

# Medical Case Management

## SERVICE CATEGORY DEFINITION

### Medical Case Management:

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 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 and updated psychosocial assessment of service needs, along with acuity scale
- Development of a comprehensive, individualized care plan, with updates
- 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 services above, Medical Case Management may also provide benefit 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 Marketplace/Exchanges).

Individuals providing medical case management must be a licensed social worker and are expected to have specialized training in medical case management models.

Medical Case Management includes all provisions listed above and requires a patient whose acuity level requires the case manager also manage their medical care, schedule and monitor medical appointments, lab work, medication treatment adherence, other indicated services including dietician, mental health and substance abuse screenings/treatment and other supports.

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## CLIENT INTAKE AND ELIGIBILITY

All agencies are required to have a client intake and eligibility policy on file. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A—Cleveland TGA Eligibility Policy.

Eligible clients must:

- Live in the Cleveland TGA (Cuyahoga, Ashtabula, Lake, Lorain, Geauga, or Medina County)
- Have an HIV/AIDS diagnosis
- Have a household income that is at or below 500% of the federal poverty level
- Be uninsured or underinsured

Services will be provided to all Ryan White Part A-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, immigrant status, or any other basis prohibited by law.

## PERSONNEL QUALIFICATIONS

An individual providing medical case management services must be a licensed social worker and follow the National Association of Social Work (NASW) Standards for Case Management, available for review at: [www.socialworkers.org/practice/naswstandards](http://www.socialworkers.org/practice/naswstandards)

Each medical case management agency must have and implement a written plan for supervision of all medical case management staff consistent with licensure status. Medical case managers must be evaluated at least annually by their supervisor according to written agency policy on performance appraisals.

## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of medical case management is to provide care planning and coordination services needed for people living with HIV/AIDS, ensuring access to core and support services that will enable medical adherence and stability for each individual client.

As part of this service category, all medical case managers are required to administer a standardized psychosocial assessment and complete an accompanying acuity scale every six months, for every client on their caseload.

Clinical Quality Improvement outcome goals for medical case management are:

- 80% of all client files include documentation of a completed comprehensive care plan.
- 80% of clients receiving medical case management services are actively engaged in medical care as documented by a medical visit in each six (6) month period in a two-year measure and in the second half of a single year measure.
- 80% of clients receiving medical case management services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- 80% of clients receiving medical case management services are virally suppressed as documented by a viral load of less than 200 copies/mL at last test.
- 80% of clients receiving medical case management services have their individual care plans updated at least 2 times per year; every effort will be made to update at least 3 months apart.

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SERVICE STANDARDS			
	Standard	Measure	Goal
Cleveland TGA Service Standard of Care	1. Services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.	100%
	2. Medical case management clients have a completed comprehensive individual care plan.	Documentation of completed comprehensive individual care plan is included in the file of all clients receiving services in the	80%
	3. Newly enrolled medical case management clients receive an initial assessment of service needs within the first month of services.	Documentation of initial assessment of service needs is included in the file of all clients entering service in the measurement year.	80%
	4. Medical case management clients receive coordinated referrals and information for services required to implement the care plan.	Documentation of referrals and service coordination are noted in the file for clients receiving services in the measurement year.	80%
	5. Medical case management clients have their individual care plans updated at least 2 times per year; every effort will be made to update at least 3 months apart.	Documentation that the individual care plan is updated at least two times, three months apart, for clients receiving services for a span longer than six months in the measurement year.	80%
	6. Medical case management clients are continuously monitored to assess the efficacy of their individual care plan.	Documentation of continuous monitoring to assess the efficacy of the care plan is evident in the client chart.	80%
	7. Medical case management 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 as documented by the medical case manager.	80%
	8. Medical case management 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 as documented by the medical case manager.	80%
	9. Medical case management clients have no gaps in medical care.	Documentation that the client had a medical visit in the first and second halves of a 12 month measurement period as documented by the medical case manager.	80%
	10. Medical case management clients are on Antiretroviral Therapy (ART).	Documentation that client was prescribed ART in the 12-month measurement year as documented by the medical case manager.	80%
	11. Medical case management clients are virally suppressed.	Documentation that the client has a viral load <200 copies/mL at last test as documented by the medical case manager.	80%

\* Indicates Local TGA Standard of Care

All other standards derived from the HRSA/HAB National Monitoring Standards and/or the HRSA/HAB HIV Performance Measures



## Medical Case Management

### CLIENTS RIGHTS AND RESPONSIBILITIES

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

### CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

Agencies 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 consumers Personal Health Information (PHI). Agencies must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client's record. Information on all clients receiving Ryan White Part A-funded services must be entered in the HRSA sponsored, Cleveland Part A managed, CAREWare Database.

### CULTURAL AND LINGUISTIC COMPETENCY

Agencies must provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. (Pulled from the National Standards on Culturally and Linguistically Appropriate Services).

### CLIENT GRIEVANCE PROCESS

Each agency must have a written grievance procedure policy in place which provides for the 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 included in the client's record.

### CLIENTS RIGHTS AND RESPONSIBILITIES

Each agency providing services should have a case closure protocol on file. The reason for case closure must be properly documents in each client's file. If a client chooses to receive services from another provider the agency must honor the request from the client.