RYAN WHITE PART A (RWPA) HIV/AIDS PROGRAM
LAS VEGAS TRANSITIONAL GRANT AREA (TGA)

MEDICAL CASE MANAGEMENT—SERVICE STANDARDS

Drafted by Part A Recipient Office	Approved by Part A Planning Council
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IMPORTANT: All Las Vegas Transitional Grant Area (TGA) service providers must adhere to the Las Vegas-TGA *Universal Service Standards*. Please read the *Universal Service Standards* prior to reading the service standards below.

Service Description
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 includes 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). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized 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 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 ensuring readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of 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).

Program Guidance

Medical Case Management services have as their objective <u>improving health care</u> outcomes whereas Non-Medical Case Management Service have as their objective providing guidance and assistance in <u>improving access</u> 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 an Outpatient/Ambulatory Health Service category.

Minimum Requirements

STANDARD	MEASURE
1. Staff Requirements	
A. Medical case management services must be provided by a trained professional, including both medically credentialed and other human services staff.	A. A copy of diploma/credentials or documentation of 2 years of related HIV direct service experience
2. Service Delivery	
2.1. Screening Tool A face-to-face medical case management screening tool must be completed within the first three medical case management visits.	2.1. Documentation in consumer records of completed medical case management screening tool
2.2. Acuity Form An acuity form must be completed, at minimum, at the same time or after a screening tool.	2.2. Documentation in consumer records of completed acuity scale after each assessment/reassessment
2.3. Individualized Service Plan A service plan is developed collaboratively with the consumer, at minimum, at the same time or after an acuity form.	2.3. Documentation in consumer records of completed service plan within specified timeframe
2.4. Service Plan Monitoring The medical case manager must monitor service plan to ensure appropriate and timely service referrals are made	2.4. Documentation in consumer records of service plan monitoring
2.5. Case Management Follow-Up The medical case manager must follow-up with clients via face-to-face or telephone contacts, at minimum, every three months.	2.5. Documentation in consumer record of case management follow-up
2.6. Reassessment The medical case manager must complete a reassessment, including screening tool, acuity form, and updated service plan every six months.	2.6. Documentation in consumer records of a reassessment at specified timeframes
2.7. Documentation The medical case manager must document any and all efforts to work with consumer and provide services, such that progress notes and service entries match in	2.7. Documentation in consumer records of progress notes that correspond to service

CAREWare.	entries
2.8. Discharge If a client is discharged from medical case management for any reason, a discharge summary must be completed within 10 business days and include: • Reason of discharge • Consumer-centered discharge plan • Referrals provided • Dated signature of the medical case manager Any client discharged from services due to violation of client rights and responsibilities must be reported to the Recipient Office by the next business day.	2.8. Documentation in consumer records of discharge summary
3. Program Data and Reporting	
A. Medical Case Management programs are required to collect the following data elements in the Las Vegas TGA CAREWare data system: • Year of birth • Ethnicity • Hispanic subgroup • Race • Asian subgroup • NHPI Subgroup • Gender • Transgender subgroup • Sex at Birth • Health insurance • Housing status • Federal poverty level • HIV/AIDS status • Client risk factor • Vital enrollment status • HIV Diagnosis Year	A. Documentation in Las Vegas TGA CAREWare
4. Policies and Procedures	
A. None at this time.	A. N/A
5. Referral Policy	
A. All service providers must work in partnership with the client, their internal care coordination team and external providers (both Ryan White HIV/AIDS Program-funded and non-Ryan White-funded sites) to ensure appropriate and timely service referrals are made. For more information, see Las Vegas TGA *Referral Policy*.	A. For internal Ryan White Part A referrals: documentation in CAREWare. For external referrals: documentation in client record that referral was completed.