

ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES MEDICAL CASE MANAGEMENT, INCLUDING TREATMENT ADHERENCE SERVICES

Purpose

The purpose of the Ryan White Part A quality management standards and measures is to ensure that a uniformity of service exists in the Atlanta Eligible Metropolitan Area (EMA) such that the consumers of a service receive the same quality of service regardless of where the service is rendered.

Definitions

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 by ensuring timely and coordinated access to medically appropriate levels of health and support services and continuity of care.

Medical Case Management may also include client-specific advocacy and/or review of utilization of services. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan and coordination of service required to implement the plan
- 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 services

In addition to providing the medically oriented services above, 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).

Medical Case Management is 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 case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management services must be provided by a professional with a BSW or other social service field or a Georgia registered professional nursing license.

Standards Development Process

The standards were developed through extensive background research on quality management standards, a review of existing standards from other Ryan White Part A EMAs, meetings of the Case Management Task Force and meetings with the Ryan White HIV/AIDS Program (RWHAP) Part A recipient.

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Application of Standards

These standards apply to any agency receiving Part A funds to provide Medical Case Management services. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain in quarterly reports the steps it is taking to meet that standard.

Mental Health, Substance Abuse, Legal and Case Management Standardized Screening Questions

The screening process includes utilization of the Atlanta EMA Screening Tool, standardized Case Management, Mental Health, Substance Abuse, and Legal questions, which all agencies must use if receiving Part A funds to provide Outpatient Ambulatory Health Services, Substance Abuse, Mental Health, Case Management (medical or non-medical) or Referral for Health Care and Support services. The purpose of the tool is to provide a uniform way to identify persons living with HIV (PLWH) who need an assessment conducted. Given this standardized approach, clients will receive the same follow-up for assessment, treatment and/or referrals based on their responses, regardless of the agency. Please note that agencies may decide to add more questions to their screening tool; however, the questions listed in these standards must be asked first before an agency's additional questions.

Grievance Process

If a grievance is filed after the screening process and it is unable to be resolved by the agency grievance person, the client shall receive an assessment, not a second screening. If a grievance is filed after the assessment process and it is unable to be resolved by the agency grievance person, the client shall receive a second assessment completed by a different Case Manager.

Acknowledgements

Fulton County would like to thank all of the EMAs that shared their standards, as well as the members of the Case Management Task Force who gave generously of their time to provide valuable input to the development of these quality management standards and measures.

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I. Policies and Procedures	
Standard	Measure
A. Agency must have policies and procedures in place that address confidentiality (HIPAA), grievance procedures and supervision requirements per federal and state law and local regulations.	<ul style="list-style-type: none"> • Policy and procedure manual • Grievance procedure posted in visible location
B. Agency has eligibility requirements for services in written form. This is inclusive of: <ul style="list-style-type: none"> ✓ Clients rights and responsibilities ✓ Release of information/confidentiality ✓ Eligibility for services 	<ul style="list-style-type: none"> • Policy on file
C. Agency is licensed and/or accredited by the appropriate city/county/state/federal agency.	<ul style="list-style-type: none"> • Current licensure on file from appropriate city/county/state/federal agency
D. Agency has written policies and procedures in place that protect the physical safety and well-being of staff and clients. This is inclusive of: <ul style="list-style-type: none"> ✓ Physical agency safety <ul style="list-style-type: none"> • Meets fire safety requirements • Complies with Americans with Disabilities Act (ADA) • Is clean, comfortable and free from hazards • Complies with Occupational Safety and Health Administration (OSHA) infection control practices ✓ Crisis management and psychiatric emergencies <ul style="list-style-type: none"> • How to assess emergent/urgent vs. routine need • Verbal intervention • Non-violent physical intervention • Emergency medical contact information • Incident reporting • Voluntary and involuntary inpatient admission ✓ Refusal and/or termination of services ✓ Personnel <ul style="list-style-type: none"> • Roles and responsibilities of staff, including supervision responsibilities and caseload or staff/client ratio ✓ Client/Parent/Guardian Rights and Responsibilities 	<ul style="list-style-type: none"> • Policy on file • Site Visit/Program Monitoring
E. Agency has private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).	<ul style="list-style-type: none"> • Site Visit/Program Monitoring

