

MEDICAL CASE MANAGEMENT SERVICES

A. DEFINITION:

Medical Case Management Services (including treatment adherence) are a range of client-centered services designed to ensure timely and coordinated access to medically appropriate levels of health and support services, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and other forms of communication and activities that include at least the following:

- Initial assessment of service needs
- Development of a comprehensive, individualized service plan
- Coordination of services required to implement the plan
- Continuous client monitoring to assess the efficacy of the plan
- Periodic re-evaluation and adaptation of the plan as least every 6 months, during the enrollment of the client

B. GOAL(S):

1. All eligible new (or newly diagnosed) and returning to care (out-of-medical care for a minimum of six months and/or out of the Ryan White continuum of care for 1 year) clients will be referred to medical case management.
2. Improve clients' health by increasing access to primary medical care and the support services necessary to maintain retention in care and/or reduce barriers to care.

C. SERVICES:

Medical Case Management services are designed to facilitate access to primary medical care through a process of linkage to medical services and reduce barriers to care. Additionally, medical case management services are designed to facilitate access to community services as a process of enabling linkage to medical care and other needed services.

D. STAFF QUALIFICATIONS:

1. Medical Case Managers will have a Bachelor's Degree in a licensed field or 4 years of experience.
2. Case Management Supervisors will have a Master's Degree in Social Work or comparable human service field and minimum 2 years of experience in direct service or case management **OR** Bachelor's Degree in Social Work or comparable human service field and minimum of 4 years of experience in direct service or case management.

E. QUALITY MANAGEMENT:

Program Outcome:

- 90% of client charts have documentation of access to primary medical care within 3 months of initial assessment
- 80% of client charts have documentation that treatment adherence was discussed with the client
- 100% of client charts contain a comprehensive individualized care plan.

Indicators:

- Number of client charts that have documentation of access to primary medical care within 3 months of initial assessment
- Number of client charts that have documentation that treatment adherence was discussed with the client
- Number of client charts that contain a comprehensive individualized care plan

Service Unit(s):

- Number of clients accessing Medical Case Management services

<i>Standard of Care</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
Part A Eligibility: After the establishment of Part A eligibility, the following timelines for entry into services are adhered to: <ul style="list-style-type: none"> • Upon referral to Medical Case Management agency assignment to a case manager is completed within 3 business days • Initial contact with client, initial medical case management assessment and care plan completed within 10 business days of assignment to case manager 	Client chart documents case manager assignment, initial client contact, initial medical case management assessment and completion of care plan occurred in compliance with established timeframe. Clients chart documents circumstances regarding why case manager assignment, initial client contact, initial medical case management assessment and completion of care plan did not occur within established timeframe.	Number of compliant client charts Number of compliant client charts	Number of clients Number of clients	Client Files CAREWARE	90% of client charts have documentation of access to primary medical care within 3 months of initial assessment

<p>Client Contact: Contact with client, initiated by the medical case manager, will occur at least quarterly, and will include at least one face-to-face annually.</p>	<p>Client chart documents that case manager initiated contact with client occurred in compliance with established timeframe. Clients chart documents circumstances regarding why case manager initiated contact with client did not occur within established timeframe.</p>	<p>Number of compliant client charts</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	<p>90% of client charts have documentation of at least quarterly contact with Medical Case Manager.</p>
<p>Medical Case Management Assessment & Service Needs: The client's medical case management assessment provides the foundation for the care plan.</p>	<p>Each client's initial assessment will include a review of the following areas:</p> <ul style="list-style-type: none"> • Medical • Treatment adherence • Dental • Nutritional • Mental Health • Psychosocial • Substance abuse • Financial • Educational • Social Support • Legal needs • Transportation • Housing • Risk reduction • Cultural factors • Life Skills • Functional capabilities 	<p>Number of compliant client initial assessments</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	<p>90% of client charts have documentation that treatment adherence was discussed with the client</p> <p>90% of client charts will have a comprehensive assessment.</p>
<p>Medical Case Management Comprehensive and Individualized Care Plan: At a minimum the medical case</p>	<p>Each client's comprehensive individualized initial and periodic (revised every six (6) months) care plan shall</p>	<p>Number of compliant charts</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	<p>100% of client charts contain a comprehensive individualized care plan.</p>

