

Improving the Quality and Effectiveness of Medical Case Management

HRSA HIV/AIDS Bureau All Grantee Meeting
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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 MCM Definition and Activities

- **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

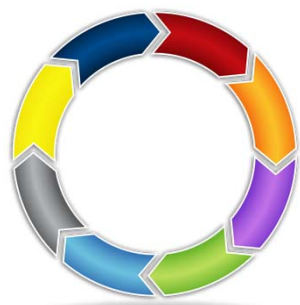
- **MCMs are trained professionals who prepare regularly updated written care plans**
- **CM agencies must**
 - Be fully licensed to provide CM services, as required by their State and/or local jurisdiction
 - Document Medicaid/Medicare provider status
- **MCM staff provide a range of client-centered 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



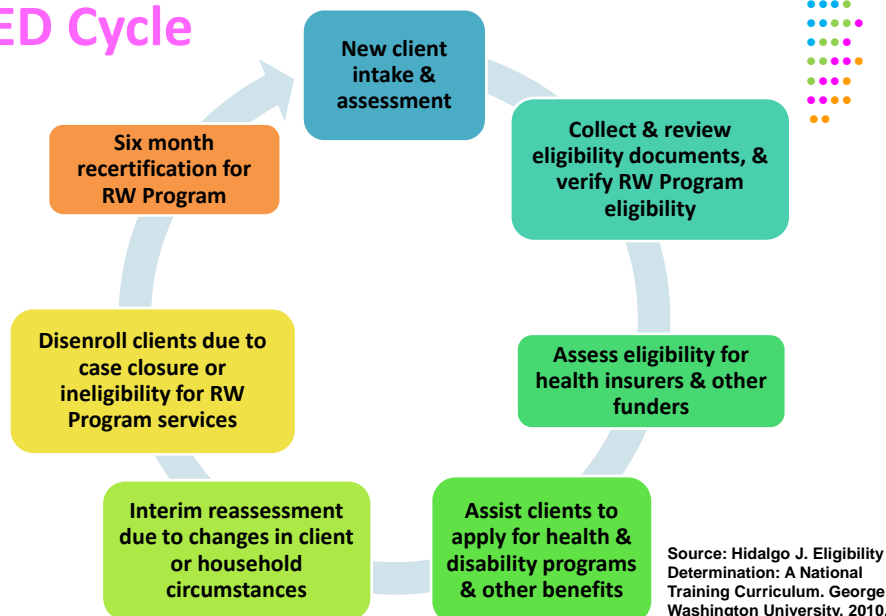
Grantee Roles and Responsibilities

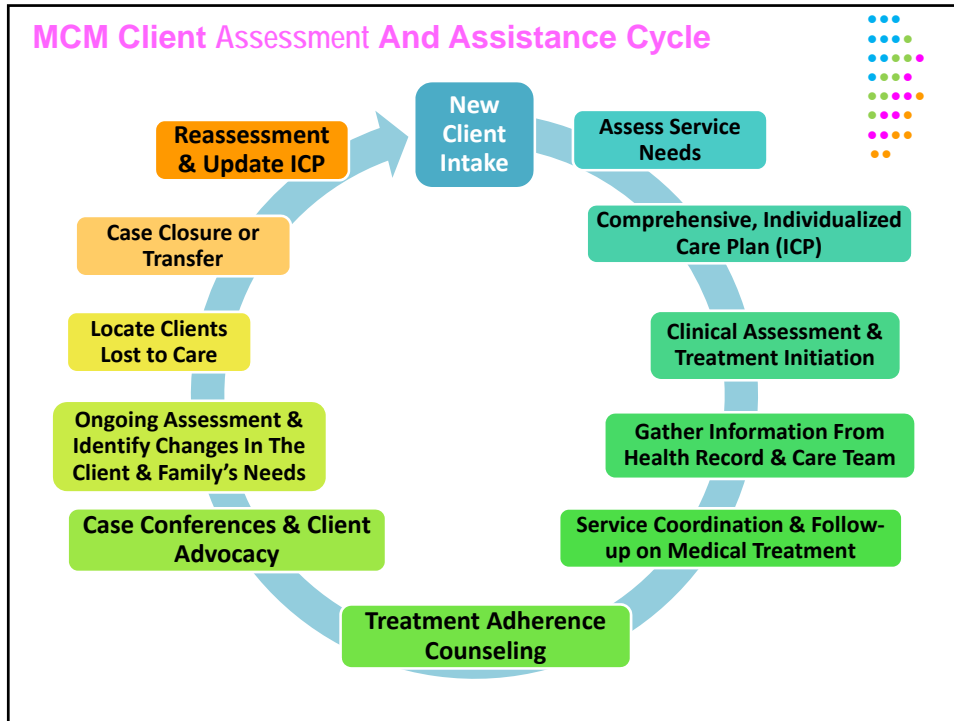
- **Set MCM policies through RFAs, contracts, standards, performance measures, and outcomes for MCM and supervisors**
 - Strive to create a model that fosters clients' independence
 - Ensure bilateral responsibilities are defined for other core and support service providers
 - Strive towards administrative 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**

