

**Standards of Service
for
HIV Case Management
in Michigan
Medical and Non-Medical**



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Michigan Department of Community Health
Division of Health, Wellness and Disease Control
HIV/AIDS Prevention and Intervention Section
Continuum of Care**

STANDARDS OF SERVICE FOR HIV CASE MANAGEMENT IN MICHIGAN

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INTRODUCTION

The purpose of the Standards of Service is to ensure the quality and consistency of HIV case management services throughout the State of Michigan for agencies funded by the Michigan Department of Community Health (MDCH). HIV case management is an effective mechanism for coordinating scarce resources necessary to help persons living with HIV enhance their quality and length of life. The first and highest priority of all HIV case management systems must be to ensure persons living with HIV are enrolled and sustained in coordinated health care for HIV disease that optimizes their client's health and well being.

MEDICAL CASE MANAGEMENT (Core Medical Service)

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 are components 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) monitoring the care plan to assess the efficacy of the plan, and 5) periodic re-evaluation and adaptation of the plan as necessary over the time client is enrolled in services. 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 form of communication.

NON-MEDICAL CASE MANAGEMENT (Support Service)

Non-medical case management services are the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as does medical case management.

CASE MANAGEMENT GUIDELINES FOR PREGNANT WOMEN

MDCH has established suggested case management guidelines for pregnant women. They are available on the MDCH website www.michigan.gov/hivstd under the heading of "HIV Continuum of Care Standards of Service, Forms, and Related Information."

OVERVIEW OF CASE MANAGEMENT PROCESS

Each prospective client who requests or is referred for medical or non-medical HIV case management services will be properly screened and evaluated through a brief intake process designed to gather information for future service delivery and to assist in decision-making regarding immediate needs.

Each client will participate in at least one face-to-face interview to assess their biopsychosocial needs, and on an ongoing basis, each client's needs are to be formally reassessed, at a minimum of every 6 months, or more often as needed.

A service plan will be developed in an interactive process individually with each client of medical HIV case management services. The intent of the service plan is for clients to get the services for which they are eligible and in need of in a timely basis.

Each client will be assured coordination of and access to medical care and treatment and other services in accordance with the service plan or action plan. Each client's service plan will be monitored on an ongoing basis based on their acuity level for the quality, efficacy, and appropriateness of services being provided.

As a client's needs change over time, the most appropriate level of care should be provided based on the case manager's evaluation of the client's situation, the client's preferences and a mutual agreement between the client and case manager. A client may move between non-medical and medical HIV case management services depending on the acuity of their situation; however, only one service level is appropriate at any given time and must be documented in the client chart each time there is a change.

The administrative standards apply to all MDCH contractors.

The components of medical case management include:

- Intake
- Assessment
- Service plan development (Care Plan)
- Service plan coordination, follow-up and monitoring of medical treatment and other services
- Reassessment
- Discharge, transition planning and inactive status

Components of non-medical case management include:

- Intake
- Assessment
- Action plan
- Coordination, follow-up and monitoring of other services

GUIDING PRINCIPLES

HIV case management should reflect principles of service delivery which affirm a client's right to:

- Privacy
- Confidentiality
- Self-determination
- Freedom from discrimination
- Compassionate non-judgmental care
- Culturally competent service
- Dignity and respect
- Quality HIV case management services

COMPONENTS OF MEDICAL HIV CASE MANAGEMENT

1.0 Intake

Standard	Measure
<p>1.1 The intake form, which includes all required URS data, is completed within 5 business days of initial client contact with the agency. The following list is the minimum information to be obtained at intake, in order to assess the client’s acuity and appropriate service level. Providers may obtain additional information at intake per individual agency policy. (Asterisks indicate URS required data.) See required URS/CAREWare Table.</p> <ul style="list-style-type: none"> • Date of initial contact/referral • Intake date * • Client name * • Home address • Mailing address if different • County of residence * • Social Security number • Home phone • Alternative contact phone numbers • Communication method to be used due to confidentiality considerations • Other persons in household and confidentiality considerations • Gender (see URS categories) * • Birth date * • Race/Ethnicity (see URS Categories) * • HIV Status: asymptomatic, symptomatic, AIDS diagnosis * • Date tested positive • Medication status: on medication, new to medication, never taken, etc. • CD4 count and viral load, if known • Source of medical insurance, if any * • Primary medical care provider or source of medical care • HIV medical care provider or source of HIV medical care * • Primary risk factor (see URS categories) * 	<p>1.1 A completed intake form is in client file and was completed within five (5) business days.</p> <p>Required URS data are entered into CAREWare.</p>

