

Central Florida HIV Planning Council
Service Systems & Quality Meeting Minutes

January 9, 2020

Call to Order: The Vice-Chair, Ms. Buckley called the meeting to order 10:06 a.m. at Heart of Florida United Way, located at 1940 Traylor Blvd., Orlando, FL.

Members Present: Earl Hunt, Sam Graper, Maria Buckley, Alicyn Mulder, Lori Leaf, Dean Hutchins, David Rodriguez, Grisela Hernandez, Gertrude Adolphe, Karen Jackson, Nicole Elinoff, Al Valentin via telephone

Members Excused: None

Absent: None

<p>Approval of the agenda:</p>	<p>The committee reviewed the agenda and made the following updates:</p> <ul style="list-style-type: none"> • Removed Part A Utilization Report • Replaced Ms. Buckley's name with Mr. Hunt's name for the Mission Statement, Vision Statement, and Conflict of Interest. • Replaced Ms. Andre's name with Ms. Velazquez's and Mr. Shivji's name for the Part B Utilization Report <p>Motion: Ms. Elinoff made a motion to approve the agenda with the change. Ms. Hernandez seconded motion. The motion was adopted unanimously without debate.</p> <ul style="list-style-type: none"> • The Chair, Mr. Graper took over the facilitation of the meeting.
<p>Approval of the November 9th Minutes:</p>	<ul style="list-style-type: none"> • The committee reviewed the minutes. After a brief discussion, the word "minutes" was added after October 3rd under the approval of the October 3rd minutes. <p>Motion: Ms. Elinoff made a motion to approve the minutes with the correction. Ms. Hernandez seconded the motion. The motion was adopted unanimously without debate.</p>
<p>Open the Floor For Public Comment:</p>	<ul style="list-style-type: none"> • There were no public comments.
<p>Part B Utilization Report</p>	<ul style="list-style-type: none"> • Ms. Velazquez and Mr. Shivji provided the committee with an overview of the

Area 7 Ryan White Part B Expenditure & Utilization Report.

Total Number of Consumers

Q1 – 1350

Q2 – 1304

Percent Change: -3%

Total New Consumers

Q1 – 47

Q2 – 53

Percent Change: 12.7%

Comparison by Gender

Male:

Q1 – 917

Q2 – 897

Percentage Change: -2%

Female:

Q1 – 423

Q2 – 395

Percentage Change : -7%

Transgender:

Q1 – 9

Q2 – 9

Percentage Change: 0%

Comparison by Race

White:

Q1 – 783

Q2 – 756

Percentage Change: -3%

Black

Q1 – 528

Q2 – 507

Percentage Change: -3%

Asian:

Q1 – 4

Q2 – 4

Percentage of Change: 0%

Multi:

Q1 – 14

Q2 – 13

Percentage of Change: -7%

Amer. Indian:

Q1 – 0

Q2 – 0

Percentage of Change: 0%

Pacific Islander:

Q1 – 1

Q2 – 2

Percentage Change: 100%

Other:

Q1 – 1
Q2 – 2
Percentage Change: 100%
None:
Q1 – 18
Q2 – 21
Percentage Change: 17%

Comparison by Ethnicity

Hispanic:
Q1 – 310
Q2 – 312
Percentage Change: 1%
Non-Hispanic:
Q1 – 1040
Q2 – 992
Percentage Change: -5%

Comparison by Age

2-12
Q1 – 0
Q2 – 0
Percentage Change: 0%
13-24
Q1 – 34
Q2 – 47
Percentage Change: 38%
25-44
Q1 – 459
Q2 – 460
Percentage Change: 1%
45-64
Q1 – 730
Q2 – 682%
Percentage Change: -7%
65+
Q1 – 127
Q2 – 115
Percentage Change: -9%

Service Standards Tracking Plan:

- Ms. Cross informed the committee of remaining Service Standards that need to be reviewed in the upcoming year.