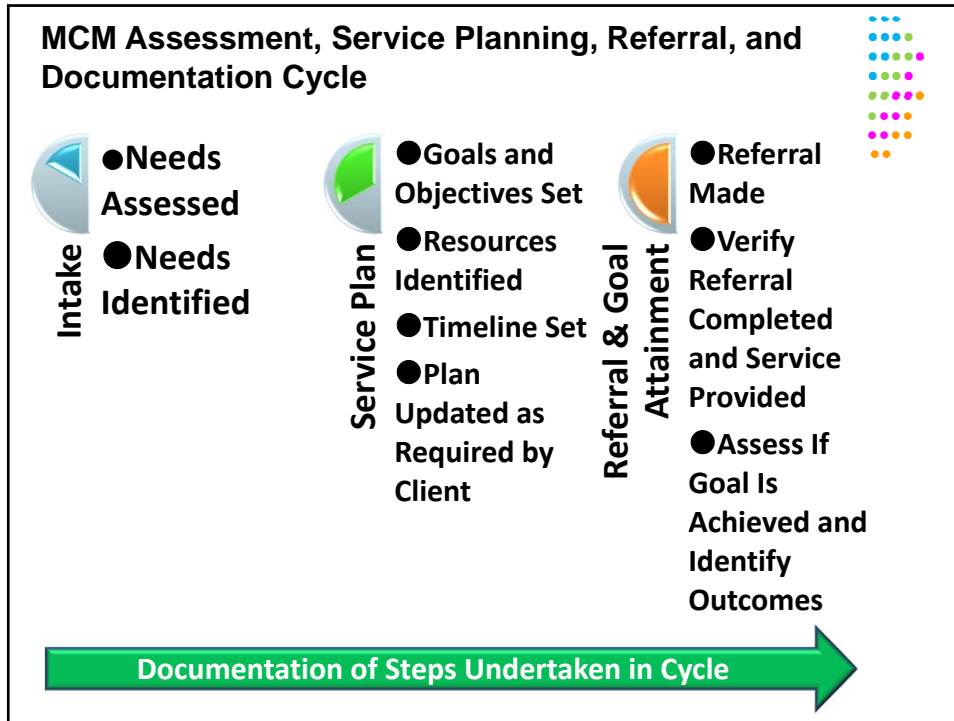
ED Cycle





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

Who Reads the Forms?	Document	Reading Level (US School Grade)
Clients and medical case managers (MCMs)	Appointment Letter	21.2
	Notice of Eligibility	18.5
Clients, MCMs, and supervisors	Assessment Form	7.5
	Consent for Release of Medical Information	13.2
	Intake Form	7.0
	MCM Case Plan	5.2
MCMs and supervisors	Alternative Funding Sources	17.4
	Case Conferencing Form	0
	Case Plan Quarterly Review	0
	Case Supervision Form	0
	Consumer Information Check List	12.8
	Long Term Plan (Discharge Plan)	2.1
	Progress Notes	9.9
MCMs and individuals providing financial support to the client	Statement of Residency	8.0



