Improving the Quality and Effectiveness of Medical Case Management
HRSA HIV/AIDS Bureau All Grantee Meeting
Session 241, November 27, 2012

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Presentation Overview

- Overview of HIV/AIDS Bureau (HAB) medical case management (MCM) requirements for Ryan White (RW) HIV/AIDS Program Part A, B, C, and D grantees and subgrantees (i.e., providers)
- Examine MCM functions, processes, and roles in the HIV care continuum
- Review content of MCM training to prepare MCM for these activities
- Describe best practices for conducting MCM quality management (QM), monitoring MCM performance, findings of MCM quality assessments in Texas and Florida, and survey results of MCM that help inform interpretation of quality assessment results
- We illustrate opportunities and challenges associated with improving the quality of MCM and other case management (CM) by focusing on the Harris County Texas Part A program
- We will conclude the workshop by opening the session for your questions and comments
Parts A and B Medical Case Management and Other CM Policies

Parts A and B Program Standards define MCM as
- Ensuring timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through face-to-face, telephone contact, and any other forms of communication.

- Grantees must document that service providers are trained professionals, either medically credentialed persons or other health care staff who are part of the clinical care team.

- Activities include at least
  - Initial assessment of service needs
  - Development of a comprehensive, individualized care plan
  - Coordination of services required to implement the plan
  - Continuous client monitoring to assess the care plan’s efficacy
  - Periodic re-evaluation and adaptation of the plan at least every six months, as necessary
**Parts A and B MCM Service Components and Workforce Requirements**

- **Service components may include**
  - A range of client-centered services that link clients with healthcare, psychosocial, and other services, including benefits/entitlement counseling and referral activities assisting them to access other public and private programs for which they may be eligible
  - Coordination and follow up of medical treatments
  - Ongoing assessment of the client’s and other key family members’ needs and personal support systems
  - Treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments
  - Client-specific advocacy and/or review of utilization of services

**Documentation Requirements**

- **Document that the activities carried out for clients as necessary**
  - Initially assess service needs
  - Develop a comprehensive, individualized care plan, coordinate services required to implement the plan, and monitor the client continuously to assess the plan’s efficacy
  - Periodically re-evaluate and adapt the plan at least every six months during the client’s enrollment

- **Document in program and client records MCM services and encounters including types of services provided, types of encounters/communication, and duration and frequency of the encounters**

- **Document in the clients’ records services provided**
  - Client-centered services that link clients with health care, psychosocial, and other services and assist them to access other public and private programs for which they may be eligible
  - Coordinate and follow up on medical treatments
  - Ongoing assessment of client’s and other key family members’ needs and personal support systems
  - Treatment adherence counseling
  - Client-specific advocacy
Parts C and D MCM and Other CM Policies Identified in Funding Opportunity Announcements (FOAs)

Part C and Part D CM FOA Requirements

Part C
- MCMs are trained professionals who prepare regularly updated written care plans
- CM agencies must
  - Be fully licensed to provide CM services, as required by their State and/or local jurisdiction
  - Document Medicaid/Medicare provider status
- MCM staff provide a range of client-centered services that result in a coordinated care plan that links patients to medical care, psychosocial, and other services including treatment adherence services
- Non-medical CM assists HIV+ persons to access support services such as housing, food pantry, and transportation
- CM service may not duplicate existing and accessible community resources
- CM services must be coordinated with CM funded by Part A, Part B, Part D, or any other funding source

Part D
- CM includes medical, non-medical, and family-centered models
- CM agencies must document Medicaid provider status and that they are fully licensed to provide CM, as required by their State and/or local jurisdiction
MCM Functions, Processes, and Roles

Grantee Roles and Responsibilities

- Set MCM policies through RFAs, contracts, standards, performance measures, and outcomes for MCM and supervisors
  - Strive to create a model that fosters clients’ independence
  - Ensure bilateral responsibilities are defined for other core and support service providers
  - Strive towards administrative simplicity to reduce administrative and reporting burden for MCMs and clients
- Assess training needs and conduct training
- Coordinate MCM activities with other RW grantees to ensure consistent policies
- Establish payment systems that cover providers’ reasonable costs, but that do not foster over-billing or maintaining artificially high caseloads
- Conduct routine performance monitoring and QM
  - Identify and work with providers to address deficiencies and improve quality and outcomes
- Evaluate the direct impact of MCM on clinical outcomes
MCM Eligibility Determination (ED) Responsibilities