Medicaid Update:

- Ms. Hernandez provide the committee with the answers to two of the following questions:

Unfinished Business:

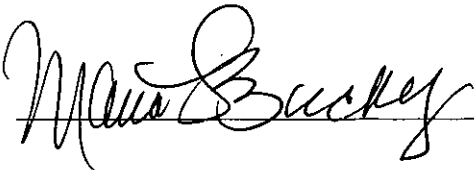
	<p>Does Medicaid monitor providers who are prescribing such medications, and if so how often?</p> <p>Answer: Providers are monitored to ensure compliance at least once a year.</p> <p>What consequences, if any, exist for providers who do not adhere to the standards?</p> <p>Answer: Providers can receive a notice of sanction and a corrective plan for improvement.</p> <p>Integrated Plan Progress:</p> <ul style="list-style-type: none"> • The committee reviewed and discussed the activity of linking homeless individuals with HIV to housing. • Ms. Munroe will inquire with Ms. Yabrudy to see if a report can be generated that tracks how many clients were referred for housing services within a specific period of time. • After a brief discussion, the committee also decided to replace the word homeless with unstably housed.
<p>New Business:</p>	<p>Medical Case Management Service Standard:</p> <ul style="list-style-type: none"> • The committee reviewed and discussed the Medical Case Management Service Standard. After a brief discussion, the committee decided to add that telehealth is a method of face-to-face interaction. <p>Motion: Ms. Elinoff made a motion to approve the recommended updates and to move the document forward to the providers for a 14-day review. Ms. Hernandez seconded the motion. The motion was adopted unanimously without debate.</p> <p style="text-align: center;"><i>See the attachment for the changes.</i></p> <ul style="list-style-type: none"> • The committee decided that the Outpatient Ambulatory Health Services and Medical Nutritional Therapy Service

	<p>Standards should be reviewed for 30 days.</p> <p>Motion: Ms. Elinoff made a motion for a 30-day review of the Outpatient Ambulatory Health Services and Medical Nutritional Therapy Service Stands. Mr. Rodriguez seconded the motion. The motion was adopted unanimously without debate.</p>
Leadership Evaluation:	<p>Motion: Mr. Hunt made a motion to extend the meeting by 5 minutes in order to complete the remaining agenda items. Ms. Elinoff seconded the motion. The motion was adopted unanimously without debate.</p> <ul style="list-style-type: none"> The committee completed the leadership evaluations via Mentimeter.
Set February Agenda:	<ul style="list-style-type: none"> The committee drafted the February Agenda. <p>Motion: Ms. Elinoff made a motion to approve the draft agenda with changes. Ms. Buckley seconded the motion. The motion was adopted unanimously without a debate.</p>

ACTION ITEMS

Item	
Email service standard tracker to committee members	PCS
Email Ms. Hernandez about what the ACA attachment 2 says about the 5 core measures for viral suppression: diagnosed w/ HIV, linked to care, engaged in care, getting on ARTs, viral suppression	PCS
Email Ms. Hernandez about their part in the homelessness initiative	PCS
Integrated Plan corrections for people first language	PCS
Send MCM Service Standard for 14 day review to Providers	PCS
Send SSQ Committee Service Standards that are on 30 day review	PCS
Next Month's Meeting:	February 6 th , 2020 @ HFUW
Adjournment:	12:12 p.m.

Prepared by: David Bent Date: 01/10/2020

Approved by:  Date: 01/06/2020

MEDICAL CASE MANAGEMENT, including Treatment Adherence Services

Health Resources & Services Administration (HRSA) Definition
Definition: Medical Case Management services (including treatment adherence) is the provision of a range of consumer-centered consumer activities focused on improving health outcomes in support of the HIV Care Continuum. Consumer 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). Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. 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:

1. Initial assessment of service needs
2. Development of a comprehensive, individualized care/service plan
3. Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
4. Continuous consumer/client monitoring to assess the efficacy of the care plan
5. Re-evaluation of the care plan -at least every 6 months with adaptations as necessary
6. Ongoing assessment of the consumer/client's and other key family members' needs and personal support systems
- 6-7. Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- 7-8. Consumer/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 consumer/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 improving health care outcomes whereas Non-Medical Case Management Services (same for Referral for Health Care & Support Services) have as their objective providing guidance and assistance in improving access 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 a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under Outpatient/Ambulatory Health Services category.

Eligibility:

Consumer Clients accessing Medical Case Management shall meet the eligibility standards as described in the System Wide Standards of Care Service Standards.

1.0 Policies and Procedures

Medical Case Management agencies ~~The agencies~~ shall have Policies and Procedures ~~to~~ ensure ~~that~~ the services are accessible to all eligible consumer clients. The agency policy and procedures will ensure compliance with the following standards.