MCM Assessment Domains	Assessment		Individualized Care Plan				Referral		Follow-up to Achieve Goal Documented?
	Domain Assessed?	Need Identified?	Goals?	Objectives?	Resources Identified?	Timeline Set?	Referral Made?	Follow-up to Referral?	
Children, Other Family Members									
Dental, Vision, Hearing									
Education, Vocation, Literacy									
Employment, Income									
Food and Nutrition									
Insurance, Disability, Entitlement Benefits									
HERR									
HIV & Other Medications									
Home Care									
Housing Services									
Legal									
Medical Care									
Mental Health Treatment									
Social Support									
Substance Abuse Treatment									
Transportation									
Treatment Adherence									
Other Services									

Application of the Assessment Tool to A New Client



- 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	Assessment		Individualized Care Plan				Referral		Follow-up to Achieve Goal Documented?
	Domain As-sessed?	Need Iden-tified?	Goals?	Objec-tives?	Re-sources Iden-tified?	Time-line Set?	Refer-ral Made?	Follow-up to Refer-ral?	
Children, Other Family Members	Yes	Yes	Child Care, SSA	Set	Yes	Yes	Yes	Child Care Arranged, SSI Reinstated	Goal Meet
Dental, Vision, Hearing	Yes	Yes	Deferred						Apt Booked
Employment , Income	Yes	Yes	TANF	Set	Yes	Yes	Yes	Enrolled	Goal Meet
Food and Nutrition	Yes	Yes	SNAP, Pantry	Set	Yes	Yes	Yes	Enrolled	Goal Meet
Insurance, Disability, Entitlement Benefits	Yes	Yes	SSI, Medicaid	Set	Yes	Yes	Yes	SSI & Medicaid Reinstated	Goal Meet
HIV & Other Medications	Yes	Yes	OAMC	Set	Yes	Yes	Yes	Received	Goal Meet
Home Care	Yes	Yes	Chore Services	Set	Yes	Yes	Yes	Arranged	Goal Meet
Housing Services	Yes	Yes	HOPWA	Set	Yes	Yes	Yes	Found	Goal Meet
Legal	Yes	Yes	Child Support	Set	Yes	Yes	Yes	Arranged by Attorney	Goal Meet
Medical Care	Yes	Yes	OAMC	Set	Yes	Yes	Yes	2 Visits	Goal Meet
Social Support	Yes	Yes	Deferred						Support Group
Other Services	Yes	Yes	NY CM Record	Set	Yes	Yes	NA	NA	Goal Met

Antonio's Assessment Domains- Reality	Assessment		Individualized Care Plan				Referral		Follow-up to Achieve Goal Docu- mented?
	Domain As- sessed?	Need Iden- tified?	Goals?	Objec- tives?	Re- sour- ces Iden- tified?	Time- line Set?	Refer- ral Made?	Follow-up to Refer- ral?	
Children, Other Family Members	Yes	No							
Dental, Vision, Hearing	Yes	Yes	Part D	Set	Yes	Yes	Yes		
Employment , Income	Yes	No							
Food and Nutrition	Yes	Yes	Pantry, Turkey Basket	Set	Yes	Yes	Yes		
Insurance, Disability, Entitlement Benefits	Yes	Yes							
HIV & Other Medications	Yes	Yes	ADAP	Set	Yes	Yes	Yes		
Home Care	Yes	Yes							
Housing Services	Yes	Yes							
Legal	Yes	No							
Medical Care	Yes	Yes	RW OAMC	Set	Yes	Yes	Yes		
Social Support	Yes	Yes	RW	Set	Yes	Yes			
Other Services	No								

