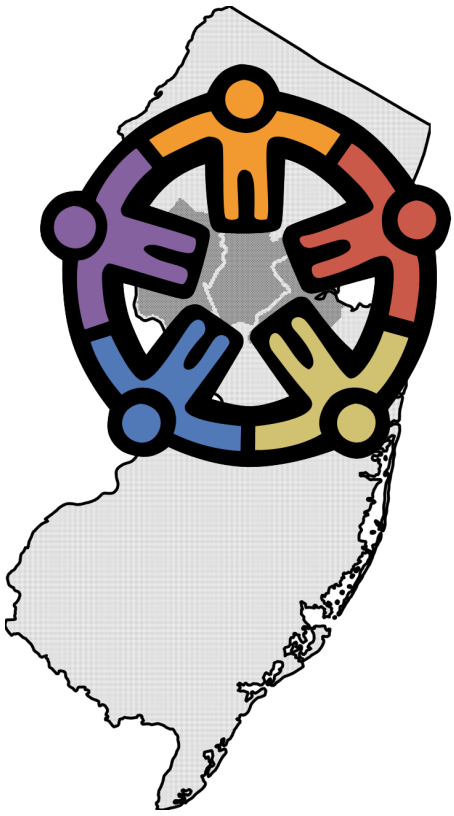
Ryan White Part A Program
Serving the Middlesex, Somerset, Hunterdon
Transitional Grant Area



Service Standards Medical Case Management

Ryan White HIV/AIDS Treatment Extension Act of 2009

Approved on May 7, 2019

Prepared by

Service Standards and Integrated Care Plan Committee of the
Middlesex-Somerset-Hunterdon HIV Health Services Planning Council

MIDDLESEX-SOMERSET-HUNTERDON TRANSITIONAL GRANT AREA

HIV/AIDS MEDICAL CASE MANAGEMENT STANDARDS OF CARE

Goal:
The goal of medical case management services is to enhance access to and retention in medical care for eligible people living with HIV through a range of client centered services. This is a human service approach that supports engagement and retention into medical care. This approach emphasizes community linkages to bio-psychosocial supports for reducing real or perceived barriers to medical care.

The objectives are to:

- Decrease barriers to medical and support services;
- Increase consumer's awareness of treatment options;
- Build/strengthen relationships between the consumer and case manager;
- Foster consumer self sufficiency through specific advocacy and services;

Medical Case Management Definition:
Medical Case management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. Medical case management services are involved in the coordination and follow-up of medical treatments. 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, written correspondence and other forms of communication.
(US Dept. of Health and Human Services, Health Resources and Services Administration, (HRSA), HIV/AIDS Bureau (HAB) 2009 Ryan White HIV/AIDS Treatment Modernization Act of 2006)

Additional TGA Requirements:
Case management includes all types of case management encounters, including face-to-face, phone contact, written correspondence and other forms of communication. To ensure medical case management services address unmet needs in the community, services must be located within the medical setting. All medical case management staff should possess a bachelor's degree in a social science or two years related field or equivalent experience.

Client eligibility:
To be eligible for services funded through Part A funds, individuals, who may be self-referred or referred by case managers, outreach workers, health departments, or other community agencies, shall:

a) Have medically verifiable HIV disease. Written verification shall be included in the client's file.

b) Reside in the tri-county Transitional Grant Area (TGA) which consists of the following counties:
Middlesex, Somerset, Hunterdon, New Jersey

c) Have no other source of payment for the services provided. Funds received under this contract shall not be used to pay for any item or service to the extent that payment has been made, or can reasonably be expected to be made, by sources other than Ryan White funds.

d) Have an income which is less than or equal to 500% of the Federal Poverty Level.

e) Service providers shall have clear eligibility standards and procedures for determining a client's need for a service, based on an understanding of other resources available in the community.

f) Providers shall update the following client data after enrollment on at least an annual basis: county of residence, household income, housing status, medical insurance, HIV status (HIV+ non-AIDS, AIDS asymptomatic etc.) and client's enrollment status.

g) Clients shall be informed that any changes must be reported to the provider.

Indicators:

- ♦ *Client charts shall include verification of HIV, and financial status and county of residence.*
- ♦ *Financial status and county of residence shall be updated annually.*

HRSA/HAB (HIVAIDS Bureau) endorsed performance indicators to guide patient care.
The services counted include:

1. Intake/Initial Assessment

2. Coordination of Medical Care-scheduling appointments for various treatments and referrals including labs, screenings, medical specialist appointments, mental health, oral health care, and substance abuse treatment.

