



Maricopa County
Ryan White Part A Program
Policy and Procedures

Medical Case Management Services

Effective Date: 03/01/2013
Revised Date: 03/01/2016
Reviewed Date: 03/01/2016

PURPOSE:

To guide the administration of the Ryan White Part A Program's Medical Case Management program. The administration of funds must be consistent with Part A client eligibility criteria and the service category definitions established by the Ryan White Part A Program Planning Council.

POLICIES:

- The funds are intended to provide medical case management services to link eligible clients to primary medical care and to ensure readiness for, and adherence to, complex HIV/AIDS treatments available. These efforts will insure continuity of care and increase the likelihood of desired health outcomes.
- Medical case management is a core service and involves clinical review and two-way communications with medical providers, mental health providers along with coordination of linkage to core services from a comprehensive assessment based on clinical and non-clinical factors which increase the likelihood of desired health outcomes as determined by both the clinical review and client assessment.
- Case Managers will meet the educational and/or experience requirements outlined in the HRSA Program Monitoring Standards.
- Only staff members who meet the Case Manager educational requirements above will be able to bill for Medical Case Management services.
- All services reported in CAREWare for any client-level Medical Case Management service must include an identification of the Case Manager/staff member who provided the service.
- All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with and a brief summary of what was communicated in adherence with the client charting definition.
- All activities performed must be directly related to the HIV-related clinical status of an eligible client and documented appropriately in the client chart.
- All direct service providers must meet the service category's Standards of Care as defined by the Ryan White Part A Planning Council.
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- Agencies receiving an expedited medical case management referral from the Central Eligibility Office must complete intake and assessment with the referred client within 2 business days. Expedited referrals will occur after a new or out of care client scores 16 - 24 or higher on the Psychosocial or Medical Case Management sections of the Initial HIV/Case Management Acuity/Risk Assessment and will be communicated to the Medical Case Management provider through direct, telephone contact with the Central Eligibility Office.
- For contracts who fund salaries, the program should document at least 50% of allocated staff time with billed client units. Costs per client and costs per units should be reasonable when compared to EMA annual averages.
- Beginning with all new clients as of March 1, 2015, Service providers will enter the date of their clients' first medical appointment and indicate if the visit was confirmed or client self-reported.

DEFINITIONS:

Medical Case Management Services:

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

Client Charting:

All paper chart documents must be original documentation and contain original dates and signatures of contract budgeted staff providing services i.e. assessments, treatment plans and progress notes. All Electronic Medical Records must include authenticated,



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dated electronic signatures. The AA will only review documentation which is authenticated original documentation, and will not accept copies of assessments, treatment plans, or progress notes as acceptable documentation of services provided. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

CLIENT ELIGIBILITY CRITERIA:

To be eligible for case management services, a client must meet all of the standard eligibility criteria as defined in Client Eligibility. For the Federal Poverty Limits for this service category, see Appendix – Menu of Services.



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ELIGIBLE COSTS AND SERVICES:

Unit categories may include:

Time Units: Reflect the amount of direct service time.

Service Units: Reflect completion of a particular service related activity such as a case finding.

Product Units: Reflect the provision of a product/widget which has an identified cost.

Line Item Units: Reflect expenses identified in the budget such as salaries and fringe benefits. Must align with agency's approved budget and support documents submitted during billing.

Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
Time Unit	MCM Assessment	Medical Case Management (MCM) Assessment units include time spent conducting comprehensive assessments or reassessments to eligible clients to determine the client's needs and the clinical requirements of care. This unit reflects contacts with client, client's representatives and providers on behalf of the client.	Entered into CAREWare under actual client name. ROI must be on file.	Date service was delivered	1 unit = 15 minutes	\$0
Time Unit	Medical Case Management	Time spent providing medical case management to eligible clients to review, coordinate referrals to core services, develop and reevaluate the care plan to maintain continuity of care focused on the coordination of the	Entered into CAREWare under actual client name. ROI must be on file.	Date service was delivered	1 unit = 15 minutes	\$0



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Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
		client's needs and the clinical requirements of care. May also include treatment adherence. This unit reflects contacts with the client, client's representatives and providers on behalf of the client.				
Time Unit	FAP CM	Financial Assistance Program (FAP) Case Management (CM) Units reflect time spent providing case management to eligible clients to evaluate financial assistance requests relating to Health Insurance Premiums, Housing or other financial assistance programs. Reported time may be spent ensuring clients meet the eligibility requirements for the specific program. This includes contacts with client, client's representatives and providers/individuals whom financial obligation is due to on behalf of the client.	Entered into CAREWare under actual client name. ROI must be on file	Date service was delivered	1 unit = 15 minutes	\$0
Time Unit	MCM Retention	MCM Retention units include time spent relinking clients who were previously eligible for RWPA services. The purpose of this unit is to assist clients with renewing RWPA or ADAP	Entered into CAREWare under actual client name. ROI must be on file.	Date service was delivered	1 unit = 15 minutes	\$0



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Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
		eligibility. This unit reflects contacts with client, client's representatives and providers on behalf of the client.				
Service Unit	HIV Med Appt Complete – Self Report	Date of completed, client medical appointment or HIV medical lab	Entered into CAREWare under actual client name. ROI must be on file.	Date HIV service was completed	1 unit = 1 Complete Appointment or Lab	\$0
Service Unit	HIV Med Appt Complete – Confirmed	Date of completed, client medical appointment or HIV medical lab	Entered into CAREWare under actual client name. ROI must be on file.	Date HIV service was completed	1 unit = 1 Complete Appointment or Lab	\$0
Line Item Unit	MCM - 01... through MCM - 10...	Corresponding units are named MCM – O1 Salaries, MCM – 02 Fringe benefits and so on. May only be billed if line item is in approved budget and support documents confirm identified expense.	AAA Administrative, Admin	Last day of the month	1 unit = 1 unit per month	Actual Cost