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

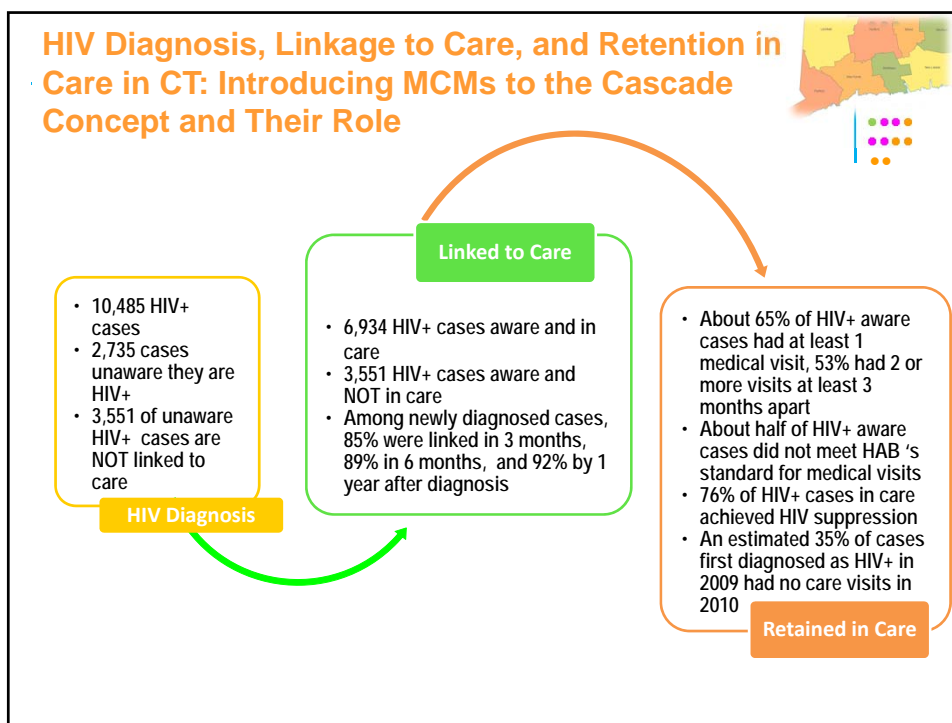
- Client and family-centered assessment and care planning
- Screening clients for mental health and substance abuse treatment needs
- Eligibility determination
- HIV and other diseases common among HIV+ clients
- Basics of HIV medical management, lab monitoring, and HIV medications
- Treatment education
- 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**





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



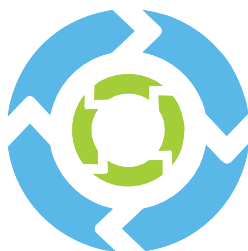
- Since MCM services are purchased by the RW Program, requirements for health records are applicable
- Policies and procedures should dictate chart organization
- Regardless of the complexity of documentation, records must be comprehensive enough to meet regulatory, licensing, accreditation, legal, research, 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

	Agency				Total
	1	2	3	4	
Total Clients	29	45	24	36	134
≥ 1 Intake Form Completed	76%	84%	67%	86%	80%
≥ 1 Comprehensive Assessment Form Completed	59%	76%	67%	75%	70%
≥ 1 Care Plan Form Completed	76%	87%	71%	83%	81%
≥ 1 Eligibility Recertification Form Completed	10%	0%	4%	3%	4%
≥ 1 Tracking Form Completed	62%	62%	29%	78%	60%
≥ At Least 1 Completed Care Plan Quarterly Review Form	62%	27%	8%	64%	41%
≥ 1 Completed Supervisor Form	41%	18%	25%	28%	27%
≥ 1 Completed Review of Alternative Funding Form	55%	71%	46%	58%	60%
CD4 Count in Chart	76%	60%	79%	81%	72%
Any Viral Load In Chart	76%	62%	79%	81%	73%
Unknown HIV Clinical Stage Based on Data in MCM Charts	7%	22%	13%	0%	12%
≥ 1 Multidisciplinary Team Meeting in Year	18%	11%	52%	13%	20%
Highest Acuity Level Assigned in Year					
Level I	0%	71%	57%	9%	38%
Level II	85%	18%	30%	38%	39%
Level III	11%	4%	0%	41%	14%
Level IV	4%	7%	13%	13%	9%