3. Follow-up of Medical Treatments- includes either accompanying client to said appointments, calling, emailing, or writing letters to clients with respect to various treatments to ensure appointments were kept or rescheduled as needed. Ensuring client has appropriate documentation, transportation, and understanding of procedures. Encouraging open dialogue with medical healthcare professional.

4. Treatment Adherence - is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments (antiretrovirals (ARV's) by non-medical personnel outside of the medical case management and clinical setting.

5. Service Plan Development- development of the service plan that includes both medical and non-medical intervention

6. Coordination of Non-medical Services - coordination of social services including entitlements (social security, medical assistance, food services, child care, housing, etc).

7. Re-evaluation/adaptation of service plan quarterly and as needed.

Coordination of Services

Clinic based Medical Case Management- Case managers work in agencies where medical and other services are provided.

Community based Medical Case Management- Community based case management includes home and community visitation.

MSHTGA recognizes that there are circumstances in which patients may require case management services from clinic and community based programs. In such cases, agencies who are working with a consumer are expected to coordinate services as described on page 3 to reduce duplication of effort. Organizations should establish which tasks will be covered by each agency. Organizations should establish a pattern of communication at the time of referral to delineate tasks, determine the frequency of case conferencing (including emails), address any new concerns that arise as each case is co-managed and case closure.

Agency Service Standards

(Medical Case Management)

Table 1. Agency Related Issues

Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
1.1	Definition of services	Agency has description of services on file.	100% of agencies will define services they provide.
1.2	Licensure	Agency has current licenses on file from appropriate licensing agency.	100% of agencies are licensed and accredited by appropriate state/federal agencies.
1.3	Hours of operation	Agency has documentation of operating hours on file.	Staff is available to answer incoming calls during agency's normal operating hours. If client calls within operating hours, staff will respond within 24 business hours.
1.4	Emergency services	Agency has policy on file outlining emergency service procedures.	100% of agencies will have policies in place to handle emergencies/crises that occur outside of normal operating hours.
1.5	Special service needs	Agency complies with Americans Disabilities Act (ADA).	100% of agencies have policies to respond to special needs clients.

1.6	Cultural/Linguistic diversity	Agency has written policy on file including process for language translation.	100% of agencies have policies in place for responding to cultural and linguistic diversity (including translation services).
1.7	Referrals	Agency has written referral policy on file.	100% of agencies will have a referral process for care of HIV related problems outside of their direct service area.
1.8	Linkages	Agency has written policy for establishing linkages and record of linkages on file.	100% of agencies will develop and maintain linkages with primary health care, support and other service providers.
1.9	Provider communication	Agency has written policies on file that allow for communication between providers. Documentation of consent is required when necessary.	100% of providers document communication regarding patient care (HRSA funded services and others.)
1.10	Policies and procedures	Agency has written staff policies on file.	100% of agencies have written policies for staff which include (but are not limited to): ● Agency policy and procedures ● Agency has a description of the Ryan White Treatment Extension Act of 2009 ● Medical case management services are a range of client-centered services that link clients with health care, psychosocial, and other services ● Standards of professional behavior ● Compliance with the Health Insurance Portability and Accountability Act [PL 104-191] ● Client confidentiality ● Release of information

			● Communication about agency issues ● Health and safety procedures including universal precautions ● Grievance policy and procedures
1.11	Staff evaluation	Agencies have procedures in place to evaluate staff.	100% of agencies have evaluation procedures on file. 100% of agency staff has a working knowledge of evaluation procedures. 100% of agency staff receive an annual performance evaluation.
1.12	Quality management	Agencies have procedures in place to evaluate the quality and effectiveness of case management on an ongoing basis.	100% of agency has written procedures on file to evaluate medical case management services. 100% of agency staff has a working knowledge of evaluation procedures. Agency participates fully in TGA Quality Management activities including data and chart review processes.
1.13	CAREWare data collection	Monthly reports are sent to grantee and are available on request. CAREWare is used to ensure data is collected in a uniform manner	100% of agencies regularly update client information, needs assessment, client progress and care and client referrals and other services provided and share monthly reports with grantee.

