Medical Case Management
Service Standards

HRSA 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 include 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).

Medical Case Management may also provide benefits 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 Marketplaces/Exchanges).

Limitations: Medical Case Management is a service based on need, and is not appropriate or necessary for every client accessing services. Medical Case Management is designed to serve individuals who have complex needs related to their ability to access and maintain HIV medical care. **Medical Case Management should not be used as the only access point for medical care and other agency services.** Clients who do not need Medical Case Management services to access and maintain medical care should not be enrolled in Medical Case Management services. When clients are able to maintain their medical care, clients should be graduated. Clients with ongoing existing need for Treatment Adherence support due to mental illness or other documented behavioral disorders meet the criteria for Medical Case Management services.

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***.
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.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

Services: Medical Case Managers act as part of a multidisciplinary medical care team, with a specific role of assisting clients in following their medical treatment plan and assisting in the coordination and follow-up of the client's medical care between multiple providers. The goals of this service are 1) the development of knowledge and skills that allow clients to adhere to the medical treatment plan without the support and assistance of the staff providing Medical Case Management services and 2) to address needs for concrete services such as health care, public benefits and assistance, housing, and nutrition, as well as develop the relationship necessary to assist the client in addressing other issues including substance use, mental health, and domestic violence in the context of their family/close support system. Core components of Medical Case Management services are:

1) Coordination of Medical Care – scheduling appointments for various treatments and referrals including labs, screenings, medical specialist appointments, mental health, oral health care and substance abuse treatment
2) Follow-up of Medical Treatments – includes either accompanying client to medical appointments, calling, emailing, texting or writing letters to clients with respect to various treatments to ensure appointments were kept or rescheduled as needed. Additionally, follow-up also includes ensuring clients have appropriate documentation, transportation, and understanding of procedures. MCM staff must also encourage and enable open dialogue with medical healthcare professionals.
3) Treatment Adherence – the provision of counseling or special programs to ensure readiness for, and adherence to, HIV/AIDS treatments.

Key activities include:

- Initial assessment of service needs
- 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 six (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

The HAB performance measures for Medical Case Management Services can be located on the HRSA website with the following link:
https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio

Service Standard and Performance Measure

The following Standards and Performance Measures are guides to improving healthcare outcomes for PLWH.

Standard	Performance Measure
Initial Comprehensive Assessment Initial Comprehensive Assessment must be completed within 30 calendar days of the first appointment to access MCM services and includes at a minimum: a) Client health history, health status and health-related needs, including but not limited to: • HIV disease progression • Tuberculosis • Hepatitis • STI history and/or history of screening • Other medical conditions • OB/GYN as appropriate, including pregnancy status • Routine health maintenance (ex. Well women exams, pap smears) • Medications and adherence • Allergies to medications • Complementary therapy • Current health care providers; engagement in and barriers to care • Oral health care • Vision care • Home health care and community-based services • Substance Use (validated and reliable substance use disorder screening tool must be used. See website for SAMISS) • Mental Health (validated and reliable substance use disorder screening tool must be used. See website for SAMISS) • Medical Nutritional Therapy • Clinical trials • Family Violence • Sexual health assessment and risk reduction counseling b) Additional information • Client strengths and resources • Other agencies that serve client and household • Progress note of assessment session(s)	Percentage of clients who access MCM services that have a completed initial comprehensive assessment within 30 calendar days of the first appointment to access MCM services and includes all required documentation in the primary client record system. Percentage of clients that received at least one face-to-face meeting with the MCM staff that conducted the initial comprehensive assessment. Percentage of clients with documentation of case closure due to non-responsiveness. (See case closure) Percentage of MCM clients with documented education on basic HIV information as needed (newly diagnosed, return to care), including explanation of viral load and viral suppression. Percentage of MCM clients with documented evidence of sexual health literacy and education provided on harm reduction, as needed.

• Supervisor signature and date, signifying review and approval, for medical case management staff during their probationary period. ***NOTE: The MCM team has the discretion to (1) determine priority need clients that should be enrolled in MCM and (2) enroll clients who have low acuity scores, but are high need and/or high-risk clients for disengaging in care. Clear and detailed documentation must be present in the client's primary record.***	
Medical Case Management Acuity Level and Client Contact MCM clients have a documented acuity level using an approved acuity scoring tool with the comprehensive assessment. Each interaction with a client has the potential to change acuity scores in specific categories. Any changes in a client's acuity should be documented appropriately. Acuity and frequency of contact is documented in the primary client record system.	Percentage of clients who have a completed acuity level documented using an approved acuity scale with the comprehensive assessment and documented in the client primary record system. Percentage of clients with acuity that have documented evidence of review of acuity, minimum every three (3) months, to ensure acuity is still appropriate level for the client's needs. Percentage of clients with documented decreased acuity during the measurement year. Percentage of clients with documented evidence of acuity and frequency of contact by MCM matches acuity level in the primary client record system.

