

Application of Service Standards:

The service standards outlined below apply to any agency receiving Ryan White Part A funding to provide Medical Case Management within the Columbus TGA.

Service Category Definition:

Medical Case Management is the provision a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters, e.g., face-to-face, phone contact, and any other forms of communication. Key activities include:

- Initial assessment of service needs;
- Development of a comprehensive, individualized care plan;
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care;
- Continuous client monitoring to assess the efficacy of the care plan;
- Re-evaluation of the care plan at least every six (6) months with adaptations as necessary;
- On-going assessment of the client's and other key family members' needs and personal support systems;
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; and
- Client-specific advocacy and/or review of utilization of services.

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplace/Exchanges).

Limitations:

Medical Case Management is a service based on need and is not appropriate or necessary for every client accessing services. MCM is designed to only serve individuals who have complex needs related to their ability to access and maintain HIV medical care. Agencies should not use MCM as the only access point for medical care and other agency services. Clients who do not need MCM services to access and maintain medical care should not be enrolled in MCM services. Agencies should graduate clients when they are able to maintain their medical care or have needs that can be adequately addressed under other support categories, such as NMCM. However, some clients may have an ongoing need for MCM, due to mental illness, behavioral or developmental disorders, or other issues that result in a continual need for assistance to improve or maintain health outcomes.

MEDICAL CASE MANAGEMENT	
Standard	Measure
Initial Assessment	
<p>Clients will be interviewed, assessed, and evaluated at least annually to determine client acuity and amount and/or type of care to be provided through Ryan White services. New clients will be assessed, and evaluated during the initial meeting with a case manager to determine client acuity and needs within the first 30 calendar days from assignment.</p>	<p>Percentage of clients who complete the interview, assessment, and evaluation process at least annually. New clients will be assessed and evaluated at the initial meeting and acuity and needs are established within 30 calendar days from assignment.</p>
Screens	
<p>Clients will be screened by Medical Case Managers based upon results of the Initial Assessment and/or client request/need. Clients will have the following screenings completed and documented in the client file at least annually:</p> <ul style="list-style-type: none"> • Risk Assessment (?) • SAMISS (or other BH tool) • Medication Adherence (?) • Treatment Adherence (?) <ul style="list-style-type: none"> ○ Completed screens, as needed, in client file ○ If clients show evidence of missing medication doses and/or medical appointments based on medication adherence and/or treatment adherence screenings, medication/treatment adherence counseling must be provided and documented. 	<p>Percentage of clients who have the following screenings at least annually:</p> <ul style="list-style-type: none"> • Risk Assessment • SAMISS • Medication Adherence • Treatment Adherence to include completed screens, as needed, and adherence counseling as applicable
Service Plan	
<p>Clients must have an individualized service plan with comprehensive goals that match the needs found during each assessment with the client. Clients must have an individual service plan that is reviewed and updated at least every six months or based on the date listed to each task to follow up – whichever occurs first.</p>	<p>Percentage of clients with an individualized Service Plan in client file with documentation of:</p> <ul style="list-style-type: none"> • At least one active medical goal • Active and deferred goals for all areas of functioning related with moderate or intensive need from the Psychosocial Assessment

<i>Clinical</i>	
Document reviewing most recent medical appointments and viral load with client during each encounter. Document Service Plan adjustments as necessary.	Percentage of clients with documentation of review of most recent medical appointments and viral load in case notes at each encounter and service plan is adjusted as necessary.
<i>Care Coordination</i>	
Care coordination and follow up to services based upon need, care plan check in dates, referrals or service assistance, and/or scheduled appointment must be documented in the client file.	Percentage of clients with documentation of care coordination and follow up to services based on need, care plan, check in dates, referrals or service assistance and/or scheduled appointment
<i>Case Note Documentation</i>	
All contact with and/or on behalf of the client will be documented in case notes <ul style="list-style-type: none"> • Case note documentation in client file including information: <ul style="list-style-type: none"> ○ about the provision of translation and/or interpretation services; ○ about the service provided to the client; ○ exchanged and/or released with a third party; ○ provided by the Medical Case Manager to the client; ○ provided by the client to the Medical Case Manager; and/or ○ related to eligibility, care, and/or follow-up 	Percentage of clients with documentation in client file including the following: <ul style="list-style-type: none"> • Provision of translation and/or interpretation services; • Service provided to the client • Exchanged and/or released with a third party; • Information provided by the MCM to the client; • Information provided by the client to the MCM; and/or • Any information related to eligibility, care, and/or follow-up
<i>Client Transfer</i>	
Clients may transfer to another Case Manager or Medical Case Management subrecipient at the request of the client, due to a medical case manager leaving their position, and/or due to the service needs of the client.	As applicable, percentage of clients who have been transferred to another MCM at their request due to the medical case manager leaving and/or service needs of the client.
<i>Case Closure</i>	
Clients will be closed and documented from Medical Case Management for the following circumstances: <ul style="list-style-type: none"> • Client moves outside of the service area; • Client is/will be incarcerated for more than six months; 	Percentage of clients who are closed out of Medical Case Management with documentation in client file with reason for closure that could include any of the following circumstances: <ul style="list-style-type: none"> • Client moves outside of the service area; • Client is/will be incarcerated for more than six months;

<ul style="list-style-type: none"> • Client request; • Client has zero or low need; • Client is lost to care when certification is 30 days past due and does not reply after a combination of three attempts; and/or • Client death 	<ul style="list-style-type: none"> • Client request; • Client has zero or low need; • Client is lost to care when certification is 30 days past due and does not reply after a combination of three attempts; and/or • Client death
Documentation of Closure	
<p>In client file of the following items for case closure includes:</p> <ul style="list-style-type: none"> • Documentation on how clients can reestablish services • Coordination and linkage to services if moving to a new agency • Coordination to NMCM or other services for graduating clients, and • Closing all open/active MCM individual service plans. 	<ul style="list-style-type: none"> • Client is provided contact information and process for re-establishment in MCM at the time of case closure • Client is provided coordination and linkage to services if moving to a new agency • For graduating clients, client is provided coordination to NMCM or other services, and • All open/active MCM individual service plans are closed