Staff Service Standards
(Medical Case Management)

Table 2. Staff Related Issues			
Policy Number	**Activity/Issue**	**Minimum Acceptable Threshold of Service**	**Accountability Mechanism**
2.1	Staff hiring	All staff will have necessary skills and experience determined by ● Written application ● Resume ● References ● Personal interview	Application, resume, and communication with personal references are documented in personnel files.
2.2 (a)	Staff qualifications Medical Case Manager	All staff have a diploma, certificate or license (if appropriate) or experience documented in personnel file	100% of staff possesses a bachelor's degree in a social science or two years related field or equivalent experience.
2.2 (b)	Staff qualifications Peer Navigator	A member of the peer community living with HIV/AIDS with a high school diploma or GED, plus two years of social service experience. Peer must demonstrate understanding of HIV services and healthcare service navigation.	100% of staff possesses a diploma/GED with the required experience documented in personnel file.
2.3	Staff job descriptions	All staff will be given a written job description. The job description includes definition of medical case management	100% of staff has job description documented in personnel file.
2.4	Case load	Policy on tracking caseload and client enrollment status	100% of case managers document the number of active clients.
2.5	Staff training	All staff are trained and knowledgeable on: ● HIV/AIDS and the affected community including disease process, co-morbidities and psychosocial effects of the disease ● Cultural sensitivity ● Entitlement programs, benefits to clients, and community resources/support services ● Client confidentiality, client rights, agency grievance procedures	Training is documented in 100% of personnel files.
2.6	Staff continuing education	All staff has the opportunity to take advantage of continuing education training that is available and appropriate.	Training is documented in 100% of personnel files.

		Staff attends at least one in-service or specialized training a year on topics related to their position.	
2.7 (a)	Staff supervision Medical Case Manager Staff supervision continued	All supervisors are knowledgeable about RW HIV case management services and procedures including fiscal and program All medical case managers will receive (at minimum) one hour supervision per week to include client care, case manager job performance, and skill development	100% of supervisors are knowledgeable about RW program. Supervision is documented in personnel file.
2.7 (b)	Staff supervision Peer Navigator	All peer navigators will receive (at minimum) one hour supervision per week to include patient case conference, peer navigator job performance, and skill development.	Supervision is documented in personnel file.
2.8	Policies and procedures	Signed form is documented in personnel file.	100% of staff agrees to follow agency policies and procedures (See 1.10).
2.9	Staff evaluation	Staff evaluations are documented in personnel files.	100% of staff is evaluated on their performance annually.
2.10	Service coordination	Case managers are required to attend monthly case management meetings Peer Navigators may attend relevant case management meetings	A 75% attendance record at all scheduled meetings is required. (*i.e. case managers should not miss more than 4 out of 12 meetings*)

Client Service Standards

(Medical Case Management)

Table 3. Client Related Issues			
Policy Number	**Activity/Issue**	**Minimum Acceptable Threshold of Service**	**Accountability Mechanism**
3.1	Initial contact	Return call documented in client's file.	90% of clients receive a return call within 24 business hours of client's call.
3.2	Client intake	Intake tool completed within thirty (30) days of initial visit that includes (but is not limited to): ● Identify and obtain appropriate release of information ● Confidentiality and grievance policies ● Client rights and responsibilities ● Description of Ryan White CARE Act, case management services and other available services. ● Medical history ● Current health status including (but not limited to) substance use status, emotional/mental health, and sexual health status ● Needs assessment that includes (but is not limited to): Available financial resources (including insurance status), food, shelter, transportation, family and other support system, legal assistance, and prevention programs ● Eligibility for different services (i.e. H.O.P.W.A, Ryan White, TANF, SSI/SSD etc.)	100% of client charts have completed intake tool.
3.3	Assessment	Level of service is based on need that is based on assessment by medical case manager Needs assessment that includes (but is not limited to): Available financial resources, insurance status, food, shelter,	90% of clients have documented needs assessment on a quarterly basis.

		transportation, family and other support system, legal assistance, substance abuse and mental health.	
3.4	Service plan development	Develop a service plan with clients within 60 days of intake that includes (but is not limited to): ● Short-term needs ● Long-term needs ● Plans to meet needs ● Specific services and referrals needed ● Client goals ● Barriers and challenges ● Frequency of visits/appointments ● Explanation of client/case manager contract ● Include referral to peer navigator if needed	85% signed and dated service plan is documented in client's file.
3.5	Follow up	Case managers/Peer navigators will make in person or telephone contact with clients quarterly at minimum.	85% of contact dates and types are documented in client's file.
3.6	Coordination of services	Case manager will regularly communicate with other case management service agencies	90% of charts where services are co-managed will show evidence of ongoing case conferencing
3.7	HIV continuum of care monitoring	Medical case managers will review viral load, medication adherence, access to medication and medical visits.	85% of charts will document those care continuum metrics at least twice a year.
3.8	Referrals	Clients in need of medical and ancillary services will receive referrals to appropriate services.	90% of referrals will be documents in CAREWare both internal and external.
3.9	Discharge from case management (clinic-based or community only)	Clients will be discharged from case management if ● Client requests discharge ● Client transfers to a new provider. ● Client is referred to another case manager. ● Client needs have been met. ● Client violates program rules and regulations. ● Case manager is unable to make contact for 12 months.	100% of discharge is documented in client's file.