COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
HIV PLANNING GROUP

MEDICAL CASE MANAGEMENT
SERVICE STANDARDS
FOR RYAN WHITE CARE AND TREATMENT

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Medical Case Management

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 may be prescribed by an interdisciplinary team that includes other specialty care providers. Services specifically link clients with health care, psychosocial, and other services provided by trained professionals, including both medically credentialed and other health care staff. The coordination and follow up of medical treatments are 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 needs and personal support systems of the client and other key family members.

Medical Case Management services have as their objective improving health care outcomes whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services.

Purpose and Goals

The goal of medical case management services is to improve overall health outcomes for clients in support of the HIV care continuum, by linking them to appropriate care and treatment services while increasing self-sufficiently.

Intake

Medical case management staff operate as part of the clinical care team in the provision of services. Clients may be referred to medical case managers by primary care providers or other clinical staff. Medical case managers will assess each client's need for the service based on an assessment tool. Clients must demonstrate that they are unable to access or remain in HIV medical care as determined by medical care managers on the basis of whether or not:

- Client is currently enrolled in outpatient/ambulatory health services
- Client is following his/her medical plan
- Client is keeping medical appointments
- Client is taking medication as prescribed

Exclusions

Clients who receive HIV medical case management from any other funding source are not eligible for this service. Clients who are determined not to have a need for the services based on their initial assessment may be referred to non-medical case management services. Likewise, clients who are enrolled in care and in compliance with their treatment plans may also be directed to non-medical case management if they require assistance or guidance in obtaining access to certain medical, social, community, financial and other needed services.

Key Service Components and Activities

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 needs and personal support systems of the client and other key family members. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized service plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client monitoring to assess the efficacy of the plan
- Periodic reevaluation and adaptation of the plan, at least every 6 months
- On-going assessment of clients' and other key family members' needs and personal support systems
- Coordination and follow up of medical treatments
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services
- Coordination and linkage to services required to implement the plan such as:
    - Health care
    - Psychosocial services
    - Benefits/entitlement counseling and other services
- Referrals assisting clients to access other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services)

This includes all types of case management, including face-to-face meetings, telephone calls, and any other forms of communication.

Standard	Measure
Staff ensures clients' eligibility and needs	Documentation of interviews and assessments for all potential clients utilizing a client screening/assessment tool
Staff maintains records of eligibility, intake and assessments	Documentation of eligibility, intake, comprehensive assessments, individual care plans, and progress of clients on a standard medical case management form
	Maintain a single record for each client
Staff ensures clients are connected to the appropriate services when needed	Documentation of all services provided/offered to clients
	Completion of the Client Transition Plan for deemed ineligible for medical case management or deemed ready to be transitioned out of these services

Personnel Qualifications

Medical case management services are provided by a medical case manager who meets one or more of the following requirements:

- Master's in Social Work or related field with a minimum of one year experience working in the field of HIV/AIDS, or a medical setting, or related field; or

- Bachelor's or Associates degree in social work or related field, or a registered nurse, and a minimum of two years of experience working in the field of HIV/AIDS, a medical setting or other related field.
- Work or volunteer experience in the field of HIV/AIDS that demonstrates competency to provide case management to persons with HIV/AIDS.

Standard	Measure
Staff will meet minimum qualifications	Documentation of appropriate licensure, credentials and/or degrees
Staff will have clear understanding of job responsibilities	Documentation of current job descriptions on file that are signed by staff and appropriate supervisors
Staff are competent	Documentation of a training plan that includes specific topics, identification of the trainer, and a timeline for all newly employed staff

Assessment

At the initiation of medical case management services, providers must conduct a comprehensive assessment of each client, to include factors that affect access to and retention in medical care:

- Health status
- Medical care and providers
- Activities of daily living
- Mental health status
- Substance abuse assessment/screening
- Income, benefits, and health insurance status
- Employability and/or employment status
- Family/social support system
- Living situation/environment
- Partner services needs and options
- Other factors affecting ability of client to access health and social services

During the initial assessment, Providers should also ensure that they assess both Income Supports and Health Care Supports for clients:

- **Income Supports:** An evaluation for income support benefits that includes consideration of all public, private and community resources such as the following:
    - General Relief
    - CalFresh (Food stamps)
    - Unemployment
    - State Disability Insurance
    - Supplemental Security Income
    - Social Security Disability Income
    - Private short-term disability insurance
    - Private Long Term Disability insurance

- Housing

The Income Support assessment includes reviewing the impact of employment on benefits. Medical case managers refer clients to state vocational rehabilitation and other employment readiness programs as appropriate.

