MEDICAL CASE MANAGEMENT (INCLUDING TREATMENT ADHERENCE)

INLAND EMPIRE HIV/AIDS PLANNING COUNCIL STANDARDS OF CARE
RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
RYAN WHITE HIV/AIDS PROGRAM

This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.

Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White Program legislation (Part A and Part A MAI) across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

Definition of Service *(HRSA)*

> ***Medical Case management services (including treatment adherence***) *are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) Initial assessment of service needs; (2) Development of a comprehensive, individualized service plan (ISP); (3) Coordination of services required to implement the plan; (4) Client monitoring to assess the efficacy of the plan; and (5) Periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.*

I. Care and Treatment Goal(s)

- To assist clients in achieving an enhanced level of health and quality of life and maintain wellness and function.
- To assist clients to more appropriately and effectively self-direct care, self-advocate, and make informed healthcare decisions.

II. Service Goal

Successfully implement a collaborative process of assessment, planning, facilitation and advocacy for options and services, to meet the health needs of clients who require intense coordination, through communication and available cost-effective resources to promote quality care and positive health outcomes.

A. Service Objectives

1. To promote and facilitate client empowerment leading to self-management, as appropriate.
2. To coordinate the client's medical care and support services.
3. To work collaboratively with the client/family, the physician, providers of healthcare, and others in and out of the Ryan White system of care to develop and implement a plan that meets the individual's needs and goals.
4. To promote the utilization of and assist with locating available resources to achieve clinical and financial outcomes.
5. To ensure appropriate access to care for clients in need.
6. To interject objectivity, healthcare choices, and promotion of self-care.
7. To facilitate appropriate and timely benefit and treatment decisions.

B. Description of Services

Service Components

1. Initial and ongoing assessment of client's acuity level and ~~of the client's~~ service needs.
2. Development of an individualized service plan in collaboration with the client. The plan must be developed with the client, primary care physician/provider and other healthcare/support service providers to maximize client healthcare responses and facilitate cost-effective outcomes.
3. Coordination and follow-up of medical treatments required to implement the plan.
4. Monitoring of client progress to assess the efficacy of the plan. This includes tracking of health outcomes and other indicators.
5. Periodic re-evaluation and adaptation of the plan as necessary (at a minimum, once every 6 months).
6. Provision of Medical Case Management advocacy on client's behalf.
7. Direct provision of or referrals to other service providers for advice, support, counseling on topics surrounding HIV disease, treatments, medications,

treatment adherence education, caregiver bereavement support, dietary/nutrition advice and education, and terms and information needed by the client to effectively participate in his/her medical care.

8. Ongoing coordination with internal programs and external agencies to which clients are referred for medical and support services.
9. Provision of all types of case management including face-to-face, phone contact, and any other forms of communication (e.g., email).
10. Co-location of Medical Case Management services with medical services. Case Managers delivering Medical Case Management are required to facilitate/participate in case conferencing for their Medically Case-Managed clients annually.

C. Limitations

There are no service-specific limitations for Medical Case Management.

III. Service-Specific Staff Qualifications

- Case Managers delivering Medical Case Management must be licensed Registered Nurses (RN), Licensed Vocational Nurses (LVN), Master's degree (MA), Bachelor's degree (BA/BS) in human health services, or equivalent experience and/or education.
- *Please refer to the Common Standards of Care for general staff qualification requirements.*

Case Managers delivering Medical Case Management will seek to:

- Achieve and maintain current professional licensure, national certification, and/or higher education in a health and human services profession.
- Maintain continuing competence appropriate to medical case management and to professional licensure or professional certification.
- Provide only those medical case management services that the medical case manager is qualified to provide and refer the client to another source(s) for services outside the medical case manager's scope of practice.
- Maintain current knowledge of applicable laws, procedures, and legal guidelines associated with service issues such as: reporting abuse/neglect, consent to treat, privacy/confidentiality, client rights, power of attorney, advanced medical directives, and benefits.

IV. Exceptions and Urgent Need

Please refer to the Common Standards of Care for guidance concerning exceptions and urgent need.

V. Reportable Units of Service and Financial Eligibility

Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.