<ul style="list-style-type: none"> • Housing status-permanently housed, homeless etc. * • Presenting problems and immediate health care needs, if any • Employment status and monthly income • Other sources of income or benefits • Household size & annual income * 	
<p>1.2 Client self-report of HIV status is documented at intake. As soon as possible, verification of the client's HIV status is obtained to ensure eligibility for medical HIV case management services. Acceptable verification includes at least one of the following:</p> <ul style="list-style-type: none"> • A copy of the client's seropositive test result, confirmed in accordance with Michigan law; • A signed document from a physician or his/her designee as allowed under Michigan law verifying that the client is HIV positive; or • Lab results at any time during the client's lifetime, that show the presence of the human immunodeficiency virus. 	<p>1.2 Verification of HIV status is in client file.</p>
<p>1.3 A signed consent to serve is obtained which describes the medical HIV case management services and process including discharge, and includes information on where and how the client is to be contacted to ensure confidentiality.</p>	<p>1.3 Consent to serve forms are in client file. All forms are appropriately signed and dated.</p>
<p>1.4 Confidentiality policy exists.</p>	<p>1.4 Written policy on file at agency. Evidence that staff is aware of and following policy.</p>
<p>1.5 Based on the immediate needs of the client, appropriate signed release of information forms are obtained.</p>	<p>1.5 All required release of information forms are in client file. All are signed and dated and indicate a specific expiration date not to exceed one year.</p>

1.6	Confidentiality and grievance policies are provided to the client and documentation of their receipt is obtained.	1.6	Receipt of confidentiality and grievance procedures are documented in client file.
1.7	Immediate health care-related and other emergency-level needs are identified and appropriate actions taken.	1.7	Needs are documented in client file.
1.8	A list of case management resources is provided to each client.	1.8	Receipt of resources is documented in client file.

COMPONENTS OF MEDICAL HIV CASE MANAGEMENT

2.0 Assessment/Reassessment

Standard	Measure
<p>1.1 A face-to-face biopsychosocial assessment is conducted within 30 business days of intake and includes an assessment of:</p> <ul style="list-style-type: none"> • Life area needs • Medical history • Current medical care • Current medications • Adherence counseling and educational needs • Assessment of adherence and medication readiness (See required Adherence Assessment Form) • Need for prevention counseling • Knowledge of partner counseling and referral services and need for assistance • Michigan law regarding informing sex and needle-sharing partner of HIV status • Need for assistance with disclosure 	<p>1.1 There is documentation in the client file that a biopsychosocial assessment was completed within 30 business days of intake.</p> <p>There is documentation in the client file that life areas and other items listed under this standard were assessed.</p> <p>The completed adherence assessment form is included in the client file.</p> <p>The completed prevention screening tool or another prevention assessment tool is in the client file.</p> <p>Documented in CAREWare through a service record (assessment) and progress case notes.</p> <p>Document that client is aware of Michigan HIV disclosure law.</p> <p>Need for assistance with disclosure is documented.</p>
<p>1.2 The acuity screening scale worksheet is utilized and appropriateness for medical HIV case management services is determined and documented.</p>	<p>1.2 The client acuity scale worksheet is in the client file and the score and assigned acuity level are entered into CAREWare.</p>

