



# NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL

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## MEDICAL CASE MANAGEMENT STANDARDS OF CARE

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### PURPOSE OF STANDARDS

The purpose of these standards is to define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Newark Eligible Metropolitan Area (NEMA)

### GOAL

The goal of medical case management is to help individuals living with HIV to access primary medical care and medications, identify and remove barriers to medical care, and ensure adherence to a prescribed treatment plan.

### DEFINITION

A. Medical Case Management Services (including treatment adherence) is a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is 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 client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes all types of case management including face-to-face, phone contact, and any other forms of communication. Primary activities link a person to primary medical care and services. Secondary activities may be needed for HIV positive individuals to achieve their medical outcomes and must have a direct relationship to an individual's HIV clinical outcomes.

B. Treatment Adherence will include but not be limited to the following activities:

- Education with regard to safe sex and risk factors.
- Assistance with understanding the medical plan and compliance with it.
- Explanation of the need for medication compliance
- Necessity of behavior modification
- Ensuring that client understands the physician's instructions
- Discussing possible medication side effects

### PRIMARY AND SECONDARY ACTIVITIES

Primary activities link a person to primary medical care or services. Activities include:

- Assistance and support with applying, accessing, and adhering to core medical services.
- Assistance in enrolling in entitlement program including ADAP, SSDI, SSI, Medicaid and Medicare
- Assistance in accessing Primary Medical Care, Mental Health Services, Substance Abuse Treatment, Oral Health Care, and Medical Nutritional Services
- Assistance in accessing medical transportation

Secondary activities may be needed for HIV positive individuals to achieve their medical outcomes and must have a direct relationship to an individual's HIV clinical outcomes. Activities include:

- Assistance with applying for and accessing support services such as housing, food and meal programs, HIV-related legal services

## **INDICATORS/PERFORMANCE MEASURES**

- Documentation of appointments scheduled and follow-up of missed appointments. The criteria should be that 80% of the appointments were kept.
- Documentation of compliance with medical care plan
- Documentation of client's compliance with required laboratory tests. (CD4, Viral Load and annual laboratory tests/screenings).
- Documentation of chart review prior to each primary medical appointment
- Documentation of internal case conferencing.
- Documentation of referrals for core and support services.
- Evidence of administrative review of client record.
- Client on a HAART regimen or documentation in the client's chart that a HAART regimen has not been prescribed by the client's primary physician.
- A minimum of one (1) Treatment Adherence assessment/contact in the previous three (3) months.

## **I. PROVIDER AGENCY POLICIES AND PROCEDURES**

- A. Agency must be licensed and/or accredited by the appropriate city/county/state/federal agency.
- B. Agency must have written policies and procedures in place that address confidentiality (HIPAA), grievance procedures, client's rights and the agency's rights and responsibilities. At time of intake/bio/psychosocial/medical assessment the consumer must be notified of his/her rights, of the agency's rights and responsibilities and the agency's grievance policy/procedure.
- C. Agency must have a private, confidential office space for seeing clients.
- D. **Records Retention** - Agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years.
- E. **Confidentiality Policy**-All medical case managers must assure the consumer that information provided by the consumer or information obtained on behalf of the consumer is confidential. All written and verbal communications regarding the consumer will be maintained with strict confidentiality according to the policy of the agency and in accordance with local, state and federal laws.
- F. **Cultural competence**-Agency will ensure that culturally and linguistically appropriate service are available to all consumers and be able to provide services that are culturally sensitive and in the client's preferred language or arrange for a competent translator.
- G. **Americans Disabilities Act Compliance**-Agency must demonstrate that the needs of disabled consumers are met.
- H. **Consumer consent**-The medical case manager must obtain written consent for services and a consent to release/exchange of information from the consumer. The consent must be specific as to type of information, agency to which the information will be shared, and length of time during which the consent is valid.
- I. **Grievance Policy**-The medical case manager must review the policy with the client and provide a copy in a language and format the client can understand.

