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MEDICAL CASE MANAGEMENT STANDARDS OF CARE



Medical Case Management services provide support and guidance to help clients maintain treatment adherence and achieve viral load suppression. The following standards identify the minimum expectations for Medical Case Management services funded by the Arizona Ryan White Part B Program.

HRSA Service Category Definition

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided 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 6 months with adaptations as necessary
- Ongoing 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
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities 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 Part D, 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 Marketplaces/Exchanges).

Program Guidance: Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an

Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Source: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

Client Intake and Eligibility

All subrecipients are required to have a client intake and eligibility policy on file. It is the responsibility of the subrecipient to determine and document client eligibility status as outlined in the Arizona Department of Health Services Ryan White Part B Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every 6 months.

Eligible clients must:

- Provide proof of HIV diagnosis
- Live in the state of Arizona and provide proof of residency*
- Earn less than [400% of the federal poverty level](#)
- Participate in the insurance option for which he or she is eligible that best meets his or her medical needs
- Submit the Arizona Ryan White and ADAP application in [English](#) or [Spanish](#) and required supporting documentation. Support documents must include:
 - Documented viral load labs within the past 6 months
 - AHCCCS (Arizona's Medicaid program) approval or denial for clients under 150% of the federal poverty level
 - Proof of income
 - Proof of residency
 - Proof of insurance (if applicable)
 - Taxes for clients enrolled in an ADAP-funded Marketplace plan

Additional details on support documentation requirements are outlined in the Ryan White Part B/ADAP Application, and the Eligibility Processing Guide. All eligibility policies, documents, and training materials can be found on the Health Services Portal.

Services will be provided to all Ryan White Part B qualified clients without discrimination on the basis of HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigration status, or any other basis prohibited by law.

*Clients who reside in Maricopa County, Mohave County, or Pinal County fall under a Part A jurisdiction. If a client who resides in one of these counties wishes to receive Part B services, or vice versa, a request for exception must be submitted to the Part A and B Program Managers.

Personnel Qualifications

Medical Case Managers may be social workers, nurses or any similar professional with related health and human service experience. Medical Case Managers focus on medical and behavioral needs of clients (e.g. mental health, substance use, HIV risk reduction, and self-management skills building) and access to needed core and support services to assist the client in successfully adhering to their HIV treatment program.

Medical Case Managers may participate on multidisciplinary teams, working in partnership with other professionals to assess the needs of a client, the client's family, and support systems to develop an individual service plan. Medical Case Managers arrange, coordinate, monitor, evaluate, and advocate for a comprehensive array of services to meet the client's specific needs.

Medical Case Managers must meet the following education and/or experience requirements:

- A Bachelor of Social Work (BSW), Masters of Social Work (MSW), or other related health or human service degree from an accredited college or university; or
- A bachelor degree from an accredited college or university and experience working with HIV/AIDS-diagnosed populations or underserved or vulnerable populations; or
- Current Arizona licensed* registered nurse (RN) with additional certifications as an HIV/AIDS Certified Registered Nurse (ACRN), or Advanced HIV/AIDS Certified Registered Nurse (AACRN), preferably from the HIV/AIDS Nursing Certification Board (HANCB); or
*If licensed, a copy of the most current Arizona license must be kept in the personnel file.
- At least 1 year basic knowledge of HIV/AIDS and/or infectious disease and/or experience working with underserved or vulnerable populations.

Additionally, Medical Case Management staff must complete:

- Training on HIV case management standards and ADAP standards within 1 year of the hire date;
- Training on HIV 101 within 1 year of the hire date. Topics include the HIV disease process, prevention, treatment, testing, counseling and referrals, and legal ramifications of violating confidentiality within 1 year of the hire date;
- At least 2 hours of cultural competency training annually;
- At least 12 hours of HIV-specific continuing education trainings identified and selected

- by case management supervisors annually; and
- All Medical Case Managers, except Licensed Clinical Social Worker (LCSW) or nationally Certified Case Manager (CCM), must complete an ADHS-approved basic case management training program within one year of their hire date.

Completion of any and all required trainings must be documented and kept in staff personnel files. If new staff previously completed the required trainings, they do not need to be repeated, but documentation of prior trainings must be kept in personnel files.

Care and Quality Improvement Goals

The overall goal of Medical Case Management is to support clients through services and activities that encourage engagement in medical care and adherence to antiretroviral therapy so that the client may become virally suppressed.