COMPONENTS OF MEDICAL HIV CASE MANAGEMENT

3.0 Service Plan Development

Standard	Measure
<p>1.1 A service plan is developed and documented collaboratively with the client within 30 business days of intake and includes: A description of the problem(s), challenge(s) or need(s); Goals for resolving each problem, challenge or need; Action steps to be taken to accomplish each goal; Time frames in which services are to be provided; Documentation of who will provide the service; An agreed upon plan for follow-up; Barriers to accomplishing the goals if applicable; and Dated signatures of the client and case manager.</p>	<p>1.1 There is documentation in the client file that a service plan was completed and signed by client and case manager within 30 business days.</p> <p>There is documentation in the client file that identifies all areas in this standard.</p> <p>Documented in CAREWare through a service record (service planning) and progress/case notes.</p>
<p>1.2 The service plan is revised and revisions documented by the case manager on an ongoing basis based on acuity level or at a minimum at least every six (6) months. Documentation can be in the form of updated notes on the initial service plan, a new service plan, within the progress notes, or within CareWare. The signature of the client is not required on the updated service plan, however, the case manager should document that the updated service plan was discussed with the client.</p>	<p>1.2 There is documentation in the client file that service plan is revised at least every six (6) months.</p> <p>There is documentation in the client file that the service plan was discussed with the client.</p> <p>Documented in CAREWare through a service record (reassessment) and in case notes.</p>
<p>1.3 Additional signed release of information forms are obtained, as necessitated by the service plan that were not obtained at intake.</p>	<p>1.3 There are signed releases of information forms in file that are signed and dated by the client.</p>
<p>1.4 If needed, clients must receive assistance to assure ongoing access to medical care, treatment and other services.</p>	<p>1.4 Need for assistance with medical care, treatment, and other services will be documented in the client file at least every six (6) months. Documented in CAREWare in case notes.</p>

COMPONENTS OF MEDICAL HIV CASE MANAGEMENT

4.0 Coordination, Follow-up, and Monitoring of Medical Treatment and Other Services

Standard	Measure
1.1 Contact with clients, medical providers and other service providers is ongoing and documented in the client file. Follow-up by the case manager is documented.	1.1 Contact with client and others is documented in client file. Follow-up to referral agencies is documented in the client file.
1.2 Results of CD4 and viral load must be documented in the client file at a minimum of every 6 months, unless the client refuses laboratory testing. Documentation of refusal must be included in client file or inability to obtain laboratory test results.	1.2 Client file contains documentation of laboratory test results every 6 months, or refusal of laboratory testing is noted in the file, including the reason for refusal. Recorded in CAREWare on labs sub-tab.
1.3 Date of genotype testing is recorded in client file.	1.3 Date of genotype test is documented in client file. Recorded in CAREWare in labs.
1.4 With the client's consent, a letter from the case management agency must be sent to the client's physician informing the physician that the client is receiving case management services through the agency.	1.4 A consent form and copy of the physician letter is included in the client file.
1.5 MDCH quality indicators must be collected on all clients every 6 months and documented in CAREWare.	1.5 Quality indicator measures will be documented in CAREWare every 6 months.
1.6 All documentation in the client file must be signed and dated by the case manager, with the exception of agencies using CAREWare to record notes.	1.6 The case manager has appropriately signed and dated all notes unless using CAREWare to record notes.
1.7 The documentation must indicate the need or desire for continued medical HIV case management services.	1.7 There is documentation in the client file of the need or desire for case management as indicated by client consent to serve or client signature on care plan.

