

MEDICAL CASE MANAGEMENT STANDARDS OF CARE

Medical Case Management is 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; (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.

GOAL

The purpose of the Medical Case Management service is to increase a patients' self-sufficiency in accessing and maintaining their HIV healthcare.

STANDARD OF CARE

HIRING STANDARDS

- All Medical Case Managers should possess a Bachelor's degree in social work, health, human, or education services, or RN minimum, licensed preferred. Consideration should be given to those with 5 years of case management services to persons with HIV/AIDS.

TRAINING STANDARDS

- All Medical Case Managers should abide by the most recently approved Texas Department of State Health Services (DSHS) Texas HIV Case Management Standards requirements for training.
- All unlicensed Medical Case Managers must become certified Community Health Workers within six months of hire date.

JOB PERFORMANCE STANDARDS

- All Medical Case Managers (MCM) should abide by the most recently approved Texas Department of State Health Services (DSHS) Texas HIV Case Management Standards requirements for job performance.

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- MCMs must create care plans, conduct client needs assessments, and determine client acuity, in accordance with DSHS Texas HIV Case Management Standards.
- In addition, MCM must be part of the clinical care team defined as:
 - MCM must have a direct connection with the clinical care of a client.
 - MCM must be included in the development of a client's clinical care plan and have at will access (direct or indirect) to information from clients' medical files (i.e., electronic health records or paper charts) and treatment plans.
 - MCM must have case conferencing ability with the medical provider or provider-designee.
 - MCM must interface with other members of the clinical care team.
 - If a MCM is not on staff at the client's medical clinic, a Memorandum of Understanding between the medical provider and the agency providing medical case management must be in place detailing the working relationship and stating the MCM is part of the clinical care team.

REPORTING STANDARDS

- All Medical Case Managers should abide by the most recently approved Texas Department of State Health Services (DSHS) Texas HIV Case Management Standards requirements for reporting.

SPECIAL INSTRUCTIONS

1. Medical Case Management (MCM) assessments will include an evidenced-based screening tool to be conducted on clients during intake and every six (6) months in order to determine referrals into substance abuse and mental health services.
2. MCM providers will incorporate an acuity scaling system, based on a set of consistent screening tools and assessments approved by the Administrative Agency.
3. MCM providers must provide clients with information and assistance with HIV treatment education and HIV medication adherence. A consistent tool will be used to document treatment education and HIV medication adherence.
4. MCM providers must incorporate HIV risk reduction education into case management services.
5. Clients presenting in a debilitating condition (e.g., substance abuse, mental health issues) must be referred, with documentation of the attempt to complete a referral, to an appropriate agency for a comprehensive assessment for possible treatment and care of the condition.

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6. MCM providers must have a mechanism to recapture lost to care clients; clients out of HIV primary medical care for the previous 6 months or clients not abiding by a doctor's medical care plan. This mechanism must include documented ongoing collaborations, referrals, and follow up on the referrals and must have written policies and procedures as to how the mechanism will serve the purpose of recapturing lost to care clients.
7. MCM providers must include documented ongoing collaborations, referrals, and follow up on the referrals.
8. MCM providers must have written policies and procedures as to how the mechanism will serve the purpose of recapturing lost to care clients.
9. MCM providers must have documentation of ongoing HIV-related education for staff (including administrative staff) funded through this program.
10. MCM providers will meet formally and regularly, at interdisciplinary meetings, to identify and address ongoing client issues.
11. MCM providers must have updated and specific Memorandums of Understanding with other case management providers and with those for whom referrals are needed.
12. MCM programs funded through the Minority AIDS Initiative (MAI) must target and assist in areas where African American and Hispanic HIV+ persons are most likely to be out of care or never in care as determined by the Planning Council.