New Haven/Fairfield Counties Ryan White Part A Program Medical Case Management Standard of Care

Program outcome:

- 80% of clients will maintain Medical Care after accessing Case Management services as reported every 6 months or as determined through use of an Acuity Scale
- % of clients retained in care
- % of clients entering care.
- **Indicators:**
- Case/Care plan details client's short and long-term goals with associated tasks to achieve them. Case/care plan is updated every 6 months.
- Clients are successfully linked to Primary Medical Care as evidenced by initial visit and then documentation of visit every 6 months.
- The number of clients charts with accurate risk/exposure group via documentation of updated risk factors twice a year.

Service Unit(s): Face to Face Clinic (Office) Visit or Face to Face (Home) visit

1. Administration Core MCM	Source of Data	Outcome Measure & Goal	Numerator/Denominator
1.1 All provider agencies who offer medical case management services must have a client record system that collects and maintains information about client demographics, assessments, services plans, treatment/ services provided, client response to services, updates, treatment goals, etc., that conforms to the information required by the funding Part.	Agency system	100% of agencies have a comprehensive client record system that meet requirements for each Part.	**Numerator:** # agencies with a client record system **Denominator:** # agencies funded by Part A
1.2 Contents of the client record shall be protected within the parameters of State and federal laws. Record retention expectation is seven years.	Agency policies & procedures, Record Location	100% have client records in a secure location and retained for a minimum of 7 years.	**Numerator:** # agencies with protected client records **Denominator:** # of agencies
1.3 Client's right to privacy will be safeguarded and respected in accordance with federal and state laws, including private interview area. Communication made on the client's behalf (including face-to-face information sharing) should safeguard the client's right to privacy (1.4 has been combined with 1.3)	Client record, Conf. Form, ROI, Policies & procedures Grievance Log	100% of signed HIPPA compliant confidentiality form and client release of information form updated annually 100% client grievances addressed, resolved and an action plan developed	**Numerator:** # client records with signed, updated confidentiality and ROI forms **Denominator:** # of client records **Numerator:** # of clients who file grievance **Denominator:** # of clients with addressed grievance with action plan
2. MCM Roles & Responsibilities			
2.1 Maintain a professional relationship with the client as evidenced by a signed rights and responsibilities of client document in the client file or by the following: maintain the client's privacy by adhering to federal, state and agency specific policies.	Client record Agency Policies & Procedures	Signed client Rights & Responsibilities document. Agency, federal and state policies & procedures on privacy are available to staff, client and routinely updated.	**Numerator:** # of clients with signed Rights & Responsibilities document **Denominator:** All client records **Numerator:** # of agencies with policies on maintaining professional relationships **Denominator:** All agencies

