

# HIV Medical Case Management Service Specifications & Program Requirements

Updated 4/12/13



# Performance-Based Goals, Indicators and Measures for Maine CDC

Goal	Indicators	Data Collected	Target
<p>HIV medical case management services are delivered to clients who are eligible</p>	<p>Active clients' eligibility is determined every six months, including verification of HIV status, verification of household income, and verification of insurance</p>	<ul style="list-style-type: none"> <li>• Required standard forms are complete, according to record reviews</li> <li>• Documentation of HIV status is present in records, according to record reviews</li> <li>• Income for legal household is verified and documented every six months, according to record reviews and CAREWare</li> <li>• Insurance status is documented and entered in CAREWare</li> <li>• Semi-annual review service logged in CAREWare every six months for each active client</li> </ul>	<ul style="list-style-type: none"> <li>• 90% of client records audited during the contract year are complete</li> <li>• 90% of active clients have a completed semi-annual certification every six months, which is documented in CAREWare, during the year</li> <li>• 100% of active clients have an income date less than 1 year old entered in CAREWare</li> </ul>

Goal	Indicators	Data Collected	Target
HIV case management services are client-centered	Active clients are assessed annually to determine needs and goals for the year	<ul style="list-style-type: none"> <li>• Required standard forms are complete, according to record reviews</li> <li>• Assessment service logged in CAREWare during the reporting year for each active client</li> </ul>	<ul style="list-style-type: none"> <li>• 90% of client records audited during the contract year are complete</li> <li>• 90% of active clients have a completed assessment, which is documented in CAREWare, during the year</li> </ul>
	Active clients are assessed every six months to determine short-term needs and goal achievement	<ul style="list-style-type: none"> <li>• Required standard forms are complete, according to record reviews</li> <li>• Care Plan service logged in CAREWare every six months for active clients</li> </ul>	<ul style="list-style-type: none"> <li>• 90% of client records audited during the contract year are complete</li> <li>• 90% of active clients have completed semi-annual care plans, which are documented in CAREWare, during the year</li> </ul>

Goal	Indicators	Data Collected	Target
<p>Clients have increased access to and retention in medical care</p>	<p>Case managers screen clients' care status every six months</p>	<ul style="list-style-type: none"> <li>• Care status screening is completed on required standard Semi-Annual Certification, according to record reviews</li> <li>• CD4 count and Viral Load are entered into CAREWare at least every six months</li> </ul>	<ul style="list-style-type: none"> <li>• 90% of client records audited during the contract year are complete</li> <li>• 90% of active clients have a CD4 count and Viral Load test entered in CAREWare every six months</li> </ul>
	<p>Clients are linked with insurance and/or medical care</p>	<ul style="list-style-type: none"> <li>• Insurance and medical care information collected at Intake is entered in CAREWare</li> <li>• Percentage of clients reporting no insurance and/or medical care</li> <li>• Percentage of clients who reported no insurance and/or medical care during the prior reporting year who are now linked with medical care and/or insurance</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of clients have insurance and medical care documented in CAREWare</li> <li>• 95% of clients report having both insurance and medical care</li> <li>• 90% of active clients who reported no insurance and/or medical care during the prior reporting year report coverage during this reporting year</li> </ul>
	<p>Medical case management supports access to and retention in medical care and ensures readiness for, and adherence to, complex HIV/AIDS treatments.</p>	<ul style="list-style-type: none"> <li>• Case notes describe how each contact supported treatment adherence</li> </ul>	<ul style="list-style-type: none"> <li>• 90% of client records audited during the contract year are complete</li> </ul>

Goal	Indicators	Data Collected	Target
Clients are connected to services they need	Referrals are made for services that are not provided directly by medical case managers/the Provider	<ul style="list-style-type: none"> <li>• Referrals and follow up on them are documented in client files</li> <li>• Medical case managers receive training in core competency areas to ensure knowledge of referral resources</li> </ul>	<ul style="list-style-type: none"> <li>• 90% of client records audited during the contract year are complete</li> <li>• 20 hours/year of training in core competency areas is documented in personnel files for medical case managers</li> </ul>
	Clients maintain ADAP coverage	<ul style="list-style-type: none"> <li>• Case management clients recertify with the ADAP on time to prevent loss of coverage and interruption in medications</li> </ul>	<ul style="list-style-type: none"> <li>• 90% of active clients with ADAP will recertify</li> </ul>
	Clients achieve at least 4 short-term goals per year	<ul style="list-style-type: none"> <li>• Achievement of short-term goals is documented on care plan forms</li> </ul>	<ul style="list-style-type: none"> <li>• 90% of client records audited during the contract year are complete</li> </ul>