- Eligibility for the RW-funded programs
  - Identity, HIV+, residence in the service area, household size, household income, Federal Poverty Level (FPL), income ceiling, other criteria set by the grantee

- Enrollment in public and/or commercial health insurance programs

- Eligibility for public and/or commercial health insurance, as well as public disability programs
  - Based on the client’s eligibility, as well as eligibility of family members

- Among insured populations, specific covered services, caps on service utilization, and premiums, co-payments, and deductibles

ED Cycle

- New client intake & assessment
- Collect & review eligibility documents, & verify RW Program eligibility
- Assess eligibility for health insurers & other funders
- Assist clients to apply for health & disability programs & other benefits
- Interim reassessment due to changes in client or household circumstances
- Six month recertification for RW Program
- Disenroll clients due to case closure or ineligibility for RW Program services

MCM Client Assessment And Assistance Cycle

New Client Intake
- Assess Service Needs
- Comprehensive, Individualized Care Plan (ICP)
- Clinical Assessment & Treatment Initiation
- Gather Information From Health Record & Care Team
- Service Coordination & Follow-up on Medical Treatment

- Case Closure or Transfer
- Locate Clients Lost to Care
- Ongoing Assessment & Identify Changes In The Client & Family’s Needs
- Case Conferences & Client Advocacy
- Treatment Adherence Counseling

Reassessment & Update ICP

Reading Levels of a Part A Grantee’s Forms: An Example

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<thead>
<tr>
<th>Who Reads the Forms?</th>
<th>Document</th>
<th>Reading Level (US School Grade)</th>
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MCM Assessment, Service Planning, Referral, and Documentation Cycle

Intake
- Needs Assessed
- Needs Identified

Service Plan
- Goals and Objectives Set
- Resources Identified
- Timeline Set
- Plan Updated as Required by Client

Referral & Goal Attainment
- Referral Made
- Verify Referral Completed and Service Provided
- Assess If Goal Is Achieved and Identify Outcomes

Documentation of Steps Undertaken in Cycle

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Antonio is a 45 year old HIV+ US-born Latino construction worker that recently relocated to CT from New York. He and his HIV+ wife have two children ages four and one. His wife refused to move because she did not want to leave her job. Antonio has advanced HIV disease, and chronic orthopedic conditions that prevent him from working. He and his family are living in a spare room of a friend until he can find permanent housing. He owns a car. He reports having no income, no health insurance, and is worried that he cannot care for his children. What is your care plan for Antonio?

### Antonio’s Assessment Domains- Ideal

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<th>Need Identified?</th>
<th>Individualized Care Plan</th>
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## Antonio’s Assessment Domains—Reality

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### MCM Roles on the Health Care Team

- Coordinate treatment and services provided by the team
- Ensure psychosocial services are in place to facilitate access to HIV treatment and meet client needs
- Communicate important information about clients’ needs and circumstances that health care providers may be unaware
- “Translate” jargon to layperson’s terms
- Advocate for the client and represent their interests in team interactions, including multidisciplinary team meetings
MCM and Supervisor Training

Overview of MCM Training Curriculum

- Based on the size of the MCM workforce and turnover rates, grantees and MCM program managers should plan trainings at least every three to six months
- Training should not only address HIV basic curriculum, but skills required to undertake the complex roles of MCMs and their supervisors
- With funds from Abbott Virology, Positive Outcomes developed and field tested across the US
  - The curriculum was informed by a national MCM survey
- HAB and grantees’ standards and performance measures are incorporated into the curriculum to ensure that MCMs and their supervisors understand funders’ expectations
Overview of the MCM Curriculum

- Client and family-centered assessment and care planning
- Screening clients for mental health and substance abuse treatment needs
- Eligibility determination
- HIV and other diseases common among HIV+ clients
- Basics of HIV medical management, lab monitoring, and HIV medications
- Treatment education
- Basics of healthcare navigation
- Clients’ care seeking, self-management, treatment and appointment keeping adherence, and behaviors
- Cultural competence
- Public and commercial health insurance system, including the RW Program
- Information useful to clients to achieve independence and successfully manage their disease- health literacy and numeracy
- Other topics identified by MCMs

Why is it important for clients to be retained in care?