2.2 Protect the oral, written & electronic confidentiality of the client through records being locked, protected under HIPAA and required annual training on HIPAA for Case Managers. 2.3 Define role expectations and tasks of both the MCM and client throughout the entire MCM service agreement.	Agency system /HIPAA Staff files	100% of client records are locked and/or protected under HIPAA with MCM trained annually in HIPAA. 100% of confidentiality agreements are signed by staff	**Numerator:** # of agencies with locked, HIPAA protected records, and trained MCMs **Denominator:** All agencies **Numerator:** # of client records with expectations and tasks in Service Plan **Denominator:** # of client records
2.4 Inform the client of agency and grievance policies and procedures.	Client Record: Grievance Policy Form	100% of client records with signed Grievance Policy form	**Numerator:** # of records with signed client Grievance Policy form **Denominator:** # of client records
2.5 Conduct an intake that includes all necessary information to link and retain RW eligible clients to care. This includes an initial assessment of needs, client strengths and deficits.	Client Record: Assessment	100% of client records contain initial client assessment	**Numerator:** # of records with initial client assessment **Denominator:** # of client records
2.6 Conduct on going care planning, including re-evaluation and updating as evidenced by an ongoing assessment of client's medical and psychosocial needs to the extent that the assessment supports access to and retention of care for the client.	Client Record: Assessment of medical and psychosocial needs	100% of client records contain medical assessment every 3 months 100% of client records contain eligibility & support services assessment access every 6 months	**Numerator:** # of client records with medical assessment every 3 months **Denominator:** All client records **Numerator**: # client records with eligibility & support services assessment every 6 months **Denominator:** All client records
2.7 Monitor client's progress to meeting established goals of care.	Client Record	100% of client records contain established goals and updated care plan and progress notes	**Numerator:** # of client records with goals and updated care plan and progress notes **Denominator:** All client records
2.8 Coordinate referrals and track linkages and outcomes of clients to other core medical and support services to support access to and retention in care.	Client Record: Referral log Progress notes	100% of clients needing referrals are successfully linked 100% of documented referrals in data base and/or progress notes	**Numerator:** # of clients successfully linked with referred services **Denominator:** All client referrals **Numerator:** # of client records with referrals **Denominator:** All client records
2.9 Actively participate in team meetings or case conferences (for clients) to sustain retention in care &/or to improve client quality of life as evidenced by updated information in the client chart.	Client Record, Conference/ Meeting notes	100% of MCMs document case conferences or team meeting participation	**Numerator:** # of MCMs with documented case conference/team meeting participation **Denominator**: # of MCMs
2.10 Participate in training as mandated by Parts A, B, C, D baseline for new MCMs and annually. See Training Components (7.0).	Staff file/ letter or certificate of attendance	100% of MCM participate in mandated training relegated by RW program	**Numerator:** # of staff files documenting mandated training **Denominator:** All staff files
3. Eligibility for and Assessment of Service Delivery Needs			
3.1 The Medical Case Manager determines financial eligibility for services, which is below 300% Federal Poverty Level	Client record: Eligibility Worksheet	100% of records contain financial eligibility documentation	**Numerator:** # oecords with financial eligibility **Denominator:** All records at agency
3.2 All Ryan White services not covered by Title XIX or another medical insurer must have documentation to indicate the service(s) provided are not allowable under the health plan.	Client record	100% of records show documentation of services not covered by other insurers	**Numerator:** # of records document services not covered by other insurers **Denominator:** All client records
3.3 The MCM must secure documentation of the client HIV status prior to providing services as evidenced by HIV antibody test, Western Blot, detectable viral load, or letter from a MD, PA, or APRN.	Client Record: HIV Antibody, Western Blot, Viral Load, Letter	100% of records show documentation of client's HIV status, updated every 3 months	**Numerator:** # of records with documentation of client HIV status **Denominator:** All client records