1.0 Agency Policies and Procedures

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STANDARDS	MEASURES
<p><u>1.12</u> The agency shall maintain information about each Medical Case Manager's caseload, which includes, at a minimum:</p> <ul style="list-style-type: none"> Assigned Medical Case Manager; Number of cases per full-time equivalent (FTE); and; The acuity of each <u>consumer client</u>. 	<p><u>1.1</u> Documentation in agency records.</p>
<p><u>1.23</u> All Ryan White Medical Case Managers must meet at least one of the following staff qualifications:</p> <ul style="list-style-type: none"> Bachelor's degree in a social science or health discipline; An individual with a bachelor's 	<p><u>1.2</u> Appropriate degrees, licensure and/or certification in personnel file</p>

<p>degree in disciplines other than social science must have at least six (6) months direct case management experience;</p> <ul style="list-style-type: none"> • Florida licensed registered nurse with at least one year of case management experience; • An individual with a master's degree other than a social science or health can substitute their degree for six (6) months of direct case management experience. • <u>NOTE: This requirement may be waived by the Recipient</u> 	
<p>1.34 All Medical Case Management supervisors must meet the following requirement:</p> <ul style="list-style-type: none"> • Hold a Master's Degree in the fields of mental health, social work, counseling, social science or nursing • <u>NOTE: This requirement may be waived by the Recipient. Note: Use of this qualification must be pre-approved by the Recipient's Office.</u> 	<p>1.3 Appropriate degrees, licensure and/or certification in personnel file.</p>
<p>1.45 Medical Case Management supervisors and Medical Case Management Supervisors shall complete <u>fifteen (15) hours of training annually.</u> Topics include:</p> <ul style="list-style-type: none"> • HIV/AIDS in the News (HIV/AIDS 101/500) within three (3) months of hire; • HIV/AIDS 501 courses within one (1) year of hire; • <u>Establishing rapport and a professional relationship with the consumer/client;</u> • <u>Methods of engaging individuals;</u> • <u>Special issues relating to working with the HIV/AIDS PLWH affected/infected population;</u> 	<p>1.4 Documentation of the following will be in the employee file:</p> <ul style="list-style-type: none"> • Proficiency certification within one (1) year; • AETC certificate within 3 months of hire • Eligibility training certificate within 30 days of hire • HIV/AIDS in the News dated within three (3) months of hire; • 501 certificate dated within one (1) year of hire; • Proof of attendance, certificate or other documentation including training subject matter, date(s) of attendance and hours in agency training

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- Confidentiality/HIPAA and professional ethics;
- Knowledge of public assistance programs and benefits;
- The aAgency's emergency plan, disaster relief resources, and planning and procedures; and
- The Florida Caribbean-AETC Case Manager modules within three (3) months of hire; **Modules available at:** <https://www.seaetc.com/modules>
- ~~Note: It and~~
- ~~Ryan White Eligibility training within 30 days;~~
- **Training shall also include, but not be limited to, cultural sensitivity issues, case management issues, bio-psychosocial issues surrounding the HIV disease, and any other training proposed by the Recipient.**

~~**Note: trainings may be taken on line at: <https://fl.train.org>**~~

- record
- Training certificate

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~~1.56~~ Medical Case Management supervisors shall have ~~12 hours of training annually as approved by the Recipient's office. At least an additional~~ six (6) ~~hours of the twelve (12) hours shall be~~ leadership training. ~~Leadership~~ other training topics shall include, ~~but not be limited to,~~ the following:

- Cultural competency for ~~consumer~~ clients and staff;
- Ethics in managing staff;
- Research; and
- Clinical quality management ~~into include~~ developing staff performance improvement plans for ~~consumer~~ client needs.
- ~~The basics of HIV care and~~

~~1.56~~ Documentation of the training shall be in the employee training record. Training certificates shall be in the employee file.