Clinical Quality Improvement goals for Medical Case Management are:

- 100% of all client files include a completed initial eligibility intake, assessment of needs, and acuity score from the RWPB approved acuity scale.
- 90% of clients receiving Medical Case Management services are actively engaged in medical care as documented by a medical visit in each 6 month period in a two-year measure and in the second half of a single year measure.
 *Exception in cases with documentation from clinician stating client is seen once a year.
- 90% of clients receiving Medical Case Management services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- 90% of clients receiving Medical Case Management services are virally suppressed as documented by a viral load less than 200 copies/mL at last test.

Service Standards, Measurements, and Goals

Standard	Measure	Data Source	Goal
1 Services are provided by trained professionals.	Documentation of minimum education and/or experience requirements for Medical Case Managers.	Administrative documents, personnel files	100%
2 Clients have a completed individual service plan with	Documentation of a completed individual	Client file	100%

Medical Case Management Standards of Care

Created: 4/2017. Reviewed: 3/2019. Effective Date: 4/1/2018

Standard		Measure	Data Source	Goal
	SMART goals signed by the client and case manager.	service plan with client and case manager signatures is included in the files of all clients receiving services in the measurement year.		
3	New Medical Case Management clients receive an initial assessment of service needs.	Documentation of initial assessment of service needs.	Client file	100%
4	Clients will have an acuity scale completed and documented reflecting their current acuity level updated every 3 to 6 months.	Documentation of acuity scale.	Client file	100%
5	Clients receive coordinated referrals, assessment, and information for services.	Documentation of referrals and service coordination.	Client file	100%
6	Clients have their individual service plans updated two or more times a year, at least 3 months apart.	Documentation that the individual care plan is updated at least twice, 3 months apart, for clients receiving services for a span longer than 6 months in the measurement year.	Client file	90%
7	Clients are continuously monitored to assess the efficacy of the individual care plan.	Documentation of continuous monitoring to assess the efficacy of the care plan.	Client file	90%
8	Clients are linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year.	Client file, CAREWare	90%
9	Clients are retained in medical care.	Documentation that the client had at least one medical visit in each six-month period of a 24-month measurement period with a minimum of 60 days between visits.	Client file, CAREWare	90%
10	Clients have no gaps in medical care.	Documentation that the client had a medical visit in	Client file, CAREWare	90%

Standard		Measure	Data Source	Goal
		the first and second halves of a 12-month measurement period.		
11	Clients are on Antiretroviral Therapy (ART).	Documentation that client was prescribed ART.	Client file, CAREWare	90%
12	A discharge summary (for any discharge reason) must be placed in client file within 30 days of discharge date.	Discharge summary within 30 days of discharge date.	Client file	100%
13	Clients lost to care have documented attempts of contact prior to discharge.	<p>If client is lost to care (cannot be located), the subrecipient will:</p> <ul style="list-style-type: none"> a. Make and document a minimum of 3 follow-up attempts over a period up to 3 months. b. Mail a certified letter to client's last known mailing address within 5 business days of the last attempt at contact. The certified letter must notify client of pending inactivation 30 days from the date of the letter if an appointment is not made to re-screen. c. Subrecipient refers client to EIS services. 	Client file, CAREWare	100%
14	Clients are virally suppressed.	Documentation of a viral load less than 200 copies/mL at last test.	Client file, CAREWare	90%
15	Supervisor chart review.	The supervisor will sign and	Administrative documents	90%

Standard	Measure	Data Source	Goal
	date each client record reviewed and maintain a record of all reviewed charts. At a minimum, the sampling methodology will comply with HIVQUAL standards or equal 20% of all client charts quarterly.		

Client Rights and Responsibilities

Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to the client. Each subrecipient will take all necessary actions to ensure services are provided in accordance with the client rights and responsibilities statement and that each client fully understands his or her rights and responsibilities.

Client Records, Privacy, and Confidentiality

Subrecipients providing services must comply with the [Health Insurance Portability and Accountability Act \(HIPAA\)](#) provisions and regulations and all federal and state laws concerning confidentiality of clients' Personal Health Information (PHI). Subrecipients must have a client release of information policy in place and must review the release regulations with the client before services are rendered. A signed copy of the release of information form must be kept in the client's record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored CAREWare Database managed by the Arizona Department of Health Services.

All communications made with or on behalf of the client are to be documented in the client chart and must include a date, length of time spent with client, person(s) included in the encounter, and brief summary of what was communicated. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Client records must be retained for a minimum of 6 years.

Cultural and Linguistic Competency

Subrecipients must adhere to the [National Standards on Culturally and Linguistically Appropriate Services](#).

Client Grievance Process

Subrecipients must have a written grievance procedure policy in place that allows for objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be kept in the client's record.

Case Closure Protocol

Subrecipients must have a case closure protocol on file. The reason for case closure must be documented in each client's file. If a client chooses to receive services from another provider, the subrecipient must honor the client's request.

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