POLICY AND PROCEDURE NOTICE: PPPN-042
MEDICAL CASE MANAGEMENT SERVICES (INCLUDING TREATMENT ADHERENCE)

Summary and Purpose of PPN: To guide the administration of the Ryan White Part A Program to provide a standard Priority Service definition and requirements.

Authority:

- HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A
  https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf

- HAB PCN #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds
  https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

- Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds Frequently Asked Questions
  https://hab.hrsa.gov/sites/default/files/hab/Global/faq_service_definitions_pcn_final.pdf

- HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal – Part A and B (Covers Both Fiscal and Program Requirements)
  http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf

Background:

Atlanta EMA Quality Management Standards

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. These standards set forth the minimal acceptable levels of quality in service delivery and to provide measurement of the effectiveness of services. EMA Standards of Care may be found on the Ryan White Part A website at **www.ryanwhiteatl.org**.

Also see PPPN-038 Compliance with Standards.

Service Definition

Medical Case Management (MCM) 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. In addition to providing the medically oriented services, 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).

Policy and Procedure:

1. These services ensure timely and coordinated access to medically-appropriate levels of health and support services and continuity of care, 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 any other form of communication. Key activities include (1) initial assessment of the service needs; (2) development of a comprehensive, individualized care plan; (3) coordination of services required to implement the plan; (4) continuous client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan, at least every 6 months, as necessary.

   Service components may include:
   - A range of client-centered services that link clients with health care, psychosocial, and other services, including benefits/entitlement counseling and referral activities assisting them to access 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, Marketplace and other private insurance, and other State or local health care and supportive services)
   - Coordination and follow-up of medical treatments
   - 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/AIDS treatment
   - Client-specific advocacy and/or review of utilization of services

2. Subrecipient is expected 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:
   - 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:
  - 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:
  - Types of services provided
  - Types of encounters/communication
  - Duration and frequency of the encounters
  - Documentation in client records of services provided, such as:
    - ✓ 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
    - ✓ Client-specific advocacy

Unit of Service Definition

Medical Case Management (including treatment adherence)			
Subservice Name	**Definition**	**Unit**	**Funding Sources**
Medication Adherence Assessment	Determines readiness for treatment naïve clients or experienced clients who are changing regimens. Assess lifestyle and other factors that will promote or hinder adherence. Determine willingness to adhere by reviewing prior adherence to other medications. Must be provided by RN in clinical setting.	Assessment	A,B,C,D
Individual Medication Adherence Counseling	Provision of educational sessions for treatment naïve clients or experienced clients who are changing regimens; and ongoing counseling for clients currently taking antiretroviral therapy. Discussion of ARV treatment, dosing schedules, medication adherence/resistance, techniques and resources for success, indication/expectation of ARVs, and toxicity. Must be provided by RN in clinical setting. Visits with Pharmacist should be classified as Specialty Care Visit.	Session	A,B,C,D

Initial Enrollment	Intensive enrollment visit. Includes initial intake, assessment, and initiation of the comprehensive individual service plan (ISP). Includes residency and income verification, social history, review of medical records, and signing of consents. Must include the coordination and follow-up of medical treatments and treatment adherence.	15 minutes	A,B,C,D
Update Service Plan	Comprehensive ISP reevaluated and updated in face-to-face interviews. Review client progress on goals, identify additional needs, determine next steps, and set new goals. Must include the coordination and follow-up of medical treatments and treatment adherence.	15 minutes	A,B,C,D
Face-to-Face Interim Contact	The client has direct, face-to-face contact with his/her case manager. Includes follow up with client on the comprehensive ISP goals and current needs. May include assisting client with applications for financial assistance, ADAP, PAP, HICP and other entitlement programs. Must include the coordination and follow-up of medical treatments and treatment adherence.	15 minutes	A,B,C,D
Non Face-to-Face Interim Contact	Non-face-to-face contact with client or other providers on behalf of the client. Includes contact in the form of phone, email, fax, or letter. Must include the coordination and follow-up of medical treatments and treatment adherence.	15 minutes	A,B,C,D
Discharge Linkage	Coordination of care for clients being discharged from hospital. Includes linking clients to clinic, assisting clients in accessing services and medications, and providing education about enrollment. Must be provided by RN or case manager.	Visit	A,B,C
TB Direct Observed Therapy (DOT) - Medical	TB DOT - direct observation of the client ingesting the correct dose of anti-tuberculosis medications by a public health nurse or trained healthcare professional.	Visit	A

Approved: June 2016	Reviewed: March 2021