<p>treatment;</p> <ul style="list-style-type: none"> •—Appropriate boundaries; •—Necessary communication skills relating to specific HIV issues such as principles for treatment and housing, precautions for caregivers and HIV infected individuals, and pre and post test counseling and social and legal aspects relevant to this service population. 	
<p>1.67 Medical Case Managers shall receive 15 hours of training annually. Training shall be approved by the Recipient. Topics shall include:</p> <ul style="list-style-type: none"> •—Establishing rapport and a professional relationship with the consumer; •—Methods of engaging individuals; •—Special issues relating to working with the HIV/AIDS affected/infected population; •—Confidentiality/HIPAA and professional ethics; •—Knowledge of public assistance programs, eligibility requirements, and benefits; and, •—The Agency's emergency plan, disaster relief resources, and planning and procedures. <p>Training shall also include, but not be limited to, cultural sensitivity issues, case management issues, bio psychosocial issues surrounding the HIV disease, and any other training proposed by the Recipient.</p>	<p>1.67 Documentation of the training subject matter, date(s) of attendance and hours in training shall be in the training record. Training certificates shall be in the employee file.</p>
<p>1.8 Medical Case Management supervisors and Medical Case Managers shall comply with all training requirements mandated by the Orlando EMA Ryan White Part A</p>	<p>1.8 Documentation of all training shall be in the personnel file.</p>

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<u>Recipient's Office.</u>	
1.69 Medical professionals shall be responsible for maintaining their licensure per Florida State Requirements, <u>where applicable.</u>	1.69 Copies of licenses will be in personnel file, <u>where applicable.</u>
1.10 Medical Case Managers must be aware of and able to refer and link consumers to providers qualified to provide Project AIDS Care Case Management services to eligible consumers.	1.10 Documentation of all referrals will be noted in PE.
1.7 <u>Medical Case Managers shall be assigned within two (2) working days of a request for service or receipt of a referral.</u>	1.7 <u>The record shall reflect the name of the assigned Medical Case Manager and date of assignment.</u>

2.0 Eligibility Assessment

Medical Case Managers shall determine eligibility for services as evidenced by documentation via an eligibility assessment. Verification that the consumer meets the current eligibility requirements must be obtained prior to payment for services.

2.0 Eligibility Assessment

STANDARDS	MEASURES
<p>2.1 Eligibility assessment shall ensure all required documents are in the Provide Enterprise record. Consumers shall be informed of their right to:</p> <ul style="list-style-type: none"> • Confidentiality in accordance with state and federal laws; • Choice of providers; • Explanation of grievance procedures; and • Consumer Rights and responsibilities. • Information check list 	<p>2.1 No later than five (5) workdays from receipt of referral or date of request for service the following shall be complete:</p> <ul style="list-style-type: none"> • Consumer rights and responsibilities • Consumer chart; • Information check list; and • Authorization for Release of Confidential or Protected Health Information
<p>2.2 As part of the eligibility assessment, HIV status, residency and income shall be verified. Each consumer shall be recertified every six months or sooner if benefit status, residency or income has changed. Recertification may be done by</p>	<p>2.2 Documentation of HIV status, residency and income shall be maintained in PE. Notification of self-attestation should also be documented in PE.</p>

self-attestation. If self-attestation indicates a change, documentation verifying the change shall be collected at the consumer visit following the report of the change.

At least once every 12 months period the recertification procedures shall include the collection of more in-depth supporting documentation, similar to that collected at the initial eligibility determination.

2.3 Consumers shall be screened for other funding sources and shall be provided assistance in enrolling in all eligible sources.

2.3 Documentation of ineligibility for other funding sources shall be maintained in PE.

23.0 Consumer/Client Initial Comprehensive Assessment and Care Plan

Medical Case Managers shall conduct a face-to-face comprehensive assessment of each consumer/client, which shall be documented in the consumer/client's record in the approved electronic database management system-Provide Enterprise (PE). ~~The comprehensive~~ assessment shall include the consumer/client's barriers (perceived and actual) to access and retention in care and to medication adherence. ~~A care plan shall be developed, in collaboration with the consumer, based on the results of the assessment.~~

The care plan shall outline incremental steps in reaching a goal and who is responsible for ~~what~~ each activity. The activities shall be measurable with timeframes for the completion of each activity, similar to SMART (Specific, Measurable, Actionable, Reasonable, Timely) objectives. Outcomes of the care plan activities shall be noted in the Medical Case Management record.