Care Planning
The client and the case manager will actively work together to develop and implement the care plan. Care plans include at a minimum:
• Problem Statement (Need)
• Goal(s) – suggest no more than three goals
• Intervention
  o Task(s)
  o Referral(s)
  o Service Deliveries
• Individuals responsible for the activity (medical case management staff, client, other team member, family)
• Anticipated time for each task
 	
The care plan is updated with outcomes and revised or amended in response to changes in client life circumstances or goals, at a minimum, every six (6) months. Tasks, referrals and
	Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year. ***(HRSA HAB Measure)***
	
	Percentage of client records with documented issues noted in the care plans that have ongoing case notes that match the stated need and the progress towards meeting the goal identified, as indicated in the primary client record system.

services should be updated as they are identified or completed – not at set intervals.	
Viral Suppression/Treatment Adherence An assessment of treatment adherence support needs and client education should begin as soon as clients enter MCM services and should continue as long as a client remains in MCM services. Medical Case Management services should involve an individually tailored adherence intervention program, and **staff providing medical case management should reinforce treatment adherence at every contact whether it is during face-to-face contact or telephone contact.** The following criteria are recommendations that can help medical case management staff and clients examine the client's current and historical adherence to both medical care and treatment regimens: **-Medication Adherence:** Relates to current level of adherence to ARV medication regimen and client ability to take medications as prescribed. MCM staff will use any available treatment adherence tool to promote adherence. **-Appointments:** Relates to current level of completion of appointments for core medical services and understanding of the importance of regular attendance at medical and non-medical appointments in order to achieve positive health outcomes. **-ARV Medication Side Effects:** Relates to adverse side effects associated with ARV treatment and the impact on functioning and adherence. MCM staff will discuss side effects of medications as challenges and barriers to treatment adherence, including diarrhea, nausea, rash, headache, vomiting, swallowing and problems due to thrush. **-Knowledge of HIV Medications:** Relates to client understanding of prescribed ARV regimen, the role of medications in achieving positive health outcomes and techniques to manage side effects. **-Treatment Support:** Relates to client relationship with family, friends, and/or community support systems, which may either promote or hinder client adherence to treatment protocols.	Percentage of MCM clients with documented education about the goals of ARV therapy. Percentage of MCM clients who were provided medication adherence counseling as indicated for those clients that are non-compliant (not taking their medications as prescribed, missing doses) with education documented in the primary client record system. Percentage of MCM clients who were provided education on treatment adherence as determined necessary for non-compliant clients and education is documented in the primary client record system. Percentage of MCM patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year (that is documented in the medical case management record). ***(HRSA HAB measure)*** Percentage of MCM patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits. ***(HRSA HAB Measure)*** Percentage of MCM patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

Referral and Follow-Up Medical case management staff will work with the client to determine barriers to referrals and facilitate access to referrals. Medical case management staff will ensure that clients are accessing needed referrals and services, and will identify and resolve any barriers clients may have in following through with their Care Plan When clients are referred for services elsewhere, case notes include documentation of the completed referral with outcome of the referral in the primary client record system.	Percentage of MCM clients with documented referrals initiated immediately with client agreed participation upon identification of client needs. Percentage of MCM clients with documented referrals declined by the client in the primary client record system. Percentage of MCM clients with referrals that have documentation of follow up to the referral including appointment attended and the result of the referral. Percentage of MCM agencies with documented evidence of a referral tracking mechanism to monitor completion of all medical case management referrals.
Case Closure/Graduation Clients who are no longer engaged in active medical case management services should have their cases closed with case closure summary narrative documented based on the criteria and protocol outlined below. Common reasons for case closure, as applicable, include: • Client is referred to another medical case management program • Client relocates outside of service area • Client chooses to terminate services • Client is no longer eligible for services due to not meeting eligibility requirements • Client is lost to care or does not engage in service • Client incarceration greater than six (6) months in a correctional facility • Provider initiated termination due to behavioral violations, per agency's policy and/or procedures • Client death Graduation criteria: • Client completed medical case management goals • Client is no longer in need of medical case management services (e.g. client is capable of resolving needs independent of medical case management assistance). Agency should have a formal definition of non-engagement and procedures for case closure.	Percentage of MCM clients with closed cases that include documentation stating the reason for closure and a closure summary (brief narrative in progress notes and formal case closure/graduation summary) in the primary client record system. Percentage of closed cases with documentation of supervisor signature/approval on closure summary (electronic review is acceptable). Percentage of clients notified (through face-to-face meeting, telephone conversation or letter) of plans for case closure of the client's file from medical case management services. Percentage of clients with written documentation explaining the reason(s) for case closure/graduation and the process to be followed if client elects to appeal the case closure/graduation from service. Percentage of MCM closed files that have documentation that other service providers are notified, and this is documented in the client's chart.

Staff should utilize multiple methods of contact (phone, text, e-mail, certified letter) when trying to re-engage a client, as appropriate. Agencies must ensure that they have releases of information and consent forms that meet the requirements of HB 300 regarding the electric dissemination of protected health information (PHI).	Percentage of clients that are provided with contact information and process for reestablishment as documented in primary client record system.

Medical Case Management Standards of Care
Austin TGA Ryan White Part A Modifications

Case Closure/Graduation – Graduation Criteria, Pages 6-7

Added
Agency should have a formal definition of non-engagement and procedures for case closure.

Removed
Client is considered non-compliant with care if three (3) attempts to contact client (via phone, e-mail and/or written correspondence) are unsuccessful and the client has been given 30 days from initial contact to respond. Case closure proceedings should be initiated by agency 30 days following the 3rd attempt. *Make sure appropriate Releases of Information and consents are signed by the client and meet requirements of HB 300 regarding electronic dissemination of protected health information (PHI).*

REVIEW LOG

Reviewed by:	Action taken:	Approval date:
HIV Planning Council	No changes	May 20, 2019
add rows as needed		