Results From a MCM Survey in a Part A EMA



Job Satisfaction Responses Among MCMs and Supervisors	Mean	
Physicians understand the role of MCMs	3	Lowest
In the last 6 months, someone at work has talked to me about my progress	3.5	
In the last year, I had opportunities at work to learn and grow	3.6	
My supervisor inspires me to do more than I thought I could	3.7	
Physicians are available to me to discuss clients in their care	3.7	
There is someone at work who encourages my professional development	3.8	
I can approach management with suggestions and criticisms	3.9	
MCMs are a valued member of the care team	3.9	
My supervisor creates an environment that is trusting and open	3.9	
At work, my opinions seem to count	4	
I have the materials and equipment I need to do my work right	4	
I feel free to express my feelings and disagreements to my supervisor	4.1	
There is open communication throughout all levels of our agency	4.1	
My supervisor seems to care about me as a person	4.3	
At work, I am treated with respect	4.5	
I have grown in my ability to impact positively our clients	4.6	
I know what resources are available in our community to serve HIV+ clients	4.6	
I understand the role of MCMs	4.7	Highest

Resources for Assessing Health Insurance, Income Assistance, and Eligibility or Other Resources



Ryan White HIV/AIDS Program Eligibility Determination Assessment Form

1. Agency: _____ 2. Med Rec #: _____ 3. Reviewer: _____
 4. UIN: _____

Patient Health and Disability Insurance Enrollment

Health Insurer	Account #	Start Date	End Date	Coverage?	Describe Evidence of Coverage to Chart
1. Medicaid				Full? Managed Care? Share of Cost? Medicaid's Health Choice?	Part A? Part B? Part D?
2. Medicare					
3. Commercial Health					
4. VA					
5. Other Insurance					

16. Was the client's health insurance benefits terminated or suspended? Yes No
 If YES, describe termination or suspension (include all termination or suspension codes and dates):

Eligibility and Income Agency	Account #	Award Date	Describe Evidence of Benefits to the Chart
17. SSA (Old Age, Survivors, Disability)			
18. SSA SSI			
19. SSA SSDI			
20. Survivor Benefits (Widow, Widower, Child)			
21. Commercial Disability			

22. Was the client's SSA (disability or old age) benefits terminated or suspended? Yes No
 If YES, describe information regarding termination or suspension (include all termination or suspension codes and dates):

23. Was the client enrolled in Temporary Assistance to Needy Families (TANF) during the review period? Yes No

24. Did the client's physician(s) comment in the progress notes that the client has (had) health insurance? Yes No

25. Did the client's medical case manager(s) report in the chart that the client has (had) health insurance? Yes No

26. Do the client's third party insurance agencies state that the client has health insurance? Yes No N/A

27. Was the client employed in the review period? Yes No N/A
 If YES, were you able to verify the client's status? Yes No
 If YES, did you verify document reductions for, or employer contributions to, health insurance? Yes No
 If YES, did you verify document reductions for, or employer contributions to, health insurance? Yes No
 If the client was EMPLOYED and no insurance coverage is noted in the health record, was there a letter from the employer reporting that health insurance is NOT offered? Yes No N/A

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Ryan White HIV/AIDS Program Eligibility Determination Assessment Form Chart Reviewer Guide

Positive Outcomes, Inc.