Goal	Indicators	Data Collected	Target
Clients are satisfied with services	Clients indicate level of service satisfaction on annual surveys	<ul style="list-style-type: none"> <li>Percentage of clients indicating “Strongly Agree” or “Agree” to “I would recommend this program to others”</li> </ul>	<ul style="list-style-type: none"> <li>Rate of satisfaction is at least 90% and not more than 2% less than previous rating</li> </ul>
Clients receive information to help reduce the risk of spreading HIV to others	Case managers provide information on HIV prevention and/or risk reduction at least once per year	<ul style="list-style-type: none"> <li>Prevention services documented in client record at least once per year for active clients</li> </ul>	<ul style="list-style-type: none"> <li>90% of client records audited during the contract year are complete</li> </ul>
HIV medical case management supports clients’ independence	Client acuity decreases over time	<ul style="list-style-type: none"> <li>Acuity scores at annual assessment entered into CAREWare</li> </ul>	<ul style="list-style-type: none"> <li>75% of active clients experience a minimum of an 8-point decrease in acuity</li> </ul>
Homeless people with HIV receive appropriate care and services	Active clients are assessed annually to determine needs and goals for the year	<ul style="list-style-type: none"> <li>Required standard forms are complete, according to record reviews</li> <li>Assessment service logged in CAREWare during the reporting year for each active client</li> </ul>	<ul style="list-style-type: none"> <li>90% of client records audited during the contract year are complete</li> <li>90% of active clients have a completed assessment, entered in CAREWare, during the year</li> </ul>

# Reporting suspected abuse or neglect

- Must comply with:
  - 22 MRSA § 3477: Persons mandated to report suspected abuse, neglect or exploitation
  - 22 MRSA § 4011-A: Reporting of suspected abuse or neglect
  - 14-197 CMR chapter 12: Regulations Regarding Reportable Events, Adult Protective Investigations, and Substantiation Hearings Regarding Persons with Mental Retardation or Autism

# Mandated Reporting

- All staff involved with case management clients must be trained on the agency's policies and procedures related to:
  - Maine CDC's policy for HIV Transmission Prevention;
  - State law related to reporting suspected incidents of abuse or neglect;
  - State law related to clients who pose a danger to themselves or others;
  - Known or suspected unethical behavior.
- All case managers are trained regarding professional ethical standards and principles



# MaineCare regulations

- Providers will assure that their programmatic and financial management policies and procedures are in accordance with applicable MaineCare regulations and that their staff members are familiar with the requirements of the applicable MaineCare service they are providing.
- Providers will ensure that they are in compliance with the applicable MaineCare regulation prior to billing for the service.

# Applicable Standards

- Providers are required to comply with:
  - *Title XXVI of the Public Health Service Act (Ryan White HIV/AIDS Program)*
  - *HIV/AIDS Case Management Program Standards (the rules)*
  - *MaineCare Benefits Manual*
  - *The CAREWare Guidance Manual*
  - *Ryan White HIV/AIDS Program Part B Monitoring Standards, including Fiscal Monitoring Standards, Program Monitoring Standards, and Universal Monitoring Standards*
- In some cases, standards may be stricter than Maine CDC contract riders – **comply with the strictest standard**

# Caseload Management & Wait List

- Average caseload = 35-50 active clients per FTE
- When average caseload is higher than 50, agency may consider starting a wait list
- **The Provider will contact the Ryan White Part B Program Coordinator when a waiting list is being considered**

# Accessibility

- Regular hours of operation
- Clients are informed when a case manager is unavailable (i.e. at trainings, on vacation, out sick)
- If the case manager will not be available within one working day, another case manager will be made available to assist clients
- Client phone calls are returned within one working day
- Appointments are scheduled within 5 working days of a requested appointment unless the client prefers to schedule for a later date

# Accessibility

- Clients receive written information about services available in the area for emergency situations at intake and annual assessment
- Phone answering machine refers clients to emergency resources
- Services available outside of normal business hours at least once a month (i.e. offering home visit, phone call or other type of contact during evening hours once per month)

