



SERVICE CATEGORY DEFINITION

Medical Case Management (MCM) Services:

Medical Case Management Services 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 assessment of service needs
- Health Literacy assessment using the TGA's Health Literacy screening tool
- 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 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).

The MCM must include a comprehensive assessment of need, the development of a service plan to address client needs, client referral to appropriate providers based on need and service plan, interventions to address client issues such as medication compliance, adherence and risk reduction, as well as patient education.

Active, intensive Medical Case Management services are home and community based. Medical Case Managers will encounter clients in their environment, which may include a residence, a public facility, in the streets, or in the facilities of the medical case management service provider agency.



The medical case manager can refer or assist eligible clients to obtain access to other public and private programs for which they may be eligible, e.g., Medicaid, Medicare Part D, ADAP Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other State or local health care and supportive services when appropriate.

Medical Case Managers will refer client to Non-Medical Case Managers to support the clients access to ancillary 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.

CLIENT INTAKE AND ELIGIBILITY

All Subrecipient's are required to have a client intake and eligibility policy on file that adheres to the TGA eligibility policy. It is the responsibility of the Subrecipient to determine and document client eligibility status, as outlined in the Ryan White Part A Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.

Eligible clients must:

- Live in the City of Paterson, Passaic County, and/or Bergen County, New Jersey;
- Have a documented diagnosis of HIV/AIDS;
- 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

MCM services must be provided by trained professionals, including both medically credentialed and other health care staff who provide a range of client-centered services that result in a coordinated individual care plan which links clients to medical care and other clinical care, psychosocial, and other support services. The medical case manager will meet the qualifications for the position as outlined in the sub-recipient's job description as well as meet the following requirements:

1. A bachelor's (required) or master's degree (preferred) in social work from an accredited program and/or current and valid New Jersey State Social work License for CSW, LSW or LCSW; OR
2. A bachelor's (required) or master's degree (preferred) in Nursing (RN) and a valid New Jersey license;
3. A Licensed Practical Nurse; OR
4. Personnel who do not meet the qualifications listed above will need to have twenty-four (24) hours of annual training. The 24 hours shall include fifteen (15) hours of medical training and three (3) hours of quality management training.

The medical training shall include any of the following topics of Medical Adherence, HIV Disease Process, Oral Health, Risk Reduction, Prevention Strategies, Substance Abuse Treatment, and Nutrition. A suggested additional topic may be End-of-Life issues. Medical training should also include training on documentation.

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.

Clinical Quality Improvement outcome goals for Medical Case Management Services are:

- 100% of all client files include documentation of a completed comprehensive care plan.



- 90% 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.
- 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 of less than 200 copies/mL at last test.

SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Services are provided by trained/licensed professionals.	Documentation of current licensure and credentials.	100%
2. New medical case management clients receive an initial assessment of service needs within five (5) business days of enrollment/intake.	Documentation of initial assessment of service needs (biopsychosocial assessment) is included in the file of all clients entering service in the measurement year.	100%
3. Clients have a completed comprehensive individual care plan within ten (10) working days of biopsychosocial assessment.	Documentation of completed comprehensive individual care plan is included in the file of all clients receiving services in the measurement year.	100%
4. Clients will have an acuity scale completed and documented, reflecting their current acuity level.	Documentation of acuity scale is included in the file of all clients in the measurement year.	100%
5. 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.	100%



Standard	Measure	Goal
6. Clients have their individual care plans updated two or more times, at least three 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.	90%
7. 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.	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 as documented by the medical case manager.	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 as documented by the medical case manager.	90%
10. 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.	90%
11. 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.	90%



Standard	Measure	Goal
12. A discharge summary (for all reasons) must be placed in each client's file within 30 days of discharge date.	Discharge Summary in client file within 30 days of discharge date.	90%
13. Clients lost to care have documented attempts of contact prior to discharge. Note: EIS applies to all clients newly diagnosed and re-engaged.	If client is "lost-to-care" (cannot be located), the subrecipient will: a. make and document a minimum of 3 follow-up attempts over a 3-month period after first attempt. b. A certified letter must be mailed to the client's last known mailing address within five business days after the last phone attempt notifying the client of pending inactivation within 30 days from the date on the letter if the client does not make an appointment to re-screen. c. Subrecipient refers client to EIS services.	100%
14. Clients are virally suppressed.	Documentation that the client has a viral load <200 copies/mL at last test of the measurement year as documented by the medical case manager.	90%



CLIENTS RIGHTS AND RESPONSIBILITIES

Subrecipient's providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each Subrecipient 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

Subrecipient's 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). Subrecipient's 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 clients' record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Bergen-Passaic TGA managed, ECompas Database.

CULTURAL AND LINGUISTIC COMPETENCY

Subrecipient's providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

CLIENT GRIEVANCE PROCESS

Each Subrecipient 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 clients' record.

CASE CLOSURE PROTOCOL

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