- **Health Care Supports:** An evaluation for health care benefits includes but is not limited to the following:
  - Medicare/Medi-Cal
  - Medicare Part B
  - Private medical insurance, including, but not limited to HMOs, PPOs, etc.
  - OA HIPP (health insurance premium payment program;
  - Medi-Cal HIPP (Medic-Cal funded health insurance premium payment program)
  - AIDS Drug Assistance Program (ADAP)
  - Covered California
  - Health Care Funding

Standard	Measure
Case managers routinely assess client's access to medical care and any barriers to care	Documentation of: • Initial assessment of service needs and continuous client monitoring to assess the efficacy of the plan • Types of services provided • Types of encounters and communication conducted with clients • Duration and frequency of the services and/or encounters • Re-evaluation and adaptation of the plan at least every 6 months • Encounters/communication provided • Services needed and provided
Case managers monitor client medication adherence	Documentation of coordination and follow up of medical treatments

Service Plan

An individual care plan serves as the guiding document for case management activities, and it is based upon the results of the initial assessment. Individual care plans must be monitored regularly during client visits, and they should be updated and/or modified at least every six months of client enrollment.

An individual care plan is based on the completed comprehensive assessment and includes all of the following:

- Clear definition or description of priority areas for needed services
- Measurable objectives and specific action steps to be taken by the client and the medical case manager with timelines

- Coordination of services required to implement the plan
- Expected outcomes and goals

Regular follow-up procedures are provided to encourage and help maintain a client in treatment. The documentation of attempts to contact the client will be in the progress notes. The follow-up may include telephone calls, written correspondence, and direct contact.

Wherever possible, continuity of care will be maintained by minimizing changes to the individual case manager assigned to work with the client. When a change of an individual case manager is necessary, providers will work to ensure the transition of care is as smooth as possible.

Standard	Measure
An individual care plan is developed for each client based on the comprehensive assessment	Documentation of an Individual Care Plan that shows: • Continuous client monitoring to assess the efficacy of the plan • Coordination of services required to implement the plan • Periodic re-evaluation and adaptation of the plan at least every 6 months, during the enrollment of the client
Case manager will maintain client records of services provided and will attempt to follow-up with a client to retain the client in care	Documentation in client records of services provided, such as: • Client-centered services that link clients with health care, psychosocial, and other services and assist them to access other public and private programs for which they may be eligible • Coordination and follow up of medical treatments • Ongoing assessment of client's and other key family members' needs and personal support systems • Treatment adherence counseling • Client-specific advocacy • All follow-up attempts
Providers will minimize disruptions in care due to staff turnover	Where applicable, documentation of transition of clients among providers and demonstration of attempts to resolve any resultant care continuity issues that might arise

Transition and Discharge

Clients will be disenrolled from medical case management when all action items on the individual care plan are competed and medical care is stabilized with all of the following criteria met:

- Enrolled in HIV medical care
- Following her/his medical plan since the previous assessment

- The medical plan may include other health-related issues (for example, mental health, substance abuse, smoking, hypertension, gynecological, etc.)
- Keeping medical appointments
- Taking medication as prescribed

Other criteria for disenrollment include:

- Client has died
- Client requests to be disenrolled
- Client enrolls in another case management program
- Client cannot be located within 120 days after repeated efforts including attempted written, oral and personal contact
- Client relocates outside of San Diego County
- Client demonstrates repeated non-compliance or inappropriate behavior in violation of specific written policies of the provider especially with regard to violation of confidentiality of other client information.
- Client is incarcerated longer than 30 days
- Client does not qualify for medical case management based on eligibility requirements

Standard	Measure
Staff will document reasons for disenrollment in the client record	Documentation of reason for disenrollment
Staff will determine client eligibility for other programs and re-instatement in Ryan White medical case management	Documentation of “inactive status” and maintenance of records and contact information to facilitate rapid re-enrollment, as appropriate

Case Closure

Case closure is a systematic process for discharging clients from medical case management. The process includes formal client notification regarding pending case closure and the completion of a case closure summary to be maintained in the client chart. Clients are considered active providing they receive medical case management at least once within each sixty-day period. Case closure may occur for the following reasons:

- Successful attainment of medical case management goals
- Client relocation outside San Diego County
- Continued client non-adherence to treatment plan
- An inability to contact a client for 120 days
- Client-initiated termination of service
- Unacceptable client behavior or client’s health needs cannot be adequately addressed by the service

A Case Closure Summary will be completed for each client who has terminated treatment. The summary includes the following documentation:

- Course of treatment
- Discharge diagnosis

- Referrals
- Reason for termination
- Documentation of attempts to contact client, including written correspondence and results of these attempts (For those clients who drop out of treatment without notice)

Standard	Measure
Client's case is terminated when medical care is stabilized and client no longer needs services or is determined to be non-compliant	Completed Case Closure Summary

Client Rights and Responsibilities

All providers will have written policies and procedures for a complaint process. The policy will identify staff responsible, an appeal process, tracking system, follow-up procedures, and a timeline. Medical case management providers will use relevant Federal, State and County regulations for investigating and resolving complaints. A copy of the complaint policy will be conspicuously displayed. Complaints and investigation results will be forwarded to the County within 24 hours of both the receipt and resolution of the complaint.