- Retention helps to promote adherence in treatment, achieves lower viral loads, prevents drug resistance, and improves health outcomes
- Poor medical appointment keeping is associated with
  - Higher CD4 count, not having AIDS, current injecting drug use, lower perceived social support, less engagement with a clinician, conflicts with work schedule, lack of child care, arrest or imprisonment, no transportation, family illness, hospitalization, higher priorities related to survival
- Poor MCM appointment keeping is also associated with these reasons, as well as lack of relevance of the care plan to the client’s needs
HIV Diagnosis, Linkage to Care, and Retention in Care in CT: Introducing MCMs to the Cascade Concept and Their Role

- 10,485 HIV+ cases
- 2,735 cases unaware they are HIV+
- 3,551 of unaware HIV+ cases are NOT linked to care

- 6,934 HIV+ cases aware and in care
- 3,551 HIV+ cases aware and NOT in care
- Among newly diagnosed cases, 85% were linked in 3 months, 89% in 6 months, and 92% by 1 year after diagnosis

- About 65% of HIV+ aware cases had at least 1 medical visit, 53% had 2 or more visits at least 3 months apart
- About half of HIV+ aware cases did not meet HAB’s standard for medical visits
- 76% of HIV+ cases in care achieved HIV suppression
- An estimated 35% of cases first diagnosed as HIV+ in 2009 had no care visits in 2010

Roles of MCMs in Retaining Clients in Care

- Assist clients to accept being diagnosed with HIV, dispel myths, and improve knowledge
- Help clients address addiction, mental illness, and stigma
- Help promote a positive relationship between client and clinician
- Help promote positive support systems
- Address practical barriers to care
- Frequent follow-up with client regarding keeping medical referrals, outcome of appointments, and medication adherence
Roles of MCMs in Retaining Clients in Care

- Be aware of clients’ appointment keeping behavior and intervene
  - Identify why the client is not keeping appointments and help to address the factors
- Facilitate applications for benefits
- Assist clients to identify community resources that can assist them
- Plan discharge of clients from jails and prisons
- Facilitate housing referrals
- Ensure continuity of care and resources
- Work with outreach, service linkage, and/or peer workers to do case finding

Chart Documentation
MCM Record Basics

- Since MCM services are purchased by the RW Program, requirements for health records are applicable.
- Policies and procedures should dictate chart organization.
- Regardless of the complexity of documentation, records must be comprehensive enough to meet regulatory, licensing, accreditation, legal, research, quality assurance, and client care needs.
- Creates a verifiable record of services provided for third party payers and other interested parties (QM, accreditation, etc.).
- The record should be easily navigated by an external chart reviewer for audit or quality assessment. Information should be recorded at the time of care.
- Non-medical CMs, outreach, patient navigators, and linkage workers should follow the same documentation procedures as MCMs.

MCM Record Basics

- Electronic health record systems commonly must be customized for MCM intake, assessment, and other forms.
- Some MCM may have poor typing skills.
- Documentation materials should support the MCM assessment for RW Program and other services.
- Chart documentation should follow the grantees’ requirements.
- Supervisors should routinely review charts to ensure that documentation is thorough, substantiates eligibility for RW Program-funded services, and supports referrals for enrollment in private health insurance and/or publicly-funded programs.
- *If it’s not legible, it’s not there; if it’s not there, it wasn’t done*
ED Standards, Performance Measurement, and Monitoring MCM Activities

HAB MCM Performance and Outcome Measures

- **Performance measures**
  - Percentage of HIV+ MCM clients who had a MCM care plan developed and/or updated two or more times in the measurement year
  - Percentage of HIV+ MCM clients who had two or more medical visits in an HIV care setting in the measurement year

- **Outcome measures based on measurement year**
  - Percent of patients who are retained in medical care
  - Percent of patient on ARV therapy for whom it is indicated
  - Percent of patients are adherent to their treatment regimen
Common Characteristics of Grantee MCM Standards

- MCM educational and work experience requirements
- ED procedures
- Completion of intake, assessment, reassessment, and case closure milestones based on a defined schedule
- Acuity level
- Forms to be completed and documentation specifications
- Care plan specifications
- Coordination with clinicians and other health care providers
- Referral procedures
- Case transfer and discharge procedures
- Supervision and caseload specifications