## **II. ACCESSIBILITY/STANDARDS OF SERVICE**

- A. Agency is compliant with ADA requirements for the provision of reasonable accommodations to address clients with special needs.
- B. Agency demonstrates a commitment to provide services that are culturally sensitive and linguistically appropriate.
- C. Agency demonstrates input from clients with regard to service delivery through client satisfaction surveys.
- D. There will be no barriers due to hours of service. There will be twenty-four (24) hour accessibility for emergency medical services and crisis counseling where applicable.
- E. There will be no barriers due to client disability. Agencies will comply fully with the Americans with Disabilities Act of 1990.
- F. There will be no barriers due to language differences between medical case manager and clients. Agencies must have the ability to provide native language speakers for services when 20% or more of their clients prefer another language or arrange for a competent translator.

- G. There will be no barriers due to lag time. Eighty per cent (80%) of all persons seeking services will see a medical case manager within five (5) working days of initial contact. If this is not possible, the reason must be documented in the client's file.

### III. CLIENTS RIGHTS AND RESPONSIBILITIES

1. Agencies funded for medical case management shall have the ability to provide service in the client's native language when twenty (20%) or more of their clients prefer another language and must provide information for clients in appropriate languages or arrange for a competent translator.
2. The agency will have a Clients Rights Statement posted and available to the client upon request. This will be in the client's language or explained to the client in the client's preferred language.
3. The agency will have a Consent for Services and Release of Records Form, which is dated and time-limited, signed by the client or person legally able to give consent. This form will be signed by the client after reviewing the initial "Service Plan" and when the client is reassessed and/or when the plan is updated or changed.
4. The agency will have a written policy related to Client Grievance Procedures which is reviewed with the client in a language and format the client can understand.
5. The agency will have a written Client Confidentiality Policy in conformance with State and Federal Laws.
6. All new clients will receive HIV/AIDS orientation and be provided with educational materials in their native language, when possible, and in a culturally appropriate manner.
7. Clients have the right to refuse services.

### IV. PROCESS

- Complete an Initial Intake/screening
- Conduct a Bio/psychosocial/medical assessment
- Develop a comprehensive individualized medical care plan
- Implement individualized care plan
- Monitor client to assess the efficiency of care plan
- Reassessment of bio/psychosocial/medical assessment; revise as necessary
- Case closure/transfer; when appropriate

**A. Initial Intake/screening** to determine eligibility and collect initial demographic information.

The following documentation/information is to be included:

- Proof of HIV+ status to determine eligibility for Ryan White Part A funding
- Date of Intake
- Client Name
- Preferred language of communication
- Proof of active participation in primary medical care or documentation of client's intention to access primary care.
- Summary of medical benefits/insurance
- Proof of income

**B. Bio/psychosocial/medical assessment**

The consumer's need, strengths and resources are assessed, documented and summarized. This assessment should be completed within five (5) working days of initial contact.

- Demographic information, if not completed at initial intake including:
- County of residence
- Gender/date of birth/race/ethnicity
- Employment status
- Living arrangements
- Insurance status
- Gross annual income
- Information about significant other/partner/minor children.
- Information with regard to partner notification (state procedure)
- Name and contact information about person authorized to sign for client if necessary
- Agency(s) where client has received services or is currently receiving services.
- Summary of medical and behavioral health history and respective treatments.

- Summary of medical benefits/insurance.
- Legal history, including current probation/parole status, if applicable.
- Assessment of risk behavior and risk reduction behavior.
- Housing/Living situation.
- Debt and money management issues.
- Employment issues (current employment/ ability to be employed).
- Family/social support system.
- Names and address of medical providers (physician, dentist, pharmacist).
- Current medications (including dosages, nutritional supplements and complementary therapies).
- Physical and social barriers to services.
- Identify barriers to accessing medical care.
- Agencies where client is receiving services, if applicable.
- Transportation needs.
- Assist in applying for benefits/entitlements.
- Discuss treatment adherence in general and any issues the client may be having,
- Mental Health screening.
- Substance Abuse screening.
- Oral Health screening.
- Nutritional screening.