Standard	Measure
Providers have policies regarding the rights and responsibilities of medical case management clients	Documentation of policies and procedures for a complaint process

Grievance Process

All medical case management providers will maintain written grievance policies. The grievance policy will be posted in a prominent location with information on how clients may also contact the County of San Diego's HIV, STD and Hepatitis Branch (HSHB) as an alternative to completing the form. Forms inadvertently collected by providers will immediately be forwarded to the address on the form.

Medical case management providers will also post a copy of the HSHB Client Service Evaluation form ("goldenrod") in a prominent place. Copies of the form will be available for clients upon request with a mechanism for the clients to mail the form to HSHB for review.

Standard	Measure
Clients' rights are protected and clients have access to a grievance/complaint resolution process and are made aware	Documentation of a grievance policy
Clients have the ability to file a grievance or complaint	Verification of visible goldenrod (English and Spanish) placement in client sites

Cultural and Linguistic Competency

Cultural competency as defined by the HIV Planning Group is: "Recognizing the differences in physical and emotional life challenges, including disabilities of all kinds, culture and ethnicity, religion and spirituality, and in histories, traditions and languages. More specifically, all providers must have the ability to provide appropriate and acceptable services to all potential and current clients, including people of color, gay men, lesbians, transsexuals, transgender individuals, former and active substance abusers, persons with mental health concerns, persons of differing abilities, and others. Providers who serve any of these groups will make reasonable accommodations in service provisions."

All providers must include a requirement in their policies that all staff, board members and volunteers possess knowledge of the Ryan White Part A program and the Americans with Disabilities Act. Program policies and procedures regarding cultural competency will address cultural sensitivity, diversity, and inclusiveness. Policies on cultural competency are given to clients at admission and posted in a prominent place. Provider's admission procedures will assess client access issues, including cultural needs, physical accessibility, and service location.

Providers must assess and ensure the training and competency of individuals who deliver language services to assure accurate and effective communication between clients, staff and volunteers transcend language barriers and avoid misunderstanding and omission of vital information. Staff and volunteers working directly with clients must receive a minimum of four hours of cultural sensitivity training each year.

Providers will also identify staff and volunteers who can provide bilingual/bicultural services to individuals who need or prefer to communicate in Spanish. If there are no staff members or volunteers who can perform this function, the provider will develop alternate methods to ensure language appropriate services are available. Providers will employ proactive strategies such as partnering with other local organizations to develop a diverse workforce.

Standard	Measure
Agency policies will address cultural and linguistic competency	Documentation on policies on cultural competency
Staff will comply with American Disabilities Act (ADA)	Completed form/certification on file
Staff and volunteers will receive annual training on cultural competency	Documentation of all staff/volunteer trainings on cultural competency
	Copies of the curriculum and handouts etc. kept on file (If training is provided by the provider)
Staff and volunteers are bilingual and can address the language needs of the populations they serve. If there are no appropriate bilingual people on staff, a plan is in place to ensure language needs are met	Copy of written plan to address
Provider will have written and posted materials in the appropriate languages for the communities being served are available and visible to clients	Posted documentation inspected and noted during routine site visits

Privacy and Confidentiality

All providers must develop written policies and procedures that address security, confidentiality, access and operations. In addition providers must ensure that:

- All physical case files are stored in a locked cabinet or room and electronic files are secured.
- All activities that relate to client data will have appropriate safeguards and controls in place to ensure information security.
- Case files not left unattended.
- Case files and records are not removed from the service site without the case management supervisor's written agreement.
- Case files and records are locked at night and not left on desks or in unlocked desk drawers.
- When a case file is removed from the central filing area, it will be booked out via a clear administrative procedure that can be traced to its temporary location.

In addition, providers will also ensure that:

- All employees and volunteers working under this agreement have signed a confidentiality agreement.
- All staff orientation materials include client confidentiality policies and procedures and indicate how they are communicated to staff and volunteers.
- All training logs and personnel files demonstrate that staff and volunteers have received adequate training on privacy and confidentiality, upon initial hire and annually thereafter. Training will address HIPAA, security measures and other topics related to client confidentiality.

All providers must ensure that written policies regarding confidentiality are presented to and signed by clients and maintained in clients' case files. A release of Information form will also be signed by clients as needed. Prior to releasing any client information, providers must obtain written consent which includes:

- The name of the program or person permitted to make the disclosure;
- The name of the client;
- The purpose and content (kind of information to be disclosed) of the disclosure;
- Client's signature or legal representative's signature.

All providers will make available a private, confidential environment for clients to discuss their cases, especially when addressing fear and concern about their diagnosis and disclosure of their HIV status. Providers will inform clients that they will maintain confidentiality of other persons with HIV infection.

Standard	Measure
Staff will develop written policies and procedures that address security, confidentiality, access and operations	Copies of policies and procedures
All files are secured	Inspected and noted during routine site visits
All staff and volunteers have undergone a thorough background check	Documentation of background checks
Staff and volunteers will receive training on privacy and confidentiality	Documentation of all staff/volunteer trainings on privacy and confidentiality
	Copies of the curriculum and handouts etc. kept on file (If training is provided by the provider)