3.8 The medical case manager conducts a face-to-face assessment of the client's needs as outlined in the MCM standards. See end of Standard for list of required components.	Client Record: Needs Assessment	100% of records contain documentation of face-to-face meetings	**Numerator:** # of records documenting face-to-face assessments **Denominator:** All client records
3.9 The assessment should be reviewed with the client as evidenced by the completed service plan.	Client Record: Service Plan	100% of records have documentation of service plan review with the client	**Numerator:** # of records documenting completed service plan review **Denominator:** All client records
3.10 All clients who request or are referred for HIV medical case management services will be contacted within 2 business days after a referral has been received. Every effort should be made to meet with a client within 10 business days and complete the intake information	Client record	100% of clients are contacted within 2 days post referral 100% of clients are contacted within 10 business days to complete intake information	**Numerator:** # of clients contacted within 2 days post referral **Denominator:** # clients linked to MCM **Numerator:** # of clients who have complete intake 10 business days post referral **Denominator**: # clients linked to MCM
4. Care Plan			
4.1 The MCM develops and coordinates a Care Plan with the client based on assessed acuity level with input from the client's healthcare team to ensure the identified medical and support service needs are addressed.	Client Record: Care Plan	100% of clients have a comprehensive Care Plan	**Numerator:** # of clients with Care Plan **Denominator:** All client records
4.2 MCMs ensure that all client needs are identified by assessment and acuity, and prioritized so that the most important services for clients are made available as soon as possible.	Client Record	100% of client assessments are identified and prioritized	**Numerator:** # of assessments that identify and prioritize client needs **Denominator:** All client records
4.3 A Care Plan should be developed within 10 business days of the first face-to-face meeting with the client.	Client Record	100% of clients have a developed care plan with 10 business days of intake	**Numerator:** # of records with developed Care Plan within 10 business days of intake **Denominator:** All client records
4.4 Core Services needs in the Care Plan are reassessed every 4-6 months, and full eligibility, financial, and support services every 6 months. Recommend: Care Plans are reviewed every 6 months for stable clients with low acuity needs (stable= high CD4, undetectable viral loads, and treatment adherent).	Client Record	100% of client records show Care Plan review of Core services every 4-6 months & eligibility/support services every 6 months	**Numerator:** # of records documenting core service review every 4-6 months, & eligibility & support services review every 6 months **Denominator:** All client records
4.4 The Care Plan should be signed and dated by the MCM that developed the Plan and by the client. The client's signature confirms understanding of the Plan (lack of signature needs documented reason in the Progress Note)	Client Record	100% of care plans signed/dated by MCM and clients. Those not signed by client have documentation in progress note.	**Numerator:** # of care plans signed/dated by MCM and client **Denominator:** All care plans
5. Progress Notes			
5.1 A progress note must be completed on a client no less than every 2-3 months at a minimum that includes adherence, medical progress, etc.	Client Record: Progress Notes	100% of client records will have progress notes updated every 2-3 months	**Numerator:** # of client records with progress notes updated every 2-3 months **Denominator:** All client records
5.2 The MCM must document in client records the progress on meeting the goals addressed in the Care Plan.	Client Record	100% of client records have documented client progress on stated goals	**Numerator:** # of client records with progress on meeting goals **Denominator:** All client records
5.3 The MCM completing progress note entry must sign his/her full legal name, title, credentials and date within 5 days after an interaction with the client.	Client Record	100% of progress notes completed within 5 days of client interaction containing name, title, credentials, and date	**Numerator** # of client records with progress notes containing name, title, credentials and date within 5 days of client interaction **Denominator:** All client records
5.4 The MCM document efforts to contact the client as needed (e.g., to update client information, reassess Care Plan, assess completion of referral, etc.)	Client Record	100% of client records have evidence of efforts to contact client	**Numerator:** # of client records with documented efforts to contact client **Denominator:** All client records

5.5 The MCM leaves no blank spaces in the progress note.	Client Record	100% of progress notes do not have blank spaces	**Numerator:** # of progress notes w/o blanks **Denominator:** All progress notes
6. Confidentiality standards are listed in the Training section			
6.2.2 Documentation with signature of client indicating an understanding and acceptance of of the client bill of rights, grievance procedure &release of information must be in place. ROI expires after 1 year. (Combine with 6/2/1)	Client record: Bill of Rights	100% of clients have signed Bill of Rights	**Numerator:** # of records with signed Bill of Rights **Denominator:** All client records
7. Training Components			
7.1 Medical Case Managers must receive minimum training requirements per Parts A, B, C, D .1 HIPAA .2 Managing HIV Disease .3 Core Medical Services .4 Client Assessments (including risk categories) .5 Enrollment & Eligibility .6 Cultural Competency (gender, language, sexual orientation, etc.) .7 Categories described in 3.4 (e.g., mental health, substance abuse, entitlements and legal issues, housing)	Agency Staff Records/Training Manuals/Record of Attendance	100% of medical case managers receive required training by Part.	**Numerator:** # of medical case managers receiving mandated training (by part) e.g., within 6 mos. or 1 year of hire **Denominator:** All case managers

3.8 Assessment Components include at a minimum:

- Last/Next Medical Appointment
- Name of Medical Provider
- Pharmacy
- Viral Load and CD4 results
- Support Systems including Religious Affiliations
- Strengths & Limitations
- Biopsychosocial Support Needs
- Barriers to Access & Retention in Care
- Functional HIV Knowledge/Health Literacy
- Need for Referrals to Core Medical/Support Services
- Access to Pharmaceuticals
- Correctional History
- Legal Issues
- Follow-up after Hospital Discharge
- Follow-up after Emergency Care
- Risk Reduction Counseling
- Use Assessment:
- Oral Health
- HIV Medication Adherence
- Mental Health
- Substance Use
- Nutritional Health
- Primary Care & Health Maintenance (includes cancer, smoking, Hepatitis A/B/C screening), Hepatitis A/B vaccination, ARV resistance testing ordered, prophylaxis prescribed (PCP/MAC)

Medical Case Management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types

of case management including face-to-face, phone contact, and any other forms of communication.