Sample Results From MCM Chart Audit

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<td>≥ 1 Eligibility Recertification Form Completed</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>≥ 1 Tracking Form Completed</td>
<td>62%</td>
<td>62%</td>
</tr>
<tr>
<td>≥ At Least 1 Completed Care Plan Quarterly Review Form</td>
<td>62%</td>
<td>27%</td>
</tr>
<tr>
<td>≥ 1 Completed Supervisor Form</td>
<td>41%</td>
<td>18%</td>
</tr>
<tr>
<td>≥ 1 Completed Review of Alternative Funding Form</td>
<td>55%</td>
<td>71%</td>
</tr>
<tr>
<td>CD4 Count in Chart</td>
<td>76%</td>
<td>60%</td>
</tr>
<tr>
<td>Any Viral Load In Chart</td>
<td>76%</td>
<td>62%</td>
</tr>
<tr>
<td>Unknown HIV Clinical Stage Based on Data in MCM Charts</td>
<td>7%</td>
<td>22%</td>
</tr>
<tr>
<td>≥ 1 Multidisciplinary Team Meeting in Year</td>
<td>18%</td>
<td>11%</td>
</tr>
<tr>
<td>Highest Acuity Level Assigned in Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level I</td>
<td>0%</td>
<td>71%</td>
</tr>
<tr>
<td>Level II</td>
<td>85%</td>
<td>18%</td>
</tr>
<tr>
<td>Level III</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>Level IV</td>
<td>4%</td>
<td>7%</td>
</tr>
</tbody>
</table>
Results From a MCM Survey in a Part A EMA

Job Satisfaction Responses Among MCMs and Supervisors

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>Lowest</th>
<th>Highest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians understand the role of MCMs</td>
<td>3.5</td>
<td></td>
<td>4.7</td>
</tr>
<tr>
<td>In the last 6 months, someone at work has talked to me about my progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last year, I had opportunities at work to learn and grow</td>
<td>3.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My supervisor inspires me to do more than I thought I could</td>
<td>3.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians are available to me to discuss clients in their care</td>
<td>3.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is someone at work who encourages my professional development</td>
<td>3.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can approach management with suggestions and criticisms</td>
<td>3.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCMs are a valued member of the care team</td>
<td>3.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My supervisor creates an environment that is trusting and open</td>
<td>3.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At work, my opinions seem to count</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have the materials and equipment I need to do my work right</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel free to express my feelings and disagreements to my supervisor</td>
<td>4.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is open communication throughout all levels of our agency</td>
<td>4.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My supervisor seems to care about me as a person</td>
<td>4.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At work, I am treated with respect</td>
<td>4.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have grown in my ability to impact positively our clients</td>
<td>4.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know what resources are available in our community to serve HIV+ clients</td>
<td>4.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand the role of MCMs</td>
<td>4.7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Resources for Assessing Health Insurance, Income Assistance, and Eligibility or Other Resources
**ED Quality Assessment and Improvement: Design Used to Assess ED Activities Funded Five Part A Grantees**

<table>
<thead>
<tr>
<th>Key Facts</th>
<th>Grantee 1</th>
<th>Grantee 2</th>
<th>Grantee 3</th>
<th>Grantee 4</th>
<th>Grantee 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region</td>
<td>Southwest</td>
<td>Northeast</td>
<td>South</td>
<td>South</td>
<td>South</td>
</tr>
<tr>
<td>Service Area</td>
<td>Large urban,</td>
<td>Suburban,</td>
<td>Moderate urban,</td>
<td>Large urban</td>
<td>Large urban,</td>
</tr>
<tr>
<td></td>
<td>and adjoining</td>
<td>and adjoining</td>
<td>and adjoining</td>
<td></td>
<td>and adjoining</td>
</tr>
<tr>
<td></td>
<td>rural areas</td>
<td>rural counties</td>
<td>rural counties</td>
<td></td>
<td>rural areas</td>
</tr>
<tr>
<td>Providers</td>
<td>1 hospital-based</td>
<td>2 ASO, 2 hospital-based HIV clinic2, 1 FQHC, 1 county health dept</td>
<td>3 ASOs (1 co-located in HIV clinic), 1 county health dept</td>
<td>Centralized Part A ED Unit</td>
<td>3 ASOs, 2 community ID practices, 1 county health dept</td>
</tr>
<tr>
<td>Assessment Design</td>
<td>Chart review</td>
<td>Chart review</td>
<td>Chart review</td>
<td>Electronic records</td>
<td>Chart review</td>
</tr>
<tr>
<td>Chart Review Tool</td>
<td>Tool measures attainment of HAB and grantee monitoring standards, and assesses key components of RW Program and third party insurance eligibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Charts Reviewed</td>
<td>285</td>
<td>407</td>
<td>325</td>
<td>144</td>
<td>493</td>
</tr>
</tbody>
</table>