COMPONENTS OF MEDICAL HIV CASE MANAGEMENT

5.0 Discharge, Transition Planning and Inactive Status

Standard	Measure
<p>1.1 A discharge from or transition to another agency for medical HIV case management services must be documented in the client file and may occur for the following reasons:</p> <ul style="list-style-type: none"> • Death of the client; • Relocation of the client outside of the provider’s geographic service area; • At the request of the client; • Inability to contact the client for 90 days or more; • The client’s needs are more appropriately addressed through other agencies; • The client exhibits an act of abuse of agency staff, property or services; • Successful closing; • Incarceration; or • Other (indicate reason). 	<p>1.1 Documentation regarding discharge, transition, and/or inactive status is documented in client file and meets all criteria.</p> <p>Documented in CAREWare through subservice (Discharge) record and in case notes.</p>
<p>1.2 Clients who are discharged for reasons other than death, relocation or referral to other agency services may be placed on “inactive” status for a period of up to 12 months.</p>	<p>1.2 Inactive status and date will be recorded in CAREWare on Provider custom tab.</p>
<p>1.3 If the client returns to the agency within a twelve (12) month period, an evaluation and update of the life areas should be performed and documented in the client file. Re-enrollment into medical HIV case management does not have to be repeated.</p>	<p>1.3 Documentation of re-enrollment in client file.</p>
<p>1.4 If there has been no client contact for a twelve (12) month period, the client’s file should be considered “closed.” If the client re-enrolls into case management, these standards apply in their entirety.</p>	<p>1.4 Documentation of closed case is in client file.</p>

COMPONENTS OF NON-MEDICAL HIV CASE MANAGEMENT

1.0 Intake

Standard	Measure
<p>1.1 The intake form, which includes all required URS data, is completed within 5 business days of initial client contact with the agency. The following list is the minimum information to be obtained at intake, in order to assess the client’s acuity and appropriate service level. Providers may obtain additional information at intake per individual agency policy. (Asterisks indicate URS required data.) See required URS/CAREWare Table.</p> <ul style="list-style-type: none"> • Date of initial contact/referral • Intake date * • Client name * • Home address • Mailing address if different • County of residence * • Social Security number • Home phone • Alternative contact phone numbers • Communication method to be used for follow-up, confidentiality considerations • Other persons in household and confidentiality considerations • Gender (see URS categories) * • Birth date * • Race/Ethnicity (see URS Categories) * • HIV Status: asymptomatic, symptomatic, AIDS diagnosis * • Date tested positive • Medication status: on medication, new to medication, never taken, etc. • CD4 count and viral load, if known • Source of medical insurance, if any * • Primary medical care provider or source of medical care • HIV medical care provider or source of HIV medical care * 	<p>1.1 A completed intake form is in client file and was completed within 5 business days.</p> <p>Required URS data are entered into CAREWare.</p>

<ul style="list-style-type: none"> • Primary risk factor (see URS categories) * • Housing status-permanently housed, homeless, etc. * • Presenting problems and immediate health care needs, if any • Employment status and monthly income • Other sources of income or benefits • Household size & annual income * 	
<p>1.2 Client self-report of HIV status is documented at intake. As soon as possible, verification of the client's HIV status is obtained to ensure eligibility for HIV case management services. Acceptable verification includes at least one of the following:</p> <ul style="list-style-type: none"> • A copy of the client's seropositive test result, confirmed in accordance with Michigan law; • A signed document from a physician or his/her designee as allowed under Michigan law verifying that the client is HIV positive; or • Lab results at any time during the client's lifetime, that show the presence of the human immunodeficiency virus. 	<p>1.2 Verification of HIV status is in client file.</p>
<p>1.3 A signed consent to serve is obtained which describes the HIV case management services and process including discharge, and includes information on where and how the client is to be contacted to ensure confidentiality.</p>	<p>1.3 Consent to serve forms are in client file. All forms are appropriately signed and dated.</p>
<p>1.4 Confidentiality policy exists.</p>	<p>1.4 Written policy on file at agency. Evidence that staff is aware of and following policy.</p>
<p>1.5 Based on the immediate needs of the client, appropriate signed release of information forms are obtained.</p>	<p>1.5 All required release of information forms are in client file. All are signed and dated.</p>

1.6	Confidentiality and grievance policies are provided to the client and documentation of their receipt is obtained.	1.6	Receipt of confidentiality and grievance procedures are documented in client file.
1.7	Immediate health care-related and other emergency-level needs are identified and appropriate actions taken.	1.7	Needs are documented in client file.
1.8	A list of case management resources is provided to each client.	1.8	Receipt of resources is documented in client file.