# Grievances

- Plain language
- Approved by the Ryan White Program Coordinator
- Offered to clients at intake and annual assessment

# Grievance Procedures

- Initiated by client
- May address any complaint related to the services he or she has received
- Encourage the client to speak with case manager and/or staff directly involved to resolve the issue
- **If the issue is not resolved within 5 working days, a formal written grievance may be issued.**
- **Clients who cannot write on their own will be assisted.** Agencies will provide 4 total hours of staff time over 2 weeks to assist a client with writing a grievance (meeting with the client, drafting the grievance, reviewing the draft with the client, making corrections).
- Written grievances are submitted to the supervisor of case managers and/or agency director, who attempt resolve.

# Grievance Procedures

- If the issue is not resolved, it may be referred for review at a higher level within the agency (i.e. board of directors).
- **If the issue is not resolved– and/or is not resolved to the client’s satisfaction – within 30 days of filing the written grievance, the client may appeal to the Ryan White Part B Coordinator.** The Part B Coordinator reviews the grievance within 35 days of the appeal, and responds in writing.
- **Agencies are required to prepare a written summary for every formally registered grievance**, which includes a statement of the specifics of the case, the procedure that was followed, the participants in the procedure, actions taken, all relevant dates, and the outcome of the process. The summary must be sent to the Ryan White Part B Program Coordinator within 2 weeks of completing the process. The summary is retained by the agency for at least 5 years.
- A client may contact the Office for Civil Rights at US DHHS to address privacy or confidentiality issues. The contact information for this office must be included in the Grievance Policy.



# Data Collection and Reporting

- CAREWare is required
- Users must complete confidentiality training and sign the agency's confidentiality statement **before** CAREWare training
- Training conducted by database administrator or her designee only
- **SecurID cards and personal identification numbers (PINs) may never be shared**
- If a user leaves an agency, the replacement must submit the paperwork to transfer the ID

# Data Collection and Reporting

- **Agencies must contact the database administrator within 24 hours of an employee's final exit, so that the user's account can be locked**
- No user shall knowingly falsify data entered into CAREWare
- Users shall not share data from CAREWare with individuals for personal use or to any individuals who have no duties related to the data entered in CAREWare
- Client-level demographic, clinical, and service data collected on all clients receiving Part B case management services, according to the CAREWare User Manual
- Agencies have representation at periodic CAREWare user trainings, or arrange for other training and assistance from the database administrator
- **Client demographic data shall be reviewed and updated as needed, and at least annually**

# Clinical Records

- Required to use all standardized forms issued by Part B Program
- Document all encounters with or on behalf of the client
- Records are thorough, complete, organized, and clear
- Records managed according to agency Confidentiality Policy
- Records are maintained for 6 years following final client discharge
  - Providers maintain an inventory of records destroyed, including basic demographics of clients and dates of service initiation and termination

# Clinical Records

- Case notes must be entered in CAREWare for every contact with or on behalf of a client
- Case notes must be entered within 15 days of the service
- Case notes include the case manager's name and title.
- Incorrect information in electronic files is noted but not deleted
- Handwritten documentation
  - Legible
  - Blue or black ink only
  - Errors corrected with a single line drawn through and the case manager's initials and date next to the line
  - Documents are fully completed
    - Sections not completed marked "n/a" or a line drawn through the entire section
  - **No sections of forms left blank**
  - Information added after form is completed is initialed and dated

# Clinical Records

- Auditors cannot make assumptions that people are following the standards for documentation
  - If a contact is not documented properly in the chart, **it did not happen**
  - If proper documentation (income verification, HIV verification, etc) is not in the chart, **it does not exist**

# Record Reviews

- Random, unduplicated sample
- At least 10% of active client records for the reporting period (minimum of five client records)
- Reviewed each quarter by agency
- Reviewed by clinical or administrative supervisors
- Staff may not review their own records
- Reviewed twice per year by MCDC staff – agency may not have to complete record reviews that quarter

# HR-related rules

# Drug-free workplace

- The Provider certifies that it shall provide a drug-free workplace by:
  - publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - establishing a drug-free awareness program to inform employees about the dangers of drug abuse in the workplace, the policy of maintaining a drug-free workplace, available drug counseling and rehabilitation programs, employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - providing a copy of the drug-free workplace statement to each employee to be engaged in the performance of this agreement;
  - notifying employees that they will abide by the terms of the statement and notify the employer of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction as a condition of employment.



