consumers.			
Percentage of surveyed Consumers where CSAP services were delivered to Ryan White enrolled Consumers.			



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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	
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"> • The diagnosed mental illness or condition • The treatment modality (group or individual) • Start date for mental health services • Recommended number of sessions • Date for reassessment • Projected treatment end date • Any recommendations for follow-up • Signature of mental health professional rendering the service 			
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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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"> • Initial assessment of service needs 				B	
<ul style="list-style-type: none"> • Development of a comprehensive, individualize care plan 				B	
<ul style="list-style-type: none"> • Coordination of services required to implement the plan 				B	
<ul style="list-style-type: none"> • Continuous Consumer monitoring to assess the efficacy of the plan 				C	
<ul style="list-style-type: none"> • Periodic re-evaluation and adaptation of the plan at least every six months during the enrollment of the Consumer 				C	

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 coordination and follow-up of medical treatments.			
Percentage of surveyed Consumers that ongoing assessment of Consumer's and other key family members needs and personal support systems.			
Percentage of surveyed Consumers that show treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments			



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Percentage of surveyed Consumers that show Consumer-specific advocacy and/or review of utilization of services			
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.			



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Non-Medical Case Management (NMCM)	Yes	No	N/A	Code	Comments
Are services provided directly to Consumers delivered by a trained professionals?				B	
Are all of the following activities being carried at this agency?					
<ul style="list-style-type: none"> • Initial assessment of service needs 				B	
<ul style="list-style-type: none"> • Development of a comprehensive, individualize care plan 				B	
<ul style="list-style-type: none"> • Coordination of services required to implement the plan 				B	
<ul style="list-style-type: none"> • Continuous Consumer monitoring to assess the efficacy of the plan 				B	
<ul style="list-style-type: none"> • Periodic re-evaluation and adaptation of the plan at least every six months during the enrollment of the Consumer 				C	
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 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 ongoing assessment of Consumer's and other key family members needs and personal support systems.			



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Percentage of surveyed Consumers that show reevaluation of care plan at least every six months with adaptations as necessary.			
Percentage of surveyed Consumers where Non-Medical Case Management records in Consumer file match services entered in CAREWare.			
Percentage of surveyed Consumers where Non-Medical Case Management services were delivered to Ryan White enrolled Consumers.			



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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 in their geographic area?				B	
Does the agency provide non-clinical counseling on how Consumers can improve their health status and reduce the risk of HIV transmission?				B	
Does the agency provide Ryan White funded health education or risk reduction education anonymously?				A	

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.			



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Percentage of surveyed Consumers where Health Education/Risk Reduction services were delivered to Ryan White enrolled Consumers.			
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Housing Services (HS)	Yes	No	N/A	Code	Comments
Does the agency have 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	
Does the agency have documentation showing Consumers who receive assistance in obtaining stable long-term housing that services are essential to maintaining or accessing HIV-related medical care and treatment?				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.			



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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.			
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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.			
Percentage of surveyed Consumers where legal service is appropriately classified as necessitated by the individual's HIV status.			



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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	
Have volunteer drivers completed an annual defensive driving certificate?				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.			



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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.			



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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 where Outreach Services were delivered to Consumers who were out of care or undiagnosed prior to first service unit			



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Percentage of surveyed Consumers where Outreach Services were delivered to Consumers who recertified or enrolled in Ryan White within three months.			
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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.			



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Medical Nutrition Therapy (MNT)	Yes	No	N/A	Code	Comments
Are services provided directly to Consumers delivered by licensed registered dietitians?				A	
Which of the following activities are being carried at this agency with RWPB funds?					
<ul style="list-style-type: none"> • Provision of food/nutritional supplements? 				B	
<ul style="list-style-type: none"> • Creation of nutritional care plan? 				B	

MNT Consumer File Review	Numerator	Denominator	Comments
Percentage of surveyed Consumers receiving food/nutritional supplements having a nutritional care plan.			
Percentage of surveyed Consumers receiving food/nutritional supplements at the recommendation of the Consumer's physician.			
Percentage of surveyed Consumers nutritional care plans that include a dated log of what food/nutritional supplement is delivered.			
Percentage of surveyed Consumers nutritional care plans that include a signature of the dietitian who rendered the service.			
Percentage of surveyed Consumers nutritional care plans that include recommendations for a course of treatment with planned number and frequency of sessions.			
Percentage of surveyed Consumers nutritional care plans that include planned date for reassessment and/or termination date.			
Percentage of surveyed Consumers that show reevaluation of care plan at least every six months with adaptations as necessary			



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Percentage of surveyed Consumers where Medical Nutrition Therapy records in Consumer file match services entered in CAREWare.			
Percentage of surveyed Consumers where Medical Nutrition Therapy services were delivered to Ryan White enrolled Consumers.			



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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
Percentage of surveyed Consumers having a proof of HIV diagnosis on file.			
Percentage of surveyed Consumers having proof of identification on file.			
Percentage of surveyed Consumers with a viral load test within the past year.			
Percentage of surveyed Consumers with two proofs of Nevada residency.			
Percentage of surveyed Consumers with a federal poverty level designation determined from income level and household size.			
Percentage of surveyed Consumers with a signed "Cover Sheet & Affidavit."			
Percentage of surveyed Consumers with a signed "Acknowledgement of Receipt of Notice of Privacy Practices."			
Percentage of surveyed Consumers with a signed "Consent for Release of Confidential Information."			
Percentage of surveyed Consumers where Referral Service records in Consumer file match services entered in CAREWare.			



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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?					
• Pre-treatment/recovery readiness programs				B	
• Harm Reduction				B	
• Mental health counseling to reduce depression, anxiety, and other disorders associated with substance abuse				B	
• Outpatient drug-free treatment and counseling				B	
• Opiate Assisted Therapy				B	
• Neuropsychiatric Pharmaceuticals				B	
• Relapse prevention				B	
• Acupuncture services				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;			



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• The quantity, frequency, and modality of treatment			
• The date treatment begins and ends			
• Regular monitoring and assessment of Consumer progress			
• The signature of the individual providing the service and/or the supervisor as applicable			
• Date for reassessment			
• Any recommendations for follow-up			
• If acupuncture services are provided, percentage that have an accompanying physician referral.			
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.			