April 2012

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ED Quality Assessment and Improvement: Design Used to Assess ED Activities Funded Five Part A Grantees



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

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



Average Error Rate	Grantee 1	Grantee 2	Grantee 3	Grantee 4	Grantee 5
Region	Southwest	Northeast	South	South	South
Average Household Size	Not Assessed	38%	58%	Not Assessed	Not Assessed
Household Income	Not Assessed	74%	77%	35%	Not Assessed
Health Insurance	32%	39%	27%	11%	44%



Houston EMA RW Program Part A Case Management Quality Improvement



Objectives

- Describe the Houston EMA Case Management (CM) Model
- Describe QM Efforts



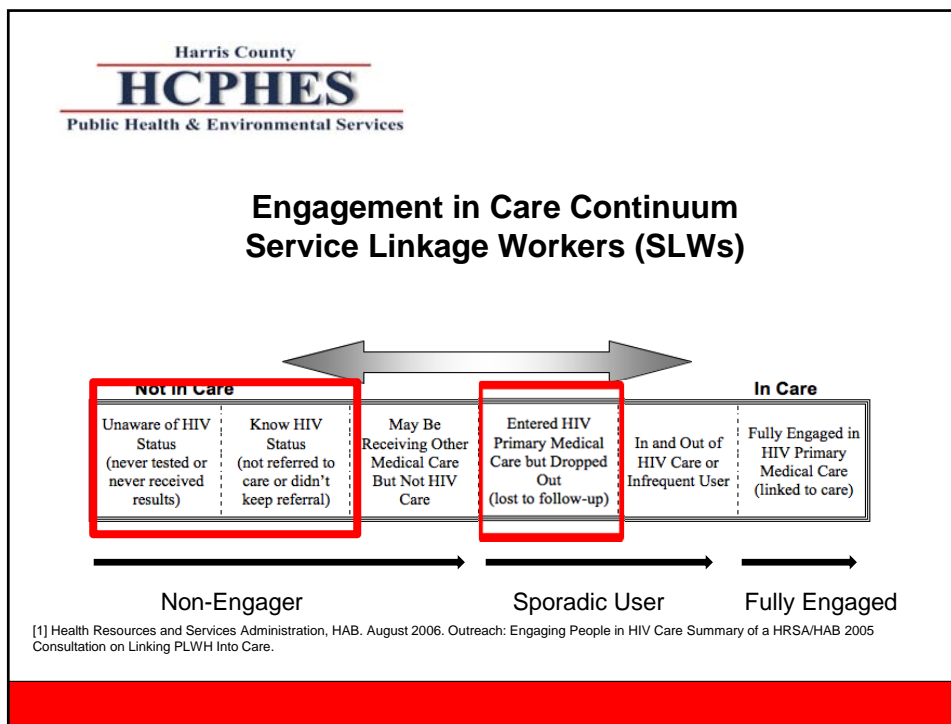
Houston RW Part A Client Population

- 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

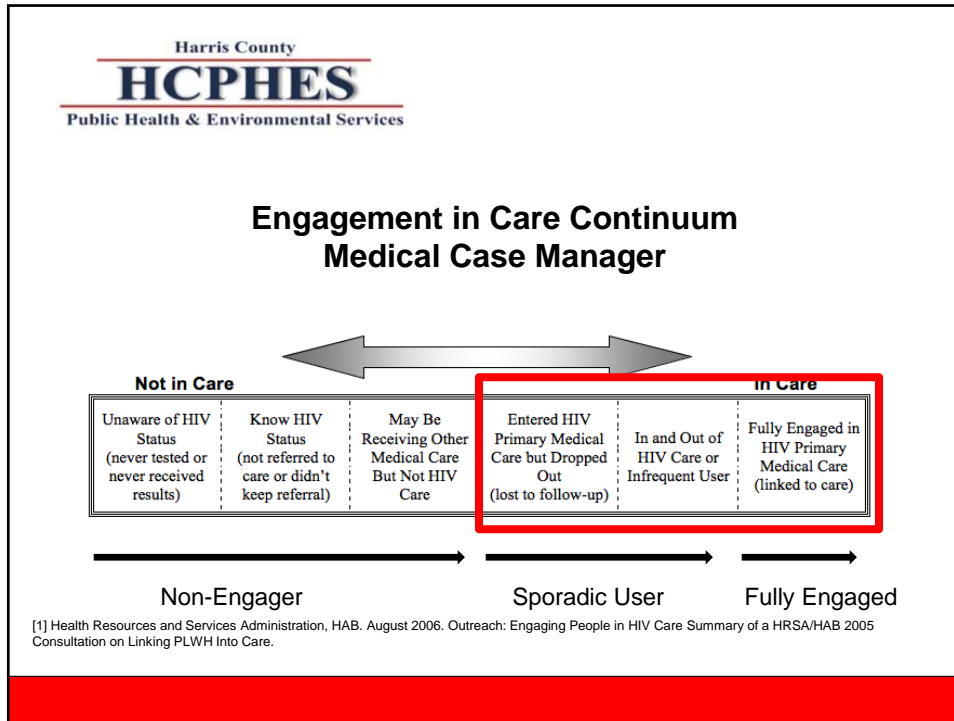
- Service Linkage Worker – Non-Medical CM
- Medical Case Manager – MCM
- Clinical Case Manager – MCM



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Service Linkage Workers