# Drug-free workplace

- The provider shall notify the state agency within 10 days after receiving notice of criminal drug convictions occurring in the workplace from an employee, or otherwise receiving actual notice of such conviction, and will take one of the following actions within 30 days of receiving such notice with respect to any employee who is so convicted:
  - take appropriate personnel action against the employee, up to and including termination,
  - or requiring the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

# Professional & Other Qualified Staff

- Job description specifies the minimum qualifications upon hiring
- New case managers are trained and supervised to achieve core competencies within the first 6 months of employment
- Assessment of core competency achievement documented at least annually

# Core Competencies

- Perform Case Management Practices as outlined in the current rules for HIV Case Management as well as Rider A of this contract.
- Apply ethical, professional judgment, relying on ethical standards and principles outlined by the case managers' professional association.
- A knowledge of the National CDC definitions for HIV and AIDS; a working and up-to-date knowledge of the Public Health Services standards for HIV care; an understanding of common opportunistic infections and AIDS-defining illnesses; an understanding of common dual-diagnoses including Hepatitis A, B and C, substance abuse and mental health diagnoses; a basic understanding of routine lab tests and the implications of results (CD4 count, viral load); a basic understanding of HIV genotyping; and comfort discussing medical care in lay terms with clients and medical providers.

# Core Competencies, cont.

- An understanding of the major HIV drug classes and their mechanisms; a knowledge of common side-effects; a basic knowledge of adherence requirements for medication effectiveness; a basic understanding of common contraindicated over-the-counter products and nutritional supplements and comfort referring clients to physicians for more information; a knowledge of effective adherence tools and techniques; and skills and comfort discussing medications in lay terms with clients and medical providers.

# Core Competencies, cont.

- An advanced knowledge of HIV transmission via risk behaviors; an advanced knowledge of the principles, practices and techniques of risk reduction; a knowledge, skills and comfort discussing sex and sexuality; a knowledge, skills, and comfort discussing illicit drug use; a respect for and comfort with a diversity of lifestyles and personal choices, and a knowledge of key referral programs, including Partner Services (PS) and Comprehensive Risk Counseling Service (CRCS).
- A thorough understanding of public insurance programs and the ability to understand private insurance programs, including COBRA, employee and privately purchased policies, and related limitations (pre-existing conditions, cost caps, formulary restrictions).

# Core Competencies, cont.

- Negotiate complicated systems and difficult situations, using good clinical judgment.
- Prepare professional, proper documentation and reports related to case management services.
- Utilize CAREWare software to record, manage, and report client and service data as required in state CAREWare guidance.
- Ability to teach life skills management, such as budgeting, stress management, time management, and disclosure of HIV status to partners.

# Core Competencies, cont.

- Apply working knowledge of referral resources, minimally in each of the core competency areas listed above, as well as:
  - MaineCare/Medicaid programs, benefits and eligibility processes and criteria, with advanced knowledge of the 1115 Waiver Limited Benefit Program for People Living with HIV/AIDS.
  - Medicare, particularly the Part D Prescription Drug Coverage and its enrollment processes, benefits structure, member requirements, formulary and appeals policies.
  - AIDS Drug Assistance Program (ADAP) benefits and enrollment process.
  - Social Security Programs, including Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI), and their benefits, application, eligibility, and appeals processes.
  - Housing assistance programs, including HOPWA and Section 8, their benefits, application, eligibility, waiting list, and appeals processes.

# Core Competencies, cont.

- Apply working knowledge of and referral resources, minimally in each of the core competency areas listed above, as well as:
  - Transportation programs, particularly as related to MaineCare member benefits and disability benefits.
  - General Assistance programs and their benefits and eligibility processes
  - Medical care, HIV specialty care, STD clinics/services, perinatal care, dental care, and client-friendly pharmacies.
  - Substance abuse services.
  - Mental health services.
  - Sexual assault counseling/services; domestic violence services/assistance.
  - Legal services.
  - Food assistance.
  - Vocational assistance.
  - Social, educational, and advisory opportunities for People Living with HIV/AIDS.



# Training

- 20 hours of training in core competency areas annually
  - or maintain the number of training hours mandated by professional licensure, whichever is greater
- Trainings documented in personnel files

# Supervision

- 4 hours per month per FTE
- Pro-rated for people who work part-time