COMPONENTS OF NON-MEDICAL HIV CASE MANAGEMENT

2.0 Assessment

Standard	Measure
1.1 The acuity screening scale worksheet is utilized and appropriateness for non-medical HIV case management services is determined and documented.	1.1 The client scored acuity scale worksheet is in the client file and the score and assigned acuity level are recorded in CAREWare.
1.2 At the end of every six (6) months that the client remains in non-medical case management, an evaluation and update of the life areas (as appropriate) should be performed and documented in the client file.	1.2 There is documentation of client acuity in the client file and this is recorded in the URS.

COMPONENTS OF NON-MEDICAL HIV CASE MANAGEMENT

3.0 Action Plan

Standard	Measure
<p>1.1 An action plan is developed and documented collaboratively with the client and includes: A description of the problem(s), challenge(s) or need(s); Action steps to be taken to address the needs; An agreed upon plan for follow-up; Barriers to accomplishing the goals if applicable; and Dated and signed by the case manager.</p>	<p>1.1 There is documentation in the client file that an action plan was completed no more than 30 business days after intake.</p> <p>There is documentation in the client file that identifies needs and priorities.</p> <p>Documented in CAREWare through a service record (action planning).</p>
<p>1.2 The action plan is revised as necessary and documented by the case manager. Documentation can be in the form of updated notes on the initial service plan, a new service plan, within the progress notes, or within CareWare. The signature of the client is not required on the updated action plan, however, the case manager should document that the updated action plan was discussed with the client.</p>	<p>1.2 There is documentation in the client file that the action plan is revised as necessary.</p> <p>There is documentation in the client file that the action plan was discussed with the client.</p> <p>CAREWare – case notes and/or subservice.</p>
<p>1.3 Additional signed release of information forms are obtained, as necessitated by the action plan, that were not obtained at intake.</p>	<p>1.3 There are signed release of information forms in file that are signed and dated.</p>

COMPONENTS OF NON-MEDICAL HIV CASE MANAGEMENT

4.0 Coordination, Follow-up and Monitoring of Other Services

Standard	Measure
1.1 Direct contact with the client and other referral agencies is documented in the client file. Appropriate follow-up by the case manager is documented.	1.1 Contact with client and others is documented in client file. Follow-up to referral agencies is documented in the client file.
1.2 Case manager is required to follow up with action steps in action plan to ensure that the client accessed needed services or referrals.	1.2 Follow-up is documented in client file.
1.3 Documentation must be signed and dated by the case manager, with the exception of progress notes recorded in CAREWare.	1.3 The case manager has appropriately signed and dated all notes unless using CAREWare to record notes.

This is in no way an attempt to limit services, but are minimum standards.

COMPONENTS OF NON-MEDICAL HIV CASE MANAGEMENT

5.0 Discharge, Transition Planning and Inactive Status

Standard	Measure
<p>1.1 A discharge from or transition to another agency for HIV case management services must be documented in the client file and may occur for the following reasons: Death of the client; Relocation of the client outside of the provider’s geographic service area; At the request of the client; Inability to contact the client for 90 days or more; The client’s needs are more appropriately addressed through other agencies; or The client exhibits an act of abuse of agency staff, property or services.</p>	<p>1.1 Documentation regarding discharge, transition, and inactive status is documented in client file and meets all criteria. Documentation in CAREWare through discharge subservice record and in case notes.</p>
<p>1.2 Clients who are discharged for reasons other than death, relocation or referral to other agency services may be placed on “inactive” status for a period of up to twelve (12) months.</p>	<p>1.2 Inactive status and date recorded in CAREWare on provider custom tab.</p>
<p>1.3 If there has been no client contact for a twelve (12) month period, the client’s file should be considered “closed.” If the client re-enrolls into case management, these standards apply in their entirety.</p>	<p>1.3 Documentation of closed case is in client file.</p>

MDCH WEBSITE

Please refer to the following MDCH website for the forms and information referred to in this document:

www.michigan.gov/hivstd

Click on the following category:

“HIV Continuum of Care Standards of Service, Forms, and Related Information”