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<p>F. Agency will have all inactivated client records in a confidential locked location for a period as stipulated by law.</p>	<ul style="list-style-type: none"> ● Site Visit/Program Monitoring
<p>G. Agency is contractually required to maintain documentation of the following which shall be made available to the Recipient and HRSA upon request and during Ryan White Part A site visits:</p> <ul style="list-style-type: none"> ✓ Documentation that service providers are trained professionals, either medically credentialed persons or other health care staff who are part of the clinical care team ✓ Documentation that case notes are shared with other members of the health care team ✓ Documentation of case consultations with other members of the health care team ✓ Documentation that the following activities are being carried out for clients as necessary: <ul style="list-style-type: none"> ● Initial assessment of service needs ● Development of a comprehensive, individualized care plan including treatment adherence ● 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 at least every 6 months ✓ Documentation in program and client records of case management services and encounters, including: <ul style="list-style-type: none"> ● Types of services provided ● Types of encounters/communication ● Duration and frequency of the encounters ✓ Documentation in client records of services provided, such as: <ul style="list-style-type: none"> ● 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 including ADAP recertification ● Ongoing assessment of client's and other key family members' needs and personal support systems ● Treatment adherence counseling 	<ul style="list-style-type: none"> ● Client record

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<ul style="list-style-type: none">• Client-specific advocacy	
II. Program Staff	
Standard	Measure
A. Medical Case Managers are trained and knowledgeable about HIV/AIDS and current resources.	<ul style="list-style-type: none">• Personnel records
B. Medical Case Managers have appropriate skills, relevant experience and licensure to provide Medical Case Management services to people living with HIV. All Case Managers are properly trained and meet the staff qualifications for Medical Case Managers as defined in the introduction to this document.	<ul style="list-style-type: none">• Resumes in personnel records• Personnel and training records
C. Agency staff administering screening questions must have completed training for using the Atlanta EMA Screening Tool.	<ul style="list-style-type: none">• Training records
D. Medical Case Managers shall receive a minimum of 1 hour of monthly administrative supervision.	<ul style="list-style-type: none">• Personnel records
E. Medical Case Managers will participate in at least 6 hours of education/training annually.	<ul style="list-style-type: none">• Training/education documentation in personnel files
F. Medical Case Managers should manage caseloads no more than 50 active clients at a time.	<ul style="list-style-type: none">• Site Visit/Program Monitoring
III. Access to Services	
Standard	Measure
A. Agency is accessible to desired target populations. Accessibility includes: <ul style="list-style-type: none">✓ Proximity to community impacted by HIV✓ Proximity to mass transit✓ Proximity to low-income individuals✓ Proximity to underinsured or uninsured individuals	<ul style="list-style-type: none">• Site visit• Agency client data report consistent with funding requirements
B. Agency demonstrates the ability to provide culturally and linguistically competent Medical Case Management services according to Atlanta EMA standards for desired target population	<ul style="list-style-type: none">• Personnel and training records• Site visit• Client satisfaction survey• Agency client data report consistent with funding requirements
C. Agency demonstrates input from clients in the design and delivery of linguistic services.	<ul style="list-style-type: none">• Existence of Consumer Advisory Board (CAB); if agency does not have a CAB, it may ask for client input from the Consumer Caucus or other agencies' CABs• Client satisfaction survey

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D. Agency is compliant with ADA requirements for non-discriminatory policies and practices and for the provision of reasonable accommodations to address communication (i.e. sign language interpreter).	<ul style="list-style-type: none"> • Policy on file
IV. Eligibility Determination/Screening	
Standard	Measure
A. Upon initial contact with client, agency will determine if client meets criteria for emergency needs, as detailed in their policy and procedures.	<ul style="list-style-type: none"> • Client record
<p>B. Provider determines client eligibility for services. Client eligibility will be reassessed every 6 months. The process to determine client eligibility must be completed in a time frame so that screening is not delayed. Eligibility assessment must include at a minimum:</p> <ul style="list-style-type: none"> ✓ Proof of HIV status ✓ Proof of income not greater than 400% of Federal Poverty Level ✓ Proof of residency ✓ Proof of payor of last resort ✓ Proof of active participation in primary care or documentation of the client's plan to access primary care <ul style="list-style-type: none"> • At least 1 visit with a primary care provider every 6 months • For affected children <4, at least 1 primary care visit within 12 months 	<ul style="list-style-type: none"> • Client record • Policy on file • Agency client data report consistent with funding requirements
C. Clients are informed of the client confidentiality policy and grievance policy at first face-to-face contact.	<ul style="list-style-type: none"> • Client record • Client satisfaction survey
D. New and re-enrolling clients will be screened for case management, mental health, substance abuse and legal needs using the standardized Atlanta EMA screening tool per screening protocol during a face to face contact from appropriate program staff immediately following eligibility determination.	<ul style="list-style-type: none"> • Client record with Atlanta EMA Screening tool • Client data entered consistent with funding requirements (CAREWare) • Client record - if client disagrees with the screening disposition, the client record must include signature of client noting this and the scheduled appointment time with the identified agency grievance staff person
V. Case Management Assessment	
Standard	Measure
A. Medical Case Management assessment and enrollment will be conducted with a	<ul style="list-style-type: none"> • Client record