23.0 Consumer/Client Initial Comprehensive Assessment and Care Plan

STANDARDS	MEASURES
<p>23.1 <u>Initial Comprehensive Assessment: An initial intake and assessment client assessment shall be initiated within five (5) working days of contact with the consumer/client.</u></p>	<p>23.1 <u>The consumer/client record shall contain the initial intake and client assessment forms dated within five (5) days of referral or date of service requested.</u></p>

An initial comprehensive assessment shall be completed for all ~~consumer clients~~ to include within 30 days of the first appointment to access MCM services and includes at a minimum:

- ~~Medical Consumer Client~~ Client health history, health status, and health-related needs;
- Behavioral health (including mental health, substance use)
- Social;
- Financial;
- Health literacy;
- Cultural issues;
- Acuity level; and
- Other needs.

Intake progress notes shall reflect the date of referral or service requested and date of intake.

A copy of the completed comprehensive assessment is documented within 30 days of the first appointment and shall be maintained in the approved electronic database management system.~~PE.~~

2.2 Medical Case Managers shall demonstrate demonstrate at least 2 face-to-face contacts per client every 3 months.

Medical Case Managers completing eligibility determination shall demonstrate at least one face-to-face contact per client every 3 months.

2.3.2 Acuity Level: MCM consumer clients have a documented acuity assessment completed.

To receive on-going Medical Case Management services, the consumer client must have an acuity level of 2 and be an eligible recipient of Part A & Part B funded services.

Documented acuity should be reviewed and updated, at a minimum, every ~~three~~ six (6) months to ensure acuity level is appropriate for the consumer client's need.

2.2 Documentation of the acuity assessment completed in the approved electronic database management system.

Percentage of consumers who have a Documentation of completed acuity level documented using an approved acuity scale with the comprehensive assessment and documented in the approved electronic database management system.

Documentation of MCM acuity level 2 noted in the approved electronic database management system.

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	<p><u>Percentage of consumerclients with acuity that have documented evidenceDocumentation of evidence of review of acuity, at a minimum of every three (3) months, to ensure acuity is still an appropriate level for the consumerclient's needs.</u></p> <p><u>Percentage of consumers with documented decreased acuity during the measurement year.</u></p> <p><u>Percentage of consumerclients with documented evidence of acuity andDocumentation that frequency of contact by MCM matches acuity level in the approved electronic database management system.</u></p>
<p><u>23.4</u> <u>32</u> Care Plan: An individual care plan shall be developed with the participation of the <u>consumerclient</u> within 30-days of <u>intake</u>the <u>comprehensive assessment</u>. The care plan shall be based on prioritized identified needs, acuity level, and shall address <u>consumerclient's</u> cultural needs. <u>The care plan should include at a minimum:</u></p> <ul style="list-style-type: none"> • <u>Problem Statement (Need)</u> • <u>Goal(s) – suggest no more than 3 goals</u> • <u>Intervention</u> <ul style="list-style-type: none"> ○ <u>Task(s)</u> ○ <u>Referral(s)</u> ○ <u>Service Deliveries</u> • <u>Individuals responsible for the activity (MCM staff, <u>consumerclient</u>, other team member, family)</u> • <u>Anticipated time for each task</u> <p><u>Medical case managers shall conduct periodic re-evaluation and adaptation of</u></p>	<p><u>23.3</u> <u>2</u> <u>Documentation of the individual care plan developed with the consumerclient within 30-days of the comprehensive assessment.</u></p> <p><u>Percentage of consumer records with documented issues noted in the care plans that haveDocumentation that ongoing progress/case notes that match the stated need and the progress towards meeting the goal are identified, as indicated in the approved electronic database management system.</u></p> <p><u>Documentation in consumerclient record reflects periodic re-evaluation</u></p>

the care plan at least monthly every 3 months, throughout the consumerclient's enrollment with MCM services.

The care plan is updated with outcomes and revised or amended in response to changes in consumerclient life circumstances or goals, at a minimum, every six (6)-month. Tasks, referrals, and services should be updated as they are identified or completed – not at set intervals.

Each client shall be assisted with establishing expected outcomes within the care plan.

The care plan should be signed by the medical case manager and by the consumer. The consumer's signature confirms that the consumer understands and agrees to the care plan. If the consumer does not sign the care plan, the MCM should document and date the reason in the consumer's progress note and/or care plan.

of the care plan at least every three (3) months:monthly.

Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year. (HRS A-HAB Measure)

Care plan shall have consumer's and/or caregiver's signature and shall address prioritized consumer needs identified in the assessment, acuity level and cultural needs.

Care Plan reflects both the MCM and the consumer's signature.

23.5 **Progress Notes:** Medical case managers are responsible for monitoring and documenting the consumerclient's progress in meeting established goals of the care plan.