<p>management comprehensive and individualized care plan.</p>	<p>outline the range of services required to implement the plan with an identified goal and one or more interventions for each identified need and all appropriate referrals.</p>				<p>90% of client charts have documentation of access to primary medical care within 3 months of initial assessment.</p>
<p>Clinical Care Team Identification and Communication: HRSA Part A Medical Case Management Standards has made mandatory the need for the Medical Case Manager to identify the Clinical Care Team (CCT) and to establish and maintain communication with the team in order to provide coordination of services required to implement the client(s) comprehensive, individualized care plan. The medical case manager will be responsible for documentation in the client chart.</p>	<p>Listing Client's individualized Clinical Care Team Members by:</p> <ul style="list-style-type: none"> • Category of service/care • Agency Name • Staff Member • Contact Information and Preferred Method(s) of Communication • Dates and subject of communication 	<p>Number of complaint charts</p>	<p>Number of clients</p>		<p>90% of client files have documentation of clinical care team members.</p>
<p>Ongoing Documentation Requirements: After initial and periodic medical case management assessment and care plan completion, the ongoing documentation in each client's chart will include: contacts, or attempts to contact, the client regarding progress toward goals and the status of referrals.</p>	<p>Client's chart documents the periodic re-assessments and adaptation of the care plan at least every 6 months, or as necessary to meet the clients need. Reassessments reflect client's progress in obtaining services and changes in client status.</p> <p>Client's chart documents the coordination of services required to implement the client's comprehensive individualized medical case management care plan.</p>	<p>Number of compliant charts</p> <p>Number of compliant charts</p>	<p>Number of clients</p> <p>Number of clients</p>	<p>Client Files CAREWARE</p> <p>Client Files CAREWARE</p>	<p>100% of client charts contain a comprehensive individualized care plan.</p>

	<p>Client’s chart contains documentation of all contacts, or attempts to contact, the client regarding progress toward goals and the status of referrals. Client’s chart documents monitoring to assess the efficacy of the care plan for the types of services provided, including: the types of encounters/communication; duration and frequency of encounters.</p>	<p>Number of compliant charts</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	
	<p>Client’s chart documents monitoring to assess the efficacy of the care plan for the types of services provided, including: the types of encounters/communication; duration and frequency of encounters.</p>	<p>Number of compliant charts</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	
	<p>All medical case management care plans will include the client’s signature and date annually.</p>	<p>Number of compliant charts</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	
	<p>The medical case management care plan reflects a timeline for all goals and service referrals agreed upon by the client and case manager.</p>	<p>Number of compliant charts</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	
	<p>The medical case management care plan goals reflect the projected treatment end date agreed upon by the client and case manager.</p>	<p>Number of compliant charts</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	
	<p>Supervisor reviews a sample of client charts, within 30</p>	<p>Number of compliant</p>	<p>Number of clients</p>	<p>Client Files</p>	<p>90% of supervisor reviewed client charts have all required</p>

	business days after completion of a new or updated assessment and care plan, to ensure all required record components are present and planned services are appropriate. At a minimum, the sampling methodology will comply with HIVQUAL standards or 20% of charts (<i>aligns with Non-Medical Case Management</i>).	charts		CAREWARE	components.
Case Closure: A client chart will be closed when deemed necessary by client circumstances, including but not limited to, verifiable notification of client's death, moving out of the Phoenix EMA, lost to contact, or documented client-initiated withdrawal from the Ryan White Part A program.	The client's chart includes a closure note which documents criteria for closure within ten business days of notification of the status change.	Number of clients discharged from MCM	Number of clients	Client Files CAREWARE	90% of discharged clients have documentation of case closure and reason in client files.