**C. Comprehensive individualized medical care plan**

- Set realistic, measurable and mutually acceptable goals based on bio/psychosocial/medical assessment.
- Identify actions needed to attain each goal.
- Identify timelines for achieving goals.
- Describe how outcomes will be measured.
- Develop a treatment adherence plan.

**D. Implement individualized care plan**

- Schedule appointment for medical visit
- Schedule appointment for lab tests
- Refer for Core Services.
- Contact provider(s) to set up appointment(s)
- Refer for Support Services
- Contact provider(s) to set up appointment(s)
- Arrange for transportation, if required.
- Follow up to remind client of appointment(s).
- Reschedule missed appointment(s).

**E. Monitor client to assess the efficiency of care plan**

- Maintain contact with client by phone or at face-to-face meetings. Depending on client need; this contact should be a minimum of every three (3) months.
- Discuss treatment adherence issues experienced by client.
- Address emergency situations as they arise.
- Adjust Care Plan if necessary.
- Utilize CHAMP to reduce duplication of services.
- Follow up to make sure lab appointment is kept.
- Review client file & test results before medical visit.
- Meet with client after medical visit to make sure that he/she understands instructions/medications.
- Internal Case Conference including medical case manager and primary medical staff at least every 6 months (following medical visit and or annual screening tests).
- Medically stable HIV patient should be seen by doctor every 6 months or as directed by physician.

**F. Reassessment of bio/psychosocial/medical assessment**

- Review original medical plan and progress notes with client at a minimum of every six (6) months.
- Evaluate the appropriateness and effectiveness of medical plan.
- Update personal data if necessary.
- Identify significant changes in the client's clinical, psychological or functional status.
- Review entitlements.
- Discuss any medical crisis and use of emergency room if appropriate.
- Identify goals that have been reached within the established timeframes.
- Have barriers to medical care been addressed/removed/improved.
- Is client keeping primary medical appointments; if not, why?
- Is client taking his/her medications appropriately?
- Update individualized care plan as necessary.

**G. Case closure/Transfer**

**A. Case closure**

- Case manager must document date and reasons for closure of case including but not limited to; no contact, client request, client moves out of service area, client died, client ineligible for services.
- Reasonable efforts must be made to retain the client in medical care by phone and letter.
- A summary of the services received by the client must be prepared for the client's record.

**B. Case Transfer**

- The medical case manager should facilitate the transfer of client records/information.
- The client must sign a consent form to transfer records which is specific and dated

**V. DOCUMENTATION**

Written documentation is kept for each consumer which includes:

- Consumer's name and unique identifier number.
- Proof of HIV+ status.
- Signed initial and updated individualized treatment plans.
- Evidence of consent for services.
- Progress notes detailing each contact with or on behalf of the consumer. These notes should include date of contact and name of person providing the service.
- Evidence of the client's understanding of his/her rights and responsibilities".
- Signed "Consent to release information" form. This form must be specific and time limited.

**VI. ENGAGEMENT AND RETENTION OF CONSUMMERS**

The best way to retain clients in care and be aware of barriers that are preventing a client accessing care is to maintain an ongoing relationship.

**Procedure to be followed for missed appointments**

1. Medical Case Manger will call the consumer within 2 days of missed appointment to determine if there was a reason why the consumer did not keep appointment.
2. Medical Case Manger will attempt to reach the consumer no less than 2 times during a one-week period.
3. If the Medical Case Manager is unable to reach the consumer by phone, a letter (certified) will be sent to the consumer stating that an appointment has been missed and requesting that the consumer contact the agency to set up another appointment.
4. The Medical Case Manager should check with other agencies which are providing services to the client if known.
5. The Medical Case Manager may make a home visit if not prohibited by agency policy.
6. If appropriate and with prior approval of the client, the medical case manager will contact the emergency contact.

## **VII. STAFF/TRAINING**

### Qualifications/Training

- Clinical Health care professional
- Education: Bachelor degree/Associates degree or 5 years of medically related experience.
- HIV experience/training.
- Ongoing education/training of a minimum of six (6) hours per year in related subjects.
- Agency will provide new hires with training regarding confidentiality, client rights and the agency's grievance procedure.
- Annual staff evaluation/review.