All progress note entries shall be electronically signed with the Medical Case Manager's full legal name and title. All progress notes shall be entered in the approved standard progress note format. The entries must be dated with title and credentials within 72 hours after an interaction with the consumerclient.

23.4 A progress note must be completed on a consumerclient for each contact that includes adherence (medical, medication, care and care plan) and health outcomes.

Progress notes in primary consumerclient record system reflect all required elements.

The Plan of Care and progress notes shall include:

- the intervention to resolve the barriers to care;
- Achievement dates; and progress notes documenting assistance

<p>Each consumer shall be assisted in developing time frames for the resolution of any barriers to care identified in the assessment and follow-up with the consumer shall be at a minimum of every ninety days to ensure service delivery.</p>	<p>provided.</p>
<p>2.5 2.76 <u>Viral Suppression/Treatment Adherence:</u> An assessment of treatment adherence support needs and <u>consumer</u> education should begin as soon as <u>consumer</u> enters MCM services and should continue as long as a <u>consumer</u> remains in MCM services.</p> <p>The following criteria are recommendations that can help MCM staff and <u>consumer</u> examine the <u>consumer</u>'s current and historical adherence to both medical care and treatment regimens:</p> <ul style="list-style-type: none"> • <u>Medication Adherence:</u> Relates to current level of adherence to ARV medication regimen and <u>consumer</u> ability to take medications as prescribed. MCM staff will use any available treatment adherence tool to promote adherence. • <u>Appointments:</u> Relates to current level of completion of appointments for core medical services and understanding of the importance of regular attendance at medical and non-medical appointments in order to achieve positive health outcomes. 	<p>2.5 <u>Percentage of MCM consumers with document</u> Documentation of education about the goals of ARV therapy in approved electronic database management system.</p> <p>Percentage of MCM consumers who were provided Documentation of medication adherence counseling as indicated for those consumers that are non-compliant (not taking their medications as prescribed, missing doses) with education documented in the approved electronic database management system.</p> <p>Percentage of MCM consumers who were provided education on treatment adherence as determined necessary for non-compliant consumer clients and education is documented in the approved electronic database management system.</p> <p>Percentage of MCM patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year (that is documented in the approved electronic database management system). (IRSA IIAB measure)</p> <p>Percentage of MCM patients,</p>

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<p><u>ARV Medication Side Effects:</u> Relates to adverse side effects associated with ARV treatment and the impact on functioning and adherence. MCM staff will discuss side effects of medications as challenges and barriers to treatment adherence, including diarrhea, nausea, rash, headache, vomiting, swallowing and problems due to thrush.</p> <ul style="list-style-type: none"> • Knowledge of HIV Medications: Relates to consumerclient understanding of prescribed ARV regimen, the role of medications in achieving positive health outcomes and techniques to manage side effects. • Treatment Support: Relates to consumerclient relationship with family, friends, and/or community support systems, which may either promote or hinder consumerclient adherence to treatment protocols 	<p>regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits. (IRSA-HAB Measure)</p> <p>Percentage of MCM patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year. (IRSA-HAB Measure)</p>
<p>23.6 52.8 7 Referrals: All completed consumerclient referral forms shall be maintained in the approved electronic database management system PE.</p> <p>Medical Case Managers shall facilitate oral health referrals for consumerclients.</p> <p>Medical Case Managers shall determine the need for medical transportation and facilitate the appropriate conveyance.</p> <p>Medical Case Managers shall determine the need for food services and facilitate</p>	<p>23.6 5 All completed consumerclient referral forms shall be maintained in PE the approved electronic database management system.</p> <p>Oral Health purchase order and treatment plan shall be documented in the approved electronic database management system.</p> <p>All bus passes and door-to-door vouchers shall be recorded in the approved electronic database management system.</p> <p>All food vouchers and food cards shall be recorded in the approved electronic</p>