**Findings of ED Quality Assessments Among Providers Funded by Five Part A Grantees**

<table>
<thead>
<tr>
<th>Average Error Rate</th>
<th>Grantee 1</th>
<th>Grantee 2</th>
<th>Grantee 3</th>
<th>Grantee 4</th>
<th>Grantee 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region</td>
<td>Southwest</td>
<td>Northeast</td>
<td>South</td>
<td>South</td>
<td>South</td>
</tr>
<tr>
<td>Average Household Size</td>
<td>Not Assessed</td>
<td>38%</td>
<td>58%</td>
<td>Not Assessed</td>
<td>Not Assessed</td>
</tr>
<tr>
<td>Household Income</td>
<td>Not Assessed</td>
<td>74%</td>
<td>77%</td>
<td>35%</td>
<td>Not Assessed</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>32%</td>
<td>39%</td>
<td>27%</td>
<td>11%</td>
<td>44%</td>
</tr>
</tbody>
</table>
Houston EMA
RW Program Part A
Case Management
Quality Improvement

Objectives

- Describe the Houston EMA Case Management (CM) Model
- Describe QM Efforts
Houston RW Part A Client Population

- In FY 2011
  - 6,917 Outpatient/Ambulatory Medical Care Patients
  - 7,700 Non-Medical CM Clients
  - 4,429 MCM Clients
  - 9,183 Both MCM and Non-Medical CM Clients

Houston EMA CM Model

- Service Linkage Worker – Non-Medical CM
- Medical Case Manager – MCM
- Clinical Case Manager – MCM
Service Linkage Workers

- Following HAB’s definition of non-medical CM, SLW’s supply the “provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services” and do not provide coordination or follow-up of medical treatment.
- SLWs provide information, referrals, and assistance in linking to medical, mental health, substance abuse and psychosocial services as needed; advocate on behalf of clients to decrease service gaps and remove barriers to services helping clients to develop and utilize independent living skills and strategies.
- SLW clients do not require intensive CM services.
- SLWs are co-located in HIV clinics.

Not in Care
- Unaware of HIV Status (never tested or never received results)
- Know HIV Status (not referred to care or didn’t keep referral)
- May Be Receiving Other Medical Care But Not HIV Care
- In and Out of HIV Care or Infrequent User

In Care
- Fully Engaged in HIV Primary Medical Care (linked to care)
- In Care
- Fully Engaged

Non-Engager
Sporadic User
Fully Engaged

Engagement in Care Continuum
Service Linkage Workers (SLWs)

Medical Case Managers

- Following HAB’s definition, MCM is “a range of client-centered services that link clients with health care, psychosocial, and other services” including coordination and follow-up of medical treatment and “adherence counseling to ensure... adherence to HIV complex treatments”
- MCMs perform assessments and reassessments, individualized comprehensive service planning, service plan implementation and periodic evaluation, client advocacy and services utilization review, including treatment and medical appointment adherence
- MCMs are co-located in HIV clinics
Clinical Case Managers

- Following HRSA’s definition, MCM is “a range of client-centered services that link clients with health care, psychosocial, and other services” including coordination and follow-up of medical treatment and “adherence counseling to ensure... adherence to HIV complex treatments”

- Clinical case managers (CCMs) perform assessments and reassessments, individualized comprehensive service planning, service plan implementation and periodic evaluation, client advocacy and services utilization review, including treatment and medical appointment adherence.