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<p>new client within 10 business days of receipt of the Atlanta EMA Screening Tool results.</p>	<ul style="list-style-type: none"> • Agency client data report consistent with funding requirements 		
<p>B. Medical Case Managers shall assess and document that clients are not receiving duplicate Case Management services at any other agency.</p>	<ul style="list-style-type: none"> • Client record • Documentation from client 		
<p>C. Complete Individualized Service Plan (ISP) at intake. An appropriate ISP must include behavioral goals, action steps and a timeline for each of the following areas as applicable:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ✓ Income ✓ Medical ✓ Medications ✓ Treatment Adherence Counseling ✓ Insurance ✓ Housing ✓ Legal </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ✓ Food/nutrition ✓ Mental health ✓ Substance use ✓ Social support ✓ Clothing ✓ Transportation ✓ Risk reduction </td> </tr> </table>	<ul style="list-style-type: none"> ✓ Income ✓ Medical ✓ Medications ✓ Treatment Adherence Counseling ✓ Insurance ✓ Housing ✓ Legal 	<ul style="list-style-type: none"> ✓ Food/nutrition ✓ Mental health ✓ Substance use ✓ Social support ✓ Clothing ✓ Transportation ✓ Risk reduction 	<ul style="list-style-type: none"> • Client record with a signed and dated ISP • Documentation from client that he/she received a copy of their ISP
<ul style="list-style-type: none"> ✓ Income ✓ Medical ✓ Medications ✓ Treatment Adherence Counseling ✓ Insurance ✓ Housing ✓ Legal 	<ul style="list-style-type: none"> ✓ Food/nutrition ✓ Mental health ✓ Substance use ✓ Social support ✓ Clothing ✓ Transportation ✓ Risk reduction 		
<p>D. A client’s ISP should be reevaluated and updated in face-to-face interviews. These interviews will occur at least every 6 months.</p>	<ul style="list-style-type: none"> • Client record • Client satisfaction survey 		
<p>E. Case managed clients will have direct contact with their Medical Case Managers every month. Direct contact is defined as phone interaction (messages left do not qualify), face-to-face contact, or secure email correspondence (messages sent to and received from client).</p>	<ul style="list-style-type: none"> • Client record • Agency client data report consistent with funding requirements • Client satisfaction survey 		
VI. Treatment Adherence Counseling			
Standard	Measure		
<p>A. Medical Case Managers should provide treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS treatments. At a minimum, adherence counseling should include obtaining information of the following:</p> <ul style="list-style-type: none"> ✓ Frequency of missed appointments ✓ Frequency of missed dosages of medications ✓ Challenges for adhering to appointments and/or medications 	<ul style="list-style-type: none"> • Client Record • Documented in Individualized Service Plan 		
<p>B. Adherence counseling should occur at every medical case management direct encounter.</p>	<ul style="list-style-type: none"> • Policy on file • Documented in Individualized Service Plan and Case 		

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	Notes
C. Medical Case Managers will coordinate with client’s health care team related to client care issues such as medication complications, side effects, and general issues impacting client regarding compliance and/or adherence.	<ul style="list-style-type: none"> • Client Record • Documentation that case notes are shared with other members of the health care team • Documentation of case consultations with other members of the health care team
VII. Clients’ Rights and Responsibilities	
Standard	Measure
A. Client confidentiality policy exists for all service settings.	<ul style="list-style-type: none"> • Policy on file
B. Grievance policy exists.	<ul style="list-style-type: none"> • Policy on file
C. A current (in the last year) release of information form exists for each specific request for information and each request is signed by the client.	<ul style="list-style-type: none"> • Client record
D. The agency has a formal policy as governed by Georgia law for clients who may be incapable of making their own treatment or care decisions.	<ul style="list-style-type: none"> • Policy on file • Legal/medical consultation policy
E. Client will be informed of the client confidentiality policy, grievance policy, their rights and responsibilities and their eligibility for services.	<ul style="list-style-type: none"> • Client record initialed by client