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<p><u>access to the appropriate method.</u></p> <p>Medical Case Managers shall coordinate and track linkages and outcomes of consumer clients referred to other core medical, support services, partner services, and prevention to support identification of those unaware of their HIV status.</p>	<p><u>database management system.</u></p> <p>Documentation including forms and progress notes regarding linkages and outcomes of referrals in the approved electronic database management system.</p>
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<p>23.7 9</p> <p>Medical Case Managers shall facilitate distribution of nutritional supplements in accordance with a nutritional plan approved by a licensed dietitian. Medical Case Managers shall determine the need for medical transportation and facilitate the appropriate conveyance.</p>	<p>2.73- 9</p> <p>Nutritional plan and services recorded in the approved electronic database management system. All bus passes and door-to-door vouchers shall be recorded in Provide Enterprise.</p>
<p>3.10</p> <p>Medical Case Managers shall facilitate oral health referrals for consumers.</p>	<p>3.10</p> <p>Oral Health purchase order and treatment plan shall be documented in PE record</p>
<p>3.11</p> <p>Medical Case Managers shall facilitate distribution of nutritional supplements in accordance with a nutritional plan approved by a licensed dietitian.</p>	<p>3.11</p> <p>Nutritional plan and services recorded in PE.</p>

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34.0 Documentation

All Medical Case Management providers are required to maintain accurate documentation in order to submit data on medical case management activities in the Ryan White Part A Reporting System (Provide Enterprise). The submission requirements are detailed within the contract funding application.

34.0 Documentation

STANDARDS		MEASURES	
34.1	Medical Case Managers shall be assigned within two (2) working days of a request for service or receipt of a referral.	4.1	The record shall reflect the name of the assigned Medical Case Manager and date of assignment.
34.2	An initial intake and assessment shall be initiated within five (5) working days of contact.	34.2	The consumer record shall contain intake and assessment forms dated within five (5) days of referral or date of service request. Intake progress notes shall reflect the date of referral or service requested and date of intake and eligibility assessment.
34.3	Each consumer shall have an acuity level assessment. Individuals with an acuity assessment of 2 as measured by the Ryan White Assessment tool shall be referred to a Medical Case Manager.	34.3	Documentation of the acuity assessment and documentation of any identified difficulties that the consumer may have shall be maintained in the consumer file.
34.4	To receive on-going Medical Case Management services, the consumer must have an acuity level of 2 and be an eligible recipient of Part A funded services. Note: Use of this qualification must be preapproved by the recipient.	34.4	Documentation of linkage in PE record
34.5	Medical case managers shall conduct an intake that includes all necessary information to link and retain consumers in care both within Ryan White system of care and elsewhere. This includes an initial assessment of needs, consumer strengths, and challenges. An initial plan shall be developed with the consumer based on the level of acuity of needs. Goals set with the consumer should strive to achieve self-empowerment and self-efficacy.	34.5	Documentation of all elements included in PE. <i>Duplicative of the new Section 2.0 indicators.</i>
34.6	Medical Case Managers shall conduct	3.64.	Documentation of all elements

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<p>5 on-going care planning, including re-evaluation and updating as evidenced by an ongoing assessment of consumer's medical and psychosocial needs to the extent that the assessment supports access to and retention in care for the consumer. The medical core services assessment with full eligibility, financial and support services assessment shall be conducted every three (3) months.</p>	<p>5 included in PE. <i>Duplicative. Now in Section 2.0</i></p>
<p>3.74. Monitor and document consumer's progress in meeting established goals of care.</p>	<p>4.6 A progress note must be completed on a consumer for each contact that includes adherence (medical, medication, care plan), and health outcomes.</p>
<p>3.84. Agencies shall assist consumers in getting basic information about treatment options.</p>	<p>3.84. Documentation of assisting consumers in obtaining information regarding treatment adherence, and prevention shall be maintained in PE.</p>
<p>3.94. All progress note entries shall be electronically signed with the Medical Case Manager's full legal name and title. The entries must also be dated with title and credentials within two (2) days after an interaction with the consumer.</p>	<p>3.94. Progress notes in PE reflect all required elements.</p>

35.0 Coordination of Care Additional Case Management Activities

Care Coordination includes communication, information sharing, and collaboration, and occurs regularly between medical case management and other staff serving the patient within the agency and among other agencies in the community. Coordination activities may include directly arranging access; reducing barriers to obtaining services; establishing linkages and confirming service acquisition.