- CCMs are co-located with mental health treatment/counseling and/or substance abuse treatment services, and in HIV clinics

QI Efforts

- In FY 2009, we contracted with an external chart abstractor to perform MCM chart review
- About 300 MCM and OAMC charts are reviewed annually
- In 2012, the abstractor assessed the interaction between MCMs and SLWs
- Data elements for chart abstraction tool review:
  - To what extent do MCM adhere to the grantee’s MCM standards?
  - Are clients most in need of MCM receiving the service?
  - Are clients appropriately assessed?
  - Are service plans initiated and progress monitored at regular intervals?

Chart Review Findings

- The primary function of MCMs is service referral for dental, vision, and transportation
- Approximately 10% of MCM clients receive a comprehensive assessment
- MCMs routinely miss signs that a client is
  - At risk of being lost-to-care
  - Missed medical appointments
  - OAMC or psychiatric diagnosis of mental illness
  - Indications of alcohol or other substance abuse
MCM Standard of Care: Screening Criteria

In addition to the general eligibility criteria, agencies are advised to use screening criteria before enrolling a client in MCM. Examples of criteria include:

i. Newly HIV diagnosed
ii. New to ART
iii. CD4 <200
iv. VL > 100,000 or fluctuating viral loads
v. Excessive missed appointments
vi. Excessive missed dosages of medications
vii. Mental illness that presents a barrier to the patient’s ability to access, comply, or adhere to medical treatment
viii. Substance abuse that presents a barrier to the patient’s ability to access, comply or adhere to medical treatment
ix. Housing issues
x. Opportunistic infections
xi. Unmanaged chronic health problems/injury/pain
xii. Lack of viral suppression
xiii. Positive screening for intimate partner violence
xiv. Clinician’s referral

Clients with one or more of these criteria would indicate need for MCM.

MCM Standard of Care: Assessment

- Assessment begins at intake
- The CM provides the client, and if appropriate, his/her support system information regarding the range of services offered by the CM program during intake/assessment
- MCMs provide a comprehensive assessment at intake and at least annually thereafter
- The comprehensive assessment includes
  - An evaluation of the client’s medical and psychosocial needs, strengths, resources (including financial and medical coverage status), limitations, beliefs, concerns and projected barriers to service
  - Other areas of assessment include demographic information, health history, sexual history, mental history/status, substance abuse history, medication adherence and risk behavior practices, and adult and child abuse (if applicable)
  - A RW-approved comprehensive client assessment form must be completed within two weeks after initial contact
  - MCM will use a RW-approved assessment tool, which may include agency-specific enhancements tailored to the agency’s program needs
Improvement Activities

Adherence Assessment
- MCMs are now required to review the standardized Medication Adherence Assessment Tool that was recently implemented by OAMC providers

Comprehensive Assessment
- Part A CM Supervisors revised the Comprehensive Assessment

FY 2013 Standard of Care Changes
Primary Care Newly Diagnosed and Lost-to-Care Clients
- The agency must have a written policy and procedures in place that addresses the role of SLWs in linking and re-engaging of clients in OAMC
- The policy and procedures must include at minimum:
  - Methods of routine communication with HIV testing sites regarding newly diagnosed and referred individuals
  - Description of SLW job duties conducted in the field
  - Process for re-engaging agency clients lost to care (no primary care visit in six months)
CM Outcomes

2011 outcomes data indicates:

- 49% of all Clinical CM clients saw an HIV specialist two or more times at least three months apart
- 54% of all MCM clients saw an HIV specialist two or more times at least three months apart
- 46% of all SLW clients saw an HIV specialist two or more times at least three months apart
- 79% of all RW OAMC clients saw an HIV specialist two or more times at least three months apart

Proposed FY 2013 CM Outcomes

- Service Linkage
  - Average number of days between first ever service linkage visit and first ever OAMC visit
- MCM
  - Percent of clients who are virally suppressed
Changes in Contract Language

- Service linkage is **both office-based and field-based**
- Service linkage includes one to one case conferences with HIV testing site personnel to ensure the successful transition of referrals into OAMC
- Service linkage also includes follow-up to re-engage lost-to-care patients

Contract Monitoring

- Contract monitoring is a separate function of grant administration
- CM functions related to payer of last resort and Medicaid/Medicare eligibility is the purview of Contract Compliance Monitors
- QM findings are relayed to compliance staff when applicable and reviewed at separate site visits
Questions
And
Discussion