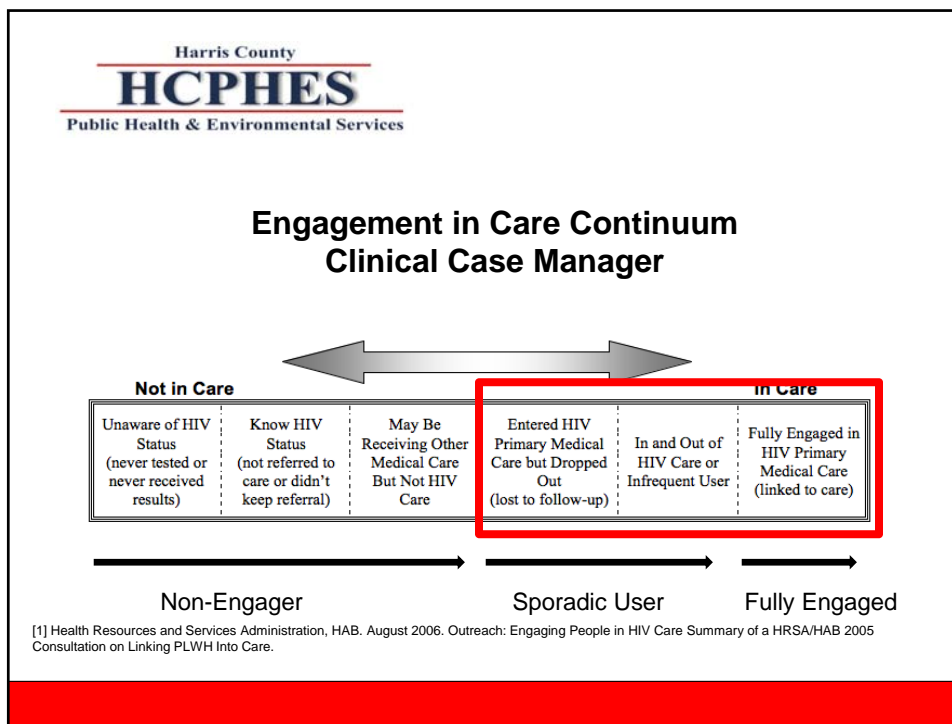
- Following HAB's definition of non-medical CM, SLW's supply the "provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services" and do not provide coordination or follow-up of medical treatment
- SLWs provide information, referrals, and assistance 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



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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



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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

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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?

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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

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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.

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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**