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35.0 Coordination of Care Additional Case management Activities

STANDARDS	MEASURES
<p>Orlando EMA HIV Health Services RWHAP Orlando Service Area</p>	<p>15 Medical Case Management</p>
<p>Service Standards</p>	<p>Approved</p>

<p>45.1 Medical Case Managers shall coordinate and track linkages and outcomes of consumers referred to other core medical, support services, partner services and prevention to support identification of those unaware of their HIV status.</p>	<p>45.1 Documentation in PE including forms and progress notes</p> <p><i>This should be moved to Section 2.0 under Referrals for follow up and linkage/outcomes.</i></p>
<p>35.1 2 Medical Case Managers shall actively participate in team meetings or case conferences for the consumerclients to sustain retention in care and/or to improve the consumerclient's quality of life.</p>	<p>35.1 2 Documentation of case conferencing or team meetings in PEthe approved <u>electronic database management system</u>.</p>
<p>45.3 35.2 4 Medical Case Managers shall verify that consumerclients receive medically necessary services, and that RW eligibility is current to ensure access to necessary services.</p>	<p>35.2 4 Progress notes document efforts to coordinate services with other service providers.</p>

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46.0 Discharge/Graduation

ConsumerClients who are no longer engaged in HIV treatment and care services OR have achieved self-sufficiency should have their cases closed based on the criteria and protocol outlined in the agency's Medical Case Management Policies and Procedures Manual.

46.0 Discharge/Graduation

STANDARDS	MEASURES
<p>46.1 4 Upon termination of active Medical Case Management services, a consumerclient's case shall be closed <u>within 30 days of last contact or third documented attempted contact.</u> and the record shall contain a discharge summary documenting the case disposition and offer <u>of</u> an exit interview.</p>	<p>46.1 Upon discharge consumerclients will receive a transition plan that outlines available resources and instructions for follow-up. <u>Documentation of discharge shall be in the approved electronic database management system.</u></p>
<p>4.2 All attempts to contact the</p>	<p>4.2 Documentation of attempts to contact</p>

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<p><u>consumerclient and notification about case closure shall be communicated to the Medical Case Manager Supervisor. Referral to EIS shall be completed after the MCM is unable to contact the client thirty (30) days after the expired eligibility or after three (3) documented attempted contacts. 3 failed attempted contacts in 30 days.</u></p>	<p><u>consumerclients about case closure is communicated with the MCM Supervisor.</u></p>
<p><u>4.3 Cases may be closed when the consumerclient:</u></p> <ul style="list-style-type: none"> • <u>Has achieved all goals listed on the Care Plan;</u> • <u>Has become ineligible for services;</u> • <u>Is deceased;</u> • <u>Decides to discontinue the MCM services;</u> • <u>The MCM is unable to contact the consumerclient thirty (30) days after the expired eligibility or fivethree (3) documented attempted documentedto contacts; or,</u> • <u>Is found to be improperly utilizing the service or is asked to leave the agency.</u> 	<p><u>4.3 Documentation of case closure in the approved electronic database management system.</u></p>
<p><u>46.4 ConsumerClients who have successful achieved successfully achieved all goals in the care plan shall be graduated from MCM services. Graduation criteria include:</u></p> <ul style="list-style-type: none"> • <u>ConsumerClient completed all medical case management goals; or</u> • <u>ConsumerClient is no longer in need of medical case management services (e.g. consumerclient is capable of resolving needs independent of medical case management assistance).</u> 	<p><u>46.4 Documentation of the consumerclient's graduation from MCM services is noted in the approved electronic database management system.</u></p> <p>The discharge summary shall document the recent foreclosure and case disposition and shall be reviewed by the medical case manager supervisor.</p>

<p>Each closed consumer record shall contain a face-to-face discharge summary and an exit interview, where appropriate. <i>Note: When Case Manager is not able to conduct an exit interview or discharge summary, the reason must be documented in the record.</i></p>	
<p>46.5 3 All discharged <u>or graduated</u> consumer<u>clients</u> shall be offered an exit interview via one of the following:</p> <ul style="list-style-type: none"> • Face-to-face visit; • Telephone; or • Written communication <p><i>Note: When the Case Manager is not able to conduct an exit interview, reason must be documented in the record</i></p>	<p>46.5 3 The discharge summary shall Documentation that an exit interview was offered <u>shall be recorded in the approved electronic database management system.</u></p>
<p>56.6 4 All discharge <u>and/or graduation</u> summaries shall be documented in Consumer<u>Client</u> record within 6 months of the last consumer<u>client</u> contact.</p>	<p>56.6 4 Documentation in <u>approved electronic database management system</u>PE.</p>